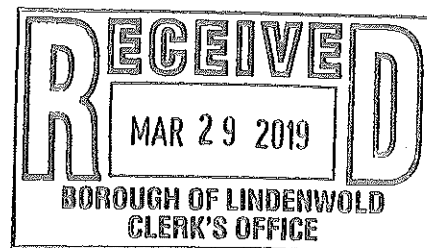




**BOROUGH OF LINDENWOLD**

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



Date

3/29/19

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

## Notice of Tort Claims Form

### Borough of Lindenwold

#### CLAIMANT INFORMATION

Name: Rinae Calderon  
Address: 101 Holland Street  
Lindenwold NJ 08021

Date of Birth: 02/08/79  
Telephone: [REDACTED]

#### ATTORNEY INFORMATION (If Applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
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.

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

101 Holland Street 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.

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.

3/27/19 12:32 PM and it was dry

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

Driver 1 Police officer was responding to a medical call. He attempted to make a left turn onto Holland and slid in to my car. Some minor damage but no injuries.

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.

Kiara Calderon  
101 Holland Street Lindenwood 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.

Officer Alexander JR Plaza  
Officer Jesus A Bonilla Costa

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

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

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

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

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

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.
13. State the total amount of your claim and the basis on which you calculated the amount claimed.
14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.
15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

***PROPERTY DAMAGE CLAIM***

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

*need to change the front bumper -*

**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: R. A

### ***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: Rina Calderon Date: 3/29/19

**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 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:** \_\_\_\_\_

## 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.

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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: 3/29/19

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,

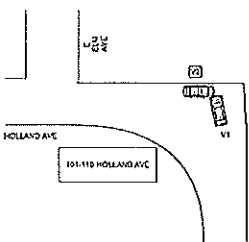
cc: Christopher J. Powell

|    |                                                                                                                                                                                                                                                                                                  |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |                                                                                                                                                                                                                                                                                                  |  |                      |  |  |                                                                                                                                                                                     |  |      |  |  |      |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|--|------|
| 05 | Page 1 of 2 <input type="checkbox"/> Fatal <b>New Jersey Police Crash Investigation Report</b> <input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report                                                                     |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |                                                                                                                                                                                                                                                                                                  |  |                      |  |  | 118a                                                                                                                                                                                |  |      |  |  |      |
| 01 | 1. Case Number<br><b>2019-05330</b>                                                                                                                                                                                                                                                              |  |  |  |  | 10. Crash Occurred On: <b>101 HOLLAND STREET</b>                                                                                                                                    |  |  |  |  | 11. Speed Limit<br><b>25</b>                                                                                                                                                                                                                                                                     |  | 12. Route No. Suffix |  |  | 13. Milepost<br><b>25</b>                                                                                                                                                           |  | 118b |  |  |      |
| 01 | 2. Police Dept. of<br><b>LINDENWOLD BOROUGH</b>                                                                                                                                                                                                                                                  |  |  |  |  | Code<br><b>01</b>                                                                                                                                                                   |  |  |  |  | Road Name<br><b>E. ELM AVE</b>                                                                                                                                                                                                                                                                   |  |                      |  |  | 17. Cross Road Name/Route No.                                                                                                                                                       |  | 119a |  |  |      |
| 07 | 3. Station/Precinct<br><b>DIST 22</b>                                                                                                                                                                                                                                                            |  |  |  |  | <input checked="" type="checkbox"/> At Intersection with<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Miles                                                         |  |  |  |  | <input type="checkbox"/> N <input type="checkbox"/> E<br><input type="checkbox"/> S <input type="checkbox"/> W                                                                                                                                                                                   |  |                      |  |  | 18. Speed Limit<br><b>25</b>                                                                                                                                                        |  | 119b |  |  |      |
| 02 | 4. Date of Crash<br><b>03/27/19</b>                                                                                                                                                                                                                                                              |  |  |  |  | 5. Day of Week<br><b>WED</b>                                                                                                                                                        |  |  |  |  | 6. Time (use 2400 hrs.)<br><b>1232</b>                                                                                                                                                                                                                                                           |  |                      |  |  | 7. Municipality Code<br><b>0422</b>                                                                                                                                                 |  |      |  |  | 120a |
| 04 | 8. Total Killed<br><b>--</b>                                                                                                                                                                                                                                                                     |  |  |  |  | 9. Total Injured<br><b>--</b>                                                                                                                                                       |  |  |  |  | 19. Ramp <input type="checkbox"/> To: <b>--</b><br><input type="checkbox"/> From: <b>--</b>                                                                                                                                                                                                      |  |                      |  |  | 20. Route Name/Route No.<br><b>--</b>                                                                                                                                               |  |      |  |  | 120b |
| 02 | 23. Veh. #<br><b>01</b>                                                                                                                                                                                                                                                                          |  |  |  |  | 24. Policy No.<br><b>--</b>                                                                                                                                                         |  |  |  |  | 25. NJ Ins. Code<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 53. Veh. #<br><b>02</b>                                                                                                                                                             |  |      |  |  | 121a |
| 09 | 26. Driver's First Name<br><b>ALEXANDER</b>                                                                                                                                                                                                                                                      |  |  |  |  | Initial<br><b>--</b>                                                                                                                                                                |  |  |  |  | Last Name<br><b>PLAZA</b>                                                                                                                                                                                                                                                                        |  |                      |  |  | 29. Sex<br><b>M</b>                                                                                                                                                                 |  |      |  |  | 121b |
| 01 | 27. Number & Street<br><b>2001 EGG HARBOR RD</b>                                                                                                                                                                                                                                                 |  |  |  |  | State<br><b>--</b>                                                                                                                                                                  |  |  |  |  | Zip<br><b>08021</b>                                                                                                                                                                                                                                                                              |  |                      |  |  | 58. City<br><b>--</b>                                                                                                                                                               |  |      |  |  | 122  |
| 03 | 30. Eyes<br><b>--</b>                                                                                                                                                                                                                                                                            |  |  |  |  | DL Class<br><b>--</b>                                                                                                                                                               |  |  |  |  | Restrictions<br><b>--</b>                                                                                                                                                                                                                                                                        |  |                      |  |  | Endorsements<br><b>--</b>                                                                                                                                                           |  |      |  |  | 123  |
| 03 | 32. Driver's License Number<br><b>--</b>                                                                                                                                                                                                                                                         |  |  |  |  | 33. DOB<br><b>12/24/96</b>                                                                                                                                                          |  |  |  |  | 34. Expires<br><b>06/20</b>                                                                                                                                                                                                                                                                      |  |                      |  |  | 62. Driver's License Number<br><b>--</b>                                                                                                                                            |  |      |  |  | 124  |
| 02 | 35. Owner's First Name<br><b>LINDENWOLD BORO</b>                                                                                                                                                                                                                                                 |  |  |  |  | Initial<br><b>--</b>                                                                                                                                                                |  |  |  |  | Last Name<br><b>--</b>                                                                                                                                                                                                                                                                           |  |                      |  |  | 65. Owner's First Name<br><b>RINA E CALDERON</b>                                                                                                                                    |  |      |  |  | 125  |
| 02 | 36. Number & Street<br><b>15 N WHITE HORSE PIKE</b>                                                                                                                                                                                                                                              |  |  |  |  | State<br><b>--</b>                                                                                                                                                                  |  |  |  |  | Zip<br><b>--</b>                                                                                                                                                                                                                                                                                 |  |                      |  |  | 68. Number & Street<br><b>101 HOLLAND STREET</b>                                                                                                                                    |  |      |  |  | 126a |
| 01 | 37. City<br><b>LINDENWOLD</b>                                                                                                                                                                                                                                                                    |  |  |  |  | NJ<br><b>--</b>                                                                                                                                                                     |  |  |  |  | 08021<br><b>--</b>                                                                                                                                                                                                                                                                               |  |                      |  |  | 67. City<br><b>LINDENWOLD</b>                                                                                                                                                       |  |      |  |  | 126b |
| 04 | 38. Make<br><b>FORD</b>                                                                                                                                                                                                                                                                          |  |  |  |  | 39. Model<br><b>CROWN V</b>                                                                                                                                                         |  |  |  |  | 40. Color<br><b>WT</b>                                                                                                                                                                                                                                                                           |  |                      |  |  | 41. Year<br><b>2008</b>                                                                                                                                                             |  |      |  |  | 126c |
| 03 | 44. VIN<br><b>2FAPF71V48X168705</b>                                                                                                                                                                                                                                                              |  |  |  |  | 45. Expires<br><b>--</b>                                                                                                                                                            |  |  |  |  | 74. VIN<br><b>2HKYF18444H586368</b>                                                                                                                                                                                                                                                              |  |                      |  |  | 75. Expires<br><b>12/19</b>                                                                                                                                                         |  |      |  |  | 126d |
| 01 | 46. Vehicle Removed to:<br><input checked="" type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded                                                                                                                          |  |  |  |  | 76. Vehicle Removed to:<br><input type="checkbox"/> Driven<br><input type="checkbox"/> Towed Disabled<br><input type="checkbox"/> Towed Disabled & Impounded                        |  |  |  |  | 77. Authority<br><input type="checkbox"/> Owner<br><input type="checkbox"/> Driver<br><input checked="" type="checkbox"/> Police                                                                                                                                                                 |  |                      |  |  | 79. Hazardous Material<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> On Board<br><input type="checkbox"/> Spill                                           |  |      |  |  | 127a |
| 02 | 47. Alcohol Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0. -- % <input type="checkbox"/> Pending |  |  |  |  | 49. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class <b>--</b> Placard No. <b>--</b> |  |  |  |  | 78. Alcohol Drug Test<br>Given: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused<br>Type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine<br>Results: 0. -- % <input type="checkbox"/> Pending |  |                      |  |  | 79. Hazardous Material<br><input checked="" type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill<br>Hazard Class <b>--</b> Placard No. <b>--</b> |  |      |  |  | 127b |
| 03 | 50. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                       |  |  |  |  | 51. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> < 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> > 26,001 lbs.          |  |  |  |  | 80. Carrier No.<br><input type="checkbox"/> USDOT <input checked="" type="checkbox"/> None                                                                                                                                                                                                       |  |                      |  |  | 81. GVWR / GCWR (trucks & buses only)<br><input type="checkbox"/> < 10,000 lbs.<br><input type="checkbox"/> 10,001 - 26,000 lbs.<br><input type="checkbox"/> > 26,001 lbs.          |  |      |  |  | 127c |
| 03 | 52. Motor Carrier or Government Entity<br><b>--</b>                                                                                                                                                                                                                                              |  |  |  |  | 82. Motor Carrier or Government Entity<br><b>--</b>                                                                                                                                 |  |  |  |  | 53. Motor Carrier or Government Entity<br><b>--</b>                                                                                                                                                                                                                                              |  |                      |  |  | 84. Motor Carrier or Government Entity<br><b>--</b>                                                                                                                                 |  |      |  |  | 127d |
| 03 | 54. Number & Street<br><b>--</b>                                                                                                                                                                                                                                                                 |  |  |  |  | 86. Number & Street<br><b>--</b>                                                                                                                                                    |  |  |  |  | 55. Number & Street<br><b>--</b>                                                                                                                                                                                                                                                                 |  |                      |  |  | 87. Number & Street<br><b>--</b>                                                                                                                                                    |  |      |  |  | 127e |
| 03 | 56. City<br><b>--</b>                                                                                                                                                                                                                                                                            |  |  |  |  | 88. City<br><b>--</b>                                                                                                                                                               |  |  |  |  | 57. City<br><b>--</b>                                                                                                                                                                                                                                                                            |  |                      |  |  | 89. City<br><b>--</b>                                                                                                                                                               |  |      |  |  | 128  |
| 03 | 135. Damage To Other Property<br><input type="checkbox"/> Yes (if Yes, describe) <input checked="" type="checkbox"/> No                                                                                                                                                                          |  |  |  |  | 136. Charge<br><b>--</b>                                                                                                                                                            |  |  |  |  | 137. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 138. Charge<br><b>--</b>                                                                                                                                                            |  |      |  |  | 129  |
| 03 | 139. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 140. Charge<br><b>--</b>                                                                                                                                                            |  |  |  |  | 141. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 142. Charge<br><b>--</b>                                                                                                                                                            |  |      |  |  | 130  |
| 03 | 143. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 144. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 145. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 146. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 131  |
| 03 | 147. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 148. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 149. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 150. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 132  |
| 03 | 151. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 152. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 153. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 154. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 133  |
| 03 | 155. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 156. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 157. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 158. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 134  |
| 03 | 159. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 160. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 161. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 162. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 135  |
| 03 | 163. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 164. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 165. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 166. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 136  |
| 03 | 167. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 168. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 169. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 170. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 137  |
| 03 | 171. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 172. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 173. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 174. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 138  |
| 03 | 175. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 176. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 177. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 178. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 139  |
| 03 | 179. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 180. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 181. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 182. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 140  |
| 03 | 183. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 184. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 185. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 186. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 141  |
| 03 | 187. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 188. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 189. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 190. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 142  |
| 03 | 191. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 192. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 193. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 194. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 143  |
| 03 | 195. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 196. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 197. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 198. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 144  |
| 03 | 199. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 200. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 201. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 202. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 145  |
| 03 | 203. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 204. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 205. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 206. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 146  |
| 03 | 207. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 208. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 209. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 210. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 147  |
| 03 | 211. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 212. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 213. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 214. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 148  |
| 03 | 215. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 216. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 217. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 218. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 149  |
| 03 | 219. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 220. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 221. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 222. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 150  |
| 03 | 223. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 224. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 225. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 226. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 151  |
| 03 | 227. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 228. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 229. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 230. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 152  |
| 03 | 231. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 232. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 233. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 234. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 153  |
| 03 | 235. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 236. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 237. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 238. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 154  |
| 03 | 239. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 240. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 241. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 242. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 155  |
| 03 | 243. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 244. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 245. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 246. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 156  |
| 03 | 247. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 248. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 249. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 250. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 157  |
| 03 | 251. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 252. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 253. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 254. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 158  |
| 03 | 255. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 256. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 257. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 258. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 159  |
| 03 | 259. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 260. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 261. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 262. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 160  |
| 03 | 263. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 264. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 265. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 266. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 161  |
| 03 | 267. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 268. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 269. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 270. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 162  |
| 03 | 271. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 272. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 273. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 274. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 163  |
| 03 | 275. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 276. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 277. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 278. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 164  |
| 03 | 279. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 280. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 281. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 282. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 165  |
| 03 | 283. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 284. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 285. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 286. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 166  |
| 03 | 287. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 288. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 289. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 290. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 167  |
| 03 | 291. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 292. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 293. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 294. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 168  |
| 03 | 295. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 296. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 297. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 298. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 169  |
| 03 | 299. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 300. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 301. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 302. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 170  |
| 03 | 303. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 304. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 305. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 306. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 171  |
| 03 | 307. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 308. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 309. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 310. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 172  |
| 03 | 311. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 312. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 313. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 314. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 173  |
| 03 | 315. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 316. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 317. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 318. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 174  |
| 03 | 319. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 320. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 321. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 322. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 175  |
| 03 | 323. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 324. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 325. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 326. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 176  |
| 03 | 327. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 328. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 329. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 330. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 177  |
| 03 | 331. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 332. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 333. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 334. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 178  |
| 03 | 335. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 336. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 337. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 338. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 179  |
| 03 | 339. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 340. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 341. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 342. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 180  |
| 03 | 343. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 344. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 345. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 346. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 181  |
| 03 | 347. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 348. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 349. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 350. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 182  |
| 03 | 351. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 352. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 353. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 354. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 183  |
| 03 | 355. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 356. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 357. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 358. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 184  |
| 03 | 359. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 360. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 361. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 362. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 185  |
| 03 | 363. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 364. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 365. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 366. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 186  |
| 03 | 367. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 368. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 369. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 370. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 187  |
| 03 | 371. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 372. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 373. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 374. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 188  |
| 03 | 375. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 376. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 377. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 378. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 189  |
| 03 | 379. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 380. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 381. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 382. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 190  |
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| 03 | 391. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 392. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 393. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 394. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 193  |
| 03 | 395. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 396. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 397. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 398. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 194  |
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| 03 | 439. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 440. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 441. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 442. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 205  |
| 03 | 443. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 444. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 445. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 446. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 206  |
| 03 | 447. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 448. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 449. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 450. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 207  |
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| 03 | 479. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 480. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 481. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 482. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 215  |
| 03 | 483. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 484. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 485. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 486. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 216  |
| 03 | 487. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |  |  |  | 488. Summons No.<br><b>--</b>                                                                                                                                                       |  |  |  |  | 489. Summons No.<br><b>--</b>                                                                                                                                                                                                                                                                    |  |                      |  |  | 490. Summons No.<br><b>--</b>                                                                                                                                                       |  |      |  |  | 217  |
| 03 | 491.                                                                                                                                                                                                                                                                                             |  |  |  |  |                                                                                                                                                                                     |  |  |  |  |                                                                                                                                                                                                                                                                                                  |  |                      |  |  |                                                                                                                                                                                     |  |      |  |  |      |

|                                   |    |    |    |    |    |    |    |    |    |    |    |             |    |                                                                                |            |  |                           |  |
|-----------------------------------|----|----|----|----|----|----|----|----|----|----|----|-------------|----|--------------------------------------------------------------------------------|------------|--|---------------------------|--|
| <b>New Jersey Police</b>          |    |    |    |    |    |    |    |    |    |    |    | Case Number |    |                                                                                | 2019-05330 |  | Page <u>2</u> of <u>2</u> |  |
| <b>Crash Investigation Report</b> |    |    |    |    |    |    |    |    |    |    |    |             |    |                                                                                |            |  |                           |  |
|                                   | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94          | 95 | Names & Addresses of Occupants<br><i>If Deceased, Date &amp; Time of Death</i> |            |  |                           |  |
| E                                 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --          | -- |                                                                                |            |  |                           |  |
| F                                 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --          | -- |                                                                                |            |  |                           |  |
| G                                 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --          | -- |                                                                                |            |  |                           |  |
| H                                 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --          | -- |                                                                                |            |  |                           |  |
| I                                 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --          | -- |                                                                                |            |  |                           |  |
| J                                 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | --          | -- |                                                                                |            |  |                           |  |

144. Crash Diagram

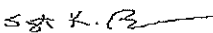
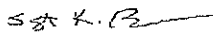

Show NORTH by Arrow  
(Not to Scale)



145. Crash Description/ Narrative

Driver 1 was responding to a medical call on E. Elm Ave and was traveling south on Elm Ave. He attempted to make a left turn onto Holland and slid on the roadway due to loose gravel/foilage. Minor damage to both vehicles and no injuries were reported.

Vehicle 1 is self insured through JIF 06-87.

|                                                                                                                                                   |                           |                                                                                                                                         |                      |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|
| 146. Officer's Signature<br><b>SERGEANT KENNETH BALMER</b><br> | 147. Badge #<br><b>66</b> | 148. Reviewer<br><b>SERGEANT KENNETH BALMER</b><br> | Badge #<br><b>66</b> | 149. Case Status<br><b>COMPLETE</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|



**BOROUGH OF LINDENWOLD**

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

Date

6/26/19

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

Eugene J. Schneider

Statement 1

Addendum to:

## Notice of Tort Claims Form

Borough of Lindenwold

I have lived at 505 Lake Blvd, Lindenwold, NJ for approximately 27 years. For the whole time that I've lived here, I have had a problem with damage to my driveway caused by water runoff during heavy rains. Previous to June 20, 2019, the damage was caused only by water pouring onto my driveway from Lake Blvd. and usually only caused gullies to form in my stone driveway.

In August 2015 I purchased 44 tons of stone and added them to my driveway to raise and level the driveway (photos of the newly repaired driveway are available). Then, in the early hours of June 20, 2019, a severe storm hit Lindenwold. Dirt and debris travelled down the hill from Central Ave to Lake Blvd, on to my property, and was deposited on my driveway. The water washed away some of the stone and large gullies and depressions formed. I believe this damage would not have occurred if the Borough of Lindenwold had installed storm fencing and taken other measures to prevent erosion while they were installing storm drains.

The driveway is still covered with dirt and debris and is very uneven. I would like to have a layer of stones and dirt removed and new stones installed to restore the driveway.

## Notice of Tort Claims Form

Borough of Lindenwold

### CLAIMANT INFORMATION

Name: EUGENE J. SCHNEIDER

Date of Birth: 04-23-1953

Address: 505 LAKE BLVD.

Telephone: [REDACTED]

LINDENWOLD, NJ 08021

### ATTORNEY INFORMATION (If Applicable) N/A

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

Responses to Questions re: information on the claimant:

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

Any other name by which the claimant is known. *N/A*

Address at the time of the incident giving rise to the claim. *505 Lake Blvd., Lindenwold, NJ 08021*

Marital status: at the time of the incident *single*  
currently *single*

Identify each person residing with the claimant the relationship, if any, of the person to the Claimant. *N/A*

2. Provide all addresses of the Claimant for the last 10 years, 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.

*Claimant has lived at 505 Lake Blvd, Lindenwold, NJ for approximately 27 years. No one else has resided there since he purchased the home about 27 years ago.*

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.

*The first incident occurred on June 20, 2019, in the early hours of the morning (approx. one a.m.), at the Claimant's residence. It had been raining since the evening of June 19, 2019 and a heavy downpour occurred during the overnight hours.*

*The second incident occurred on July 11, 2019, also during a heavy downpour.*

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

*The Borough of Lindenwold began construction of a storm drain on Central Avenue on or about June 2019. A storm drain was installed and a flexible pipe that led from the storm drain down the hill to Lake Blvd. was also installed (see photos 1a, 2a, 2b, 3a, 3b and 3c). Because the flexible pipe was not attached to any underground drainage, and because the hill was stripped of existing shrubs and ground cover, large areas of bare ground were left on the hill (see photo 4). No storm fencing or other measures to prevent erosion were installed. The dirt and debris from the heavy rainstorm that occurred on June 20 (and again on July 11) was free to wash down the hill and be deposited on Lake Blvd, and in the Claimant's driveway (see photos 6a, 6b, 7a and 7b).*

*A second storm drain was installed after June 20, 2019. After that installation, the flexible pipe appears not to have been connected to the storm drains and that caused the rainwater to spill over the hillside again and even more debris was carried down the hill to Lake Blvd and the Claimant's property.*

5. List any and all individuals who were witnesses to or have knowledge of the facts of the incident which give rise to this claim.

*Susan Smith, 503 Lake Blvd, Lindenwold, NJ 08021*

*Dave Walden, 502 Lake Blvd, 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.

*Damage was caused by Borough of Lindenwold employees (names unknown) who were installing new storm drains at the end of Central Avenue (directly above Lake Blvd.) in the borough. (See also the response to question #4). No provision was made to prevent water and debris from washing down the hillside from Central Ave. to Lake Blvd. and causing damage to the Claimant's property.*

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

*See response to questions 4 and 6, above.*

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was given notice of the alleged dangerous condition.

*See response to question 4, above. In addition, on the day the damage occurred, claimant went to Borough Hall to report the damage. He was given the phone number of Craig Wells, Supt. of Public Works. Claimant spoke to Craig Wells on June 20 to report the issue. By the time the claimant returned home (approx. 12:05 pm on June 20) a pile of broken up concrete debris had been placed at the base of the drainage pipe (see photo #5).*

9. *N/A*

10. *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.

*Date that photos were taken was June 20, 2019 (see attached photos). A map of the area is also attached.*

*Additional photos of the damage caused on July 11, 2019, which caused additional damage to the Claimant's property, are also attached (see photos 8a and 8b). All were taken by Eugene Schneider, claimant.*

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.

N/A

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

AMOUNT required to make repairs is not yet determined.

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

See photos and statements attached to this claim.

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

N/A

#### PROPERTY DAMAGE CLAIM

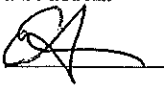
16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None."

Amount required to make repairs is not yet determined.

Additional damage occurred on July 11, 2019.

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:



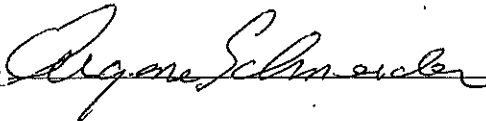
### *PERSONAL INJURY CLAIMS*

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: July 14-19

**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 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

County Conservation Company  
212 Blackwood Barnsboro Rd

Sewell, NJ 08080

Customer: DE  
DELIVERIES FOR COUNTY

Ticket No :204929

Date :7/23/15

Phone :(856)227-6900

Fax :(856)228-9600

Gross : 36580 lb Out 2:58 pm  
Tare : 16800 lb In 2:54 pm

Net : 19780 lb  
9.890 tn

Truck : PARKS MUEHL MOVERS&MORE  
Driver :

Weigh Master: FUZZ FUZZ

Order No :17

Location LINDENWOLD DELIVERY

Double Axle

| MATERIAL | QTY     | UNIT-\$ | Description                  | TOTAL-\$ |
|----------|---------|---------|------------------------------|----------|
| GD       | 9.89 tn | 27.50   | 3/4 GREY DRIVEWAY (2B) STONE | \$331.98 |

Signature: \_\_\_\_\_

Remarks: CCApproved:02454Z  
schneider

|             |        |
|-------------|--------|
| Material \$ | 271.98 |
| Delivery \$ | 60.00  |
| Misc \$     | 0.00   |
| Tax \$      | 23.24  |
| Total \$    | 355.22 |

NJDEP FACILITY ID NO. 132201

We only accept Branches, Brush, Limbs, Tree Parts, Leaves and Grass.  
Any load found to be contaminated has to be picked up within 24 hours of notification, if not picked up within 24 hours, customer will be back charged and billed for any and all labor and handling charges and disposal fees. Upon signing this ticket you are agreeing to the terms and conditions and that information on this receipt form is true, correct and complete when applicable.

 Printed on Recycled Paper

County Conservation Company  
212 Blackwood Barnsboro Rd

Sewell, NJ 08080

Customer: DE  
DELIVERIES FOR COUNTY

Truck : AM18 Township Mulch

Driver : GARY

Location \*

Ticket No :203944  
Date :7/16/15  
Phone :(856)227-6900  
Fax :(856)228-9600

Gross : 72640 lb Out 12:31 pm  
Tare : 28140 lb In 12:19 pm

Net : 44500 lb  
22.250 tn

Weigh Master: FUZZ FUZZ

Order No :18  
TriAxle/Walking Floor

| MATERIAL | QTY      | UNIT-\$ | Description                  | TOTAL-\$ |
|----------|----------|---------|------------------------------|----------|
| GD       | 22.25 tn | 29.50   | 3/4 GREY DRIVEWAY (2B) STONE | \$766.38 |

Signature: \_\_\_\_\_

Remarks: CCAproved:07950Z  
Schnieder 215-681-0050

Material \$ 656.38  
Delivery \$ 110.00  
Misc \$ 0.00  
Tax \$ 53.65  
Total \$ 820.03

NJDEP FACILITY ID NO. 132201

We only accept Branches, Brush, Limbs, Tree Parts, Leaves and Grass.  
Any load found to be contaminated has to be picked up within 24 hours of notification, if not picked up within 24 hours, customer will be back charged and billed for any and all labor and handling charges and disposal fees. Upon signing this ticket you are agreeing to the terms and conditions and that information on this receipt form is true, correct and complete when applicable.

Printed on Recycled Paper

*Thank you!*

County Conservation Company  
212 Blackwood Barnsboro Rd

Sewell, NJ 08080

Customer: DE  
DELIVERIES FOR COUNTY

Truck : PARKS MUCUH MOVERS&MORE

Driver :

Location LINDENWOLD DELIVERY

Ticket No :204911  
Date :7/23/15  
Phone :(856)227-6900  
Fax :(856)228-9600

Gross : 39680 lb Out 2:04 pm  
Tare : 16800 lb In 2:02 pm

Net : 22880 lb  
11.440 tn

Weigh Master: FUZZ FUZZ

Order No :17  
Double Axle

| MATERIAL | QTY      | UNIT-\$ | Description                  | TOTAL-\$ |
|----------|----------|---------|------------------------------|----------|
| GD       | 11.44 tn | 27.50   | 3/4 GREY DRIVEWAY (2B) STONE | \$330.10 |

Signature: \_\_\_\_\_

Remarks: CCAproved:08827Z  
scheider

Material \$ 314.60  
Delivery \$ 60.00  
Misc \$ (44.50)  
Tax \$ 23.11  
Total \$ 353.21

NJDEP FACILITY ID NO. 132201

We only accept Branches, Brush, Limbs, Tree Parts, Leaves and Grass.  
Any load found to be contaminated has to be picked up within 24 hours of notification, if not picked up within 24 hours, customer will be back charged and billed for any and all labor and handling charges and disposal fees. Upon signing this ticket you are

Saratoga Rd

Aston Martin Dr

Jaguar Rd

Laurel Rd

Greenwood P

Chelsea Ct

673

Laurel Rd

9th Ave

10th Ave

5th Ave

6th Ave

7th Ave

8th Ave

Homesite Ave

7th Ave

Central Ave

Chews Landing Rd

Central Ave

9th Ave

10th Ave

8th Ave

Cottage Ave

5th Ave

6th Ave

4th Ave

Lake Blvd

Sycamore Ave

Beech Ave

Glen Ave

Park Ave

Park Ave

Tomlinson Ave

Lindsa

Lakeview

698

Lake Blvd

2nd Ave

3rd Ave

4th Ave

Scott A

Scott Ave

Wright Ave

7th Ave

8th Ave

9th Ave

DAMAGE TO DRIVEWAY AT 505  
LAKE BLVD. AFTER 2nd STORM (#9)



SHOWS AMOUNT OF WATER  
TRAVELLING ON LAKE BLVD (2nd  
STORM)



#1 FIRST STORM DRAIN  
INSTALLED ON CENTRAL AVE.

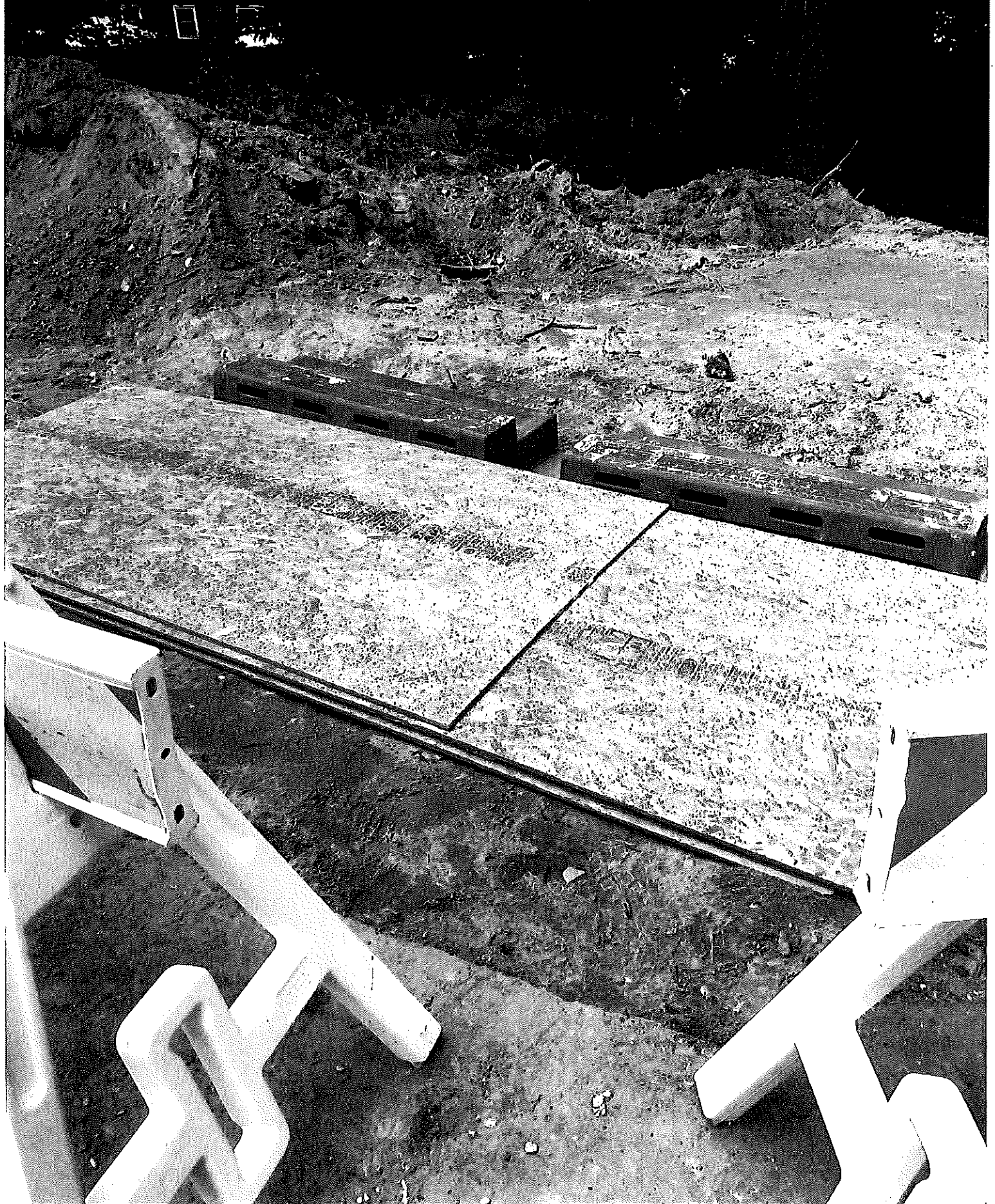
#1(a)

#1

#1



CENTRAL AVE. - 2nd STORM  
DRAIN ADDED AFTER 1st STORM



WATER TURNING INTO DRIVEWAY  
AT 505 LAKE BLVD. AFTER 2nd STORM  
#86



DIRT AND DEBRIS ON LAKE BLVD.

#3(c)

\* 3a



20

DIRT AND DAMAGE TO DRIVEWAY  
AT 505 LAKE BLVD. (after 1st STORM) 6(b)



39  
FLEXIBLE PIPE EMPTYING ONTO #3(a)  
LAKE BLVD, BEFORE CONCRETE WAS ADDED  
(See #4) (See #5)



HILL FROM CENTRAL AVE. TO LAKE  
BLVD., STRIPPED OF VEGETATION #2(6)



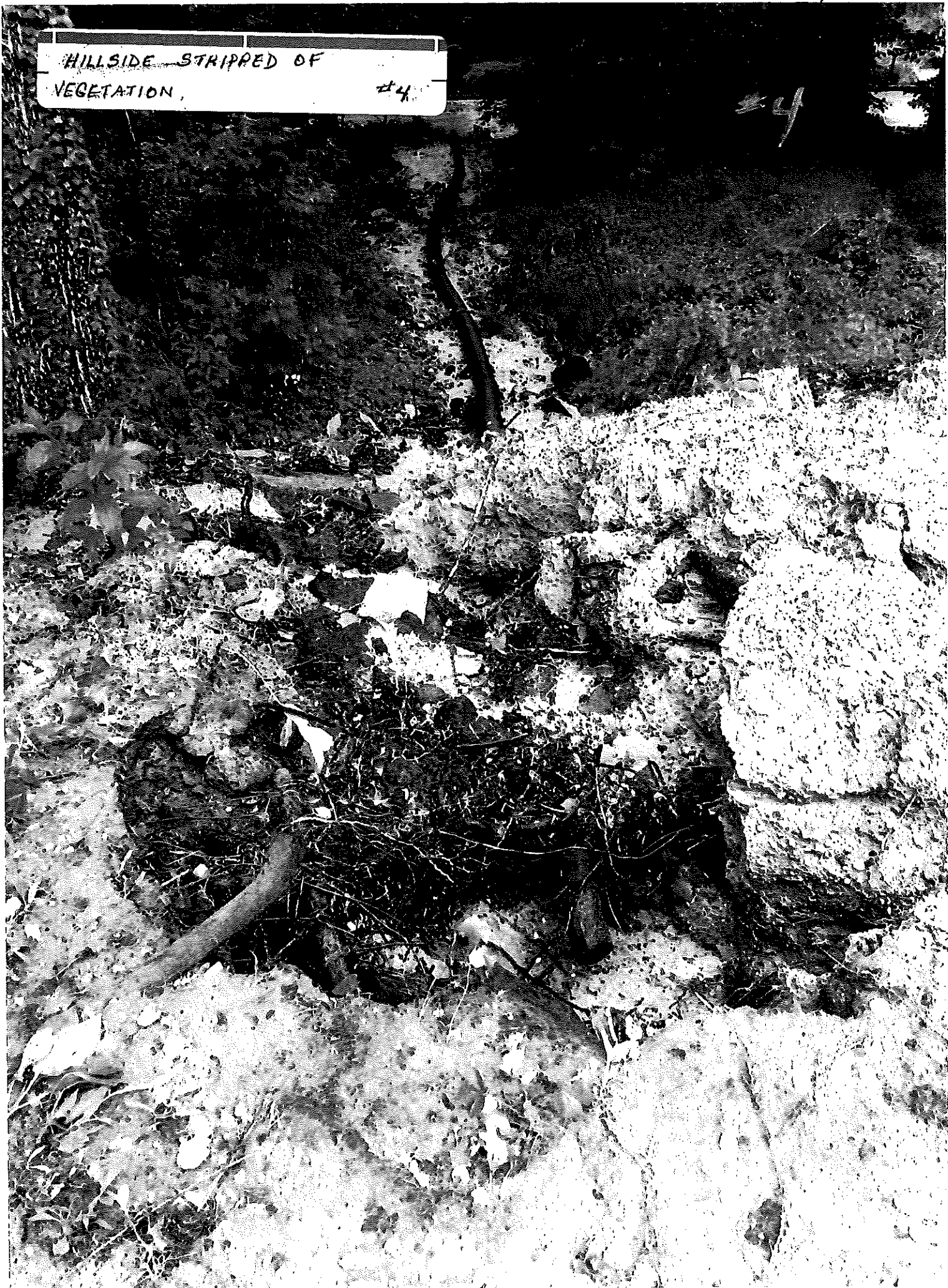
CONCRETE CHUNKS ADDED AT #5  
BOTTOM OF HILL AFTER FIRST STORM



HILLSIDE STRIPPED OF  
VEGETATION,

#4

#4



FLEXIBLE PIPE EMPTYING ONTO  
LAKE BLVD.

#3(b)



DAMAGE TO DRIVEWAY AT 505  
LAKE BLVD. (after 1st storm) 7(a)



DAMAGE TO DRIVEWAY AT 505  
LAKE BLVD. (after 1st storm) 7(b)



6a

DIRT AND DAMAGE TO DRIVEWAY  
AT 505 LAKE BLVD (1ST STORM) # 6(a)

#6(a)

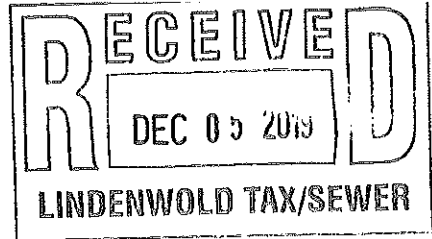
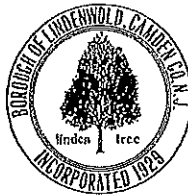
A black and white photograph showing a damaged driveway. A long, dark wooden plank lies diagonally across the frame, from the upper left towards the lower right. The ground is uneven, covered with dirt, gravel, and some sparse vegetation. The lighting is bright, creating high contrast between the dark plank and the lighter ground. In the top left corner, there is a white rectangular label with black text. In the top right corner, there is handwritten text. In the bottom right corner, there is more handwritten text.

#6

#20.  
FLEXIBLE PIPE RUNNING DOWNHILL  
FROM CENTRAL AVE. TO LAKE BLVD.



10/16



**BOROUGH OF LINDENWOLD**

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

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 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.

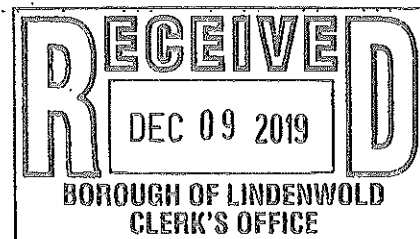
Notice of the claim against the public body generally must be filed within 90 days after the incident giving rise to the claim. No Notice of Tort Claim may be filed after the 90 day period unless there is an Order from the New Jersey Supreme court allowing the late filing of the Notice of Tort Claim. 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



20716

## Notice of Tort Claims Form

### Borough of Lindenwold

#### CLAIMANT INFORMATION

Name: Kent S. Hicks

Date of Birth: 11/28/1988

Address: 1117 Scott Ave.  
Lindenwold, NJ 08021

Telephone: [REDACTED]

#### ATTORNEY INFORMATION (If Applicable)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

File No.: \_\_\_\_\_

Send Notices to:

☐ D Claimant

☐ D Attorney

30716

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.

4 of 16

**INFORMATION ON THE CLAIMANT**

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

D Any other name by which the claimant is known.

N/A

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

1117 Scott Ave  
Lindenwold, NJ 08021

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

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

Leah Hicks  
Leah Johnson

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.

SAA

**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.

Monday, November 25, 2019

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

White company truck backed into my parked car.

50716

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.

Leah Hicks  
1117 Scott Ave  
Lindenwold, NJ 08041

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.

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.

Several white trucks in area working on street  
Paving & placing cones. Several different types of  
trucks. Including township trucks.

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.

Posting on opposite side of street where  
work was being done. No posting or notice given to  
home owners on other side. No flier or postings.

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 injuries involved. Car was unoccupied

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.

Picture available

- 60716
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.

N/A

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

3062.57

14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.
15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

**PROPERTY DAMAGE CLAIM**

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

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

D Initials: LA

70716

**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.

8716

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: \_\_\_\_\_

90716

**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:** \_\_\_\_\_

10 03 16

Notice of Tort Claim Form Transmittal Letter to Claimant

Date Nov. 26, 2019

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,

11/07/16  
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

120716

# CALIBER COLLISION

## CALIBER - BLACKWOOD

Workfile ID: de64dad5  
Federal ID: 47-5311349

RESTORING THE RHYTHM OF YOUR LIFE  
1864 CHEWS LANDING ROAD, BLACKWOOD, NJ  
08012  
Phone: (856) 228-1200  
FAX: (856) 227-6334

### Preliminary Estimate

**Customer: Hicks, Leah**

Written By: Lynn Rodriguez

Insured: Hicks, Leah  
Type of Loss:  
Point of Impact: 04 Right Qtr Post (Right Side)

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
Hicks, Leah  
1117 Scott Ave  
Lindenwold, NJ 08021  
(856) 745-0866 Day

**Inspection Location:**  
CALIBER - BLACKWOOD  
1864 CHEWS LANDING ROAD  
BLACKWOOD, NJ 08012  
Repair Facility  
(856) 228-1200 Business

**Insurance Company:**  
CUSTOMER PAY

### VEHICLE

2010 TOYO Camry SE Automatic 4D SED 4-2.5L Gasoline EFI grey

VIN: 4T1BF3EK2AU039925  
License: B49LLG  
State: NJ

Interior Color:  
Exterior Color: grey  
Production Date: 8/2009

Mileage In: 92,327  
Mileage Out:  
Condition:  
Vehicle Out:  
Job #:

#### TRANSMISSION

Automatic Transmission  
Overdrive

#### POWER

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Power Driver Seat

#### DECOR

Dual Mirrors  
Tinted Glass  
Console/Storage

Overhead Console

#### CONVENIENCE

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Steering Wheel Touch Controls  
Telescopic Wheel

#### RADIO

AM Radio

FM Radio

Stereo  
Search/Seek  
CD Player  
Auxiliary Audio Connection

#### SAFETY

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

#### SEATS

Cloth Seats

Bucket Seats

#### WHEELS

Aluminum/Alloy Wheels

#### PAINT

Clear Coat Paint

#### OTHER

Fog Lamps  
Traction Control  
Stability Control  
California Emissions  
Power Trunk/Gate Release

130710  
Preliminary Estimate

Customer: Hicks, Leah

2010 TOYO Camry SE Automatic 4D SED 4-2.5L Gasoline EFI grey

| Line             | Oper | Description                        | Part Number   | Qty | Extended Price \$ | Labor       | Paint      |
|------------------|------|------------------------------------|---------------|-----|-------------------|-------------|------------|
| 1                |      | <b>PILLARS, ROCKER &amp; FLOOR</b> |               |     |                   |             |            |
| 2                | Blnd | RT Hinge pillar                    |               |     | S                 |             | 0.8        |
| 3                |      | <b>QUARTER PANEL</b>               |               |     |                   |             |            |
| 4                | *    | Rpr RT Quarter panel               |               |     |                   | 8.0         | 2.4        |
| 5                |      | Add for Clear Coat                 |               |     |                   |             | 1.0        |
| 6                |      | <b>ROOF</b>                        |               |     |                   |             |            |
| 7                | R&I  | RT Drip molding                    |               |     |                   | 0.4         |            |
| 8                |      | <b>REAR BUMPER</b>                 |               |     |                   |             |            |
| 9                | R&I  | R&I bumper cover                   |               |     |                   | 1.0         |            |
| 10               |      | <b>REAR LAMPS</b>                  |               |     |                   |             |            |
| 11               | R&I  | RT Combo lamp assy                 |               |     |                   | 0.3         |            |
| 12               |      | <b>REAR DOOR</b>                   |               |     |                   |             |            |
| 13               | Repl | RT Door shell                      | 6700306071    | 1   | 768.88            | 5.1         | 3.2        |
| 14               |      | Overlap Major Adj. Panel           |               |     |                   |             | -0.4       |
| 15               |      | Add for Clear Coat                 |               |     |                   |             | 0.6        |
| 16               | R&I  | RT Water deflector US built        |               |     |                   | Incl.       |            |
| 17               | R&I  | RT Belt molding                    |               |     |                   | Incl.       |            |
| 18               | R&I  | RT R&I outside handle              |               |     |                   | Incl.       |            |
| 19               | R&I  | RT R&I trim panel                  |               |     |                   | Incl.       |            |
| 20               |      | <b>FRONT DOOR</b>                  |               |     |                   |             |            |
| 21               | Blnd | RT Outer panel                     |               |     |                   |             | 1.1        |
| 22               | R&I  | RT Water deflector US built        |               |     |                   | 0.1         |            |
| 23               | R&I  | RT Belt molding                    |               |     |                   | 0.3         |            |
| 24               | R&I  | RT R&I outside handle              |               |     |                   | 0.3         |            |
| 25               | R&I  | RT R&I trim panel                  |               |     |                   | 0.6         |            |
| 26               | #    | Repl Clips/Fasteners               |               | 1   | 5.00 T            |             |            |
| 27               | #    | Repl Corrosion Protection Primer   |               | 1   | 12.00 T           | 0.3         |            |
| 28               | #    | Cover Car for Overspray            |               | 1   | 10.00 T           | 0.3         |            |
| 29               | #    | De-Nib and Polish                  |               | 1   | 15.00 T           | 1.0         |            |
| 30               | #    | Diagnostic Pre-Scan                |               | 1   | 40.00 X           | 0.5         |            |
| 31               | #    | Diagnostic Post-Scan               |               | 1   | 80.00 X           | 0.5         |            |
| 32               | #    | Rope Glass                         |               | 1   | 5.00 T            | 0.5         |            |
| 33               |      |                                    | OTHER CHARGES |     |                   |             |            |
| 34               | #    |                                    | E.P.C.        | 1   | 5.00              |             |            |
| <b>SUBTOTALS</b> |      |                                    |               |     | <b>940.88</b>     | <b>19.2</b> | <b>8.7</b> |

NOTES

Prior Damage Notes:  
front end

140816

## Preliminary Estimate

Customer: Hicks, Leah

2010 TOYO Camry SE Automatic 4D SED 4-2.5L Gasoline EFI grey

## ESTIMATE TOTALS

| Category           | Basis         | Rate         | Cost \$         |
|--------------------|---------------|--------------|-----------------|
| Parts              |               |              | 768.88          |
| Body Labor         | 19.2 hrs @    | \$ 58.00 /hr | 1,113.60        |
| Paint Labor        | 8.7 hrs @     | \$ 58.00 /hr | 504.60          |
| Paint Supplies     | 8.7 hrs @     | \$ 36.00 /hr | 313.20          |
| Miscellaneous      |               |              | 167.00          |
| Other Charges      |               |              | 5.00            |
| Subtotal           |               |              | 2,872.28        |
| Sales Tax          | \$ 2,872.28 @ | 6.6250 %     | 190.29          |
| <b>Grand Total</b> |               |              | <b>3,062.57</b> |

=====

Caliber Collision is the industry leader in quality collision repair. Since day one, our highest purpose has been to get people just like you back on the road as quickly as possible and fully restored to the rhythm of your life. You can be sure we do everything possible to ensure your complete satisfaction including:

Personalized, high quality service from the largest collision repair company in the U.S.

Consistently ranked among the highest customer satisfaction scores in the industry.

Approved by every major insurance company in the U.S.

Expedited car rental and towing services to get you back on the road again in no time.

Repair work backed by a written, lifetime warranty honored at every location.

24/7/365 customer service to answer questions and put your mind at ease.

This is a preliminary estimate based on visible damage. There may be additional repairs needed once the vehicle is taken apart by our I-CAR Gold Class technicians to identify any additional damage.

If an insurance company has written an estimate for you, please provide us with a copy. Properly endorsed insurance company checks are welcome as payment for the repair of your vehicle. Caliber Collision gladly accepts all major credit cards, debit cards, cashier's and traveler's checks. See your Caliber Collision center for details on acceptance of personal checks.

Before leaving your vehicle with us, please remove all important personal and valuable items from your vehicle. Caliber Collision is not responsible for belongings left in your vehicle.

Please let us know how we can be of further assistance, and when we can schedule an appointment for your vehicle to be repaired.

Caliber Collision - Restoring The Rhythm Of Your Life?

=====

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

150716

**Preliminary Estimate****Customer: Hicks, Leah**

2010 TOYO Camry SE Automatic 4D SED 4-2.5L Gasoline EFI grey

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide AEM8522, CCC Data Date 11/13/2019, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinishing operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2020 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

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

**SYMBOLS FOLLOWING PART PRICE:**

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.  
X=Miscellaneous Non-Taxed charge category.

**SYMBOLS FOLLOWING LABOR:**

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

**OTHER SYMBOLS AND ABBREVIATIONS:**

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

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

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway  
Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

9180911



## Nadeen Randall

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**From:** Nadeen Randall  
**Sent:** Tuesday, December 10, 2019 11:47 AM  
**To:** 'Fran Eddis'  
**Cc:** Debbie Jackson  
**Subject:** Tort Claim - Leah Hicks  
**Attachments:** Tort Claim - Leah Hicks 12-2019.pdf  
**Importance:** High

Hi Fran:

Attached you will find the documentation for a Tort Claim that was received from Leah Hicks. Her contact information is listed below. Please advise should you need anything further from me. Thank you and have a great Holiday!!

Ms. Leah Hicks  
1117 Scott Avenue  
Lindenwold, NJ 08021  
Phone – 856-745-0866



*Nadeen C. Randall*  
*Deputy Borough Clerk, CMR*  
*15 N. White Horse Pike*  
*Lindenwold, NJ 08021*  
*PH: 856-783-2121 Ext. 241*  
*FX: 856-782-9446*

RECEIVED NOV 13 2019

## Notice of Tort Claims Form

### Borough of Lindenwold

#### CLAIMANT INFORMATION

Name: Rigoberto Arias Cruz  
Address: 809 Walnut ave  
Lindenwold, NJ 08021

Date of Birth: 01/16/1963  
Telephone: [REDACTED]

#### ATTORNEY INFORMATION (If Applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
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.

NONE.

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

809 Walnut 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.

Rosa I. Yanez - Spouse.

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.

809 Walnut 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. 11/01/2019 at 9:00am - Clear Skies Sunny

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

Person driving the garbage truck was dumping trash can when lifting arm of truck, wires electric wires were ripped off and parts of my siding and some shingles ripped off.

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.

Rigoberto Arias Cruz - 809 Walnut ave, Lindenwold, NJ 08021  
Raul Hernandez Gutierrez - 815 Walnut ave, 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.

Issac Ferguson - Truck Driver

Issac was the person driving and operating truck when incident occurred.

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.

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.

Nothing was 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.

NONE.

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.

Raul Hernandez Gutierrez - 815 Walnut ave Lindenwold, NJ 08021

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.

none.

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

\$1000 Based on need of materials and contracting someone to do the work.

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

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

none.

#### **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."

3 bedroom one bathroom ranch home. Dining room, kitchen, and laundry room. \$1000 estimate of costs.

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: RAC

### ***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.  
NO complaint.
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: Robert Adrian Cruz Date: 11/13/19

N/A

**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 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

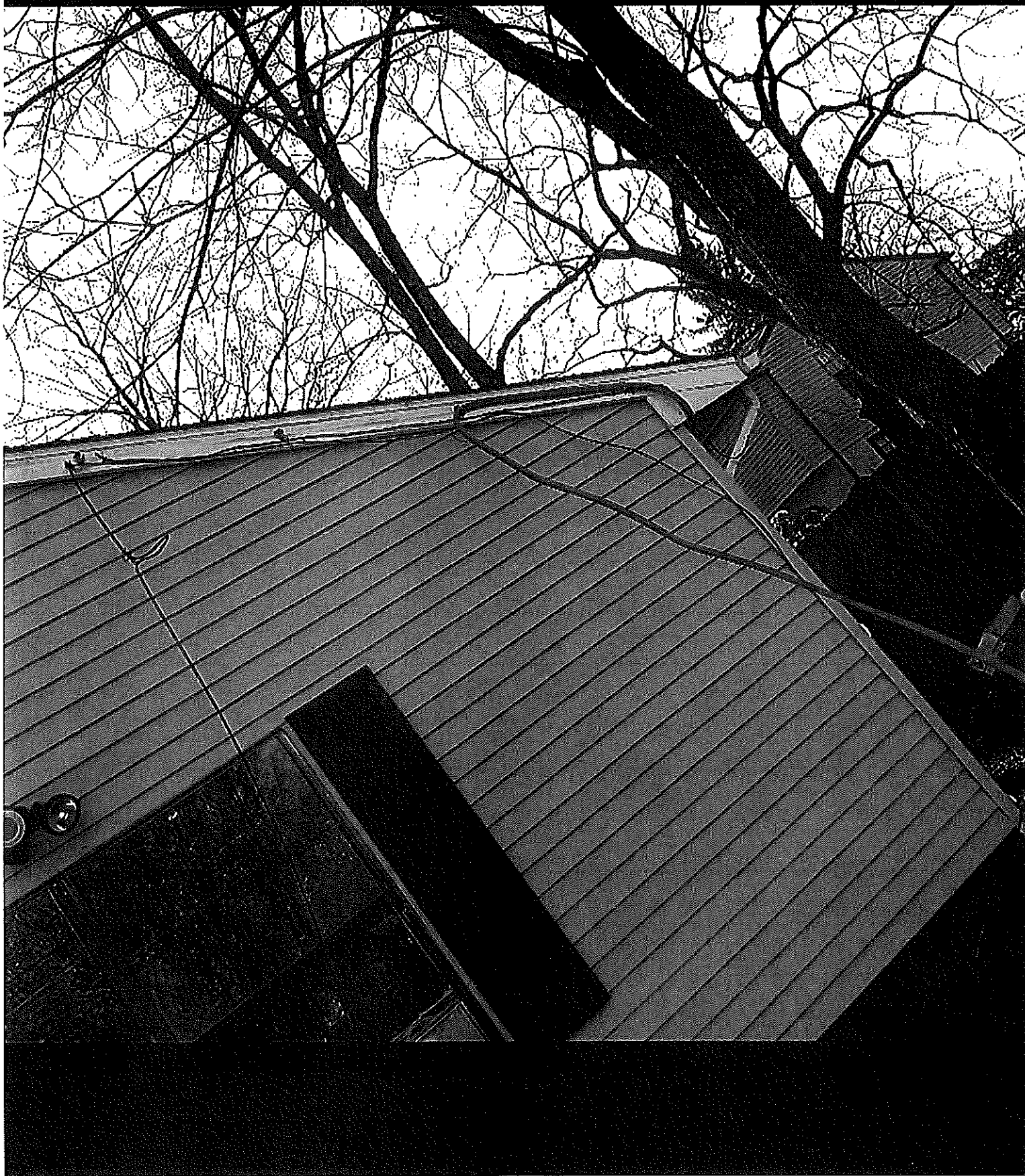
Re: Notice of Claim of \_\_\_\_\_

Enclosed you will find the following:

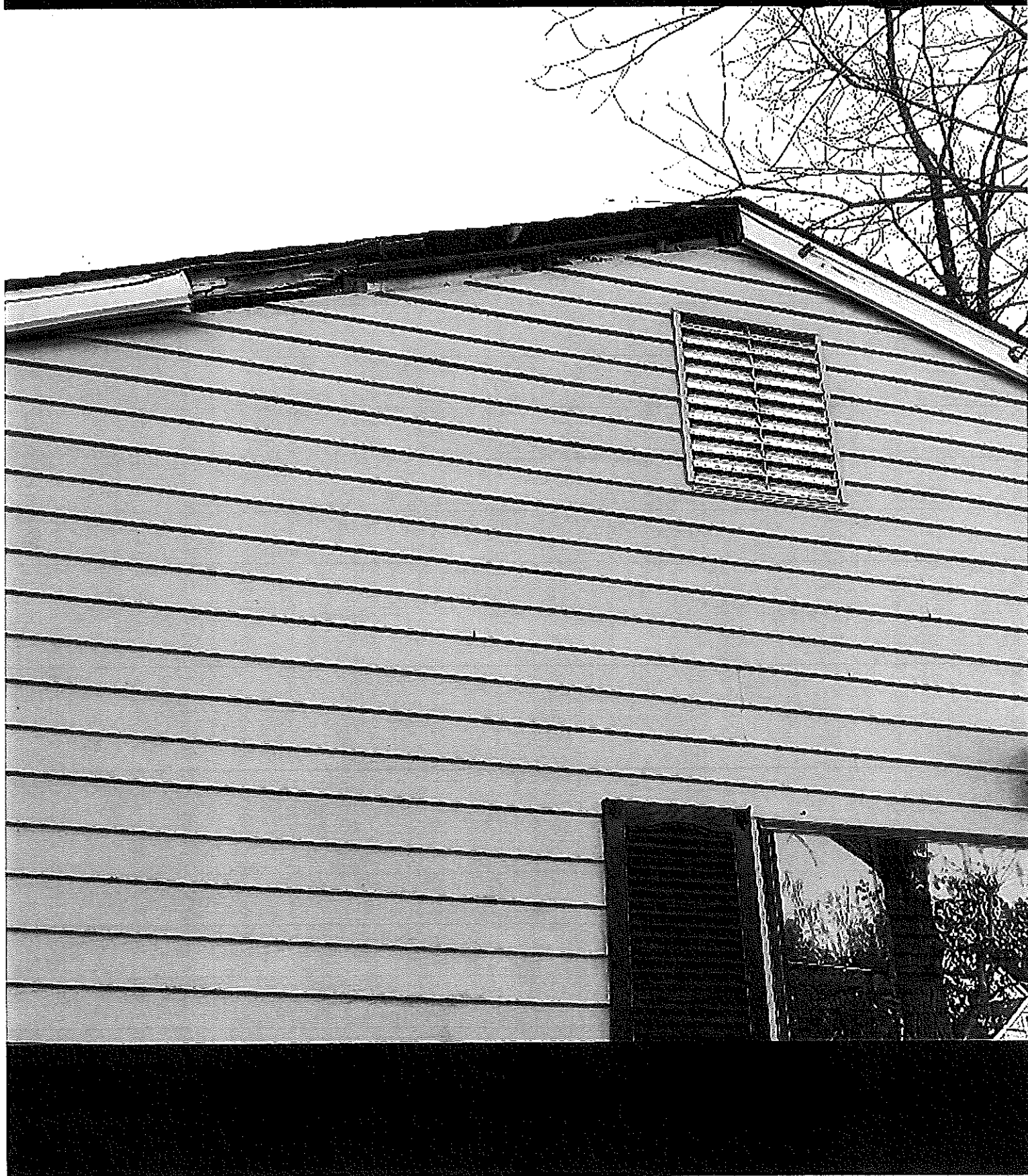
- ~ Initial Notice of Tort Claim received on \_\_\_\_\_.
- ~ Copy of Response sent on \_\_\_\_\_ by certified mail, return receipt request, with the official Notice of Tort Claim Form.
- ~ Reports by employees on the incident given rise to the claim.
- ~ Official Notice of Tort Claim form received on \_\_\_\_\_.
- ~ Summons and Complaint received on \_\_\_\_\_.
- ~ Other \_\_\_\_\_

Very truly yours,

cc: Christopher J. Powell











# LINDENWOLD BOROUGH POLICE DEPARTMENT

## Incident Report

### INCIDENT INFORMATION

|                                    |                                          |                                   |                                 |
|------------------------------------|------------------------------------------|-----------------------------------|---------------------------------|
| <b>Case No</b>                     | <b>Report Date / Time</b>                | <b>Reported Method</b>            | <b>Created By</b>               |
| 2019-19085                         | 11/01/2019 10:25                         | VIA CAD                           | CAD                             |
| <b>CAD Incident CFS Type</b>       | <b>Agency Incident / Actual CFS Type</b> | <b>Incident: From Date / Time</b> | <b>Incident: To Date / Time</b> |
| WIRES DOWN                         | PROPERTY DAMAGE REPORT                   | 11/01/2019 10:25                  |                                 |
| <b>Crime / Arrest Location</b>     | <b>Area / Post</b>                       |                                   |                                 |
| INCIDENT(CAD)                      | 1                                        |                                   |                                 |
| <b>Address</b>                     | <b>Common Place / POI</b>                | <b>Bldg / Apt / Suite</b>         |                                 |
| 809 WALNUT AVE                     |                                          |                                   |                                 |
| <b>City</b>                        | <b>State</b>                             | <b>Zip</b>                        |                                 |
| LINDENWOLD                         | NJ                                       | 08021                             |                                 |
| <b>County</b>                      | <b>Municipality</b>                      |                                   |                                 |
| CAMDEN                             | LINDENWOLD BOROUGH                       |                                   |                                 |
| <b>Disposition Date &amp; Time</b> | <b>CAD Disposition</b>                   |                                   |                                 |
| 11/01/2019 10:55                   | SERVICED                                 |                                   |                                 |

### DISPATCH NOTES

# LINDENWOLD BOROUGH POLICE DEPARTMENT

| Date & Time      | Description                                                                                                                              | Posted By |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 11/01/2019 10:25 | CALL PRIORITY: 5                                                                                                                         | CAD       |
| 11/01/2019 10:25 | FD EN ROUTE // NO TONE                                                                                                                   | CAD       |
| 11/01/2019 10:26 | INCIDENT ROUTED.                                                                                                                         | CAD       |
| 11/01/2019 10:27 | Res: 2299 Disp                                                                                                                           | CAD       |
| 11/01/2019 10:33 | Narrative entered by PID NEW79 on 11/01/19 at 10:33:11<br>POLE TO HOUSE AC ELECTRIC POLE NUMBER C520                                     | CAD       |
| 11/01/2019 10:34 | Res: 2299                                                                                                                                | CAD       |
| 11/01/2019 10:40 | Narrative entered by PID NEW79 on 11/01/19 at 10:40:49<br>809 WALNUT AVE                                                                 | CAD       |
| 11/01/2019 10:40 | Narrative entered by PID NEW79 on 11/01/19 at 10:40:52<br>IFO                                                                            | CAD       |
| 11/01/2019 10:41 | At:BORO GARAGE                                                                                                                           | CAD       |
| 11/01/2019 10:41 | Res: 2299                                                                                                                                | CAD       |
| 11/01/2019 10:41 | Narrative entered by PID NEW79 on 11/01/19 at 10:41:48<br>BORO GARAGE TO GET INFO ON TRASH TRUCK THAT TOOK DOWN WIRE                     | CAD       |
| 11/01/2019 10:45 | Narrative entered by PID jdb69 on 11/01/19 at 10:45:01<br>ACE WAS CALLED ADVISED THEY ALREADY HAD RECEIVED A CALL AND<br>TECH IS ENROUTE | CAD       |
| 11/01/2019 10:53 | At:BORO GARAGE                                                                                                                           | CAD       |
| 11/01/2019 10:53 | Res: 2299                                                                                                                                | CAD       |
| 11/01/2019 10:55 | Finish/Clear Resource Number: 2299                                                                                                       | CAD       |

## CALL INFORMATION

| Phone #                    | Call Date&Time   | Caller         | Location |
|----------------------------|------------------|----------------|----------|
| 856                        | 11/01/2019 10:25 | SQUAD 63 RADIO |          |
| Requested Action           | Call Taker       | Source Type    |          |
| RD                         |                  | WD             |          |
| Brief Synopsis of Incident |                  |                |          |
| WIRES DOWN                 |                  |                |          |

## DISPATCH INFORMATION

| Unit Name           | Action                                                                                                                    |
|---------------------|---------------------------------------------------------------------------------------------------------------------------|
| MALDONADO, GIOVANNI | AP (11/01/2019 10:53)<br>AR (11/01/2019 10:34)<br>CL (11/01/2019 10:55)<br>DP (11/01/2019 10:27)<br>EP (11/01/2019 10:41) |

## SUBJECT INFORMATION

No Record Found

# LINDENWOLD BOROUGH POLICE DEPARTMENT

## VEHICLE INFORMATION

| Posted Date | Plate # | Make, Model, Year | VIN #                 | Color | Posted By              |
|-------------|---------|-------------------|-----------------------|-------|------------------------|
| 11/01/2019  | 20065MG | MACK LR6 2017     | 1M2LR02C4HM001<br>551 | WHITE | MALDONADO,<br>GIOVANNI |

## INDIVIDUAL CONTACT INFORMATION

| Posted Date | Contact Name             | Contact Type | Address                                                                                                               | Phone #                | Posted By              |
|-------------|--------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| 11/01/2019  | FERGUSON, ISSAC I        | DRIVER       | HOME: 511 E GIBBSBORO RD, 1502,<br>LINDENWOLD, NJ 08021-1821<br>EMPLOYER: 861 E GIBBSBORO RD,<br>LINDENWOLD, NJ 08021 | [REDACTED]             | MALDONADO,<br>GIOVANNI |
| 11/01/2019  | LINDENWOLD BORO          | OWNER        | COMMERCIAL: 15 N WHITE HORSE<br>PIKE, LINDENWOLD, NJ 08021                                                            | CELLULAR: 856-783-2121 | MALDONADO,<br>GIOVANNI |
| 11/01/2019  | ARIAS-CRUZ,<br>RIGOBERTO | RESIDENT     | HOME: 809 WALNUT AVENUE,<br>LINDENWOLD, NJ 08021                                                                      | CELLULAR: 856-796-2872 | MALDONADO,<br>GIOVANNI |

## PD CASE DISPOSITION INFORMATION

| Disposition | Closed Date | Closed By           |
|-------------|-------------|---------------------|
| CLOSED      | 11/01/2019  | MALDONADO, GIOVANNI |

### Disposition

WIRES AWAY FROM HOUSE BY LINDENWOLD BOROUGH TRASH TRUCK.

## NOTES

| Posted Date      | Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/01/2019 11:37 | <p>On Friday, November 01, 2019 at approximately 1025 hours, I was dispatched to the area of Walnut Ave and Bryant Ave., for the report of a wire down. Upon my arrival I made contact with Lindenwold Public Employees who were blocking the roadway in front of 809 Walnut Ave., Lindenwold, NJ.</p> <p>They informed me that a Lindenwold Borough trash truck, bearing NJ registration 20065MG was being operated by Issac Ferguson and pulled wires down. Issac was dumping the front loader filled of trash into the rear hopper. While doing so the front loader caught the wires above the truck causing the wires (Comcast Cable wire, Verizon telephone wire, and Atlantic City Electric wire) to rip away from the house. Due to the wires being ripped away from the house, the front fascia board was broken off of the house. It caused approximately \$100.00 worth of damage.</p> <p>While I was on location I asked Central Communications to make contact Atlantic City Electric to respond out and rehang the electric wire. I spoke to the resident (Rigoberto Arias-Cruz) who informed that he had already contacted Comcast and Atlantic City Electric as well. A Lindenwold Public Works employee stood by on location blocking the roadway awaiting Atlantic City Electric.</p> |