BRANDON J. BRODERICK
ATTORNEY AT LAW
A Limited Liability Company

65 East Route 4, First Floor
RIVER EDGE, NEW JERSEY 07661
PHONE: 201-853-1505
FAX: 201-489-0878

NJ BAR

February 4, 2021

Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021
Attn: Tort Claims Unit/Legal Dept
FedEx#: 7728 5037 2767

County of Camden - DPW
2311 Egg Harbor Road
Lindenwold, NJ 08021
Attn: Tort Claims Unit/Legal Dept
FedEx#: 7728 5041 2098

Borough of Lindenwold – Department of Public Works
861 Gibbsboro Road
Lindenwold, NJ 08021
Attn: Tort Claims Unit/Legal Dept
FedEx#: 7728 5044 3936

Camden County Division of Engineering
2311 Egg Harbor Road
Lindenwold, NJ 08021
Attn: Tort Claim Unit/Legal Dept
FedEx#: 7728 5050 9955

County of Camden
520 Market Street
Camden, NJ 08102
Attn: Tort Claims Unit/Legal Dept
FedEx#: 7728 5053 4143

Re:

Accident Date:	**12/10/2020**
My Client(s):	**Mr. Nandi Walker**
Location:	**While driving on E. Gibbsboro Road at the intersection of Carlton Avenue in Lindenwold, NJ**

Dear Sir/Madam:

Please find enclosed notice to the Borough of Lindenwold, Borough of Lindenwold– Department of Public Works, County of Camden, County of Camden – DPW and the Camden County Division of Engineering pursuant to the New Jersey Tort Claims Act.

Kindly turn this letter over to your insurance carrier and have them contact me.

Very truly yours,

BRANDON J. BRODERICK ESQ.

BJB/as
Enclosure (s)

NOTICE OF CLAIM FOR DAMAGES

1. **Name & Addresses:** Ms. Nandi Walker
430 Bromley Estate
Pine Hill, NJ 08021

2. **Social Security No. of Claimant(s):** 03/22/1975 [redacted]

3. **Send all correspondence to:** Brandon J. Broderick, Esq.
65 East Route 4, First Floor
River Edge, New Jersey 07661

4. **Date of Incident:** 12/10/2020

5. **Place of Incident:** While driving on E. Gibbsboro Road at the intersection of Carlton Avenue in Lindenwold, NJ

6. **Description of Incident:** Claimant, Nandi Walker was traveling on the above-mentioned road when she was struck by the defendant due to mistimed traffic signal, failure to maintain, remedy and rectify traffic controls. Failure to timely respond to reports of mistimed, malfunctioning street, and or traffic signal which allowed a dangerous condition to exist. Claimant reserves to right to further identify parties and additional specific negligent aces that may become known through continued investigation/discovery (Please see attached police report).

7. **Name of Public entity causing injury and/or damage:** Borough of Lindenwold, Borough of Lindenwold – Department of Public Works, County of Camden, County of Camden – DPW and the County of Camden Division of Engineering pursuant to the New Jersey Tort Claims Act.

8. **Injuries Incurred:** Injuries to claimant include but are not limited to headaches, concussion, left knee break, right hand pain and numbness, neck pain, and back pain radiating pain from ankle up to the knee.

9. **Amount of Claim:** $1,000,000.00

Date: 02/04/2021

Brandon J. Broderick, Esq.
Attorney for Nandi Walker

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 2020-25586

10. Crash Occurred On: E. GIBBSBORO ROAD (Road Name) S (Dir) 11. Speed Limit: 25 12. Route No.: 13.5 Suffix: -- 13. Milepost: --

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

☒ At intersection with Of: CARLTON AVENUE (17. Cross Road Name/Route No.) 18. Speed Limit: 25

☐ Feet ☐ N ☐ E ☐ Miles ☐ S ☐ W

3. Station/Precinct: DIST.22

14. -- 15. -- 16. --

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

21. Latitude -- 22. Longitude --

4. Date of Crash mm dd yy	5. Day of Week	6. Time (use 2400 hrs.)	7. Municipality Code	8. Total Killed	9. Total Injured
12/10/20	THU	1357	0422	--	--

Vehicle 1 / Driver 1

23. Veh. # 01 | 24. Policy No. NC10226035 | 25. NJ Ins. Code 946

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

26. Driver's First Name: NICHOLAS | Initial: R | Last Name: RICHMOND | 29. Sex: M

27. Number & Street: 11 N FRANKLIN AVE, B

28. City: BERLIN | State: NJ | Zip: 08009

30. Eyes	DL Class	Restrictions	Endorsements	31. State
02	D	--	--	NJ

32. Driver's License Number: [redacted] | 33. DOB mm dd yy: 10/04/92 | 34. Expires mm yy: 10/23

35. Owner's First Name | Initial | Last Name: ☒ Same As Driver NICHOLAS R RICHMOND

36. Number & Street: 11 N FRANKLIN AVE, B

37. City: BERLIN | State: NJ | Zip: 08009

38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State
TOYOTA	CAMRY	GRY	2000	L60FRL	NJ

44. VIN: 2T1CG22P7YC403876 | 45. Expires: 06/21

46. Vehicle Removed to: RHP TOWING

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

47. Authority: ☐ Owner ☐ Driver ☒ Police

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

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

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

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

52. Motor Carrier or Government Entity: --

Number & Street: --

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

Vehicle 2 / Driver 2

53 Veh. # 02 | 54. Policy No. 917079321 | 55. NJ Ins. Code 135

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

56. Driver's First Name: NANDI | Initial: A | Last Name: WALKER | 59. Sex: F

57. Number & Street: 403 BROMLEY ESTATES

58 City: PINE HILL | State: NJ | Zip: 08021-6418

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

62. Driver's License Number: [redacted] | 63. DOB mm dd yy: 03/22/75 | 64. Expires mm yy: 10/21

65. Owner's First Name | Initial | Last Name: ☒ Same As Driver NANDI A WALKER

66. Number & Street: 403 BROMLEY ESTATES

67. City: PINE HILL | State: NJ | Zip: 08021-6418

68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State
VW	PST	BK	2015	V49KRX	NJ

74. VIN: 1VWAT7A34FC107831 | 75. Expires: 12/21

76. Vehicle Removed to: RHP TOWING

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

77. Authority: ☐ Owner ☐ Driver ☒ Police

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

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

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

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

82. Motor Carrier or Government Entity: --

Number & Street: --

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

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

--

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
1	--	--	2	--	--
--	--	--	--	--	--

Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
--	--	--	--	--	--

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	1	01	01	05	28	M	--	--	01	04	04	01	--	RICHMOND, NICHOLAS R, 11 N FRANKLIN AVE, B, BERLIN, NJ 08009
B	2	01	01	05	45	F	--	--	01	04	04	04	--	WALKER, NANDI A, 403 BROMLEY ESTATES, PINE HILL, NJ 08021-6418
C	--	--	--	--	--	--	--	--	--	--	--	--	--	--
D	--	--	--	--	--	--	--	--	--	--	--	--	--	--

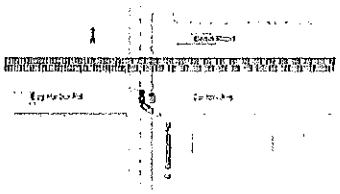
NJTR-1 (Rev. 01/17)

New Jersey Police Crash Investigation Report	Case Number 2020-25586	Page 2 of 2

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

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/ Narrative

The driver of vehicle #1 stated he was on Gibbsboro Road waiting for traffic to clear so he could make a left turn. Traffic was clear so he began his turn. Vehicle #2 went through the red traffic signal and struck vehicle #1.

The driver of vehicle #2 stated she was driving on Gibbsboro Road southbound. She went through the green traffic signal and vehicle #1 turned in front of her causing both vehicles to collide.

The traffic signal pattern has recently changed and it is believed the traffic signal was red for driver #2.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
PATROLMAN GLENN BAILEY	80	SERGEANT ANTHONY PIZZO	82	COMPLETE

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Tyrese Norris Date of Birth: 1/24/1994

Address: 1508 E Walnut Lane Telephone: [redacted]

Philadelphia, PA 19138

ATTORNEY INFORMATION (If Applicable)

Name: Simon and Simon, PC Telephone: 215-467-4666

Address: 1818 Market St. Ste. 2000 Fax: 267-639-9006

Philadelphia, PA 19103 File No.: 2021-06049

Send Notices to: D Claimant D Attorney X

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

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

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

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

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

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

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

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

DEFINITIONS:

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

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

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

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

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

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

INFORMATION ON THE CLAIMANT

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

D Any other name by which the claimant is known.

N/A

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

1508 E. Walnut Lane, Philadelphia, PA 19138

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.

Tyrese Norris - lives with his grandmother currently.

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.

211 E. Gibbsboro Rd.; Lindenwold, NJ 08021

Date: 2/07/2021

Time: 11:45PM

It had been snowing earlier in the day, but had cleared at the time of his fall.

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

Tyrese Norris was walking at the above location when he slipped and fell due to un-cleared ice.

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.

1. Tayla Gould, Tyrese's girlfriend, had witnessed the fall.

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 - 15 N. White Horse Pike, Lindenwold, NJ 08021

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.

Failure to remove ice from the premises.

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 remove ice from the premises.

Any form of notice can be provided once received by our office.

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.

If any statements were made, information can be provided once received by our office.

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

$500,000.00 may vary

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.

Including but not limited to: Borough of Lindenwold - 15 N. White Horse Pike, Lindenwold, NJ 08021
Marvin Nathan Raab - 201 Harvard Ave, Westville, NJ 08093
Pizza Noli's - 211 E. Gibbsboro Rd, Lindenwold, NJ 08021

PROPER TY DAMAGE CLAIM

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

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

D Initials: _____

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.

Any form of complaint to an official or employee can be provided once received by our office.

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

Tyrese Norris sustained injuries, including but not limited to, his head, back, and neck.

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

Tyrese Norris is actively treating, to be determined.

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

Voorhees Hospital 100 Bowman Dr, Voorhees Township, NJ 08043 on 2/7/2021

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.

All x ray information can be provided once received by our office.

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

Dr. Holloway 6315 N. Broad St. Phialdelphia, PA 19141 - 2/7/2021 to present.

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.

Tyrese Norris has difficulty lifting, sleeping, and walking for long periods

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.

Fedex - Driver.

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.

Tyrese has not worked a full week since the accident, he is also on light duty. The total amount of lost wages is pending at this 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.

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: Tyrese Ray **Date:** 3/12/2021

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:** 3/12/2021

Notice of Tort Claim Form Transmittal Letter to Claimant

Date _____

Dear

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

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

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

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

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

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

Please return the completed claim form to:

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

Very truly yours:

Date: _____

To: Deborah C. Jackson

Re: **Notice of Claim of** _____

Enclosed you will find the following:

~ Initial Notice of Tort Claim received on _____.

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

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

~ Official Notice of Tort Claim form received on _____.

~ Summons and Complaint received on _____.

~ Other _____

Very truly yours,

cc: Christopher J. Powell

CATALANO LAW

401 KINGS HIGHWAY SOUTH
SUITE 4A
CHERRY HILL, NJ 08034
(856) 281-9860
FAX (856) 281-9859
EMAIL: RCatalano@catalanolaw.net

RALPH (RANDY) P. CATALANO
MEMBER NJ & PA BAR

PENNSYLVANIA OFFICE:
(215) 922-3650

June 1, 2021

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
AND REGULAR MAIL

State of New Jersey
County of Camden
Christopher A. Orlando, Camden County Solicitor
Camden County Police Department
Lindenwold Borough
Lindenwold Police Department
Stratford Borough
Stratford Police Department
Voorhees Township
Voorhees Police Department
Pine Hill Borough
Pine Hill Police Department
Gloucester Township
Gloucester Township Police Department

Re: Daniya Forrest, a Minor, by her Parent, Katelynn Hunter-Fisher
Brylee Bey, a Minor, by her Guardian, Katelynn Hunter-Fisher
Katelynn Hunter-Fisher, Individually
Jovan Fisher, a Minor, by his Parent, Quaron Fisher
Quaron Fisher, Individually
Date of Incident: 03/12/2021

Dear Sir or Madam:

Please be advised that I represent the above individuals regarding injuries sustained in an incident occurring on March 12, 2021. Enclosed please find a formal Notice of Claim for each of the above-named individuals.

This is a claim for personal injuries and an exact "amount of claim" cannot be determined until the conclusion of medical treatment. My clients are still under medical care and I am in the process of obtaining all medical bills and reports which will be sent to you upon receipt of same.

All correspondence and inquiries should be directed to the undersigned.

Very truly yours,

Randy P. Catalano

RPC:pm
Enclosures

Re: Daniya Forrest, a Minor, by her Parent, Katelynn Hunter-Fisher
Brylee Bey, a Minor, by her Guardian, Katelynn Hunter-Fisher
Katelynn Hunter-Fisher, Individually

Date of Incident: March 12, 2021

Pursuant to N.J.S.A. 59:8-1 et seq., this is a formal Notice of Claim under the New Jersey Tort Claims Act. The contents of this claim are as follows:

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST A PUBLIC ENTITY

Forward to:

State of New Jersey – Division of Law
Tort & Contract Unit, Claims Service Section
25 West Market Street
CN 116
Trenton, New Jersey 08625
REGULAR MAIL/CERTIFIED MAIL-RRR

County of Camden – State of New Jersey
520 Market Street
Camden, NJ 08102
REGULAR MAIL/CERTIFIED MAIL-RRR

Camden County Solicitor's Office
520 Market Street, 14th Floor
Camden, NJ 08102
Attn: Christopher A. Orlando, County Counsel
REGULAR MAIL/CERTIFIED MAIL-RRR

Camden County Police Department
800 Federal Street
Camden, NJ 08103
REGULAR MAIL/CERTIFIED MAIL-RRR

Lindenwold Borough
15 N. White Horse Pike
Lindenwold, NJ 08021
REGULAR MAIL/CERTIFIED MAIL-RRR

Lindenwold Police Department
2001 Egg Harbor Road
Lindenwold, NJ 08021
REGULAR MAIL/CERTIFIED MAIL-RRR

Stratford Borough
307 Union Avenue
Stratford, NJ 08084
REGULAR MAIL/CERTIFIED MAIL-RRR

Stratford Police Department
307 Union Avenue
Stratford, NJ 08084
REGULAR MAIL/CERTIFIED MAIL-RRR

Voorhees Township
2400 Voorhees Center
Voorhees, NJ 08043
REGULAR MAIL/CERTIFIED MAIL-RRR

Voorhees Police Department
1180 White Horse Pike
Voorhees, NJ 08043
REGULAR MAIL/CERTIFIED MAIL-RRR

Pine Hill Borough
45 W. 7th Avenue
Pine Hill, NJ 08021
REGULAR MAIL/CERTIFIED MAIL-RRR

Pine Hill Police Department
45 W. 7th Avenue
Pine Hill, NJ 08021
REGULAR MAIL/CERTIFIED MAIL- RRR

Gloucester Township
1261 Chews Landing Road
P.O. Box 8
Gloucester Township, NJ 08012
REGULAR MAIL/CERTIFIED MAIL-RRR

Gloucester Township Police Department
313 Monmouth Street
Gloucester Township, NJ 08030
REGULAR MAIL/CERTIFIED MAIL-RRR

(THIS CLAIM FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS)

1. Name of Claimant: **Daniya Forrest**, a Minor, by her Parent, Katelynn Hunter-Fisher
Address: 1801 Laurel Road, Unit 601
Lindenwold, NJ 08021
Date of Birth: 05/03/2007
Social Security No: [redacted]

Name of Claimant: **Brylee Bey**, a Minor, by her Guardian, Katelynn Hunter-Fisher
Address: 1801 Laurel Road, Unit 601
Lindenwold, NJ 08021
Date of Birth: 02/17/2018
Social Security No: To be supplied.

Name of Claimant: **Katelynn Hunter-Fisher**
Address: 1801 Laurel Road, Unit 601
Lindenwold, NJ 08021
Date of Birth: 01/30/1987
Social Security No: [redacted]

2. If it is requested that notices be sent to a person other than claimant, state:

Randy P. Catalano, Esquire
Catalano Law
401 Kings Highway South, Suite 4A
Cherry Hill, NJ 08034
T: (856) 281-9860
F: (856) 281-9859

3. The accident or occurrence:

Describe the accident or occurrence: On March 12, 2021 at approximately 5:00 p.m., Daniya Forrest, Jovan Fisher and Brylee Bey, were at their residence at 1801 Laurel Road, Unit 601, Lindenwold, New Jersey, 08021, when Lindenwold Police and additional Police Departments came and ordered them out of the house with their guns drawn. Daniya Fisher and Jovan Fisher were handcuffed for approximately ninety (90) minutes and Brylee Bey was taken outside wearing only a diaper. Katelynne Hunter-Fisher and Quaron Fisher came to the scene and saw the chaos. After the house was searched, the police apologized to Katelynne Hunter-Fisher for the incident. No warrant was presented to search the residence.

4. State the names and addresses of all witnesses:

Claimant reserves the right to supplement this answer as the investigation is ongoing.

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

State of New Jersey – Division of Law
Camden County and Camden County Police Department

Lindenwold Borough and Lindenwold Police Department
Stratford Borough and Stratford Police Department
Voorhees Township and Voorhees Police Department
Pine Hill Borough and Pine Hill Police Department
Gloucester Township and Gloucester Township Police Department

Claimant reserves the right to supplement this answer as the investigation is ongoing.

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

See previous answer.

Claimant reserves the right to supplement this answer as the investigation is ongoing.

7. State the negligence or wrongful acts of the State agency and State employees which caused your damages.

The defendants caused serious injury to the claimants as well as other liability producing conduct which may be revealed upon further investigation.

Claimant reserves the right to supplement this answer as the investigation is ongoing.

8. State the names of all police officers and police departments who investigated the accident:

Claimant reserves the right to supplement this answer as the investigation is ongoing.

9. Injuries, Medical Treatment and Medical Expenses:

To be supplied.

Claimant reserves the right to supplement this answer as treatment is ongoing.

10. Amount of Claim: Undetermined as investigation is ongoing.

I hereby certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment provided by law.

Randy P. Catalano, Esquire
Attorney for Claimant

Date: June 1, 2021

Costello & Mains, LLC

Counselors at Law

Kevin M. Costello◊+
Deborah L. Mains○
Daniel T. Silverman□
Drake P. Bearden, Jr. ◊□

Jacquelyn R. Matchett □
Christopher M. Emrich □
Alicia R. Ivory□
Miriam S. Edelstein □○
Christina M. D'Auria □
Bryan J. Horen+

◊CERTIFIED BY THE SUPREME COURT OF NEW JERSEY AS A CIVIL TRIAL ATTORNEY

○ Member of the New Jersey, New York Bars.
+ Member of the New Jersey Bar
□ Member of the New Jersey, Pennsylvania Bars

www.CostelloMains.com
(856) 727-9700
(856) 727-9797 (fax)

June 8, 2021

VIA U.S. MAIL & FACSIMLE 856-782-9446
Deborah C. Jackson, Borough Clerk
Borough of Lindenwold
15 N. White Horse Pike
Lindenwold, NJ 08021

RE: Tracy Parker v. Borough of Lindenwold

Dear Ms. Jackson:

Enclosed please find Claimant, Tracy Parker, responses to your Claim Form questions/Interrogatories.

Please do not hesitate to contact my paralegal, Sharon Buckley Sams, should you have any questions or concerns. Thank you.

Very truly yours,

COSTELLO & MAINS, LLC

By: ***/s/Drake P. Bearden, Jr.***
Drake P. Bearden, Jr.

DPB/sbs
Enclosure
cc: Tracy Parker

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Tracy I. Parker Date of Birth: 01/06/1970

Address: 550 Bilper Ave., Apt. 4906 Telephone: _____

Lindenwold, NJ 08021

ATTORNEY INFORMATION (If Applicable)

Name: Drake P. Bearden, Jr., Esq. Telephone: 856-727-9700

Address: Costello & Mains, LLC Fax: 856-727-9797

18000 Horizon Way, Suite 800 File No.: _____

Mt. Laurel, NJ 08054

Send Notices to: D Claimant D Attorney

INFORMATION ON THE CLAIMANT

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

   D Any other name by which the claimant is known.

   None.

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

   550 Bilper Avenue, Apt. 4906, 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.

   Camron Parker, 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.

   1401 Collings Road, Camden, NJ (2008-July 2016).

   Camron Parker, son (2008-July 2016).

   Jamal Parker, son (2008-July 2016).

   Ted Roberts, significant other & father of Camron Parker (2008-2012).

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.

   To the best of my recollection, the incident occurred on Friday, March 12, 2021 at approximately 7:00 a.m. The officers entered my residence at 550 Bilper Avenue, Apt. 4906, Lindenwold, New Jersey. I do not recall the weather conditions.

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

   On March 12, 2021 at approximately 7:00 a.m., I was suddenly awakened by three (3) Lindenwold police officers entering my bedroom. One (1) officer had his gun

drawn and pointed at me. The other officers did have their guns out of the holsters. I was extremely scared and asked, "What do you want?" The officer with his gun drawn said, "Ma'am, we are looking for a man that left the hospital dialysis, Ted Roberts." I replied, "He doesn't live here. He never lived here. How did you get in?" I was informed that the maintenance worker gave them the key.

I was asked where Roberts lives. I advised again that Roberts does not live at my residence, has never lived at my residence, I did not know where he lives, and the hospital should have his address." I also told the officer that the last I knew Roberts lived on Mechanics Street in Camden. While this was occurring, I got out of my bed and walked towards my bedroom door. I kept my eyes on the officer's gun the entire time. I wanted them to leave. I was also afraid that my son would be awaken and would come out of his bedroom upon hearing male voices. I was very concerned for my safety and my son's safety.

I was asked several times where Roberts lived even though I had told them that I did not know. I am not sure how long this interaction lasted but it seemed like a long time. The officers never holstered their guns while in my apartment. Eventually, the three officers left. They still had the key to my apartment and I watched from inside as the door was locked.

After checking on my son, I did call the police station. This happened maybe 10 minutes or so after the officers left. I requested to speak with a Sargent. The officer who answered the call told me he his name was Sgt. Slimm. He also told me he was one of the officers who had just left my home. I asked why they entered by home with their guns drawn. Slimm replied, "We are here to protect and serve and we are going to do what we do."

My apartment superintendent told me that the maintenance worker was told by the police that they would kick in my door if they were not given a key. I still do not know what the police were looking for Ted Roberts, why they thought he was at my residence, and why they needed to enter with guns drawn. It was an extremely frightening experience. There was no reason for the Lindenwold police to enter my home, especially that way. There was no reason to connect Ted Roberts with me on that date.

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.

My son Camron could hear the interaction with the officers but did not see it. He was in his bedroom with the door closed. He was also afraid.

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 Police Department – see answer to #4.

Sgt. Slimm (first name unknown) – see answer to #4.

Two (2) additional Lindenwold police officers (names unknown) – see answer to #4.

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.

Not applicable.

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.

Not applicable.

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, except my usual cholesterol medication and pro-biotic that I take before going to bed.

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.

Not applicable.

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.

None.

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.

See answer to #4.

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

Unknown at this time.

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.

I am not in possession of any requested documents.

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

See answer to #6.

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: _____

Not applicable.

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.

None, except call to the Lindenwold police on the date of the indent. See answer to #4.

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

Since the date of the incident, I have been dealing with symptoms of anxiety, depression, PTSD, and sleeplessness. I have pulled away from people in general and have significant trouble trusting anyone. I feel violated. My home was my refuge and it now feels invaded and unsafe. I am ever fearful, for my safety and for my son's safety.

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

Unknown at this time.

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

None to date.

21. If x-rays 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 c-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

None to date.

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.

I am in the process of obtaining medical treatment as a result of the incident.

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.

None to date.

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.

None.

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 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 to 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.

None to date.

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.

Not applicable.

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.

Not applicable.

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 pays stubs or other complete payroll record for all wages received during the year.

Not applicable.

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: Tracy Parker Date: Jun 08 2021

R 7/29/2021 BONILLA

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

Date 7/27/21

Dear

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

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

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

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

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

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

Please return the completed claim form to :

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

Sincerely,

Deborah C. Jackson
Borough Clerk

1 of 13

Notice of Tort Claims Form

Borough of Lindenwold

CLAIMANT INFORMATION

Name: Kevin Bonilla

Address: 436 E. Elm Ave
Lindenwold N.J

Date of Birth: 10/17/1996

Telephone: [redacted]

ATTORNEY INFORMATION (If Applicable)

Name: _____

Address: _____

_____

Telephone: _____

Fax: _____

File No.: _____

Send Notices to: D Claimant D Attorney

2013

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.

3/0/13

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.

   United States Ave & S Brighton Ave

   D Marital Status: at the time of the incident _____

   currently Single

   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.

   436 East Elm Ave
   Lindenwold N.J 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.

   7/26/21 6:43 pm @ United States Ave & S Brighton
   7/26/21 Sunny

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

on 7/26/21 traveling on United States Ave making a left hand turn into S Brighton Ave, A sewer manhole is above the street and caused damage to my vehicle

A0013

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.

Heris Maldonado (video evidence)
2202 S Brighton Ave Lindenwold, NJ

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

Poorly repaired road.

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.

Horrible street conditions, potholes, poorly repaired roads.

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.

Video evidence of incident.
Vehicle traveling slowly to avoid damage but it's impossible.

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.

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.

7/26/21 - 6:43 video evidence. - Heris Maldonado
Photographs taken by Kevin Bonilla

5/2013

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.

Called multiple times to Lindenwold Borough

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

I took vehicle to a body repair shop. quoted $4,562.88 for repairs.

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.

Quote attached to rear.

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.

Lindenwold Township / Borough

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."

Vehicle Damage

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: KB

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:** 7/27/21

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:** _____

ACE MOTORS BODY SHOP

ACE FORD COLLISION CENTER
487 Mantua Pike, Woodbury, NJ 08096
Phone: (856) 845-6600 x321
FAX: (856) 848-8466

Workfile ID:	3eddb585
PartsShare:	6mKrK5
Federal ID:	210387690
State ID:	00119A
License Number:	00119A

Preliminary Estimate

Customer: Bonilla, Kevin

Written By: Christina Rivera

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

Owner:
Bonilla, Kevin
(856) 723-7202 Cell

Inspection Location:
ACE MOTORS BODY SHOP
487 Mantua Pike
Woodbury, NJ 08096
Repair Facility
(856) 845-6600 x321 Day

Insurance Company:

VEHICLE

2016 FORD Mustang Shelby GT350 Fastback 2D CPE 8-5.2L Gasoline Sequential MPI

VIN:	1FA6P8JZ1G5521135	Interior Color:		Mileage In:	Vehicle Out:
License:		Exterior Color:		Mileage Out:	
State:	NJ	Production Date:		Condition:	Job #:

POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors

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
Backup Camera

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

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

SEATS
Cloth Seats
Bucket Seats

WHEELS
Aluminum/Alloy Wheels

PAINT
Clear Coat Paint

OTHER
Fog Lamps
Traction Control
Stability Control
Rear Spoiler
Xenon or L.E.D. Headlamps
California Emissions

10713

Customer: Bonilla, Kevin

2016 FORD Mustang Shelby GT350 Fastback 2D CPE 8-5.2L Gasoline Sequential MPI

Line		Oper	Description	Part Number	Qty	Extended Price $	Labor	Paint
1	**FRONT BUMPER & GRILLE**							
2	* <>	Rpr	Bumper cover				2.5	3.3
3			Add for Clear Coat					1.3
4	#		Bumper repair kit		1	20.00		
5			O/H bumper assy				3.5	
6		Repl	Valance w/SVT-R	FR3Z17D957AC	1	1,902.05	Incl.	
7		R&I	Upper grille GT350				0.2	
8	#	Repl	MUSTANG 15-21 'GT500 STYLE' SPLITTER WINGLET & FENDER EXTENS +25%		1	274.99	1.0	
9	**RADIATOR SUPPORT**							
10		Repl	Under cover	FR3Z17626F	1	376.98	0.2	
11	**STRIPE TAPE**							
12		Repl	LT Stripe tape front bumper-upper blue/black	FR3Z6320000AH	1	114.30	0.5	
13		Repl	Stripe tape hood-front blue/black	FR3Z6320000AP	1	269.05	0.7	
14		Repl	RT Stripe tape front bumper-upper blue/black	FR3Z6320000CJ	1	114.30	0.5	
15		Repl	Stripe tape front bumper-lower blue/black	FR3Z6320000EK	1	73.20	0.3	
16	#		Remove tripe tape & adhesive		1	15.00	1.5	
17	**VEHICLE DIAGNOSTICS**							
18	*	Rpr	Pre-repair scan			m	0.5 M	
19	*	Rpr	Post-repair scan			m	0.5 M	
20	**MISCELLANEOUS OPERATIONS**							
21	#		Hazardous Waste Removal		1	3.00 T		
22	#		Flex Additive		1	8.00 T		
23	#		Clean For Delivery		1	15.00 T		
				SUBTOTALS		**3,185.87**	**11.9**	**4.6**

11/03/13

Customer: Bonilla, Kevin

2016 FORD Mustang Shelby GT350 Fastback 2D CPE 8-5.2L Gasoline Sequential MPI

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				3,159.87
Body Labor	10.9 hrs	@	$ 55.00 /hr	599.50
Paint Labor	4.6 hrs	@	$ 55.00 /hr	253.00
Mechanical Labor	1.0 hrs	@	$ 80.00 /hr	80.00
Paint Supplies	4.6 hrs	@	$ 35.00 /hr	161.00
Miscellaneous				26.00
Subtotal				4,279.37
Sales Tax	$ 4,279.37	@	6.6250 %	283.51
Grand Total				**4,562.88**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**4,562.88**

MyPriceLink Estimate ID / Quote ID:
849367325697122304 / 90092368

CUSTOMER AND INSURANCE HAVE RIGHT TO INSPECT VEHICLE PRIOR TO PAYMENT.
_____ I WAIVE RIGHT TO RECEIVE OLD PARTS.

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

12/13

Customer: Bonilla, Kevin

2016 FORD Mustang Shelby GT350 Fastback 2D CPE 8-5.2L Gasoline Sequential MPI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR2JC15, CCC Data Date 07/16/2021, 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 refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2022 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. Bind=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 Intelligent 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.

13012