Law Offices
JOHN C. IANNELLI, ESQ.
Attorney-At-Law
1160 S. BLACK HORSE PIKE
BLACKWOOD, NEW JERSEY 08012

(856) 227-2434
FAX: (856) 227-9362
EMAIL: *johnilawyer@comcast.net*

February 1, 2018

Deborah Jackson, Borough Clerk
Borough of Lindenwold
15 North White Horse Pike
Lindenwold, NJ 08021

Re: Our Client: James Hackett
Date of Incident: May 23, 2017
Property Location: 41 Second Ave., Lindenwold, NJ

Dear Ms. Jackson:

Please be advised I represent James Hackett with regard to the above referenced property damage claim that he is pursuing against the Borough of Lindenwold.

On or about May 23, 2017 a Borough refuse truck damaged Mr. Hackett's property. He previously filed a tort claim notice, a copy which is enclosed for your convenience as well as photographs I believe he attached to the Notice. An explanation of the incident is included in the tort claim notice. I also enclosed a repair estimate from Menstone Construction which indicates that total cost for the repairs are $3,300.00. Please review the enclosed and contact me to discuss.

Very truly yours,

JOHN C. IANNELLI, ESQ.

JCI/jr
Encls.
Cc : James Hackett

RECEIVED JUN 14 2017

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: JAMES S. HACKETT

Date of Birth: 1/11/1957

Address: 41 2ND AVE
LINDENWOLD

Telephone: [redacted]

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
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.

   NO

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

   41 2ND AVE LINDENWOLD, NJ

   D Marital Status: at the time of the incident MARRIED

   currently MARRIED

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

   KAYCEE HACKETT – DAUGHTER
   GIO'VANNI HACKETT – GRAND SON

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.

   SAME

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.

   5/23/17, APR 10:00 AM, SUNNY

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

   I PULLED UP TO HOUSE FROM A DR'S VISIT, NOTICED RECYCLE TRUCK PARKED IN STREET, DRIVER WAS OUT ON SIDWALK ON CELL PHONE, COMCAST WIRES WERE PULLED FROM THE HOUSE CAUSING OUTAGE OF SERVICE PLUS DAMAGES TO THE FRONT OF MY HOUSE AND 8FT SECTION OF FENCE KNOCKED DOWN (PICTURES ENCLOSED)

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.

DRIVER OF RECYCLE TRUCK, MY DAUGHTER & GRANSON WERE INSIDE THE HOUSE AND HEARD LOUD NOISE COMING FROM OUTSIDE.

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.

PICTURES ENCLOSED

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.

N/A

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.

NO

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.

JAMES HACKETT (MYSELF)

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.

N/A

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.

NO POLICE REPORT WAS MADE.

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.

N/A

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."

8FT SECTION FENCE, TOP OF HOUSE (PICTURES ENCLOSED)

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: JXL

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:** 6/14/17

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:** _____

Notice of Tort Claim Form Transmittal Letter to Claimant

Date 6/14/17

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 any 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 from the New Jersey Superior Court allowing the late filing of the Notice of Tort Claim. Such an Order can be granted only within one year form 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 Clerk
Borough of Lindenwold
856-783-2121 ext. 9-240

Very truly yours:

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

Date 6/14/17

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.

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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

Proposal

MENSTONE LLC.

CONSULTING, MANAGEMENT & CONSTRUCTION

Corporate ID# 0400-5275-64

856-207-1438

PROPOSAL SUBMITTED TO: JAMES HACKETT	PHONE: [redacted]	DATE: 10/19/11	
STREET: 41 2ND AVE	JOB NAME:		
CITY, STATE and ZIP CODE: LINDENWOLD	JOB LOCATION: 41 2ND AVE LINDENWOLD		
ARCHITECT:	DATE OF PLANS:		JOB PHONE:

We hereby submit specifications and estimates for:

Remove Roofing beyond broken members, Saw Tooth Shingles to allow new Fly Rafter instalation. Install new fly rafter / Facia board. Install new plywood. New roofing shingles best match possible. Reinstall existing Sipht material supply as needed. With Aluminum Facia board.

Repair Fence Supply as needed $450.00

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of: 2850 dollars ($).

Payment to be made as follows:

Fence 450

3300

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within 5 days.

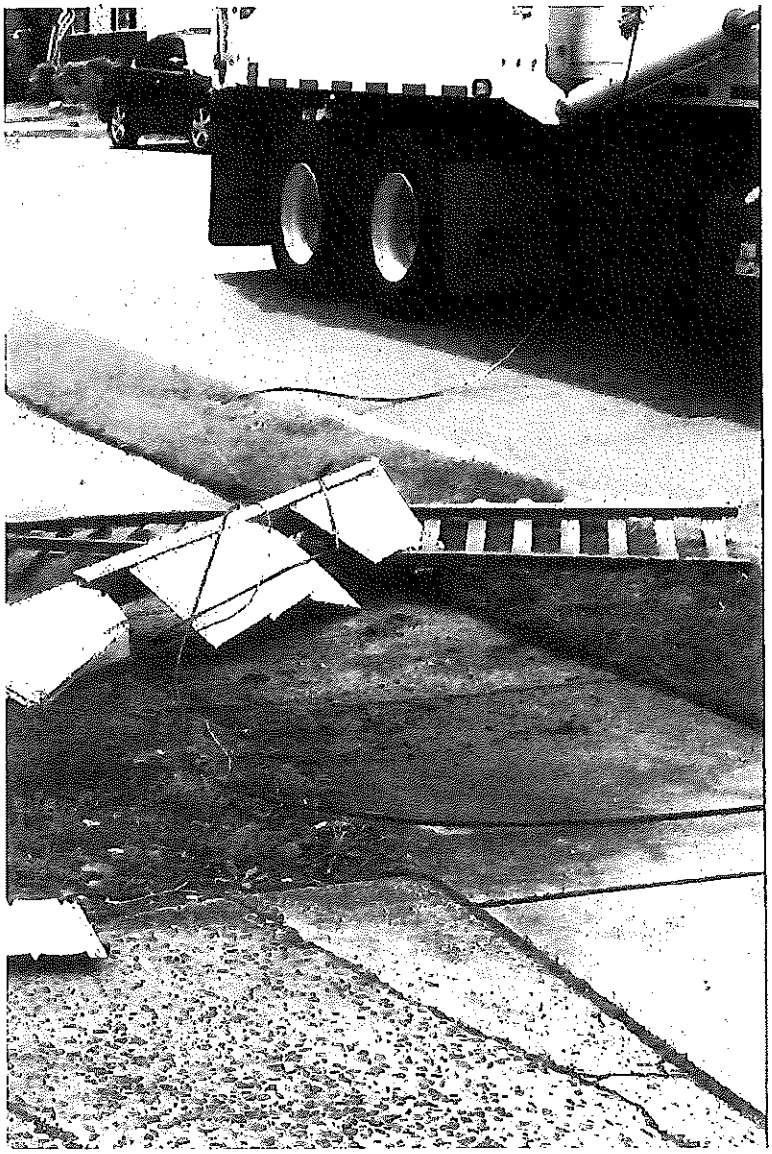
Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

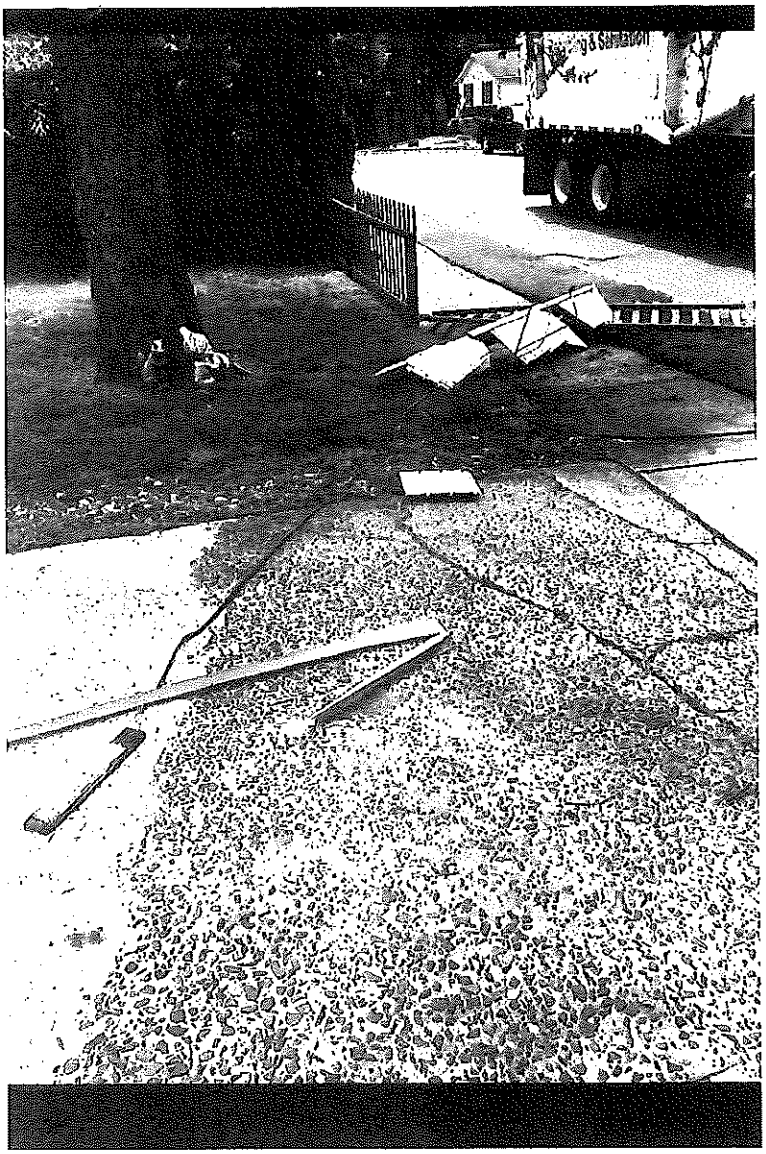
Signature _____

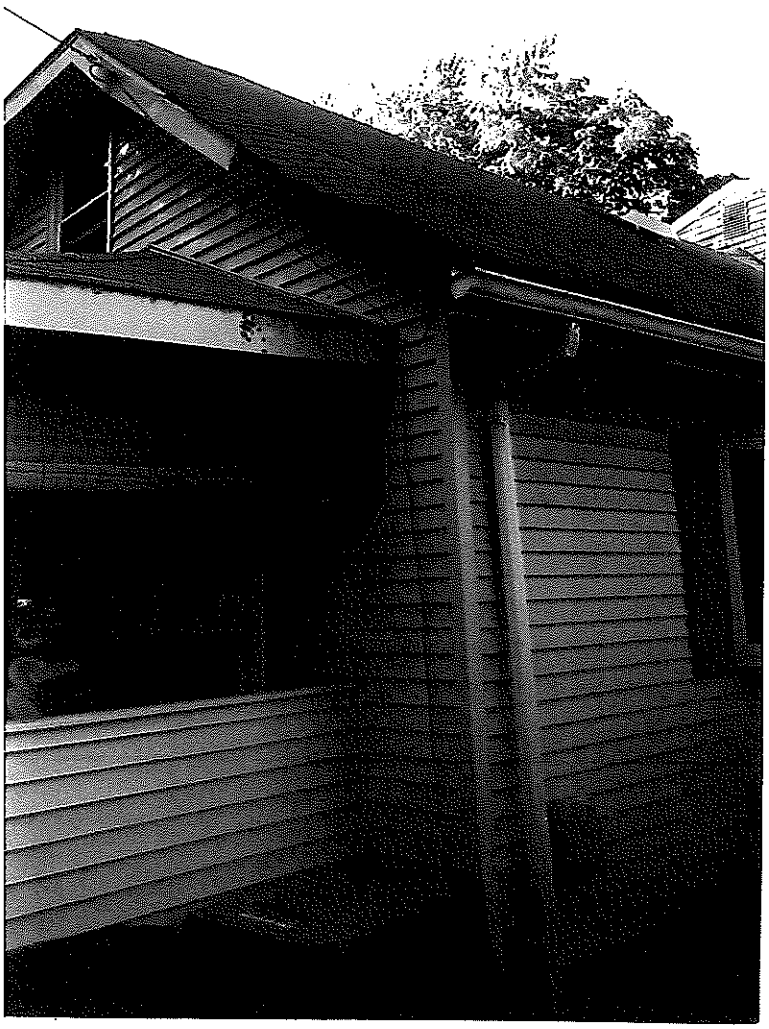
Date of Acceptance: _____

Signature _____

Date of Acceptance: _____







RAND SPEAR'
MARC P. GREENFIELD'
STUART A. RICHMAN
JEREMY M. WEITZ'‡
SCOTT T. TAGGART'

JUSTIN K. YOUKEY'
NIZAR MICHAEL ABED'
ALEXANDER H. KIPPERMAN'
NEIL R. GALLAGHER
MICHAEL R. LOGUE'
RICHARD A. SCHOLER'
CHRISTINA C. VIOLA'
FIORAVANTE BUCCI'
FABIANNA R. PERGOLIZZI
PHILIP A. DIBARTOLO'

SPEAR GREENFIELD
RICHMAN WEITZ & TAGGART, PC

ATTORNEYS & COUNSELORS AT LAW
TWO PENN CENTER PLAZA, SUITE 200
1500 J.F.K. BOULEVARD
PHILADELPHIA, PENNSYLVANIA 19102
(215) 985-2424
FAX (215) 545-6117
www.injuryline.com
email: office@injuryline.com

NEW JERSEY OFFICE
10,000 LINCOLN DRIVE EAST
ONE GREENTREE CENTRE, SUITE 201
MARLTON, NJ 08053
(856) 985-4663

'MEMBER OF NJ AND PA BAR
‡CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY

February 16, 2018

Borough of Lindenwold
Lindenwold Borough Offices
15 N. White Horse Pike
Lindenwold, NJ 08021
Attention: Deborah Jackson/Borough Clerk
Via Certified Mail & Fax: (856) 782-9446

Borough of Lindenwold
Lindenwold Borough Offices
2001 Egg Harbor Road
Lindenwold, NJ 08021
Attention: Deborah Jackson/Borough Clerk
Via Certified Mail & Fax: (856) 782-9446

RE: Our Client/Josephine Volpe
D/A: 1/16/18

Dear Ms. Jackson:

Enclosed please find the signed and completed tort claims questionnaire for your review.

Should you have any questions, please feel free to call the undersigned @ (215) 985-2424.

Thank you for your cooperation.

Very Truly Yours,

SPEAR, GREENFIELD, RICHMAN & WEITZ, PC

Scott Coyle

SCOTT COYLE
PARALEGAL

spc
enclosures

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Josephine Volpe Date of Birth: 6-25-58

Address: 18 Briar Lane Telephone: [redacted]

Blackwood, NJ 08012

ATTORNEY INFORMATION (If Applicable)

Name: Spear, Greenfield, Richman, Weiz-Tagert Telephone: 215-985-2424

Address: 1500 JFK Blvd - Ste 202 Fax: 215-545-6117

Phila, PA 19102 File No.: 2285-18

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."

If 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.

To be supplied by claimant's attorney.

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

18 Briar Lane, Blackwood, NJ 08012

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.

To be supplied by claimant's attorney.

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.

To be supplied by claimant's attorney.

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. 1-16-18 @ 8:30am, PATCO Train Station, 901 Berlin Rd North, Lindenwold, NJ. weather: Cold, clear

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

Claimant slipped + fell due To ice in the PATCO lot.

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.

Unknown at This Time, investigation on-going.

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.

Unknown at This Time, investigation on-going.

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.

Unknown at This Time, investigation on-going.

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.

Unknown at This Time, investigation on-going.

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.

To be supplied by claimant's attorney

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.

Attached please find sixteen (16) location photographs for your review.

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.

Unknown at This Time, investigation on-going.

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

Unknown at This Time, investigation on-going.

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.

To be supplied by claimant's attorney upon receipt of same.

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.

See attached list.

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."

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: _____

County of Camden
520 Market Street
Camden, NJ 08102-1375

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

PATCO-Lindenwold
901 Berlin Road North
Lindenwold, NJ 08021

PATCO
P.O. Box 4262
Lindenwold, NJ 08021

Delaware River Port Authority
2 Riverside Drive
Camden, NJ 08101

Delaware River Port Authority
Benjamin Franklin Bridge Plaza
Administration Building
P.O. Box 1949
Camden, NJ 08101-1949

New Jersey Transit Corporation
350 Newton Avenue
Camden, NJ 08103-1697

State of New Jersey
Office of the Attorney General
Hughes Justice Complex
25 Market Street, P.O. Box 080
Trenton, NJ 08625-0080

State of New Jersey
Tort and Contract Unit
Department of the Treasury
Bureau of Risk Management
P.O. Box 620
Trenton, NJ 08625

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.

Unknown at This Time, investigation on-going.

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

Including, but not limited To The legs, Knees, left ankle and right foot. Possible fracture of The left fibula.

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

Treatment on-going, To be determined

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.

AHanticare, 1310 Blackwood-Clementon Rd, Clementon, NJ. Dates of admission and Discharge To be supplied by claimant's attorney.

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.

Unknown at This Time, investigation on-going.

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.

a) Rothman, 327 Greentree Rd, Sewell, NJ 08080. b) various, places: See answer To A. c) TBD

Reports To be supplied by claimant's attorney upon receipt of same.

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.

To be supplied by claimant's attorney.

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 administor 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.

To be supplied by claimant's attorney.

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..

Unknown at this time, investigation on-going.

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) Thomas Jefferson Hospital, 901 Walnut St. Ste 918, Phila, PA 19107. b) Residence Coordinator for Radiology. c) TBS d) TBS e) TBS

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.

Unknown at this time, investigation on-going.

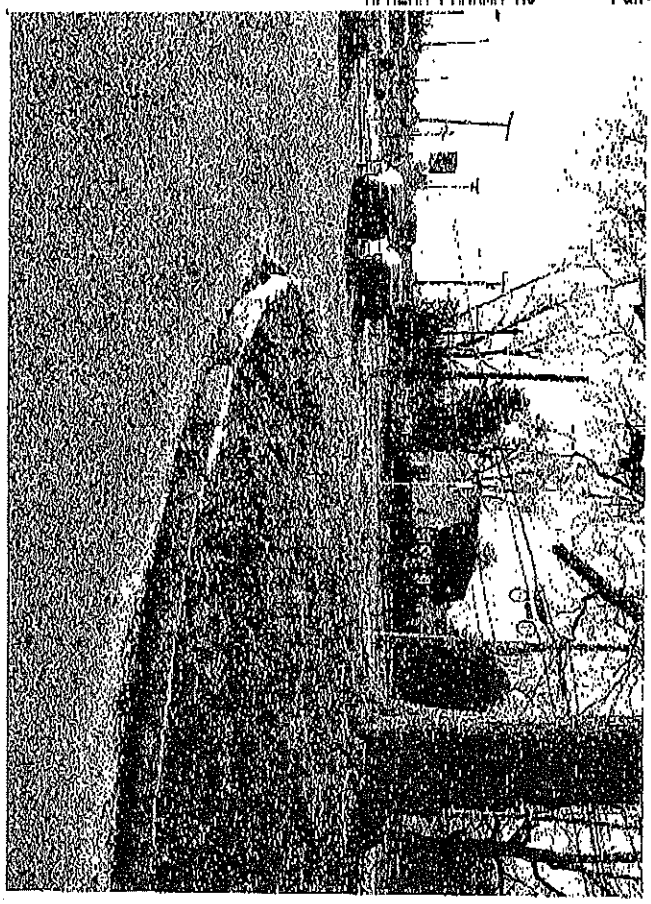
29. If you are claiming lost wages state (a) the date that the employment began, (b) the name and address of the employer, (c) the position held and the nature of the work performed, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during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

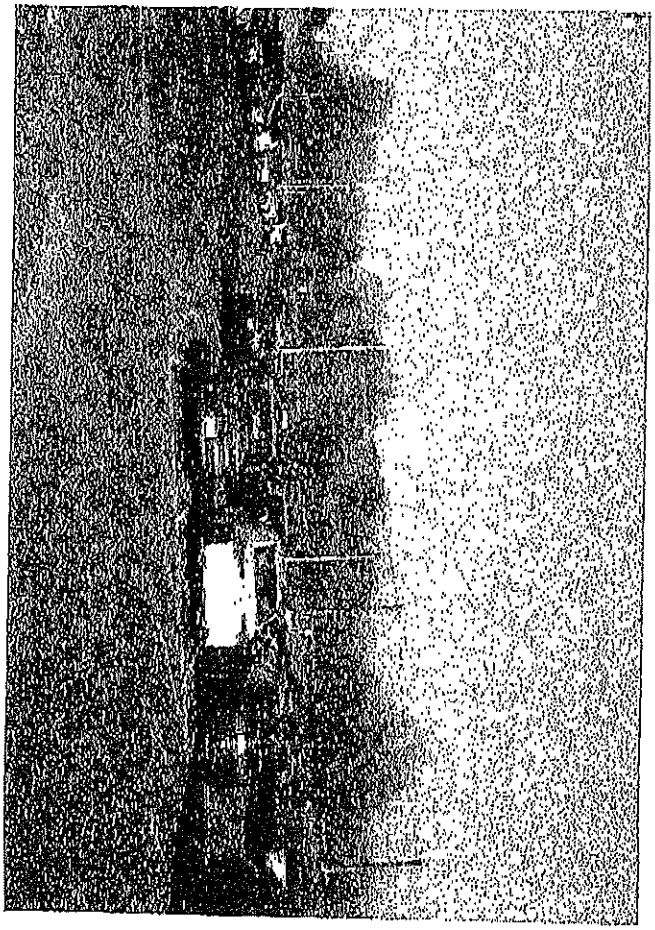
See answers to #27. Documentation to be supplied by claimant's attorney.

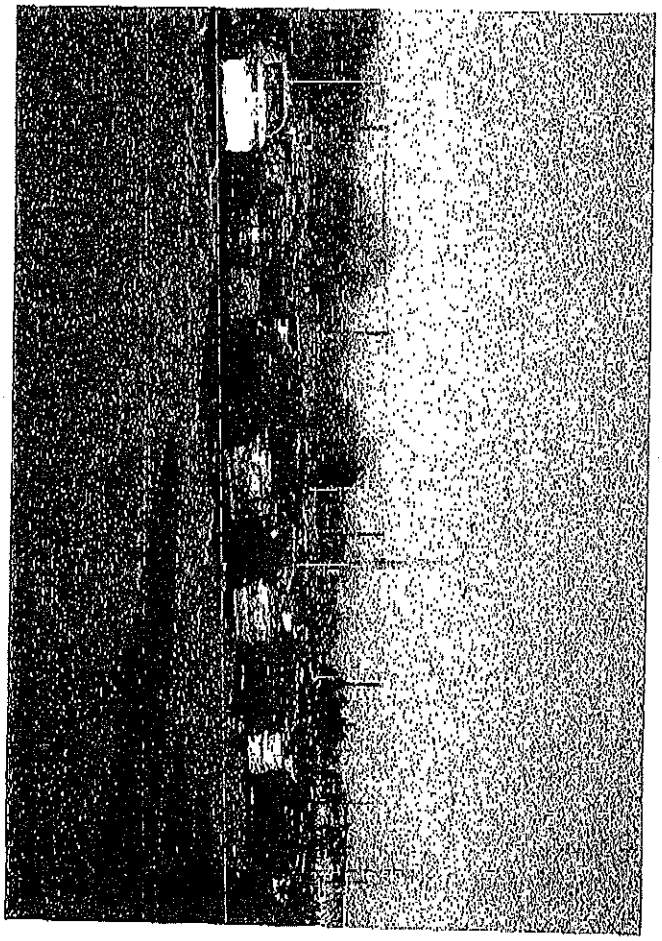
DOCUMENT REQUEST: Provide all documents identified in your answers to the above questions.
CERTIFICATION: I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

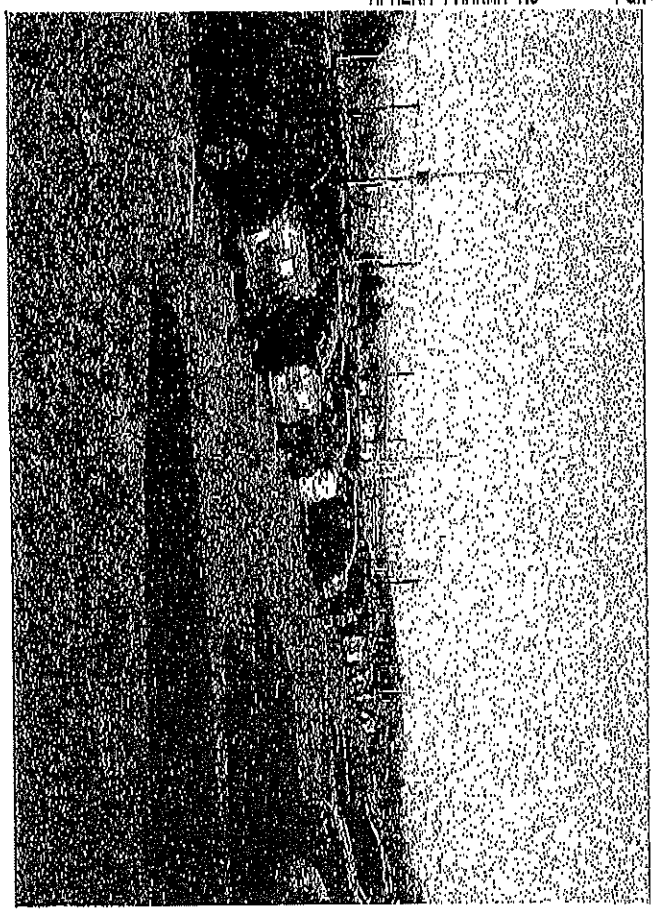
Signature of Claimant: _____ Date: 2-16-18

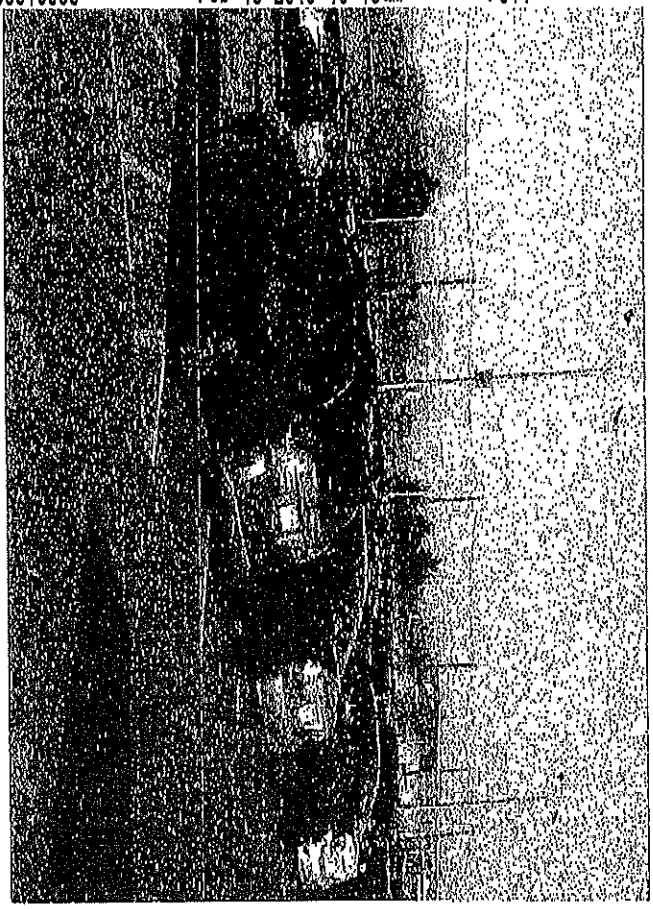
Ram Spear, Esq. on behalf of Claimant, Josephine Volpe

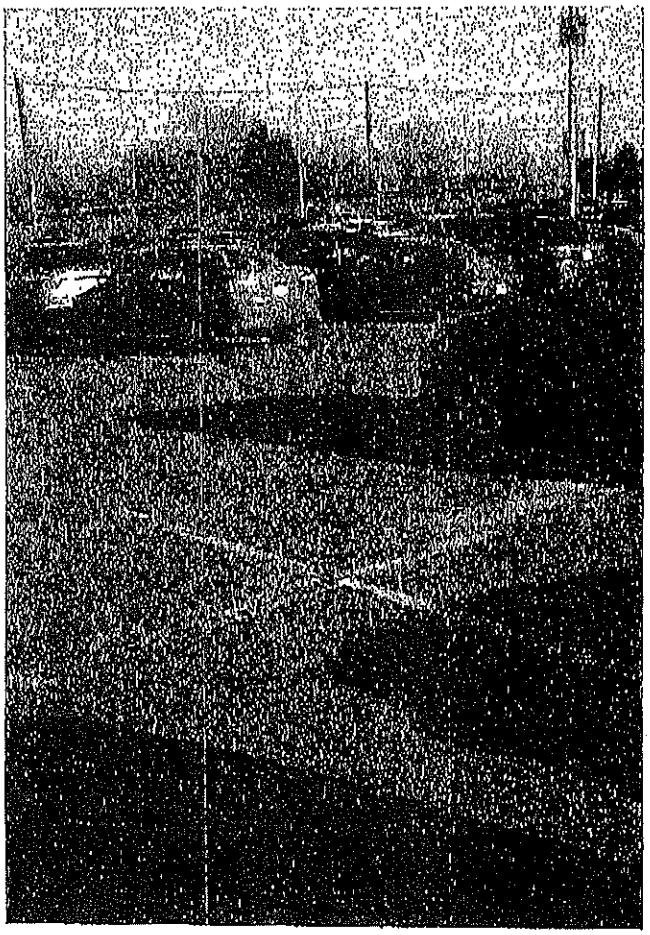


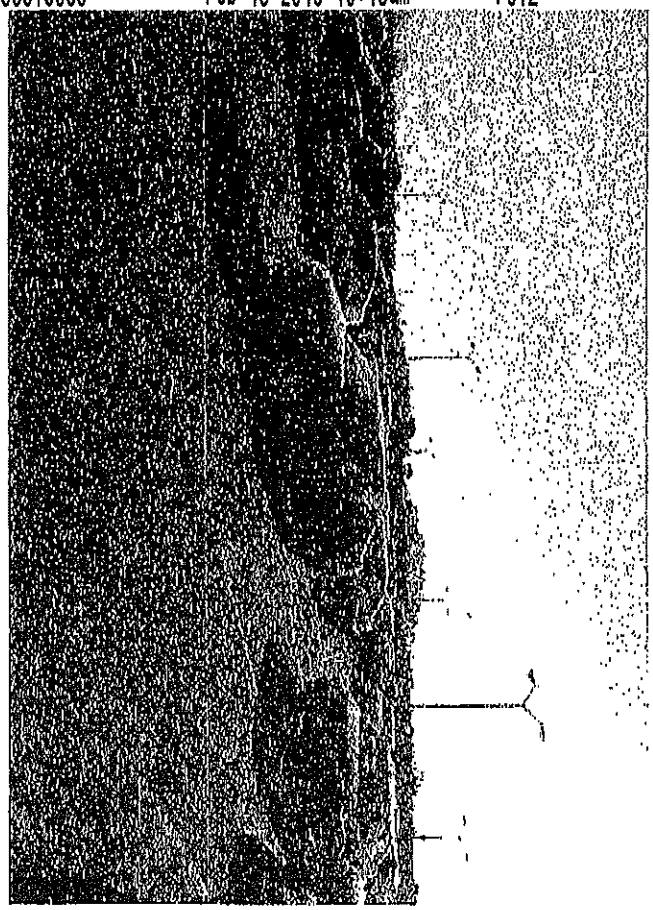


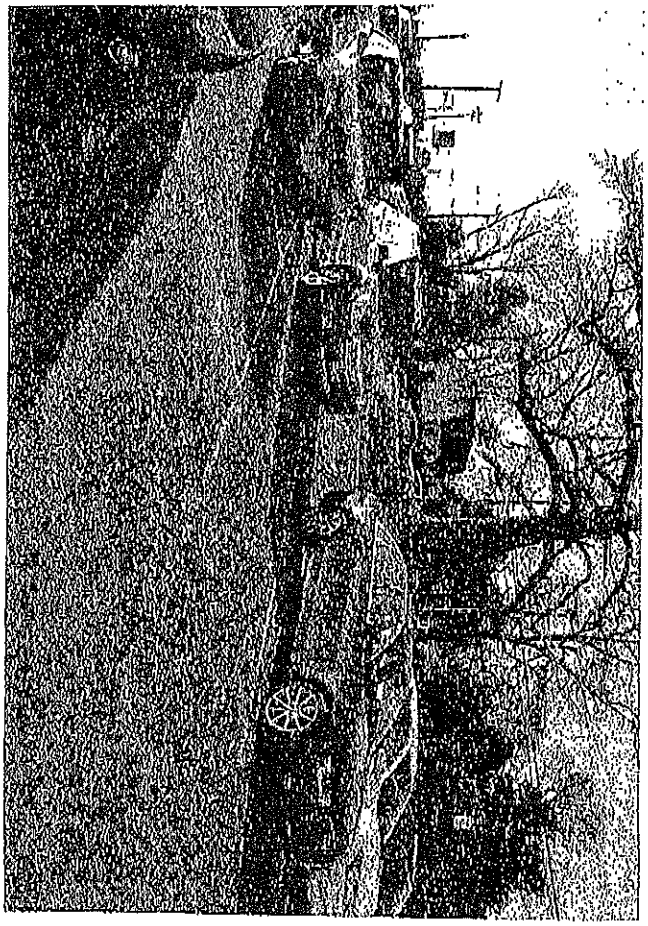


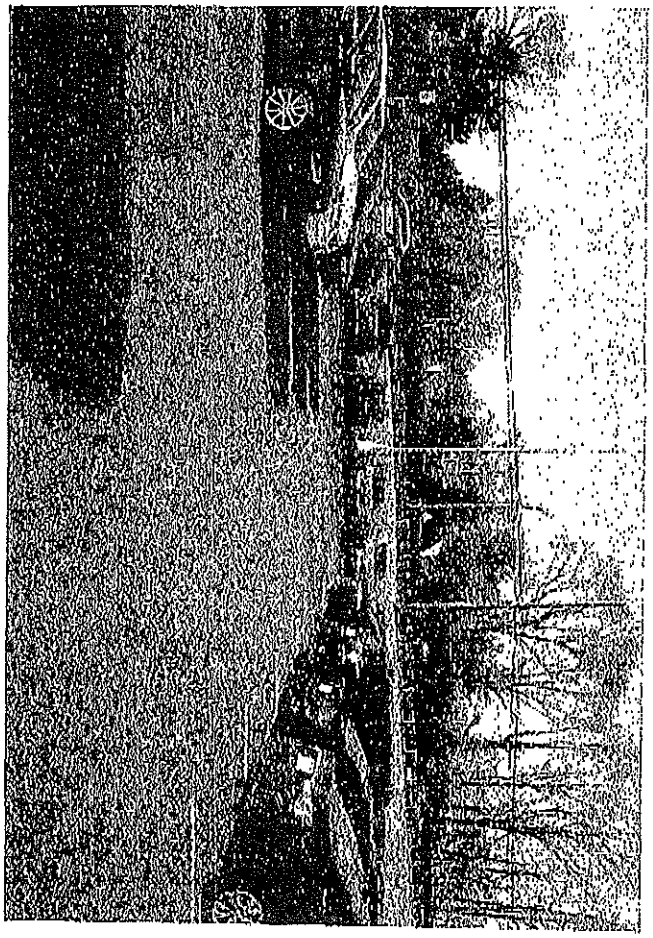


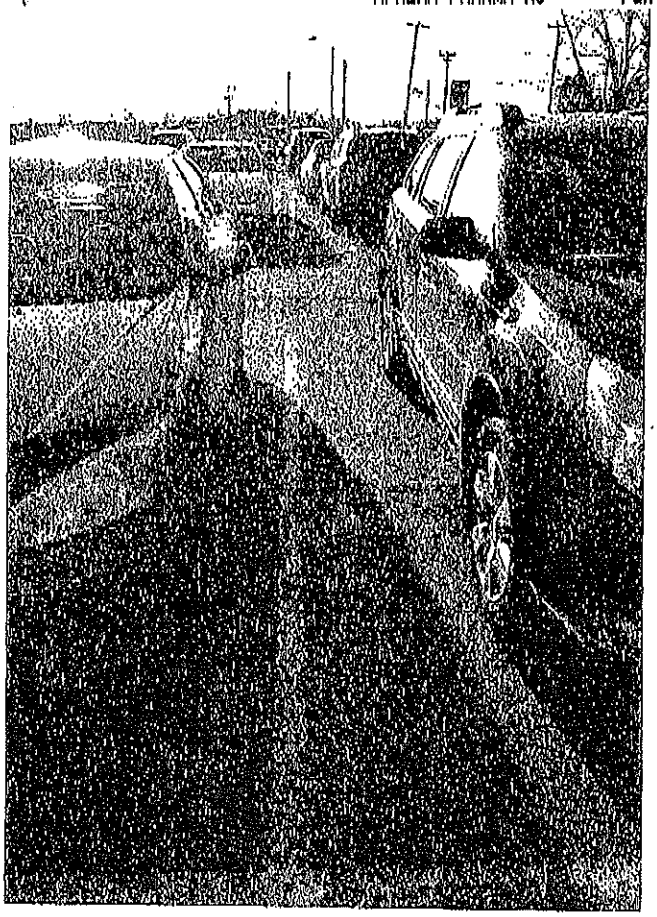


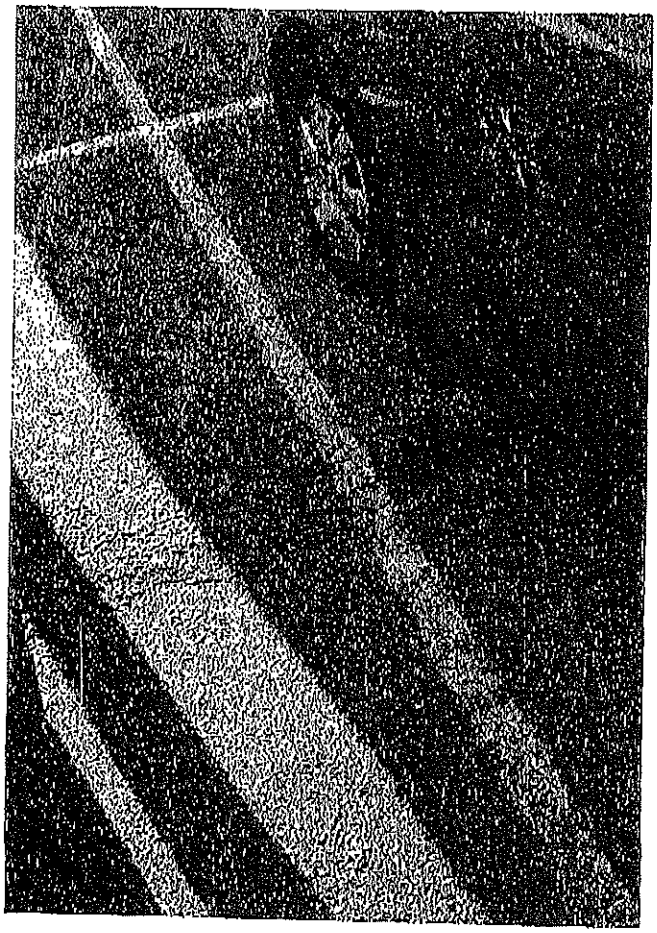


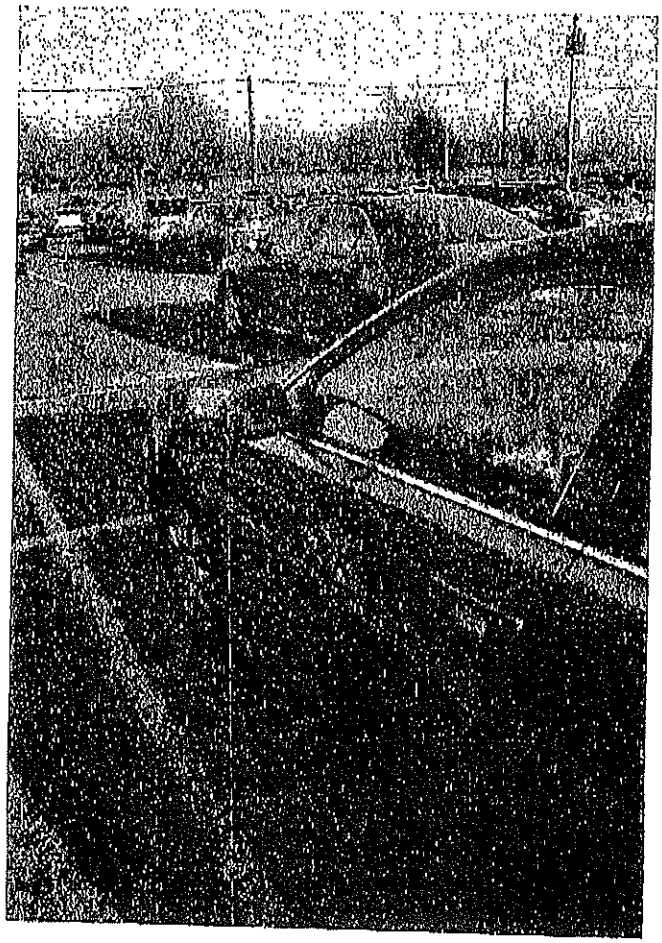












DHKN&S
ATTORNEYS AT LAW
Dashevsky, Horwitz, Kuhn, Novello & Shorr, P.C.

1315 Walnut Street, 12th Floor, Philadelphia, PA 19107
T 215.546.4488 | F 215.732.6220

10 Grove Street, Haddonfield, NJ 08033
T 856.354.1700 | F 856.216.9554

*Respond to Haddonfield Office

Arthur S. Novello, Esquire
ANovello@DashevskyLaw.com
Member PA & NJ Bars
NJ Managing Attorney

November 26, 2019

Lindenwold Municipal Building
20 U.S. Route 30
Lindenwold, NJ 08021

RE: Our Client: Lisa Monahan
Date of Accident: 2/5/18
Place of Accident: Lindenwold PATCO Speedline station
Type of Accident: Trip and fall
Time of Accident: 8:10 a.m.
Our File Number: 26317780

Dear Sir/Madam:

Please be advised that this office has taken over representation of Lisa Monahan for personal injuries sustained as a result of a trip and fall accident occurring at the Lindenwold PATCO Speedline station, the particulars of which accident are set forth above.

Ms. Monahan and her previous attorneys, Simon & Simon, have had a parting of the ways. Accordingly, please note, that all future correspondence and/or communication regarding this claim should be directed to my attention. Should I not be available when you call, please speak to my paralegal, Julie.

Thank you in advance for your courtesy and cooperation.

Very truly yours,

ARTHUR S. NOVELLO

ASN/jls
Via Certified Mail
cc: Lisa Monahan

Mailed from 2-26-18

RECEIVED FEB 26 2018

Marc I. Simon, Esquire*
Michelle Skalsky-Simon, Esquire (Retired)
Joshua A. Rosen, Esquire
Matthew J. Zamites, Esquire
Brian F. George, Esquire+
Michael K. Simon, Esquire
Mary G. McCarthy, Esquire
Harry Gosnear, Esquire*
Joshua D. Baer, Esquire
Andrew Baron, Esquire
Raymond Tarnowski, Esquire
Bryan Arner, Esquire^
Daria Koscielniak, Esquire*
Michael Schlagnhaufer, Esquire*
William M. Rhodes, Esquire*
Daniel Ward, Esquire*

SIMON & SIMON, PC
INJURY LAWYERS

Please send all correspondence to:

1515 Market Street | Suite 1600
Philadelphia, PA 19102
Tel: (215) 467-4666 | Fax: (267) 639-9006

Jessalyn Gillum, Esquire
Alexander C. Hyder, Esquire
Ashley Oakey, Esquire
Tara Brouse, Esquire
Grady Lowman, Esquire*
Jason Whalley, Esquire^
Ryan Flaherty, Esquire
Ashley Keefer, Esquire
Sam Reznik, Esquire
Erik Neiman, Esquire
Kevin Donovan, Esquire-
James Gundlach, Esquire~
Amanda Nese, Esquire
Erin Hayes, Esquire
Greg Birney, Esquire
Frank Palecko, Esquire

*Licensed to practice in Pennsylvania and New Jersey
+Licensed to practice in Pennsylvania and Massachusetts
^Licensed to practice in Pennsylvania, New Jersey, and New York
~Licensed to practice in Pennsylvania and New York
- Licensed to practice in Massachusetts

marcsimon@gosimon.com
www.gosimon.com

February 21, 2018

Via Certified Mail
Lindenwold Municipal Building
20 US-30,
Lindenwold, NJ 08021

Re: Other Party Involved: Delware River Port Authority
Our Client: Lisa Monaghan
D/A: 2/05/2018
Location: Lindenwold - 901 Berlin Road N, Lindenwold, NJ 08021
Attending Physician: Comprehensive Pain Solutions 151 Fries Mills Rd. Bldg. 600 Suite 2 Turnersville/Washington Twp. NJ

To Whom It May Concern:

Please be advised that I represent Lisa Monaghan regarding a trip and fall that occurred on your premises, located at 901 Berlin Road N, Lindenwold, NJ 08021 on 2/05/2018. If you have any documents, reports, or video surveillance pertaining to this incident, please maintain and preserve all such items until action is completed.

Please forward video footage and/or Incident report if applicable to my office, 1515 Market Street, Ste 1600, Philadelphia, PA 19102 or email to INTAKE@GOSIMON.COM.

No Documents Per B. Mazzo 2-27-18

Thank you for your attention to this matter.

Should you have any questions, do not hesitate to contact me. Please reference our client number above in all correspondence.

Very truly yours,

SIMON & SIMON, PC

/s

Federica Caloia, Paralegal

MIS/fc

RECEIVED FEB 2 6 2018

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

FOWARD TO: TORT AND CONTRACT UNIT
DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGMT.
PO BOX 620
TRENTON, NEW JERSEY 08625
PHONE: (609) 292-4347

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

1. **CLAIMANT:**

Monaghan	Lisa		8/11/1964
LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
Wagon Wheel Drive, #2			
STREET ADDRESS			MAILING ADDRESS IF OTHER THAN STREET ADDRESS
Sicklerville	NJ	08081	
CITY	STATE	ZIP CODE	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.**

Simon and Simon, PC		1515 Market Street, Suite 1600
NAME		MAILING ADDRESS
Philadelphia	PA	19102
CITY	STATE	ZIP CODE

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW ☑ **OR** Attorney at Law
EXPLAIN RELATIONSHIP

THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

3a.

2/05/2018	8:10AM
DATE	TIME

b. **DESCRIBE THE LOCATION OR PLACE OF THE ACCIDENT OR OCCURENCE.**

Lindenwold	901 Berlin Road N, Lindenwold, NJ 08021
MUNICIPALITY	EXACT LOCATION OF THE OCCURRENCE

c. DESCRIBE HOW THE ACCIDENT OR OCCURENCE HAPPENED: IF A DIAGRAM WILL ASSIST YOUR EXPLANATION, PLEASE USE THE REVERSE SIDE OF THIS FORM.

Lisa Monaghan was getting ready to board a train when she fell from the indents and cracks on the pavement.

d. STATE THE NAME AND ADDRESS OF THE STATE AGENCY OR AGENCIES THAT YOU CLAIM CAUSED YOUR DAMAGE.

Delaware River Port Authority-One Port Center, 2 Riverside Drive,PO Box 1949, Camden, NJ 08101

Lindenwold Municipal Building-20 US-30, Lindenwold, NJ 08021

STATE THE NAMES OF STATE EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN INDENTIFYING AND LOCATING THEM.

e. STATE THE NEGLIGENCE OR WRONGFUL ACTS OF THE STATE AGENCY AND STATE EMPLOYEES WHICH CAUSED YOUR DAMAGES.

Failure to maintain property.

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

g. STATE THE NAMES OF ALL POLICE OFFICERS AND POLICE DEPARTMENTS WHO INVESTIGATED THIS ACCIDENT.

4a. CLAIM FOR DAMAGES (CHECK APPROPRIATE BLOCK):

☑ PERSONAL INJURY ☐ PROPERTY DAMAGE

☐ OTHER - EXPLAIN IN DETAIL

b. IF YOU CLAIM PERSONAL INJURY:

(1) DESCRIBE YOUR INJURIES RESULTING FROM THIS ACCIDENT OR OCCURRENCE.

Knee's, legs, neck, and shoulder

(2) DO YOU CLAIM PERMANENT DISABILITY RESULTING FROM THIS INJURY:

☐ YES ☐ NO

IF YES, DESCRIBE THE INJURIES BELIEVED TO BE PERMANENT.

(3) FOR EACH HOSPITAL, DOCTOR OR OTHER PRACTITIONER RENDERING TREATMENT, EXAMINATION OR DIAGNOSTIC SERVICES, STATE:

NAME OF HOSPITAL, DOCTOR OR OTHER FACILITY	ADDRESS	DATES OF TREATMENT OR SERVICE	AMOUNT OF CHARGE TO DATE	AMT. PAID OR PAYABLE BY OTHER SOURCE SUCH AS INSURANCE
Virtua Urgent Care		2/05/2018		
Comprehensive Pain Solutions 151 Fries Mills Rd. Bldg. 600 Suite 2 Turnersville/Washington Twp. NJ			2/28/2018	

(4) IF YOU CLAIM LOSS OF WAGE OR INCOME AS A RESULT OF THE INJURY STATE:

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

YOUR OCCUPATION

DATE YOU BECAME EMPLOYED

RATE OF PAY

DATE OF ABSENCE FROM WORK

TOTAL LOSS WAGES TO DATE

IF STILL OUT, EXPECTED DATE OF RETURN

NOTE: IF YOUR CLAIMED LOSS OF INCOME ARISES FROM SELF-EMPLOYMENT OR OTHER THAN WAGE, ATTACH A CALCULATION SHOWING THE BASIS OF YOUR CALCULATION OF LOST INCOME.

(5) SET FORTH ANY AND ALL OTHER LOSSES OR DAMAGE CLAIMED BY YOU.

C. IF YOU CLAIM PROPERTY DAMAGE:

(1) DESCRIBE THE PROPERTY DAMAGED.

(2) THE PRESENT LOCATION AND TIME WHEN THE PROPERTY MAY BE INSPECTED.

(3) DATE PROPERTY ACQUIRED.

(4) COST OF PROPERTY $

(5) VALUE OF PROPERTY AT TIME OF ACCIDENT: $

(6) DESCRIPTION OF DAMAGE.

(7) HAS THE DAMAGE BEEN REPAIRED? IF SO, BY WHOM, WHEN AND COST OF REPAIRS.

(8) ATTACH EACH ESTIMATE OF REPAIR COSTS TO THIS FORM.

(9) SET FORTH IN DETAIL THE LOSS CLAIMED BY YOU FOR PROPERTY DAMAGE.

d. SET FORTH IN DETAIL ALL OTHER ITEMS OF LOSS OR DAMAGES CLAIMED BY YOU AND THE METHOD BY WHICH YOU MADE THE CALCULATION.

5. THE AMOUNT OF THE CLAIM. $500,000 may vary

6. HAVE YOU MADE A CLAIM AGAINST ANYONE ELSE FOR ANY OF THE LOSSES OR EXPENSES CLAIMED IN THIS NOTICE?

IF YES, SET FORTH THE NAME AND ADDRESS OF ALL PERSONS AND INSURANCE COMPANIES AGAINST WHOM YOU HAVE MADE SUCH CLAIMS:

7. ARE ANY OF THE LOSSES OR EXPENSES CLAIMED HEREIN COVERED BY ANY POLICY OF INSURANCE?

FOR EACH SUCH POLICY, STATE THE NAME AND ADDRESS OF THE INSURANCE COMPANY, POLICY NUMBER AND BENEFITS PAID OR PAYABLE

8. HAVE YOU RECEIVED OR AGREED TO RECEIVE ANY MONEY FROM ANYONE FOR THE DAMAGES CLAIMED HEREIN?

☐ YES ☐ NO

IF YES, SET FORTH THE DETAIL OF SUCH AGREEMENT.

9. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS NOTICE:

(1) COPIES OF ITEMIZED BILLS FOR EACH MEDICAL EXPENSE AND OTHER LOSSES AND EXPENSES CLAIMED.

(2) FULL COPIES OF ALL APPRAISALS AND ESTIMATES OF PROPERTY DAMAGE CLAIMED BY YOU.

(3) COPIES OF ALL WRITTEN REPORTS OF ALL EXPERT WITNESSES AND TREATING PHYSICIANS.

(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 WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT PROVIDED BY LAW.

2/21/18
DATE

M
CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

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

Date 3/5/18

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: JAMES OTOLO

Date of Birth: 1/23/1962

Address: 222 COUNTISS AVE.
LINDENWOLD NJ 08021.

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

_____

File No.: _____

Send Notices to: ☑ Claimant ☐ 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.

   ONGORO

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

   222 COUNTISS AVE.
   LINDENWOLD NJ 08021

   D Marital Status: at the time of the incident MARRIED.

   currently MARRIED.

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

   GOVAN ONGORO - SON JILLIAN ONGORO - WIFE.
   CARISTO ONGORO - SON
   EDMOND ONGORO - SON

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.

   222 COUNTISS AVE.
   LINDENWOLD 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. DATE: 1/26/2018, TIME: 9:00 AM, AT MY HOME BASEMENT (ADDRESS GIVEN ABOVE)

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

   THE MAIN SEWAGE LINE WAS CLOGGED CAUSING BACK UP SEWAGE REFUSE FILLING MY BASEMENT 3" DEEP.

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.

- CALISTO ONGORO - 222 COUNTIS. AVE. LINDENWOLD NJ 08021.
- TIM DESALIS - Roto Rooter Service Co. 175 East Ninth Ave. Unit C, Runnemede, NJ 08078
- Lindenwold Sewer Department - Lindenwold NJ 08021.

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. The main sewerage line was clogged at that time. They must have not cleaned up the line as they do on routine cleanup. They came with the Lindenwold Sewer cleaning truck and cleaned it. The problem stopped after that. The back up stopped.

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. I think there was no routine maintenance of the main sewerage line that caused the problem I have lived here for more than 10 years and this is the first time this happened. For other years I see them do sewer line maintenance.

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. Routine sewerline maintenance must have not been carried out. The sewerline (main) are clogged & unclogged adjacent from my house. This is a proof that the main line must have not been maintained.

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. No alcohol consumed.

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.

Policy # 3504557S Amount $2784.52
#3504557S Amount $627.39 - personal property for my son.
#3504557S Amount $911.75

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.

Roto-Rooter took photographs
House site - took photographs also.
Insurance

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. I called ROTO-ROOTER To clean up the waste in my basment

13. State the total amount of your claim and the basis on which you calculated the amount claimed.
The total insurance deductable = $1000 (One Thousand) only.

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.
There was no police reports issued.

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: _____

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:** 3/5/18

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:** _____

Notice of Tort Claim Form Transmittal Letter to Claimant

Date _____

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 any 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 from the New Jersey Superior Court allowing the late filing of the Notice of Tort Claim. Such an Order can be granted only within one year form 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 Clerk
Borough of Lindenwold
856-783-2121 ext. 9-240

Very truly yours:

Date: _____

To: Deborah C. Jackson

Re: **Notice of Claim of** _____

Enclosed you will find the following:

~ Initial Notice of Tort Claim received on _____.

~ Copy of Response sent on _____ by certified mail, return receipt request, with the official Notice of Tort Claim Form.

~ Reports by employees on the incident given rise to the claim.

~ Official Notice of Tort Claim form received on _____.

~ Summons and Complaint received on _____.

~ Other _____

Very truly yours,

cc: Christopher J. Powell

Liberty Mutual. INSURANCE

CONTACT US

By Phone
Direct: (484) 795-2335
Toll Free: (800) 521-0986
Ext. 73437
Fax: (603) 334-0372

Liberty Mutual Fire Insurance Company
P.O. Box 515097
Los Angeles, CA 90051-5097

Visit us online
LibertyMutual.com

March 20, 2018

Lindenwold Department of Public Works
861 E Gibbsboro Rd
Lindenwold NJ 08021-1207

Insured:	James J. Hackett
Claim Number:	HD000-037132457-01
Date of Loss:	05/31/2017
Amount of Loss:	$3,300.00
Location of Loss:	41 2nd Ave Lindenwold, NJ

Dear Sir/madam,

The purpose of this letter is to inform you that as a result of this loss, Liberty Mutual Insurance has paid damages to our insured under their homeowner coverage.

Right of Subrogation

Subrogation involves our right to recover from a negligent party the money we have paid on our insured's behalf for property damage and related expenses.

Notice of Liability

Since our investigation shows that this loss occurred due to negligence on your part, we shall expect you to reimburse us the amount shown above.

This letter is official notice of our claim against you for these expenses.

Please Note: Any payments you may have made to our insured will not relieve your responsibility to reimburse us.

(over)