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

RECEIVED MAR 0 2 2020

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

10 Grove Street, Haddonfield, NJ 08033
T 856.354.1700 | F 856.216.9554
*Respond to Philadelphia Office

Edwin Dashevsky, Esquire

February 26, 2020

Borough of Lindenwold
2001 Egg Harbor Road
Linenwold, NJ 08021
Attn: Ms. Deborah Jackson

RE:	**Our Client**	**:**	**Barbara Washington**
	Address	**:**	**901 Norcross Road, Apt. 113** **Lindenwold, NJ 08021**
	Date of Accident	**:**	**8/6/19**
	Place of Accident	**:**	**Sidewalk of the Linden Lake Senior Apartments** **Camden County, New Jersey**
	Type of Accident	**:**	**Trip and Fall**
	Our File Number	**:**	**ED-20318690**

Dear Ms. Jackson:

Please be advised, that our firm was just recently retained to represent Ms. Barbara M. Washington for personal injuries which she sustained as a result of a fall accident occurring on August 6, 2019.

At this time, I am enclosing herewith a Notice of Tort Claims Form against the Borough of Lindenwold, the original of which is to be filed of record and the extra enclosed copy time-stamped and returned to my attention in the self-addressed, stamped envelope.

Should you have any additional questions, please do not hesitate to contact me. Should I not be available, please speak to my paralegal, Ms. Gabriele Velasquez who is assisting me in the processing of this claim.

Please advise me of the adjuster assigned to this claim, his or her phone number and claim number.

Thank you in advance for your prompt attention and cooperation in this matter.

Very truly yours,

EDWIN DASHEVSKY

ED/bg
Enclosure
cc: Ms. Barbara Washington

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Barbara Washington

Date of Birth: 01/04/1961

Address: 901 Norcross Road, Apt. 113

Telephone: [redacted]

Lindenwold, NJ 08021

ATTORNEY INFORMATION (If Applicable)

Name: Edwin Dashevsky, Esquire

Telephone: (215) 546-4488

Address: 1315 Walnut Street, 12th Floor

Fax: (215) 732-6220

Philadelphia, PA 19107

File No.: 20318690

Send Notices to: D Claimant D Attorney

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

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

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

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

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

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

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

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

DEFINITIONS:

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

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

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

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

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

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

INFORMATION ON THE CLAIMANT

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

   D Any other name by which the claimant is known.

   Not applicable

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

   901 Norcross Road, Apt. 113, 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.

   Michael Washington - Son

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

   1. 2016 - Present: Linden Lake Senior Apartments, 901 Norcross Road, Apt. 113, Lindenwold, NJ 08021.
   2. 2013 - 2016: Heights of Collingswood, 700 Browning Road, Apt. Unknown, Collingswood, NJ 08107
   3. 2008 - 2013: 203 N. 44th, Pennsauken, NJ 08110

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.

   Tuesday, 8/6/19 at approximately 3 am on the sidewalk of Linden Lakes Senior Lakes, 901 Norcross Road, Lindenwold, NJ. Weather conditions were clear and dry.

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

   Trip and fall due to raised uneven sidewalk area.

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.

Michael Washington, 901 Norcross Road, Apt. 113, Lindenwold, NJ 08021
Diana Gokey, Address to be provided.

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

Lindenwold Borough and Camden County

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.

Raised, uneven sidewalk.

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.

Failure to timely inspect, maintain and repair.

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.

None.

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.

Medicare ID #: [redacted]
Aetna ID #: [redacted]

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.

To be provided.

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.

Incident report completed with Sharon Bosler, senior property manager on 8/7/19 and letter to Conifer Real Estate Development on 11/14/19. See attached.

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

To be provided.

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

See attached.

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.

Linden Lake Senior Apartments, 901 Norcross Road, Lindenwold, NJ 08021
Conifer Real Estate Developement, 20000 Horizon Way, Ste. 18, Mt. Laurel, NJ 08054

PROPER TY DAMAGE CLAIM

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

Not applicable.

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.

Complaints made to property owner.

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

To be provided upon receipt of medical reports.

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

See #18.

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.

Not applicable.

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.

1. Cooper Primary & Specialty Care, 900 Centennial Blvd, Ste. 202, Voorhees, NJ
2. Cooper Bone & Joint, 900 Centennial Blvd, Ste. 203, Voorhees, NJ

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.

Cooper Primary & Specialty Care, 900 Centennial Blvd, Ste. 202, Voorhees, NJ
Cooper Bone & Joint, 900 Centennial Blvd, Ste. 203, Voorhees, NJ
Cooper Pediatry, 1878 Marlton Pike Easte, Ste. 5, Cherry Hill, NJ
CBI Physical Therapy, 900 Centennial Blvd, Bldg 2, Voorhees, NJ

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

To be determined.

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.

Aggravation of middle back degeneration.

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.

To be determined.

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.

See #22.

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.

None.

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.

None.

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.

None at this time.

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: Barbara M. Washington **Date:** 2/11/2020

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

Re: Patient's Name Barbara Washington **Social Security Number** 6784

Address 901 Norcross Road, Apt. 113 **Claim Number** _____

Lindenwold, NJ 08021

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

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

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

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

Signature: Barbara M. Washington **Date:** 2/11/2020

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

Notice of Tort Claim Form Transmittal Letter to Claimant

Date _____

Dear

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

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

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

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

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

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

Please return the completed claim form to:

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

Very truly yours:

RECEIVED AUG 2 6 2020

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

Date 8/5/20

Dear C. Shaffer

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

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

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

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

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

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

Please return the completed claim form to :

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

Sincerely,

Deborah C. Jackson

Deborah C. Jackson
Borough Clerk

Dear Ms Jackson, Our many more dead trees on Paper Street should be address next time may not be so fortunate. Thanks C Shaffer

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Ceil Shaffer

Date of Birth: 04/09/42

Address: 587 Lake Blvd
Lindenwold, NJ 08021

Telephone [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____

Telephone: _____

Address: _____

Fax: _____

_____

File No.: _____

Send Notices to: D Claimant D Attorney

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

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

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

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

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

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

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

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

DEFINITIONS:

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

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

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

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

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

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

INFORMATION ON THE CLAIMANT

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

   D Any other name by which the claimant is known. Cecilia Shaffer

   D Address at the time of the incident giving rise to the claim.
   587 Lake Blvd
   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.
   Earl D. Shaffer Jr

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.
   587 Lake Blvd
   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.
   587 Lake Blvd
   Lindenwold NJ 08021
   Afternoon
   Storm
   8/4/20

4. Provide the Claimant's complete version of the events that form the basis of the claim.
   Tree fell from Paper Rd (3rd Ave)
   and landed in my yard

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.

Ceil + Earl Shaffer 587 Lake Blvd Lindenwold NJ 08021
photos taken by Earl Shaffer ~~III~~ ~~3rd~~
2495 Sheridan Ave
Franklinville, NJ 08322

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

N/A

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

tree fell in yard

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.

trees have not been maintenced or checked for many years for dead and possibility of snapping

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

N/A

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

N/A

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

8/4/00 Earl D. Shaffer III 2495 Sheridan Ave
Franklinville NJ 08322

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.

Have Pictures

Clean up tree - Fix fence
Clean up yard - and any unforseen damage that has occured from tree falling

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

N/A

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

N/A

PROPERTY DAMAGE CLAIM

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

Reimbursement - paid private persons to cut up tree $600.00
Fence repair

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: CS

Been getting estimates

Gate
fence repair
Clean up
arborites
replacement
trim damaged
shrubs

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: X Cecilia A. Silva **Date:** 08/24/20

Authorization for Release of Medical and Hospital Records

Date: _____

To: _____

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

Address _____ **Claim Number** _____

_____

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

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

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

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

Signature: _____ **Date:** _____

RECEIVED DEC 30 2020

GARBER LAW

A PROFESSIONAL CORPORATION

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December 22, 2020

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

RE: Our Client/Claimant: Bruce Dyett
Date of Incident: October 8, 2020

Dear Ms. Jackson:

As you are aware this office represents the above named claimant for injuries sustained on October 8, 2020. Pursuant to your request, please find enclosed the completed Tort Claim Form, along with signed medical authorizations from our client. If you require any additional documentation or information, please contact our office.

Thank you for your attention to the foregoing.

Very truly yours,
GARBER LAW
A Professional Corporation

s/Joel Wayne Garber

JOEL WAYNE GARBER

JWG/ams
Enclosure

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Bruce Dyett

Date of Birth: 06/02/1964

Address: 416 4th Avenue
Lindenwold, NJ 08021

Telephone:

ATTORNEY INFORMATION (If Applicable)

Name: Garber Law, P.C.

Telephone: 856-435-5800

Address: 1200 Laurel Oak Road - Suite 104
Voorhees, NJ 08043

Fax: 856-435-7676

File No.:

Send Notices to: D Claimant D Attorney

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

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

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

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

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

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

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

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

DEFINITIONS:

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

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

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

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

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

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

INFORMATION ON THE CLAIMANT

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

D Any other name by which the claimant is known.

None.

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

416 4th Avenue, Lindenwold, NJ

D Marital Status: at the time of the incident Married

currently Married

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

Joanne Esposito - 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.

416 4th Avenue, 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.

10/08/2020 at 5:45 P.M.
451 5th Avenue, Lindenwold, NJ
Weather conditions: dry and clear

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

On 10/8/20 at approximately 5:45 p.m., Claimant was walking on the sidewalk in front of 451 5th Avenue in Lindenwold, NJ. While Claimant was walking, he tripped on a raised sidewalk that appeared to be previoulsy repaired, falling to the ground.

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

None known to the Claimant.

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

Borough of Lindenwold and its employees, County of Camden and its employees, and State of New Jersey. Claimant contends that these entities failed to properly maintain, and repair the sidewalk area to be clear of any hazardous conditions which may lead to injury.

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.

Claimant contends that the raised sidewalk created a hazardous condition which caused Claimant to trip and fall down, sustained serious injuries.

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.

Claimant contends that Borough of Lindenwold have known or should have known of the raised sidewalk, which created a hazardous condition.

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.

Claimant did not consume any alcoholic beverages, drugs or medications within 12 hours before the incident.

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.

Claimant has not received any money or thing of value for his injuries.

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

See attached photographs taken of the sidewalks causing Claimant's fall.

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 known to the Claimant.

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

To be determined.

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

See attached photographs taken of the sidewalks causing Claimant's fall.

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.

Borough of Lindenwold and its employee
County of Camden and its employees
State of New Jersey

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."

Not applicable.

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.

No.

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

Open traumatic subluxation of carpometacarpal joint, left small finger
Bruised left ribs
Pain and discomfort in right hand and thumb.

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

To be supplied. Claimant is still under medical treatment.

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.

Jeffferson Stratford Hospital- 18 E. Laurel Road, Stratford, NJ - 10/8/20
Jefferson Surgery Center -540 Egg Harbor Road, Sewell, NJ - 10/23/20
Rothman Institute - 10/19/20 to Present

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.

Jeffferson Stratford Hospital- X-rays of left hand on 10/8/20

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.

Jonas L. Matzon-Rothman Institute, 243 Hurffville-Crosskeys Road, 2nd Fl., Sewell, NJ - 10/19/20 to present
Jefferson Stratford Hospital - ER department - 10/8/20

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.

Not applicable.

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.

None at the present time.

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.

To be supplied.

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.

Tech Data - 1 Technology Drive, Swedesboro, NJ 08088
Position: Computer Technician Weekly wages:
Time lost from work: 10/9/20, 10/12/20 and 10/13/20. Claimant received sick pay from employer.

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.

None at the present time.

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.

Claimant was out of work on the following dates: 10/9/20, 10/12/20, 10/13/20 and 10/23/20.
Claimant received sick time from his employer for these dates.
Additional documentation to be supplied.

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: X _____ **Date:** X 12/15/20.