BOROUGH OF LINDENWOLD
15 N. White Horse Pike
Lindenwold, New Jersey 08021
(856) 783-2121, ext. 240
Fax # (856) 782-9446

Date 9-20-17

Dear

Your recent communication in which you indicated an intention to assert a claim against the Borough of Lindenwold or against an official, employee or Department of the Borough of Lindenwold has been received.

In accordance with the provisions of the New Jersey Tort Claims Act, the Borough of Lindenwold has adopted an official form to be completed by any individual seeking to assert a claim against the Borough of Lindenwold or against an official, employee or Department of the Borough of Lindenwold.

A copy of the Claim Form is enclosed and includes a form authorizing us to obtain reports with respect to your injury.

Your claim will not be considered as filed and cannot be evaluated until you return the completed form and provide the information required.

You should be aware of the fact that the New Jersey Tort Claims Act included limitations on claims against public bodies and established time limits for the filing of those claims.

Notice of the claim against the public body generally must be filed within 90 days after the incident giving rise to the claim. No Notice of Tort Claim may be filed after the 90 day period unless there is an Order form the New Jersey Supreme court allowing the late filing of the Notice of Tort Claim. Such an Order can be granted only within one year from the date of the incident and only where the Court determined that good cause exists to permit the late filing.

Please return the completed claim form to :

Deborah C. Jackson
Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021

Sincerely,

Deborah C. Jackson
Borough Clerk

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Willie Mae Palmer Date of Birth: NOV 6, 1942

Address: 101 East Gibbsboro Rd Apt 109 Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____ Telephone: _____

Address: N/A Fax: _____

_____ File No.: _____

Send Notices to: D Claimant D Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Lindenwold.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the:

Deborah Jackson
Borough of Lindenwold
2001 Egg Harbor Road
Lindenwold, NJ 08021

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Lindenwold. Failure to provide the information requested, including such responses as "to Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable."

It you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the Township.

"Documents" shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the Borough of Lindenwold along with any agent, official, or employee of the Borough of Lindenwold against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee.

If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

D Any other name by which the claimant is known.

N/A

D Address at the time of the incident giving rise to the claim.

1101 East Gibbsboro Rd
Apt 109

D Marital Status: at the time of the incident Widow

currently Widow

D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

N/A

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

N/A

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time. 7/24/2017 9:02 am

[redacted] Egg Harbor Rd Gibbsboro NJ

4. Provide the Claimant's complete version of the events that form the basis of the claim.

I was standing on the corner of Egg harbor road and Gibbsboro Rd. Crossing guard duty and when my shift was over I noticed the tree limb on the top and side of my 2017 Kia Forte.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

Margaret Piotrowski - 718 E. Linden Ave., Lindenwold, NJ

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

N/A

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition caused the injury. Tree limbs needed to be trimmed

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient. Police Report

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

N/A

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

N/A

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who have present possession thereof Attach copies of any photographs, sketched, charts or maps.

N/A

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof. Margaret Patrowski - 718 E. Linden Ave., Lindenwold, NJ. On July 24th after working we went to our cars. A rotted branch fell off the rotting tree and hit my Co-worker car. It was laying on the ground and some on top of her car.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

PROPERTY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

D Initials: WMP

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

18. Describe in detail the nature, extent and duration of any and all injuries.

19. Describe in detail any injury or condition claimed to be permanent.

20. If confined to any hospital, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

21. If x-rays were taken, state (a) the address of the place where each was taken, (b) the name and address of the person who took them, (c) the date when each was taken, (d)what each disclosed, (e)where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were treatments are continuing, (c) the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operations, or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation, or surgery, (b) the purpose thereof and the results anticipated or expected, (c) the name and address of the doctor who recommended the treatments operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

N/A

26. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer, (b) position held and the nature of the work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost from employment, giving dates, (e)amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security and income continuation insurance.

28. If other loss of income, profit or earnings is claimed, state (a) total amount of loss, (b) give a complete detailed computation of the loss, (c) the nature and dates of the loss.

29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the year.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions.
CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Willie M Palmer

Signature of Claimant: _____ **Date:** Sept 20, 2017

Willie M Palmer

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name _____ **Social Security Number** [redacted]

Address _____ **Claim Number** N A

_____

You are hereby authorized and requested to disclose, make available and furnish to:

N A

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof

Approximate date of admission to hospital, first examination, treatment of consultation:

A photocopy of this release form, bearing a photocopy of my signature shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature: Willie M Palmer **Date:** 9-2017

BRUCES COLLISION CENTER

WE MEET BY ACCIDENT
114 WHITE HORSE PIKE, CLEMENTON, NJ 08021
Phone: (856) 783-1475
FAX: (856) 783-5842

Workfile ID: c4744f7e
Federal ID: 223581552
License Number: 03708A

Preliminary Estimate

Customer: Palmer, Willie Mae **Job Number:**

Written By: BRUCE TURNER

Insured: Palmer, Willie Mae
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Palmer, Willie Mae
1101 E GIBBSBORO RD 109
LINDENWOLD, NJ 08021
(856) 258-6463 Cell

Inspection Location:
BRUCES COLLISION CENTER
114 WHITE HORSE PIKE
CLEMENTON, NJ 08021
Repair Facility
(856) 783-1475 Business

Insurance Company:

VEHICLE

2017 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI

VIN:	3KPFK4A72HE108906	Interior Color:		Mileage In:	Vehicle Out:
License:	N92JAL	Exterior Color:		Mileage Out:	
State:	NJ	Production Date:		Condition:	Job #:

TRANSMISSION
Automatic Transmission
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
DECOR
Dual Mirrors
Tinted Glass
Console/Storage

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Rear Defogger
Keyless Entry
Alarm
Steering Wheel Touch Controls
Telescopic Wheel
RADIO
AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
Satellite Radio
SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device
SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats
WHEELS
Wheel Covers
PAINT
Clear Coat Paint
OTHER
Traction Control
Stability Control
Power Trunk/Gate Release

Customer: Palmer, Willie Mae **Job Number:**

2017 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**ELECTRICAL**							
2		R&I	Antenna w/o sunroof, w/paint deep sea blue				0.6	
3	**ROOF**							
4	*	Rpr	Roof panel				15.0	3.0
5			Add for Clear Coat					1.2
6	*	Rpr	Rear bow				1.0	0.3
7			Add for Clear Coat					0.1
8		R&I	RT Roof molding				0.4	
9		R&I	LT Roof molding				0.4	
10		Repl	RT Roof molding clip	87235A7000	1	1.55		
11		Repl	LT Roof molding clip	87235A7000	1	1.55		
12		R&I	R&I headliner				2.6	
13	**PILLARS, ROCKER & FLOOR**							
14		Blnd	LT Hinge pillar			s		0.8
15	**REAR DOOR**							
16		Blnd	RT Door shell					1.1
17		R&I	RT Belt molding black				0.2	
18		R&I	RT Handle, outside w/o chrome from 11/27/13				0.5	
19		R&I	RT R&I trim panel				0.5	
20	**BACK GLASS**							
21		R&I	Back glass Kia				2.8	
22	**QUARTER PANEL**							
23	*	Rpr	RT Quarter panel				3.0	2.2
24			Overlap Major Adj. Panel					-0.4
25			Add for Clear Coat					0.4
26		R&I	RT Splash shield				0.2	
27		Repl	RT Stone guard	84126A7000	1	23.38	0.2	
28		Blnd	LT Quarter panel					1.1
29	**REAR LAMPS**							
30		R&I	RT Combo lamp assy				0.3	
31		R&I	LT Combo lamp assy				0.3	
32	**REAR BUMPER**							
33		R&I	R&I bumper cover				1.1	
34	#	Repl	COVER CAR FROM OVERSPRAY		1	4.00 T	0.5	
35	#	Repl	MASK DOOR JAM		1	2.00	0.4	
36	#	Repl	MASK DOOR JAM		1	2.00	0.4	
37	#	Repl	COVER CAR FROM OVERSPRAY FOR PRIMER		1	4.00 T	0.5	
38	#		GLASS KIT		1	50.00 T		
39	#		EPOXY PRIME AND WET BLOCK		1		1.0	1.5
40	#		TINT		1			0.6

Customer: Palmer, Willie Mae **Job Number:**

2017 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI

41	#	SAND AND BUFF	1		1.0	
42	#	CLEAN CAR	1		0.5	
43	#	HAZ WASTE	1	3.00 T		
		SUBTOTALS		**91.48**	**33.4**	**11.9**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				30.48
Body Labor	33.4 hrs	@	$ 52.00 /hr	1,736.80
Paint Labor	11.9 hrs	@	$ 52.00 /hr	618.80
Paint Supplies	11.9 hrs	@	$ 32.00 /hr	380.80
Body Supplies	21.0 hrs	@	$ 3.00 /hr	63.00
Miscellaneous				61.00
Subtotal				2,890.88
Sales Tax	$ 2,890.88	@	6.8750 %	198.75
Grand Total				**3,089.63**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**3,089.63**

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Customer: Palmer, Willie Mae **Job Number:**

2017 KIA Forte LX Automatic 4D SED 4-2.0L Gasoline MPI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARY2471, CCC Data Date 8/1/2017, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2017 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:
m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:
D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:
BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FOWARD TO: DEPARTMENT OF THE TREASURY
DIVISION OF RISK MANAGEMENT
20 WEST STATE STREET, PO BOX 620
TRENTON, NEW JERSEY 08625-0620
PHONE: (609) 292-4347

FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. Willie MAE Palmer
NAME OF CLAIMANT (MR. OR (MRS.) CIRCLE ONE

1101 E. Gibbsboro Rd. Apt. 109
STREET ADDRESS

November 6, 1942
DATE OF BIRTH

Lindenwold N.J. 08021
CITY STATE ZIP CODE

[redacted]
DAYTIME PHONE NUMBER

[redacted]
SOCIAL SECURITY NUMBER

2. IF NOTICES AND CORRESPONDENCE IN CONNECTION WITH THIS CLAIM ARE TO BE SENT TO A PERSON OTHER THAN CLAIMANT, COMPLETE ITEM #2.

NAME OF PERSON

STREET ADDRESS

TELEPHONE NUMBER

CITY STATE ZIP CODE

RELATIONSHIP TO CLAIMANT: ☐ATTORNEY ☐OTHER
(SPECIFY)

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:

7/24/17 9:62 AM
DATE AND TIME

Gibbsboro + Egg Harbor Rd.
LOCATION (MILEPOST, NEAREST EXIT, CROSS STREET)

Willie MAE Palmer
STATE VEHICLE DRIVER'S NAME

Gibbsboro + Egg Harbor Rd.
Lindenwold N.J. 08021
CITY STATE

NJ92JAL 2017 Blue Kia Forte
STATE PLATE # AND VEHICLE DESCRIPTION

4. DESCRIBE THE ACCIDENT OR OCCURRENCE: IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, USE A SEPARATE SHEET AND ATTACH IT TO THIS FORM.

Police Report Included

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO THE ABOVE ACCIDENT OR OCCURRENCE.

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY OR AGENCIES AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOURDAMAGES OR INJURIES.

7. STATE THE NAME AND ADDRESS OFALLOTHER PERSONS, COMPANIES OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FORYOUR INJURIES OR DAMAGES.

8. BRIEFLY DESCRIBE THE INJURIES, DAMAGES AND LOSSES INCURRED BY YOU.

9. GIVE THE AMOUNT THAT YOU CLAIM IN DAMAGES: $_____

GIVE THE BASIS FOR THE CALCULATION OF THE ABOVE DAMAGES:

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN ISWILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

DATE:_____

_____

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

LINDENWOLD BOROUGH POLICE DEPARTMENT
2001 EGG HARBOR ROAD, LINDENWOLD, NJ 08021

Incident Report

INCIDENT INFORMATION

Case No	Report Date/Time	Reported Method	Created By
2017-11263	07/24/2017 09:02	RADIO	VOGT, AMANDA
CAD Incident/CFS Type	**Agency Incident/Actual CFS Type**	**Incident: From Date/Time**	**Incident: To Date/Time**
	PROPERTY DAMAGE REPORT	07/24/2017 09:02	
Address Type	**Area / Post**		
	1		
Address	**Common Place/POI**	**Bldg/Apt/Suite**	
EGG HARBOR ROAD & EAST GIBBSBORO ROAD			
City	**State**	**Zip**	
LINDENWOLD	NJ	08021	
County	**Municipality**		
CAMDEN	LINDENWOLD BOROUGH		
Disposition Date & Time	**Disposition**		

DISPATCH NOTES

No Record Found

CALL INFORMATION

Phone #	Call Date&Time	Caller	Location
Requested Action	**Call Taker**	**Source Type**	
		RMS	
Brief Synopsis of Incident			

DISPATCH INFORMATION

No Record Found

SUBJECT INFORMATION

No Record Found

LINDENWOLD BOROUGH POLICE DEPARTMENT
2001 EGG HARBOR ROAD, LINDENWOLD, NJ 08021

VEHICLE INFORMATION

Posted Date	Plate #	Make,Model,Year	VIN #	Color	Posted By
07/24/2017	N92JAL	KIA FOR 2017	3KPFK4A72HE108906	BLUE	VOGT, AMANDA

INDIVIDUAL CONTACT INFORMATION

Posted Date	Contact Name	Contact Type	Address	Phone #	Posted By
07/24/2017	PALMER, WILLIE M	OWNER	HOME: 1101 E GIBBSBORO RD, 109, LINDENWOLD, NJ 08021	HOME: [redacted] CELLULAR: [redacted]	VOGT, AMANDA

PD CASE DISPOSITION INFORMATION

Disposition	Closed Date	Closed By
CLOSED	07/24/2017	VOGT, AMANDA

Disposition

TREE LIMB FELL ONTO VEHICLE (NJ REG N92JAL) WHILE PARKED ALONG CARLTON AVE. NEAR THE INTERSECTION OF E. GIBBSBORO ROAD CAUSING DAMAGE TO THE ROOF AND PASSENGERS SIDE OF THE VEHICLE.

Notes

No Record Found

Officer Signature _____ Date of Report _____

LINDEN AUTO BODY

Workfile ID: 0dfc4673
License Number: 03233A

Serving The Industry Since 1975
2715 Egg Harbor Road, Lindenwold, NJ 08021
Phone: (856) 346-1055
FAX: (856) 627-3847

Preliminary Estimate

Customer: PALMER, WILLIE **Job Number:**

Insured: PALMER, WILLIE
Policy #:
Claim #:
Type of Loss:
Date of Loss:
Days to Repair: 0
Point of Impact:

Owner:
PALMER, WILLIE

Inspection Location:
LINDEN AUTO BODY
2715 Egg Harbor Road
Lindenwold, NJ 08021-1436
Repair Facility
(856) 346-1055 Business

Insurance Company:

VEHICLE

2017 KIA Forte S Automatic 4D SED 4-2.0L Gasoline MPI

VIN: 3KPFK4A72HE108906
Interior Color:
Mileage In:
Vehicle Out:
License:
Exterior Color:
Mileage Out:
State:
Production Date:
Condition:
Job #:

TRANSMISSION
Automatic Transmission

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR
Dual Mirrors
Tinted Glass
Console/Storage
Overhead Console

CONVENIENCE
Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Steering Wheel Touch Controls
Telescopic Wheel
Backup Camera w/Parking Sensors

RADIO
AM Radio
FM Radio
Stereo
Search/Seek
Auxiliary Audio Connection
Satellite Radio

SAFETY
Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

SEATS
Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

OTHER
Traction Control
Stability Control
Rear Spoiler
Power Trunk/Gate Release

Customer: PALMER, WILLIE **Job Number:**

2017 KIA Forte S Automatic 4D SED 4-2.0L Gasoline MPI

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**ROOF**							
2	*	Rpr	Roof panel				10.0	3.0
3			Add for Clear Coat					1.2
4		R&I	RT Roof molding				0.4	
5		R&I	LT Roof molding				0.4	
6		R&I	R&I headliner				2.6	
7	**ELECTRICAL**							
8		R&I	Antenna w/o sunroof, w/paint deep sea blue				0.6	
9	**QUARTER PANEL**							
10	*	Rpr	RT Quarter panel				3.0	2.2
11			Overlap Major Adj. Panel					-0.4
12			Add for Clear Coat					0.4
13	**REAR LAMPS**							
14		R&I	RT Combo lamp assy				0.3	
15	**REAR BUMPER**							
16		R&I	R&I bumper cover				1.1	
17	**REAR DOOR**							
18		Blnd	RT Door shell					1.1
19		R&I	RT Belt molding black				0.2	
20		R&I	RT Handle, outside w/o chrome from 11/27/13				0.5	
21		R&I	RT R&I trim panel				0.5	
22	#		Hazardous Materials Removal		1	5.00 T		
23	#		Cover Vehicle for Over-Spray		1	5.00 T	0.2	
			SUBTOTALS			**10.00**	**19.8**	**7.5**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				0.00
Body Labor	19.8 hrs	@	$ 50.00 /hr	990.00
Paint Labor	7.5 hrs	@	$ 50.00 /hr	375.00
Paint Supplies	7.5 hrs	@	$ 32.00 /hr	240.00
Miscellaneous				10.00
Subtotal				1,615.00
Sales Tax	$ 1,615.00	@	6.8750 %	111.03
Grand Total				**1,726.03**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**1,726.03**

RECEIVED OCT 18 2017

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Ellen Van Fossen Date of Birth: _____

Address: 8 Queen Anne CT Telephone: _____

Marlton NJ 08053

ATTORNEY INFORMATION (If Applicable)

Name: _____ Telephone: _____

Address: _____ Fax: _____

_____ File No.: _____

Send Notices to: (D Claimant) D Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Lindenwold.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the:

Deborah Jackson
Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Lindenwold. Failure to provide the information requested, including such responses as "to Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable."

It you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the Township.

"Documents" shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the Borough of Lindenwold along with any agent, official, or employee of the Borough of Lindenwold against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee.

If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   D Any other name by which the claimant is known.

   D Address at the time of the incident giving rise to the claim.

   8 Queen Anne CT
   Marlton NJ

   D Marital Status: at the time of the incident Divorced

   currently Divorced

   D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

   8 Queen Anne CT
   Marlton NJ 08053

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time. 8/18/2017 Friday 9:27 AM
   Corner of W. Park Ave & Chews Landing Rd

4. Provide the Claimant's complete version of the events that form the basis of the claim.

   I was on W. Park making a left turn on to Chews Landing Rd, I moved up but did not turn. Mr Aune was making a Right & hit the back of my wheel

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

MR David Aune

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition caused the injury.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who have present possession thereof Attach copies of any photographs, sketched, charts or maps.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

P500 Deductible

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

PROPERTY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

D Initials: _____

DARREN K WITTMAN
1381 ROUTE 38 STE D
HAINESPORT, NJ 08036

FARMERS INSURANCE

Auto Insurance Policy Change

ELLEN VANFOSSEN
KATHERINE VANFOSSEN
8 QUEEN CT
MARLTON NJ 08053

Your Farmers Policy

Policy Number: 19117-25-13
Effective: 3/14/2017 12:01 AM
Expiration: 9/14/2017 12:01 AM

Your Farmers Agent

Darren K Wittman
1381 Route 38 Ste D
Hainesport, NJ 08036
(609) 222-7584
dwittman1@farmersagent.com

To file a claim call
1-800-435-7764

2/7/2017

Dear Ellen Vanfossen and Katherine Vanfossen,

Thank you for giving us the opportunity to serve your auto insurance needs. This packet reflects recent changes made to your policy.

A summary of your premium and policy change information is shown below.

Premium at-a-glance

Full-term Premium (excluding fees)	$1,734.90
Prorated Premium (3/14/2017 - 9/14/2017)	-$58.20
Total for this Transaction	**-$58.20**

This is not a bill.
Your bill with the amount due will be mailed separately.

Summary of Changes

	Previous	*Current*
2006 Honda Odyssey V:892		
Discount:Group-Nurse	Not Included	Included

If you have any questions or would like to learn more about our other insurance products and services, please contact your agent.

We appreciate your business.

Sincerely,

Farmers Insurance Group®

Auto Insurance Declaration Page

FARMERS INSURANCE

Policy Number: **19117-25-13**
Effective: 3/14/2017 12:01 AM
Expiration: 9/14/2017 12:01 AM
Named Insured(s): Ellen Vanfossen
Katherine Vanfossen
8 Queen Ct
Marlton, NJ 08053
e-mail Address(es): npgeri@aol.com
Underwritten By: Mid-Century Insurance Company
6301 Owensmouth Ave.
Woodland Hills, CA 91367

Premiums

Full-term Premium (excluding fees)	$1,734.90
Prorated Premium (3/14/2017 - 9/14/2017)	-$58.20
Total for this Transaction	**-$58.20**

This is not a bill.
Your bill with the amount due will be mailed separately.

Household Drivers

Name	*Driver Status*
Ellen Vanfossen	Covered
Katherine Vanfossen	Covered
John Vanfossen	Covered

Vehicle Information

Veh. #	*Year/Make/Model/VIN*	*Coverage*	*Deductible*	*Limit*
1	2006 Honda Odyssey Van Touring 5FNRL38866B098892	Comprehensive:	$100	
		Collision:	$500	
		Uninsured Motorist Property Damage:	$500	
		Rental Reimbursement:		$50 per day/ $1,500 max
2	2011 Nissan Sentra 4Door 3N1AB6AP1BL664023	Comprehensive:	$100	
		Collision:	$500	
		Uninsured Motorist Property Damage:	$500	
		Rental Reimbursement:		$50 per day/ $1,500 max
3	2002 Subaru Forester 4D 4Wd L JF1SF63502H708650	Comprehensive:	Not Covered	
		Collision:	Not Covered	
		Uninsured Motorist Property Damage:	$500	

Vehicle Level Coverage Items

Coverage	*Limits (applicable to all vehicles)*	*Premiums by Vehicle* *Vehicle 1*	*Vehicle 2*	*Vehicle 3*
Bodily Injury Liability- Limitation on Lawsuit	$100,000 each person $300,000 each accident	$118.50	$172.10	$109.60
Property Damage Liability	$100,000 each accident	$94.90	$111.40	$95.60
Comprehensive		$25.50	$31.80	Not Covered
Collision		$121.00	$193.60	Not Covered
Towing and Road Service		$8.50	$8.50	$8.50
Uninsured Motorist Property Damage	$100,000 each accident	$13.50	$13.50	$13.50
Rental Reimbursement		$45.60	$45.60	Not Covered
Principal PIP (Personal Injury Protection)	Each person/each accident	$125.60	$147.80	$184.70
Medical Expense	$250,000 $250 deductible	Covered	Covered	Covered
Extended Medical Payments	$10,000	Covered	Covered	Covered
Income Continuation	$100 per week $5,200 total	Covered	Covered	Covered
Essential Services	$12 per day $4,380 total	Covered	Covered	Covered
Death Benefit		Not Covered	Not Covered	Not Covered
Funeral Expenses	$1,000	Covered	Covered	Covered

Policy Level Coverage Items

Coverage	*Limits (for all vehicles)*	*Per Policy*
Uninsured/ Underinsured Motorist Bodily Injury- Limitation on Lawsuit	$100,000 each person $300,000 each accident	$45.60
Full-term Premium		**$1,734.90**

Discounts

Discount Type	Applies to Vehicle(s)
Auto/Home	1, 2, 3
Transfer	1, 2, 3
EFT	1, 2, 3
Group - Nurse	1, 2, 3
Multiple Car	1, 2, 3
Early Shopping	1, 2, 3
ePolicy	1, 2, 3

Other Policy Features and Benefits

- Accident Forgiveness - prevents one accident from impacting your premium
- Incident Forgiveness - protects your premium from increases due to minor traffic violations
- Guaranteed Renewal - claims activity will not lead to cancellation or nonrenewal

Policy and Endorsements

This section lists the policy form number and any applicable endorsements that make up your insurance contract. Any endorsements that you have purchased to extend coverage on your policy are also listed in the coverages section of this declarations document: 56-5752 2nd ed.; H1169 1st ed.[Veh:1,2 only]; J6934 1st ed.; J7204 2nd ed.; NJ030 1st ed.[Veh:1,2 only]; NJ039A 1st ed.; NJ040 1st ed.; NJ042 1st ed.; 25-2480 6-12

Other Information

- Vehicle 1,2 - Deductible waived if glass repaired rather than replaced.
- Any outstanding credit will be applied to your remaining account balance. However, 'insured' can request an immediate refund for any outstanding credit if preferred.
- Farmers Friendly Reviews are a great way to make sure you are receiving all the discounts for which you qualify, and identify any potential gaps in coverage. Contact your agent to learn more about the policy discounts, coverage options, and other product offerings that may be available to you.

*Information on Additional Fees

The "Fees" stated in the "Premium/Fees" section on the front apply on a per-policy, not an account basis. The following additional fees also apply:

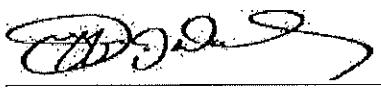
1. **Service Charge per installment** (In consideration of our agreement to allow you to pay in installments):
   - For Recurring Electronic Funds Transfer (EFT) and fully enrolled online billing (paperless): **$0.00** (applied per account)
   - For other Recurring EFT plans: **$2.00** (applied per account)
   - For all other payment plans: **$5.00** (applied per account)

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

2. **Late Fee: $0.00** (applied per account)
3. **Returned Payment Charge: $20.00** (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)
4. **Reinstatement Fee: $25.00** (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

Countersignature



Authorized Representative

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 2017-12493

2. Police Dept. of: LINDENWOLD BOROUGH — Code: 01

3. Station/Precinct: DIST.22

10. Crash Occurred On: CHEWS LANDING ROAD (Road Name) — (Dir) — 11. Speed Limit: 25 — 12. Route No.: 683 — Suffix: -- — 13. Milepost: --

☒ At Intersection with — Of: W. PARK AVENUE — 18. Speed Limit: 25

☐ Feet ☐ Miles — ☐N ☐E ☐S ☐W

14. -- 15. -- 16. -- — 17. Cross Road Name/Route No.

19. Ramp ☐ To: -- ☐ From: — 20. Route Name/Route No. — ☐NB ☐EB ☐SB ☐WB

21. Latitude: -- — 22. Longitude: --

4. Date of Crash mm dd yy	5. Day of Week	6. Time (use 2400 hrs.)	7. Municipality Code	8. Total Killed	9. Total Injured
08/18/17	FRI	0927	422	0	0

Vehicle 1

23. Veh. #: 01 — 24. Policy No.: 191172513 — 25. NJ Ins. Code: 003

☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run

26. Driver's First Name: ELLEN — Initial: T — Last Name: VANFOSSEN — 29. Sex: F

27. Number & Street: 8 QUEEN ANN CT

28. City: MARLTON — State: NJ — Zip: 08053-2834

30. Eyes	DL Class	Restrictions	Endorsements	31. State
04	A	0	0	NJ

32. Driver's License Number: [redacted] — 33. DOB mm dd yy: 12/19/61 — 34. Expires mm yy: 02/20

35. Owner's First Name — Initial — Last Name

☒ Same As Driver — ELLEN T VANFOSSEN

36. Number & Street: 8 QUEEN ANN CT

37. City: MARLTON — State: NJ — Zip: 08053-2834

38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State
HON	ODY	SL	2006	WAV22P	NJ

44. VIN: 5FNRL38866B098892 — 45. Expires: 08/18

46. Vehicle Removed to: --

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded

47. Authority: ☒ Owner ☐ Driver ☐ Police

48. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. -- % ☐ Pending

49. Hazardous Material: ☒ None ☐ On Board ☐ Spill — -- (Hazard Class) — -- (Placard No.)

50. Carrier No.: ☐ USDOT -- ☒ None — ☐ MC/MX --

51. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.

52. Motor Carrier or Government Entity: --

Number & Street: --

City: -- — State: -- — Zip: --

Vehicle 2

53 Veh. #: 02 — 54. Policy No.: SELF INSURED — 55. NJ Ins. Code: 06-87

☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run

56. Driver's First Name: DAVID — Initial: M — Last Name: AUNE — 59. Sex: M

57. Number & Street: 59 FIRST AVENUE

58 City: LINDENWOLD — State: NJ — Zip: 08021-3405

60. Eyes	DL Class	Restrictions	Endorsements	61. State
05	A	0	0	NJ

62. Driver's License Number: [redacted] — 63. DOB mm dd yy: 03/04/87 — 64. Expires mm yy: 09/16

65. Owner's First Name — Initial — Last Name

☐ Same As Driver — BOROUGH OF LINDENWOLD

66. Number & Street: 2001 EGG HARBOR ROAD

67. City: LINDENWOLD — State: NJ — Zip: 08021

68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State
FOR	F45	RD	2012	MG91862	NJ

74. VIN: 1FDUF4HY9CEB43193 — 75. Expires: 04/18

76. Vehicle Removed to: --

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded

77. Authority: ☐ Owner ☒ Driver ☐ Police

78 Alcohol Drug Test: Given: ☒No ☐ Yes ☐ Refused — Type: ☐Breath ☐ Blood ☐ Urine — Results: 0. -- % ☐Pending

79. Hazardous Material: ☒ None ☐ On Board ☐ Spill — -- (Hazard Class) — -- (Placard No.)

80. Carrier No.: ☐ USDOT -- ☒ None — ☐ MC/MX --

81. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.

82. Motor Carrier or Government Entity: --

Number & Street: --

City: -- — State: -- — Zip: --

135. Damage To Other Property: ☐ Yes (if Yes, describe) ☒ No

N/A

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
1	0	0	2	0	0
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
--	--	--	--	--	--

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	1	01	01	--	55	F	--	--	01	04	04	--	--	VANFOSSEN, ELLEN T, 8 QUEEN ANN CT, MARLTON, NJ 08053-2834
B	2	01	01	--	30	M	--	--	01	04	04	--	--	AUNE, DAVID M, 59 FIRST AVENUE, LINDENWOLD, NJ 08021-3405
C	--	--	--	--	--	--	--	--	--	--	--	--	--	--
D	--	--	--	--	--	--	--	--	--	--	--	--	--	--

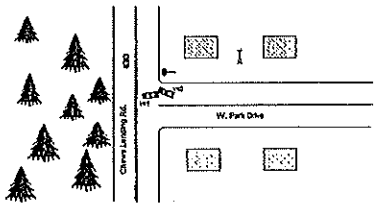
NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report	Case Number 2017-12493	Page 2 of 2

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E	--	--	--	--	--	--	--	--	--	--	--	--	--	--
F	--	--	--	--	--	--	--	--	--	--	--	--	--	--
G	--	--	--	--	--	--	--	--	--	--	--	--	--	--
H	--	--	--	--	--	--	--	--	--	--	--	--	--	--
I	--	--	--	--	--	--	--	--	--	--	--	--	--	--
J	--	--	--	--	--	--	--	--	--	--	--	--	--	--

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/ Narrative

The driver of vehicle #1 stated she was at a stop sign at the intersection of W. Park Drive and Chews Landing Road. It appeared there was no traffic approaching so she began a left turn onto Chews Landing Road. Once she moved forward a few feet she observed a vehicle approaching her on Chews Landing Road at a high rate of speed. She applied her brakes and was struck on the passenger side tail light by vehicle #2.

The driver of vehicle #2 stated he was behind vehicle #1. Vehicle #1 began to accelerate onto Chews Landing Road so he began to move forward. Vehicle #1 suddenly stopped and he accidently struck vehicle #1 on the rear passenger side tail light.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
BAILEY, GLENN	80	WILLIAMS, SEAN	54	COMPLETE

LAW OFFICES
PHILIP T. CIPRIETTI
79 SOUTH MAPLE AVENUE
(AT ROUTE 73 SOUTH)
P.O. BOX 1009
MARLTON, NEW JERSEY 08053
TEL (856) 983-8695
FAX (856) 983-0015

CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY
PLEASE REFER TO:

EMAIL PhilCip@aol.com
WEBSITE www.philciprilettilawyer.com

17-132 November 21, 2017

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED
Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021
Attn: Deborah C. Jackson,
Borough Clerk

Re: Our Client: Lawrence C. Scutchings
D/A: 10/26/2017

Dear Ms. Jackson:

Please be advised that our office represents Lawrence Scutchings in connection with a motor vehicle accident which occurred on or about October 26, 2017 involving, Officer Steven T. Blantz, employed by the Borough of Lindenwold Police Department.

In that regard, I enclose a completed and signed Notice of Tort Claims Form with attachments.

Thank you for your cooperation in this matter.

Very truly yours,

PHILIP T. CIPRIETTI

PTC:rp
Encl.

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Lawrence C. Scutchings

Address: 350 White Horse Pike
Clementon, NJ 08021

Date of Birth: 3/16/94

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: Philip T. Ciprietti, Esquire

Address: 79 South Maple Avenue
P.O. Box 1009
Marlton, NJ 08053

Telephone: 856-983-8695

Fax: 856-983-0015

File No.: 17-132

Send Notices to: XXXXXXXX D Attorney

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of Lindenwold.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed Claim Form and the documents requested shall be returned to the:

Deborah Jackson
Borough of Lindenwold
2001 Egg Harbor Road
Lindenwold, NJ 08021

NOTE CAREFULLY: Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Lindenwold. Failure to provide the information requested, including such responses as "to Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

Timely Notices of Claim must be filed within 90 days after the incident giving rise to the claim.

This form is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable."

It you are unable to answer any questions because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies. Where a question asks that you "identify all persons," provide the name, address and telephone number of the person.

If you need more space to provide a full answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"Claimant" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the Township.

"Documents" shall refer to any written, photographic, or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the Borough of Lindenwold along with any agent, official, or employee of the Borough of Lindenwold against whom a claim is asserted by the Claimant.

NOTE: That the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or public employee.

If the claim involves only property damage, the portion on personal injuries need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   D Any other name by which the claimant is known.
   Lawrence Chester Scutchings

   D Address at the time of the incident giving rise to the claim.
   350 White Horse Pike
   Clementon, NJ 08021

   D Marital Status: at the time of the incident Single

   currently Single

   D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

   None

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.
   309 East Stratford, Laurel Springs, NJ
   315 Virginia Avenue, Laurel Springs, NJ
   2169 South White Horse Pike, Lindenwold, NJ 08021
   350 White Horse Pike, Clementon, NJ 08021

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.
   10/26/2017, 2:00 A.M., intersection of United States Avenue and Crowland Avenue, Lindenwold, NJ, dry day.

4. Provide the Claimant's complete version of the events that form the basis of the claim.
   Claimant was making a left turn from United States Avenue onto Crowland Avenue. Officer Steven T. Blantz, the other driver, was stopped at the stop sign on Crowland Avenue and was preparing to make a left turn on United States Avenue. While Claimant was making his left hand turn onto Crowland Avenue, Officer Blantz pulled his car forward and struck the Claimant's driver's side doors with his front driver and side bumper. See attached police report.

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

See attached police report.

18. Describe in detail the nature, extent and duration of any and all injuries.

Neck, back, left shoulder, right knee and other orthopedic residuals.

19. Describe in detail any injury or condition claimed to be permanent.

Medical reports to be provided as received.

20. If confined to any hospital, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

Kennedy University, Stratford, New Jersey; see attached emergency room records.

21. If x-rays were taken, state (a) the address of the place where each was taken, (b) the name and address of the person who took them, (c) the date when each was taken, (d)what each disclosed, (e)where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

See attached hospital records.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were treatments are continuing, (c) the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.

Dr. Shiva Gopal, Eastern Neurodiagnostic Associates, The Pavilion 800, Suite 209, 2301 Evesham Road, Voorhees, NJ 08043; on 11/3/2017. Medical reports to be provided as received.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

Medical reports to be provided as received.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

N/A.

25. If any treatments, operations, or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation, or surgery, (b) the purpose thereof and the results anticipated or expected, (c) the name and address of the doctor who recommended the treatments operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

Medical reports to be provided as received.

26. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

Medical reports to be provided as received.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer, (b) position held and the nature of the work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost from employment, giving dates, (e)amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security and income continuation insurance.

(a) UPS; (b) package handler/driver; (c) $11.00 an hour - 3 1/2 to 4 hours per day x 5 days; (d) and (e) to be determined.

28. If other loss of income, profit or earnings is claimed, state (a) total amount of loss, (b) give a complete detailed computation of the loss, (c) the nature and dates of the loss.

N/A.

29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the year.

See #27 above.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions.
CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Signature of Claimant: Lawrence C. Scutchings **Date:** 11/13/17

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name Lawrence C. Scutchings Social Security Number XXX-XX[redacted]

Address 350 White Horse Pike Claim Number _____

Clementon, NJ 08021

You are hereby authorized and requested to disclose, make available and furnish to:

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof

Approximate date of admission to hospital, first examination, treatment of consultation:

A photocopy of this release form, bearing a photocopy of my signature shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature: Lawrence Scutchings Date: 11/13/17

Lawrence C. Scutchings

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 2017-15829

10. Crash Occurred On: UNITED STATES AVENUE (Road Name) -- (Dir) | 11. Speed Limit: 25 | 699 (12. Route No.) -- (Suffix) -- (13. Milepost) | 18. Speed Limit: 25

☒ At Intersection with CROWLAND AVENUE (Of:) | 17. Cross Road Name/Route No.

☐ Feet ☐ Miles ☐N ☐E ☐S ☐W | 14. -- | 15. -- | 16. --

2. Police Dept. of: LINDENWOLD BOROUGH | Code: 01

3. Station/Precinct: DIST 22

19. Ramp ☐ To: -- ☐NB ☐EB ☐ From: 20. Route Name/Route No. ☐SB ☐WB

4. Date of Crash mm dd yy	5. Day of Week	6. Time (use 2400 hrs.)	7. Municipality Code	8. Total Killed	9. Total Injured
10/26/17	THU	0002	0422	--	--

21. Latitude -- | 22. Longitude --

Vehicle 1

23. Veh. # 01 | 24. Policy No. SELF INSURED | 25. NJ Ins. Code 06-87

☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run

26. Driver's First Name STEVEN | Initial T | Last Name BLANTZ | 29. Sex M

27. Number & Street: 1801 EGG HARBOR RD APT 512, 512

28. City: LINDENWOLD | State: NJ | Zip: 08021-1307

30. Eyes: 05 | DL Class: -- | Restrictions: -- | Endorsements: -- | 31. State: NJ

32. Driver's License Number: [redacted] | 33. DOB mm dd yy: 06/12/85 | 34. Expires mm yy: 12/20

35. Owner's First Name | Initial | Last Name: ☐ Same As Driver BOROUGH OF LINDENWOLD

36. Number & Street: 2001 EGG HARBOR RD

37. City: LINDENWOLD | State: NJ | Zip: 08021

38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State
FORD	CROWN V	WT	2008	MG80666	NJ

44. VIN: 2FAFP71VX8X168711 | 45. Expires: 06/20

46. Vehicle Removed to: --

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded

47. Authority: ☐ Owner ☒ Driver ☐ Police

48. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. -- % ☐ Pending

49. Hazardous Material: ☒ None ☐ On Board ☐ Spill | -- Hazard Class | -- Placard No.

50. Carrier No.: ☐ USDOT -- ☒ None ☐ MC/MX --

51. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.

52. Motor Carrier or Government Entity: BORO OF LINDENWOLD

Number & Street: 2001 EGG HARBOR ROAD

City: LINDENWOLD | State: NJ | Zip: 08021

Vehicle 2

63 Veh. # 02 | 64. Policy No. 906790848 | 65. NJ Ins. Code 134

☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run

56. Driver's First Name LAWRENCE | Initial CHESTER | Last Name SCUTCHINGS | 59. Sex M

57. Number & Street: 350 WHITEHORSE PIKE

58 City: CLEMENTON | State: NJ | Zip: 08021-4345

60. Eyes: 02 | DL Class: -- | Restrictions: -- | Endorsements: -- | 61. State: NJ

62. Driver's License Number: [redacted] | 63. DOB mm dd yy: 03/16/94 | 64. Expires mm yy: 03/20

65. Owner's First Name | Initial | Last Name: ☒ Same As Driver LAWRENCE CHESTER SCUTCHINGS

66. Number & Street: 350 WHITEHORSE PIKE

67. City: CLEMENTON | State: NJ | Zip: 08021-4345

68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State
AUDI	AA4	SL	2007	S56FRR	NJ

74. VIN: WAUDF78E57A273915 | 75. Expires: 08/18

76. Vehicle Removed to: --

☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded

77. Authority: ☒ Owner ☐ Driver ☐ Police

78 Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused | Type: ☐ Breath ☐ Blood ☐ Urine | Results: 0. -- % ☐ Pending

79. Hazardous Material: ☒ None ☐ On Board ☐ Spill | -- Hazard Class | -- Placard No.

80. Carrier No.: ☐ USDOT -- ☒ None ☐ MC/MX --

81. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.

82. Motor Carrier or Government Entity: --

Number & Street: --

City: -- | State: -- | Zip: --

135. Damage To Other Property: ☐ Yes (if Yes, describe) ☒ No --

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
--	--	--	--	--	--
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
--	--	--	--	--	--

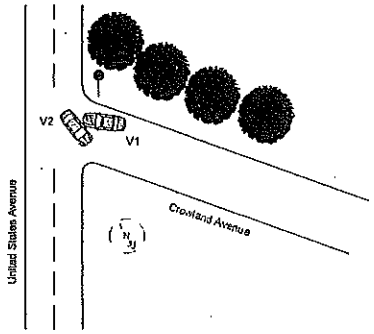
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	1	01	01	--	32	M	--	--	01	11	04	--	--	BLANTZ, STEVEN T, 1801 EGG HARBOR RD APT 512, 512, LINDENWOLD, NJ 08021-1307
B	2	01	01	--	23	M	--	--	01	11	04	--	--	SCUTCHINGS, LAWRENCE CHESTER 2ND, 350 WHITEHORSE PIKE, CLEMENTON, NJ 08021-4345
C	--	--	--	--	--	--	--	--	--	--	--	--	--	--
D	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NJTR-1 (Rev. 01/17)

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E	--	--	--	--	--	--	--	--	--	--	--	--	--	--
F	--	--	--	--	--	--	--	--	--	--	--	--	--	--
G	--	--	--	--	--	--	--	--	--	--	--	--	--	--
H	--	--	--	--	--	--	--	--	--	--	--	--	--	--
I	--	--	--	--	--	--	--	--	--	--	--	--	--	--
J	--	--	--	--	--	--	--	--	--	--	--	--	--	--

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/ Narrative

The driver of vehicle #1 reports that he had stopped at the stop sign on Crowland Ave and was preparing to make a left turn onto United States Avenue. He was slowly moving the vehicle forward so he could check United States Avenue for traffic. As he was moving forward vehicle #2 made a left turn from United States Ave onto Crowland. There was vehicle contact between the front driver's side bumper of vehicle #1 and both driver's side doors of vehicle #2.

The driver of vehicle #2 reported that he was making a left turn from United States Avenue onto Crowland Ave and thought that driver #1 saw him. As he was pulling onto Crowland Ave vehicle #1 pulled forward and the crash occurred.

Both drivers report that they were wearing seatbelts. No injuries were reported and both declined to be checked out by EMS.

Vehicle #1 is a police car which is owned by the Lindenwold Police Department and self-insured by the Camden County Joint Insurance Fund.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
MASTALSKI, JUSTIN	71	MASTALSKI, JUSTIN	71	PENDING

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

None known.

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

Lindenwold Borough Police Department and Lindenwold Borough.

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition caused the injury.

See attached police report.

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

See attached police report.

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

N/A.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

None at this time.

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who have present possession thereof Attach copies of any photographs, sketched, charts or maps.

See attached photographs which depict property damage.

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

The Officer asked Claimant if he was okay.

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

To be determined.

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

See attached police report.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

None at this time.

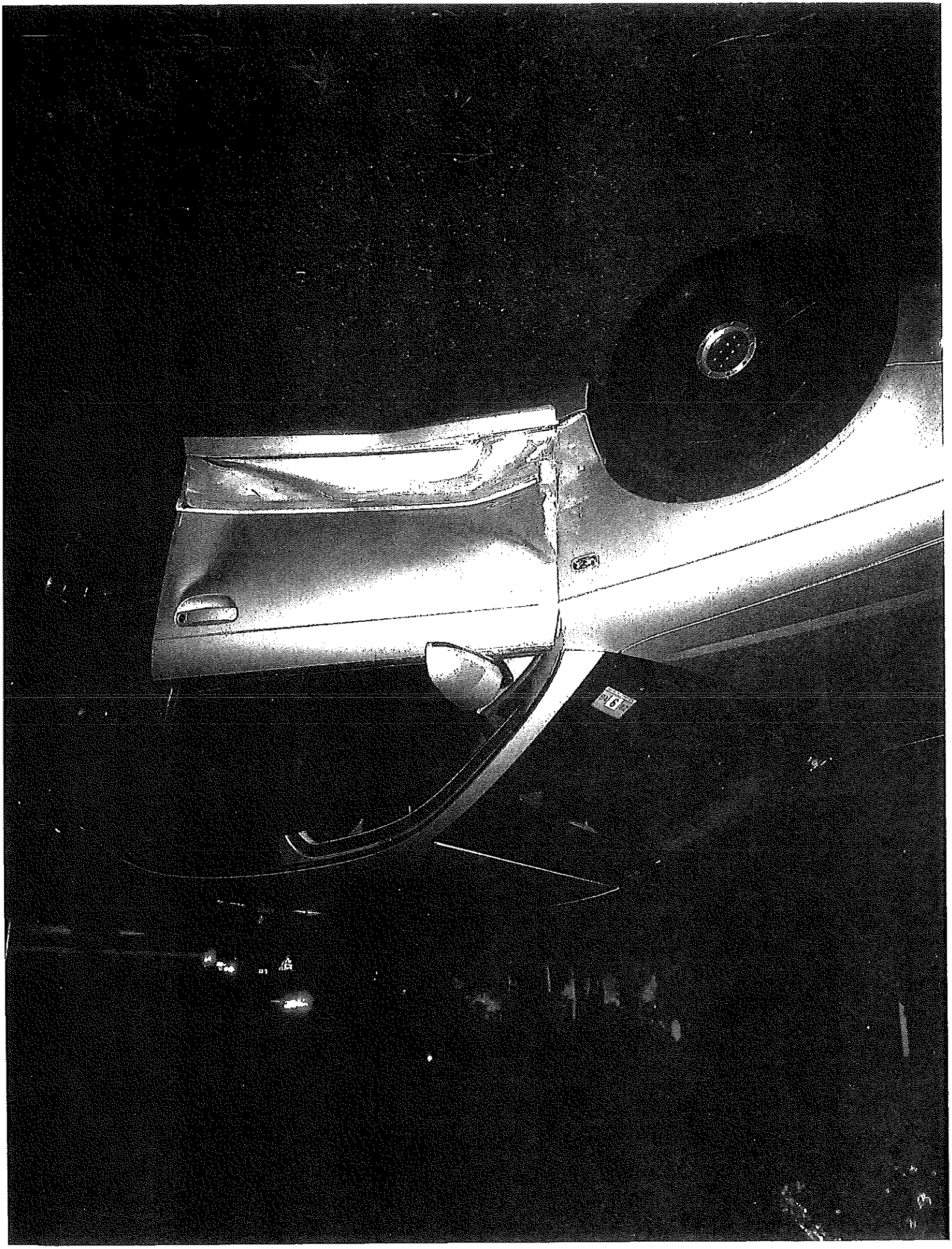
PROPERTY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

To be provided.

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

D Initials: _____



KAVANAGH & KAVANAGH, LLC

~~~COUNSELORS AT LAW~~~

219 N. High Street, Suite A
Millville, New Jersey 08332
Telephone: (856) 765-9900
Facsimile: (856) 765-9918

www.KavanaghLawFirm.com

Brendan J. Kavanagh
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Member of NJ Bar
ebuonadonna@comcast.net

Victoria S. Kavanagh
Also Member of DE & PA Bars
vkavanagh@millvillelaw.net

December 14, 2017

By Regular and Certified Mail/RRR
Deborah Jackson, Borough Clerk
Lindenwold Borough Offices
15 N. White Horse Pike
Lindenwold, N.J. 08021

RE: Janice Masters
D/A: 11/17/17

Dear Ms. Jackson:

Enclosed please find a Tort Claims Notice on behalf of my client, Janice Masters.

Thank you for your time and consideration to this matter.

Very truly yours,

Victoria S. Kavanagh

Victoria S. Kavanagh

VSK/bmb
Enclosures
~~~

CLAIM FOR DAMAGES AGAINST THE

1. Borough of Lindenwold
2. County of Camden
3. _____

For Office Use

1. Claimant:

Masters	Janice	D.	9/12/61
Last Name	First	Middle	Date of Birth

225 Yelkca Ave.
Street Address

Mailing address if other than Street Address

Vineland, N.J. 08360
City State Zip Code

[redacted]
Social Security No.

If notices and correspondences in connection with this claim are to be sent to a person other than claimant, complete item #2.

2. Victoria Kavanagh, Esq., 219 N. High St., Suite A
Name

Mailing Address

Millville, N.J. 08332
City State Zip Code

Relationship to claimant: Attorney at Law (XX) or _____
Explain Relationship

The occurrence or accident which gave rise to this claim:

3a. 11/17/17
Date

10:03 a.m.
Time

3b. Describe the location or place of the accident or occurrence

Borough of Lindenwold Gibbsboro Rd., Lindenwold, N.J.
Municipality Exact location of the occurrence

3c. Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.

Claimant involved in automobile accident on Gibbsboro Rd., Lindenwold, N.J. when a Lindenwold trash truck moved from the outside lane of Gibbsboro Rd., to the center lane and into the path of another vehicle, essentially cutting off the other vehicle) which caused it to swerve into oncoming traffic and strike claimant's vehicle head on.

3d. State the name and address of the State agency or agencies that you claim caused your damage.

Borough of Lindenwold and/or County of Camden
15 N. White Horse Pike, Lindenwold, N.J. 08021 and c/o Board of Chosen (*

State the names of State employees whom you claim were at fault, including any information that will assist in identifying and locating them.

Rich Stinsman (Driver of Trash Truck)

3e. State the negligence or wrongful acts of the agency and employees that caused your damage.

Rich Stinsman failed to have vehicle under proper control, to make proper and careful observations, to give warning of impending danger to use proper caution, to be alert to traffic conditions; and otherwise operated his vehicle in a careless and reckless manner.

3f. State the name and address of all witnesses to the accident or occurrence.

None known

3g. State the names of all police officers and police departments who investigated the accident.

Lindenwold Police Dept., 2001 Egg Harbor Rd., Lindenwold, N.J. 08021;

Officer David Lafountaine

(*) Freeholders, Office of Constituent Services, Courthouse, Suite 306, 520 Market Street, Camden, N.J. 08102, respectively.

1.a. Claim for Damages (check appropriate block)

[x] Personal Injury [x] Property damage
[ ] Other - explain in detail_____

1.b. Do you claim permanent disability resulting from this injury [x] Yes
[ ] No

If yes, described the injuries believed to be permanent.

All injuries with the exception of contusions and abrasions are permanent and will result in permanent residuals.

3. For each hospital, doctor, or other practitioner rendered treatment, examination, or diagnostic service, state:

Name of Hospital Virtua Hospital, 100 Bowman Dr., Voorhees Twp., N.J. 08043

Date of Treatment or Services 11/17/17

Amount of Charges to Date Unknown

Amount Paid by Other Sources such as Insurance -0- at this time

4. If you claim loss of wages or income as a result of the injury state:

Lindenwold Board of Education, 801 Egg Harbor Rd., Lindenwold, N.J. 08021
Name of Employer — Address of Employer

School Nurse — 10/2016 to present time
Your Occupation — Date of Employment

$29,270.00/yr. salary — 11/17/17 to present time
Rate of Pay — Date of absence from work

Employer is continuing to pay salary — Approx. 12/30/17
Total lost wages to date — If still out of work, date expected to return

Note: If you claimed loss of income and this arises from self-employment or other than work, attach a calculation showing the basis of your calculation.

5. Set forth any and all other issues or damages claimed by you.

None

c) If you claim property damage:

(1) Describe the property damaged.

2008 Honda CRV Automobile

(2) The present location and time when the property may be inspected.

~~Corsinos, 528 Black Horse Pike, Blackwood, N.J. 08012 (during~~ business hours)

(3) Date property acquired Spring 2015

(4) Cost of property $ 2,000.00

(5) Value of property at time of accident $4,000.00 (approx.)

(6) Description of Damage: Damage to front end/passenger side

(7) Has the damage been repaired? no If so, by who, when, and costs of repairs:

(8) Attach each estimate of repair costs to this form. (Have not received yet.)

(9) Set forth in detail the loss claimed by you for property damage:

Value of my automobile.

d) Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

None

5. The amount of the claim: $250,000.00

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? yes

If yes, set forth the names and addresses of all persons and insurance companies against whom you have made such claims.

Property damage claim made to AAA Insurance Co., P.O. Box 24511, Oakland, California 94623-9865

7. Are any of the losses or expenses claimed herein covered by any policy of insurance yes ? For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

AAA Insurance Co., P.O. Box 24511, Oakland, California 94623-9865

8. Have you received or agreed to receive any money from anyone for the damage claimed herein? no If so, set forth the details of such agreement.

9. The following items must be submitted with this notice:

(1) Copies of itemized bills for each medical expenses and other losses and expenses claimed;

(2) Full copies of all appraisals and estimate of property damage claimed by you;

(3) Copies of all written report of all expert witnesses and treating physicians; and

(4) A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is wilfully false or fraudulent, that I am subject to punishment provided by law.

Dated: 12-14-17

Victoria Kavanagh, Esquire
Attorney for Claimant

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals or other medical service facilities to release to the State of New Jersey any and all records, reports and other information concerning the treatment of the claimant named herein.

Dated: 12-14-17

Claimant (Signature)

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 2017-16966
2. Police Dept. of: LINDENWOLD BOROUGH — Code: 01
3. Station/Precinct: DIST 22
4. Date of Crash mm dd yy: 11/17/17
5. Day of Week: FRI
6. Time (use 2400 hrs.): 1003
7. Municipality Code: 0422
8. Total Killed: 0
9. Total Injured: 1

10. Crash Occurred On: GIBBSBORO RD (Road Name) S (Dir)
☐ At Intersection with
☒ Feet 150 ☐ Miles (14. 15.) ☐N ☐E ☒S ☐W Of: COOPER AVE (16. 17. Cross Road Name/Route No.)
11. Speed Limit: 25
12. Route No.: 686 Suffix: -- 13. Milepost: --
18. Speed Limit: 25
19. Ramp ☐ To: -- ☐ From: -- 20. Route Name/Route No. ☐NB ☐EB ☐SB ☐WB
21. Latitude: -- 22. Longitude: --

Vehicle 1

23. Veh. #: 01
24. Policy No.: 4364293490
25. NJ Ins. Code: 100
☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run

26. Driver's First Name: MARK — Initial: W — Last Name: JACONETTI — 29. Sex: M
27. Number & Street: 36 BLANCHARD RD
28. City: MARLTON — State: NJ — Zip: 08053-2918
30. Eyes: 05 — DL Class: -- — Restrictions: -- — Endorsements: -- — 31. State: NJ
32. Driver's License Number: [redacted] — 33. DOB mm dd yy: 08/31/96 — 34. Expires mm yy: 04/22
35. Owner's First Name — Initial — Last Name: ☒ Same As Driver MARK W JACONETTI
36. Number & Street: 36 BLANCHARD RD
37. City: MARLTON — State: NJ — Zip: 08053-2918
38. Make: FORD — 39. Model: FUS — 40. Color: GY — 41. Year: 2010 — 42. Plate No.: M36GWC — 43. State: NJ
44. VIN: 3FAHP0HA4AR414062 — 45. Expires: 09/18
46. Vehicle Removed to: CORSINOS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
47. Authority: ☐ Owner ☐ Driver ☒ Police
48. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: 0. -- % ☐ Pending
49. Hazardous Material: ☒ None ☐ On Board ☐ Spill; -- (Hazard Class); -- (Placard No.)
50. Carrier No.: ☐ USDOT -- ☒ None ☐ MC/MX --
51. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.
52. Motor Carrier or Government Entity: --
Number & Street: --
City: -- — State: -- — Zip: --

Vehicle 2

53 Veh. #: 02
54. Policy No.: 107004616
55. NJ Ins. Code: 217
☐Parked ☐Ped ☐Pedalcyclist ☐Resp. to Emergency ☐Hit & Run

56. Driver's First Name: JANICE — Initial: D — Last Name: MASTERS — 59. Sex: F
57. Number & Street: 225 YELKCA AVE
58 City: VINELAND — State: NJ — Zip: 08360-3118
60. Eyes: 06 — DL Class: -- — Restrictions: -- — Endorsements: -- — 61. State: NJ
62. Driver's License Number: [redacted] — 63. DOB mm dd yy: 09/12/61 — 64. Expires mm yy: 10/20
65. Owner's First Name — Initial — Last Name: ☒ Same As Driver JANICE D MASTERS
66. Number & Street: 225 YELKCA AVE
67. City: VINELAND — State: NJ — Zip: 08360-3118
68. Make: HON — 69. Model: CR- — 70. Color: MN — 71. Year: 2008 — 72. Plate No.: K33FFY — 73. State: NJ
74. VIN: JHLRE48398C046382 — 75. Expires: 06/18
76. Vehicle Removed to: CORSINOS
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
77. Authority: ☐ Owner ☐ Driver ☒ Police
78 Alcohol Drug Test: Given: ☒No ☐ Yes ☐ Refused; Type: ☐Breath ☐ Blood ☐ Urine; Results: 0. -- % ☐Pending
79. Hazardous Material: ☒ None ☐ On Board ☐ Spill; -- (Hazard Class); -- (Placard No.)
80. Carrier No.: ☐ USDOT -- ☒ None ☐ MC/MX --
81. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.
82. Motor Carrier or Government Entity: --
Number & Street: --
City: -- — State: -- — Zip: --

135. Damage To Other Property ☐ Yes (If Yes, describe) ☒ No: --

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
--	--	--	--	--	--
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
--	--	--	--	--	--

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	1	01	01	--	21	M	--	--	01	11	11	02	--	JACONETTI, MARK W, 36 BLANCHARD RD, MARLTON, NJ 08053-2918
B	2	01	--	04	56	F	05	08	02	11	11	01	6405	MASTERS, JANICE D, 225 YELKCA AVE, VINELAND, NJ 08360-3118
C	--	--	--	--	--	--	--	--	--	--	--	--	--	--
D	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NJTR-1 (Rev. 01/17)

1UU-6614U

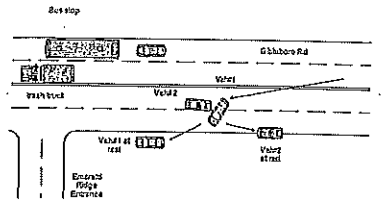
New Jersey Police Crash Investigation Report

Case Number: 2017-16966

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E	--	--	--	--	--	--	--	--	--	--	--	--	--	--
F	--	--	--	--	--	--	--	--	--	--	--	--	--	--
G	--	--	--	--	--	--	--	--	--	--	--	--	--	--
H	--	--	--	--	--	--	--	--	--	--	--	--	--	--
I	--	--	--	--	--	--	--	--	--	--	--	--	--	--
J	--	--	--	--	--	--	--	--	--	--	--	--	--	--

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/ Narrative

Driver #1 stated he was on Gibbsboro Rd in the center lane Going towards RT 30. Driver #1 stated a trash truck that was in the curb lane then changed lanes in front of him suddenly (cut off) and he swerved left to avoid striking the trash truck and went into on coming traffic. Driver #1 advised he was going about 45 mph when he was cut off.
Driver #2 advised she was in the center lane of Gibbsboro Rd heading towards Egg Harbor Rd and noticed the trash truck changing lanes. Driver #2 advised at that time she started to change lanes and noticed Veh #1 coming at her from behind the trash truck and tried to swerve right. Veh#2 struck Veh#1, Veh#1 then struck the east bound curb and drove off the roadway. Veh#2 continued east on Gibbsboro Rd and struck the curb and then partially drove off the roadway.
Driver#2 complained of chest pains and was transported to Voorhees Hospital. The trash truck was found out to be a Lindenwold trash truck. I spoke to the driver of the truck a Rich Stinsman who advised he changed lanes due to a bus being stop at the bus stop with another vehicle stopped behind the bus. Rich advised he noticed Veh#1 in the center lane of Gibbsboro Rd and the vehicle was about 200 or more feet behind him and he signaled prior to changing lanes. Rich further stated as he was passing the stopped bus at about the entrance to Emerald Ridge Apts he heard what sounded like a crash but did not see anything. Due to Driver#1 advising he was going 45mph the trash truck was not a contributing factor in the crash.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
LAFOUNTAINE, DANIEL	73	BALMER, KENNETH	66	COMPLETE

RECEIVED DEC 2 6 2017

Notice of Tort Claims Form

1373856

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Verizon

Date of Birth: NA

Address: 726 W Sheridan
OKC OK 73102

Telephone: 800-321-4158

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

_____

File No.: _____

Send Notices to: (D) Claimant D Attorney

INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   D Any other name by which the claimant is known.

   NA

   D Address at the time of the incident giving rise to the claim.

   726 W Sheridan
   OKC OK 73102

   D Marital Status: at the time of the incident NA

   currently NA

   D Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

   NA

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation, of any of the persons to the Claimant.

   NA

INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

   09.15.2017

   2405 S Cuthbert Dr, Lindenwold NJ

4. Provide the Claimant's complete version of the events that form the basis of the claim.

   A Borough of Lindenwold vehicle hit aerial cables causing damage to Verizon facilities.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name and address of each individual.

NA

6. Identify all public entities or public employees (by name and position) alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

NA

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition, and the manner in which you claim the condition caused the injury.

NA

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

NA

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.

NA

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your behalf, including doctors, hospitals or any person repairing damage to property.

NA

11. If any photographs, sketches, charts, or maps were made with respect to anything which is the subject matter of the Claim, state the date thereof, the names and addresses of the persons making the maps and of the persons who have present possession thereof Attach copies of any photographs, sketched, charts or maps.

NA

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

NA

13. State the total amount of your claim and the basis on which you calculated the amount claimed.

251.65

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

PROPER TY DAMAGE CLAIM

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

D Initials: CNP

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity? State the time and place of the complaint and the person or persons to whom the complaint was made.

18. Describe in detail the nature, extent and duration of any and all injuries.

19. Describe in detail any injury or condition claimed to be permanent.

20. If confined to any hospital, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

21. If x-rays were taken, state (a) the address of the place where each was taken, (b) the name and address of the person who took them, (c) the date when each was taken, (d)what each disclosed, (e)where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were treatments are continuing, (c) the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.

23. If you have any physical impairment which you allege is caused by the injury forming the basis of your claim and which is affecting your ordinary movement, hearing or sight, state in detail, the nature and extent of the impairment and what corrective appliances, support or device you use to overcome or alleviate the impairment.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operations, or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation, or surgery, (b) the purpose thereof and the results anticipated or expected, (c) the name and address of the doctor who recommended the treatments operations or surgery, (d) the name and address of doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred, (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments, operation or surgery, please give an approximate date.

26. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

27. If employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer, (b) position held and the nature of the work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost from employment, giving dates, (e)amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security and income continuation insurance.

28. If other loss of income, profit or earnings is claimed, state (a) total amount of loss, (b) give a complete detailed computation of the loss, (c) the nature and dates of the loss.

29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the year.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions.
CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

Signature of Claimant: _____ **Date:** 12-13-17

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name_____ **Social Security Number** _____

Address _____ **Claim Number** _____

_____

You are hereby authorized and requested to disclose, make available and furnish to:

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof

Approximate date of admission to hospital, first examination, treatment of consultation:

A photocopy of this release form, bearing a photocopy of my signature shall constitute your authorization for the release of the information in accordance with the request made to you.

Signature: _____ **Date:** _____