State of New Jersey
Department of Labor and Workforce Development
DIVISION OF WORKERS' COMPENSATION

WC(DO)-100 Interactive (r. 4/24/13)

ORDER

☐ JUDGMENT

☒ APPROVING SETTLEMENT

CASE NO'S.: 2012-16583

VICINAGE: Camden

PETITIONER

NAME: Andrew Tweedley

DATE OF BIRTH: 3/1/1967 MEDICARE ELIGIBLE: ☐ YES ☒ NO

ADDRESS: [redacted]

VS

RESPONDENT

NAME: Lindenwold Police Department

ADDRESS: 2001 Egg Harbor Road
Lindenwold, NJ 08021

ATTORNEY FOR RESPONDENT

NAME: Freeman Huber Sacks Brennan & Fingerman

ADDRESS: 20 Tanner Street, P.O. Box 10
Haddonfield, NJ 08033

TELEPHONE NUMBER (AREA CODE): 856-428-7600

APPEARING: Eric E. Fingerman, Esquire

ATTORNEY FOR PETITIONER

FEDERAL EMPLOYER NUMBER: 2-2369672

NAME: Jacobs, Schwalbe & Petruzzelli, P.C.

ADDRESS: 10 Melrose Avenue, Suite 340
Cherry Hill, NJ 08003

TELEPHONE NUMBER (AREA CODE): 856-429-5661

APPEARING: Alan L. Schwalbe, Esquire

INSURANCE CARRIER

NAME: Compservices ☐ SELF-INSURED ☐ TPA

ADDRESS: 8000 Midlantic Drive, Suite 410N
Mt. Laurel, NJ 08054

CLAIM NUMBER: 650-112-0000146

DATE OF ACCIDENT OR OCCUPATIONAL EXPOSURE: 5/30/2012

DESCRIBE (Briefly): Chasing suspect

Weekly Wages : $ _____ **Rate(s):** $ _____ / $ Schedule

IF RE-OPENED PETITION, INDICATE FOR LAST AWARD:

Date: _____ **Permanent Paid:** $ _____ **Temporary Paid:** $ _____

THIS MATTER HAVING COME BEFORE THE COURT ON THIS 17 **DAY OF** JUNE , 2015

☐ **ORDER FOR JUDGMENT**

It appearing that the Petitioner suffered a compensable injury on the above mentioned date while in the employ of respondent;
It is Ordered and Adjudged that Petitioner be awarded compensation benefits, payable as indicated on Page 2.

☐ **ORDER APPROVING SETTLEMENT**

The parties having settled the matter and a finding by the Court having been made that the terms of the settlement are fair and just;
It is Ordered that this settlement be approved and the petitioner be paid as indicated on page 2.

PERMANENT DISABILITY (Describe Percentages below followed by the Nature and Extent of Injury and Members involved):

20 % of PARTIAL TOTAL

based on the residuals of the SLAP tear right shoulder status post right shoulder arthroscopic debridement and repair of SLAP repair, decompression and biceps tenodesis right shoulder, and capsulitis of the right shoulder.

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC(DO)-100 Interactive (r. 4/24/13)	**ORDER** ☐ JUDGMENT ☒ APPROVING SETTLEMENT	CASE NO'S.: **2012-16583** VICINAGE: Camden

DISABILITY AWARDED:

TEMPORARY: _____ weeks at $ _____ = $ _____ less $ _____ paid = Balance due $ _____

PERMANENT: 120 weeks at $ 232.35 = $ 27,882.00 less $ -0- paid = Balance due $ 27,882.00

☐ Voluntary Tender ☐ Reopener Credit ☐ N.J.S.A. 34:15-40

MEDICAL BILLS (Doctors and/or Institutions) AND/OR MISCELLANEOUS INFORMATION:

All authorized medical bills have been or will be paid.

☐ **ORDER FOR CHILD SUPPORT** ☐ **ADDENDUM ATTACHED**

ALLOWANCES	REIMBURSE	TAX IDENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
MEDICAL FEE ALLOWED: *(report and/or testimony)*					
INTERPRETER:					
ATTORNEY(S) FEE: Jacobs, Schwalbe & Petruzzelli, P.C.	Pet. Atty.	22-2369672	5596	2200	3396
STENOGRAPHIC SERVICE Jersey Shore Reporting, LLC		14-1867044	$90.00		$90.00
MISCELLANEOUS FEES: *(list below)*					

WE HEREBY CONSENT TO THE ENTRY AND FORM OF THIS ORDER AND ACKNOWLEDGE RECEIPT OF COPY:

PETITIONER'S ATTORNEY

PETITIONER (where applicable)

RESPONDENT'S ATTORNEY

JUDGE OF COMPENSATION

6/17/16
DATE

Hon. E. Spevak, JWC
JUDGE'S NAME

THE ORIGINAL OF THIS DOCUMENT, SIGNED BY THE JUDGE OF COMPENSATION, WILL BE MAINTAINED ON FILE IN THE DIVISION OF WORKERS' COMPENSATION, PURSUANT TO N.J.S.A. 34:15-121 et. seq.