

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."

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.

NO

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

41 2ND AVE LINDENWOOD, 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 - GRANDSON

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 SIDEWALK ON CELL PHONE, COMCAST WIRES WERE PULLED FROM THE HOUSE CAUSING OUTAGE OF SERVICE PLUS DAMAGED 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 & GRANDSON
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."

8 FT SCC OF ROOF, 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:

JN

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 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 Clerk
Borough of Lindenwold
856-783-2121 ext. 9-240

Very truly yours:

Date: _____

To: Deborah C. Jackson

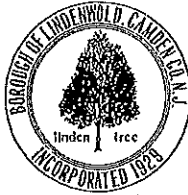
Re: Notice of Claim of _____

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



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.

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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

RECEIVED MAY 10 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 Gonsky, Esquire*
Joshua D. Baer, Esquire
Andrew Baron, Esquire
Raymond Tarnowski, Esquire
Bryan Amer, Esquire*
Daria Koscielniak, Esquire*
Michael Schlagenhafer, Esquire*
William M. Rhodes, Esquire*
Daniel Ward, Esquire*
Jessalyn Gillum, Esquire



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

Grady Lowman, Esquire*
Ashley Oakey, Esquire
Jason Whalley, Esquire*
Ryan Flaherty, Esquire
Sam Reznik, Esquire
Erin Neiman, Esquire
Kevin Donovan, Esquire*
James Gundlach, Esquire*
Amanda Nese, Esquire
Erin Hayes, Esquire
Greg Bimey, Esquire
Frank Palecko, Esquire
Duncan Lloyd, Esquire*
Gabriel Magee, Esquire*
Jillian Corbett, 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

May 8, 2018

Via Certified Mail

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

Re: Other Party Involved: AAA Realty & Management
Our Client: Dominick Cassabria
D/A: 3/18/2018
Location: The Belmont Apartments 2007 S. White Horse Pike,
Lindenwold, NJ 08021
Attending Physician: VA Medical Center-3900 Woodland Ave,
Philadelphia, PA 19104 P: 215-823-5800

To Whom It May Concern:

Please be advised that I represent Dominick Cassabria regarding a slip and fall that occurred on your premises, located at The Belmont Apartments 2007 S. White Horse Pike, Lindenwold, NJ 08021 on 3/18/2018. 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.

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

Ashley Kahler | Paralegal

MIS/ASK

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

Dominick Cassabria slipped and fell as a result of a pipe bursting in his apartment due to a buildup of pressure.

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

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

STATE THE NAMES OF STATE EMPLOYEES WHOM YOU CLAIM WERE AT FAULT, INCLUDING ANY INFORMATION THAT WILL ASSIST IN IDENTIFYING 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 and pipes.

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.

Arm and wrist.

(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
Jefferson Stratford Hospital	18 E Laurel Rd, Stratford, NJ 08084	3/18/2018		
VA Medical Center	3900 Woodland Ave, Philadelphia, PA 19104	P: 215-823-5800	4/30/2018	

(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.

5/8/18
DATE

M
CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

RECEIVED AUG 13 2018

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: HELEN J. SHAW

Date of Birth: 10/2/43

Address: 575 LAKE BLVD.
LINDENWOLD, N.J. 08021

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.

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Borough of Lindenwold
2001 Egg Harbor Road
Lindenwold, NJ 08021

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INFORMATION ON THE CLAIMANT

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

D Any other name by which the claimant is known.

JOAN SHAW

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

575 LAKE BLVD.
LINDENWOLD, N.J. 08021

D Marital Status: at the time of the incident _____

currently _____

N/A

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.

A TREE FELL ON MY FENCE 80 FT.
LONG. BROKE THE FENCE. 8/2/18 AT 1:00
P.M.

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

WINDY & RAINING

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.

N/A

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.

N/A

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.

THIS PROPERTY BELONGS TO THE BORO. I'VE BEEN HERE 20 YRS AND NOT ONCE HAVE THEY CLEARED IT OUT.

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

- 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.

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

THE CLAIM IS TO TAKE DOWN THE TREE, WHICH IS BORO PROPERTY.

- 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.

- N/A
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."

MY FENCE WAS TOTALLY DESTROYED, 12 SECTIONS OF STOCKADE WOOD, PLUS 4X4. THE COST TO REPLACE WILL BE ABOUT \$1500.00 I THINK.

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: KJA

PERSONAL INJURY CLAIMS

- N/A
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.

- 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.
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:

Heleen J. Shaw

Date:

8/9/18

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:** _____

RECEIVED SEP 07 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
Bryan Arner, Esquire*
Daria Koscielniak, Esquire*
Michael Schlaghauser, Esquire*
William M. Rhodes, Esquire*
Daniel Ward, Esquire*
Jessalyn Gillum, Esquire



SIMON & SIMON, PC
INJURY LAWYERS

Please note our new address:

1818 Market Street | Suite 2000
Philadelphia, PA 19103
Tel: (215) 467-4666 | Fax: (267) 639-9006

Grady Lowman, Esquire*
Ashley Oakley, Esquire
Jason Whalley, Esquire*
Ryan Flaherty, Esquire
Sam Reznik, Esquire
Erik Neimann, Esquire
Kevin Donovan, Esquire
James Gundlach, Esquire*
Amanda Nese, Esquire
Greg Birney, Esquire
Frank Palecko, Esquire
Duncan Lloyd, Esquire*
Gabriel Magee, Esquire*
Jillian Corbett, Esquire
Amal Bala, Esquire
Garth Gartin, Esquire
Christopher Green, 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

September 5, 2018

Via Certified Mail

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

Re: Other Party Involved: Port Authority Transit Corporation
Our Client: Terri Lynne Sylvester
Our client #: 2018-57615
D/A: 8/01/2018
Location: PATCO Lindenwold Station, 901 Berlin Rd., Lindenwold,
NJ 08021

Attending Physician: Penn Orthopaedics, 800 Spruce Street 1 Cathcart,
Philadelphia, PA 19107 P.215-662-7366

To Whom It May Concern:

Please be advised that I represent Terri Lynne Sylvester regarding a slip and fall that occurred on your premises, located at PATCO Lindenwold Station, 901 Berlin Rd., Lindenwold, NJ 08021 on 8/01/2018. 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, 1818 Market Street, Ste. 2000, Philadelphia, PA 19103 or email to INTAKE@GOSIMON.COM.

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/

James Natale, Paralegal

MIS/JN

NEW JERSEY | 401 Market Street | PO Box 607 | Camden, NJ 08101 | Tel: (856) 437-6393
PITTSBURGH | 500 Grant Street | Suite 2900 | Pittsburgh, PA 15219 | Tel: (412) 360-7237
ERIE | 1001 State Street | Suite 1400 | Erie, PA 16501 | Tel: (814) 240-5190
BOSTON | 100 Cambridge Street | Suite 1400 | Boston, MA 02114 | Tel: (857) 233-0559
NEW YORK | 1 Penn Plaza | 19th Floor | Manhattan, NY 10001 | Tel: (212) 235-1060

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

FORWARD 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:

Sylvester	Terri	Lynne	12/04/1968
LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
114 Ellis Ave.			
STREET ADDRESS			MAILING ADDRESS IF OTHER THAN STREET ADDRESS
Berlin	NJ	08009	
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.	1818 Market St. Ste. 2000
NAME	MAILING ADDRESS
Philadelphia	
CITY	
PA	
STATE	
19103	
ZIP CODE	

RELATIONSHIP TO CLAIMANT: ATTORNEY AT LAW ☒ OR EXPLAIN RELATIONSHIP

THE OCCURRENCE OR ACCIDENT WHICH GAVE RISE TO THIS CLAIM:

3a. 8/01/2018 7:30AM
DATE TIME

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

Lindenwold	PATCO Lindenwold Station - 901 Berlin Rd
MUNICIPALITY	Lindenwold, NJ 08021
	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.

Terri Lynnie Sylvester was walking down the steps at the PATCO Lindenwold Station when she tripped and fell over a defect in the steps.

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

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

Port Authority Transit Corporation - PO Box 4262, Lindenwold, NJ 08021-0218

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

Borough of Clementon, 101 Gibbsboro Road, Clementon, NJ 08021

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

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

Failure to maintain a safe walking environment.

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

Unknown at this time.

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.

Ankle, wrist

(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
Pennsylvania Hospital	800 Spruce St, Philadelphia, PA 19107	8/1/2018		
Penn Orthopaedics	800 Spruce Street 1 Cathcart, Philadelphia, PA 19107	8/2/2018		

(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.

9/5/2018

DATE

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

RECEIVED SEP 10 2018

Notice of Claim Instructions

If you wish to make a claim against the State of New Jersey, please read the following information:

The State of New Jersey is protected from Tort actions by State Statute Title 59, and more specifically, Chapter 9, Paragraph 2e. Simply stated, Title 59: 9-2e means that, if you have insurance to cover "physical damage" to your property, the money you are entitled to receive under such policy of insurance shall be deducted from your claim against the State.

To expedite settlement of your claim, we ask that you settle your physical damage with your physical damage insurance carrier.

You may submit a claim for your deductible by forwarding a copy of your estimate and a copy of the declaration sheet showing the amount of your physical damage deductible to the address listed below.

If you do not have "physical damage" coverage and wish to submit a claim, please forward an estimate for the damage, a copy of the declaration sheet from your insurance policy, and complete the enclosed Tort claim form.

Since all claims which are filed against the State of New Jersey must be filed within 90 days of their occurrence, we suggest that your documentation be sent via certified mail. Although this is not required, it will insure that you have proof of receipt by this office.

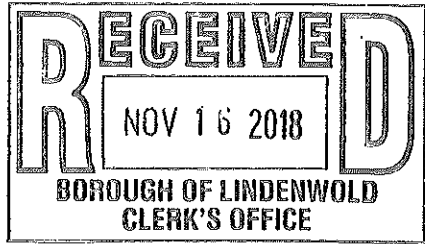
Should our investigation reveal that the State is liable for your damage, you will be compensated.

Please allow a minimum of 90 days for a reply to your claim submittals.

Mail your response to:

Dept. of Treasury
Bureau of Risk Management
P.O. Box 620
Trenton, NJ 08625
Attn.: Tort Claims Unit

10/14



D.O.I.
Date: 9-28-18

To: Deborah C. Jackson

Re: Notice of Claim of Patricia Kealey
* BORO TREE fell onto my property

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 police report, pictures, TORT form.
Repair Cost.

Very truly yours,

A handwritten signature in cursive script that reads "Patricia Kealey".

cc: Christopher J. Powell

* would like reimbursement
of removal + repairs due to
boro tree damage to my
property
total cost.
\$400⁰⁰

20714

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Patricia Kealey
Address: 2052 Andrea Ave
Lindenwold, NJ
08021

Date of Birth: 10.14.64

Telephone: [REDACTED]

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

File No.: _____

Send Notices to:

☒ Claimant

☐ Attorney

30714

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.

2052 Andrea Ave
Lindenwold NJ 08021

D Marital Status: at the time of the incident _____
currently _____

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

Patricia Kealey - Claimant
Jessica Kealey
Jaclyn Kealey > daughters
Jacob Curtis - guest

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.

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.

Sept. 28, 2018

@ 4:40 am rainy

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

heard tree cracking + discovered a tree down
from boro creek/park onto my fence + onto my
property just touching against house
left side of

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.

Patricia, Jessica & Jacyln Kealey
Jacob Curtis

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.

Lindenwood boro (tree)

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.

Section of fencing crushed due to the tree.

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.

photo's Attached

5/8/14

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.
tree Removal → \$250⁰⁰
fence Repair → \$150⁰⁰
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.
Police Report attached
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."

Replace fencing & cost to remove boro tree from my property. *Reimbursement of \$400 requested

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: pk

60314

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.
Contacted BORO PUBLIC WORKS @ 7:20 AM on 9/28/18
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.

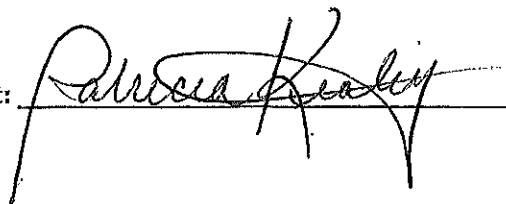
7 of 14

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:

87714

Authorization for Release of Medical and Hospital Records

N/A

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 or 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: _____

9/28/14

LINDENWOLD BOROUGH POLICE DEPARTMENT

INDIVIDUAL CONTACT INFORMATION

Posted Date	Contact Name	Contact Type	Address	Phone #	Posted By
09/28/2018	KEALEY, PATRICIA	OWNER	HOME: 2052 ANDREA AVE, LINDENWOLD, NJ 08021	CELLULAR: [REDACTED]	CLASS, JOSE

PD CASE DISPOSITION INFORMATION

Disposition	Closed Date	Closed By
CLOSED	09/28/2018	WILLIAMS, SEAN

Disposition

TREE IMPACTED RESIDENCE/PROPERTY DUE TO WEATHER.

NOTES

Posted Date	Note
09/28/2018 05:27	On Friday, September 28, 2018 at approximately 0447 hours, I was dispatched to 2052 Andrea Ave., Lindenwold in reference to a tree that landed on the side of the house. Upon arrival, I met with the caller / home owner, Patricia Kealey. Patricia pointed out the tree and advised that it was on the borough's lot. The trunk of the tree appeared to have landed on the chain link fence separating the vacant lot and Patricia's property. The upper horizontal post of the chain link fence was damaged however due to the limited light, it appeared to be the only damage. Patricia was advised to photograph the scene in the morning and make notification to her home owner's insurance.

LINDENWOLD BOROUGH POLICE DEPARTMENT

10714

Incident Report**INCIDENT INFORMATION**

Case No	Report Date / Time	Reported Method	Created By
2018-14076	09/28/2018 04:47	RADIO	CLASS, JOSE
CAD Incident CFS Type	Agency Incident / Actual CFS Type	Incident: From Date / Time	Incident: To Date / Time
	PROPERTY DAMAGE REPORT	09/28/2018 04:47	
Crime / Arrest Location	Area / Post		
INCIDENT			
Address	Common Place / POI	Bldg / Apt / Suite	
2052 ANDREA AVE			
City	State	Zip	
LINDENWOLD	NJ	08021	
County	Municipality		
CAMDEN	LINDENWOLD BOROUGH		
Disposition Date & Time	CAD 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

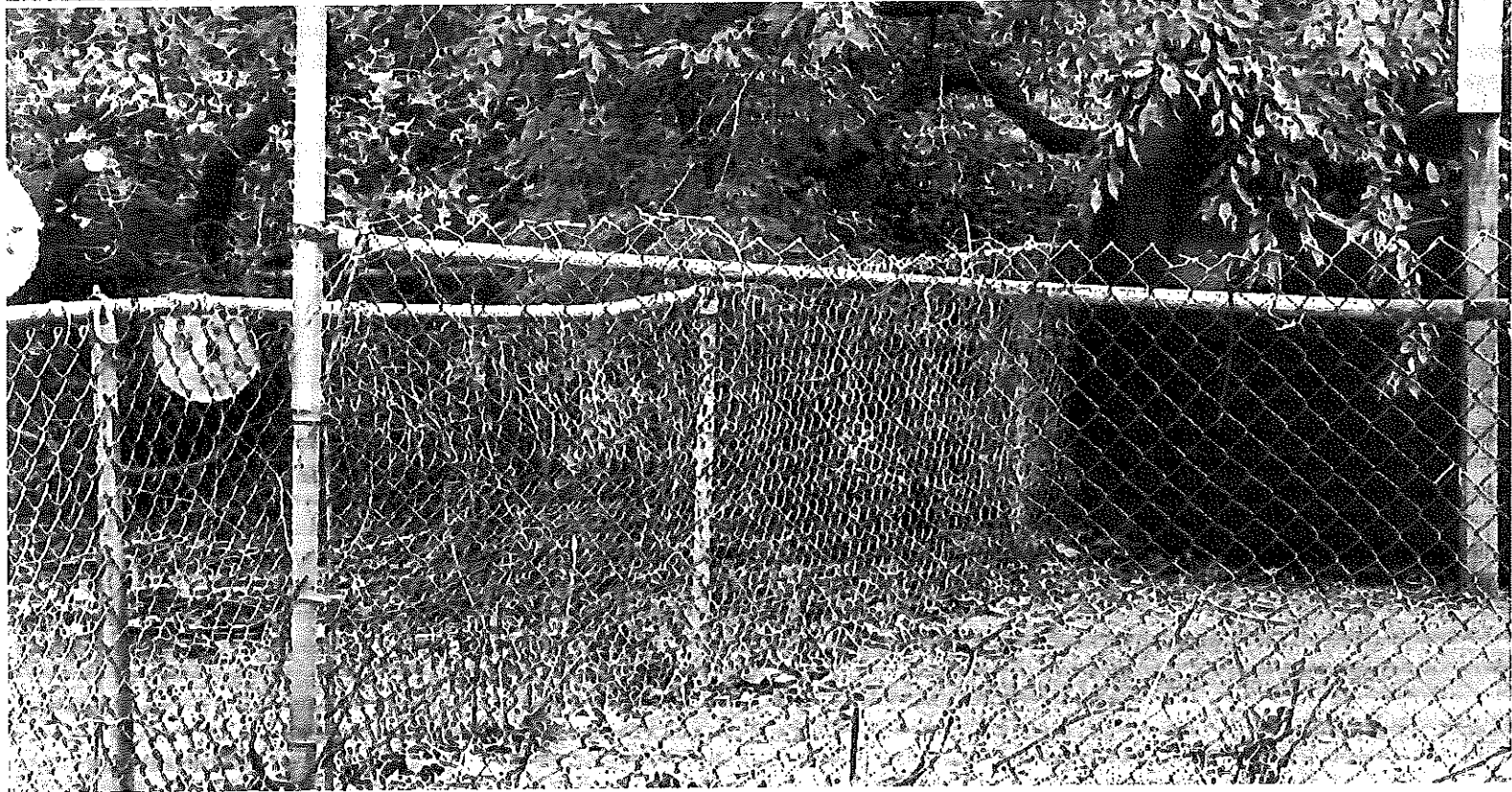
No Record Found

VEHICLE INFORMATION

No Record Found

12/3/14

Fence Repair Completed \$150⁰⁰



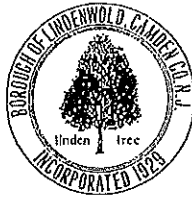
14714

RECEIPT		DATE <u>Oct 2, 18</u>	No. <u>642583</u>
RECEIVED FROM <u>2052 andrea ave</u>		\$ <u>250.00</u>	
☐ FOR RENT		DOLLARS	
☐ FOR <u>tree re-moval</u>			
ACCOUNT		☐ CASH	FROM <u>Emenelio R</u> TO <u>Pat Kealey</u> BY <u>E+R Landscape</u>
PAYMENT		☐ CHECK	
BAL. DUE		☐ MONEY ORDER	
		☐ CREDIT CARD	

3-11

2052 andrea ave

Emenelio R. 856-520-2178



BOROUGH OF LINDENWOLD

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

Date

11/7/18

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 from 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

11-3-18 SEWER & LINE BACK-UP

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: ALFRED M. JINE
Address: 818 ASHBORNE AVE.
LINDENWOLD, NJ 08021

Date of Birth: 8-30-57
Telephone: [REDACTED]

ATTORNEY INFORMATION (If Applicable)

Name: _____
Address: _____

Telephone: _____
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.

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

818 ASHBORNE AVE
LINDENWOLD, NJ 08021

D Marital Status: at the time of the incident MARRIED

currently SAME

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

DONNA BACON-TINE — WIFE
ELEASE TINE — DAUGHTER

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.

818 ASHBORNE AVE, LINDENWOLD NJ 08021
ALFRED TINE, DONNA BACON-TINE
DANIEL TINE, ELEASE TINE

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.

(SAT) NOV 3, 2018 Weather:
6:00 PM COLD-DRY

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

I WALKED DOWN TO THE LAUNDRY ROOM AND realized I WAS STANDING ON SATURATED CARPET IN FAMILY ROOM ADJACENT TO LAUNDRY ROOM. UPON FURTHER INVESTIGATION, THE DOWNSTAIRS BATHROOM WAS FLOODED WITH WATER COMING UP FROM FLOOR BELOW TOILET. CARPET IN FAMILY ROOM & LAUNDRY ROOM ALONG WITH PART OF 2 DRYWALLS WERE CONTAMINATED WITH GRAY WATER

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.

ALFRED TINE
DONNA BACON-TINE } 818 ASHBROOK DR
ELISE TINE } LINDENHOLD, MS 39021

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.

BOROUGH OF LINDENHOLD

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.

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.

NA

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

UNDER INVESTIGATION

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.

N/A

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."

DUE TO MAIN SEWER LINE BACK-UP, GRAY WATER
FLOODED DOWNSTAIRS BATH RM, FAMILY RM & LAUNDRY RM.
DAMAGE TO ALL CARPET AND ADJACENT WALL.

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: BJA

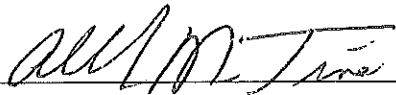
PERSONAL INJURY CLAIMS

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: 11-26-18

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: _____

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.



NJ Contractor Lic #13VH05086500

Proposal # Jh201886

Respectfully Submitted:

SERVPRO of Haddon Height/Voorhees

Date _____

Proposal Acceptance

I accept this proposal as set forth above and hereby authorize Servpro of Haddon Heights/Voorhees to proceed with this project. I agree to pay the amount noted on page 1 of proposal.

Customer Signature

Date

Upon acceptance, I have also included a deposit as specified above for the following amount:

Payment Method: ☐ Cash ☐ Check Check # _____ ☐ Credit Card
*Provide information below

Deposit Amount: \$ _____

Credit Card Information

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number: _____ Security Code: _____

Name on card: _____

Billing Address: _____ Expiration Date: _____

* By providing credit card information, I hereby give Servpro of Haddon Heights/Voorhees permission to process my credit card for the amount specified.

NOTICE TO CONSUMER

YOU MAY CANCEL THIS CONTRACT AT ANY TIME BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER RECEIVING A COPY OF THIS CONTRACT. IF YOU WISH TO CANCEL THE CONTRACT, YOU MUST EITHER:

- 1 SEND A SIGNED AND DATED WRITTEN NOTICE OF CANCELLATION BY REGISTERED OR CERTIFIED MAIL, RETURN RECEIPT REQUESTED; OR
- 2 PERSONALLY DELIVER A SIGNED AND DATED WRITTEN NOTICE OF CANCELLATION TO:

Servpro of Haddon Heights/Voorhees and Servpro of Atlantic City/Hamilton/Hammonton

*199 Edgewood Avenue * Suite C * West Berlin, NJ 08091*

Phone: 856-719-1001

FOR INFORMATION ABOUT CONTRACTORS AND THE CONTRACTORS' REGISTRATION ACT, CONTACT THE NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY, DIVISION OF CONSUMER AFFAIRS AT 1-888-656-6225.

Servpro maintains commercial general liability insurance through Restoration Risk Retention Group
Phone Number 866-231-2006

A copy of the certification of insurance is attached



CONTACT NAME	SERVPRO Franchise Insurance Center	
PHONE (AC, Hb, Ext)	800-231-2006	800-567-4027
EMAIL	RRR@insurance@aon.com	
ADDRESS:		
INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURER A	Restoration Risk Retentive Group	12209
INSURER B		
INSURER C		
INSURER D		
INSURER E		
INSURER F		

REVISION NUMBER:

Page 3 of 3



JOE'S FLOOR COVERING

544 E. Spring Road
HAMMONTON, NEW JERSEY 08037
PH: (609) 561-6978
CELL (609) 413-2787
FAX (609) 561-2096

CUSTOMER'S ORDER NO.

PHONE

DATE

NAME

ADDRESS

SOLD BY

CASH

C.O.D.

CHARGE

ON ACCT.

MDSE. RET'D.

PAID OUT

QTY.

DESCRIPTION

PRICE

AMOUNT

12x8 Laundry 11 yds
Academy 26
Field of Dreams
Sand Pebble

12x24
12x8
10x32 43 yds.

Light House View 2200 00

Notorious
Black Sand

General
Pad 344 00

Rip up 162 00

Move furniture + Appliances 300 00

340 00

TAX 238 00

TOTAL 3644 00

RECEIVED BY

TAX

TOTAL

3980

All claims and returned goods MUST be accompanied by this bill.

THANK YOU

Dale Runge

Renovation & Remodeling

25 years of dependable and responsible construction

Bill for work at Al + Donna Tine due to sewer backup

11/20/18

- 1) Removed baseboard in powder room and appropriate pieces in TV room and the sheetrock behind.
- 2) Remove affected parts of P.R. vanity
- 3) Make openings in between studs of P.R., utility, and TV room.
- 4) spray 3 times between studs and above floor plate with disinfectant and anti-mold.
- 5) spray 2 times concrete floor in TV room
- 6) spray 2 times in a groove I made in the P.R. grout to allow grout to absorb sprays
- 7) clean and spray P.R. tile
- 8) run air scrubbers and exhaust
- 9) let sprayed areas dry for 3 days
- 10) replace removed stained and painted moulding
- 11) necessary painting of walls to match
- 12) replace necessary vanity pieces
- 13) remove grout in P.R.
- 14) replace grout in P.R.
- 15) remove and reseal/replace toilet.

Paid 1,825.00 11/20/11

Thank you,

Dale Runge



More saving.
More doing.

200 N. ROUTE 73 #34 WEST BERLIN NJ 08091
STORE MANAGER TERRY P. 856-719-0335

0940 00059 08553 11/09/18 05:23 PM
SELF CHECK OUT

678885051150 INT/PAINT A- 13.98
BEHR PPI 2400 EGG MED 300Z

SUBTOTAL 13.98
SALES TAX 0.93
TOTAL \$14.91
CASH 50.00
CHANGE DUE 35.09



0940 59 08553 11/09/2018 0219

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 02/07/2019

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en espaol

www.homedepot.com/survey

User ID: 2RWZ-18335 17454
PASSWORD: 18559-17395

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.

ACE

THANK YOU FOR SHOPPING AT
WESTMONT ACE HARDWARE
(856) 854-3416

11/19/18 1:00PM 0523 552 SALE

4131	1	EA	6.99	EA
4131	1	EA	4.99	EA
4131	1	EA	4.99	EA
4131	1	EA	9.99	EA
4131	1	EA	9.99	EA

SUB-TOTAL: \$ 21.97 TAX: \$ 1.46
TOTAL: \$ 23.43
CASH TEND: 30.00 CHANGE: 6.57

==> 3RW.H037811

CUST NO: 45

Customer Copy

ACE

SERVING YOU SINCE 1932
WWW.WESTMONTACE.COM



**More saving.
More doing.**

200 N. ROUTE 73 #34 WEST BERLIN NJ 08091
STORE MANAGER TERRY P. 856-719-0335

0940 00005 04589 11/13/18 08:31 PM
CASHIER RICHELLA

718704103827 AMI GRT CLNR <A> 10.47
AQUAMIX HVY DUTY TILE&GROUT CLN 1QT

SUBTOTAL	10.47
SALES TAX	0.69
TOTAL	\$11.16
CASH	21.16
CHANGE DUE	10.00



0940 05 04589 11/13/2018 0298

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 02/11/2019

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H86 10407 9472
PASSWORD: 18563 9467

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.



**More saving.
More doing.**

200 N. ROUTE 73 #34 WEST BERLIN NJ 08091
STORE MANAGER TERRY P. 856-719-0335

0940 00004 55063 11/18/18 04:44 PM
CASHIER ADRIANNE

010186194349 1LB GROUT <A> 5.87
#381-BRT WHITE NONSAND GROUT 1LB

SUBTOTAL	5.87
SALES TAX	0.39
TOTAL	\$6.26
CASH	12.00
CHANGE DUE	5.74



0940 04 55063 11/18/2018 9318

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 02/16/2019

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H86 111355 110419
PASSWORD: 18568 110415

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.