Today's Date: 2-8-2021

TO:
Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234
Fax: (609) 601-3174

David S. DeWeese, Esquire
The DeWeese Law Firm
3200 Pacific Ave.
Wildwood, N.J. 08260
david@deweeselawfirm.com
(609) 522-5599-W
(609) 522-3003-Fax

RE: Michael Carroll, Jr. D.O.I- 01-12-2021

Enclosed please find the following:

✓ Initial Notice of Tort Claim, received on 02-05-2021.

_____ Copy of response, sent on _____ by certified mail, return receipt requested, with the official Notice of Tort Claim form.

_____ Reports by municipal employees on the incident giving rise to the claim.

_____ Official Notice of Tort Claim form, received on _____.

_____ Summons and Compliant, received on _____.

_____ _____, received on, _____.

_____ _____, received on, _____.

JEFFREY S. HATCHER, Administrator TOWNSHIP OF DELRAN
Name Municipality

cc: SALVATORE J. SICILIANO, ESQUIRE
Municipal Solicitor

Use this form to transmit ALL notices of intent to sue municipality or one of its employees whether it is simply an attorney letter or an actual Summons and Complaint. Notice should be *faxed* or e-mailed when time given to respond is short.

STARK&STARK
ATTORNEYS AT LAW

401 ROUTE 73 NORTH SUITE 130
MARLTON, NJ 08053-3425
856.874.4443 (PHONE) 856.874.0133 (FAX)
WWW.STARK-STARK.COM

January 29, 2021

Certified Mail RRR
and Regular US Mail

Municipal Clerk
Delran Township
900 Chester Avenue
Delran NJ 08075

RE: Our Client: Michael Carroll, Jr.
D/A: 01/12/21

Dear Ladies/Gentlemen:

Please be advised that this office represents Michael Carroll, Jr. for very serious injuries he sustained on 01/12/21, while in the course and scope of working for Delran Township. Details below are herein presented under the New Jersey Tort Claim Act against your governmental entity.

The following claim is hereby presented under the New Jersey Tort Claims Act (formal notice), pursuant to N.J.S. 59:B-1, et seq., by Michael Carroll, Jr., against your governmental entity.

Pursuant to N.J.S.A. 59:8-4, please note the following:

1. Name and post office address of the claimant:
Michael Carroll, Jr.
860 Fauce Street
Delran NJ 08075

2. Notice regarding this claim is to be directed to:
Law Offices of Stark & Stark PC 401 Route 73 N., Suite 130, Marlton NJ 08053
Attorney for Plaintiff, Deborah S. Dunn, Esquire

3. The date, place and other circumstances of the occurrence or transaction giving rise to the claim asserted:

January 12, 2021, at approx. 10:00AM, at the Delran Township Public Works Building, located at 900 S. Chester Avenue, Delran NJ 08075.

4. A general description of the injury, damage or loss incurred, insofar as it may be known as, at the time of the presentation of the claim:

On January 12, 2021, at approximately, 10:00AM, Michael Carroll, Jr., an employee of Delran Township Public Works, who became seriously injured, while in the course and scope of his job, when Angel D. Martinez-Lugo, the driver of a Burlington County OTC (Occupational Training Center) recycling truck, was unloading an empty steel dumpster at the Delran Township Public Works Building. In an effort to place the recycling container near a cement wall, Angel D. Martinez-Lugo backed up the recycling truck and failed to observe Michael Carroll Jr., on the passenger side rear of the truck, when he dropped the suicide bars, catching Michael Carroll's leg at the ankle area, causing serious de-gloving injuries that resulted in the amputation of his lower limb.

5. The name or names of the public entity, employee or employees causing the injury, damage or loss, if known:

Angel D. Martinez-Lugo, employee/operator of the recycling truck for the OTC (Occupational Training Center) of Burlington County.

Municipal Clerk, - Delran Twp.
900 Chester Avenue
Delran NJ 08075

Delran Township
Dept. of Public Works
900 Chester Avenue
Delran NJ 08075

Occupational Training Center (OTC)
of Burlington County
2 Manhattan Drive
Burlington NJ 08016

Burlington County Regional Recycling Program
Admin Offices
Eco Complex, 2nd Floor
1200 Florence-Columbus Road
Bordentown NJ 08505

STARK&STARK
ATTORNEYS AT LAW

Burlington County Commissioners (Formerly Freeholders)
49 Rancocas Road, Room 123
Mt Holly NJ 08060

State of New Jersey
Admin. Offices of the Courts
Hughes Justice Complex
25 W. Market Street
PO Box 037
Trenton NJ 08625

State of New Jersey Department of the Treasury
Division of Risk Management
P.O. Box 620
Trenton, NJ 08625

Claimant reserves the right to amend this notice upon further investigation as there may be other acts of negligence revealed during discovery phase of litigation.

6. The amount claimed as of the date or presentation of the claim, including the estimated amount of any prospective injury, damage or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claim:

The damages claimed herein, cannot be ascertained at this time, as Michael Carroll, Jr., is still under care with various physicians.

Thank you for your cooperation in this matter.

Very truly yours,
STARK & STARK, PC
Deborah S. Dunn/s/
DEBORAH S. DUNN, ESQUIRE

DSD/gi

TOWNSHIP OF DELRAN

MUNICIPAL BUILDING
900 Chester Ave.
Delran, NJ 08075

DATE 2-8-2021

Dear Claimant:

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

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

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 requested.

You should be aware of the fact that the New Jersey Tort Claims Act includes limitations on claims against public bodies and establishes 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 a 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 determines that good cause exists to permit the late filing.

Very truly yours,

Jeffrey S. Hatcher, Business Administrator

Today's Date: 3-8-2021

TO:
Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234
Fax: (609) 601-3174

David S. DeWeese, Esquire
The DeWeese Law Firm
3200 Pacific Ave.
Wildwood, N.J. 08260
david@deweeselawfirm.com
(609) 522-5599-W
(609) 522-3003-Fax

RE: Michael Carroll, Jr. D.O.I: 1-12-2021

Enclosed please find the following:

_____ Initial Notice of Tort Claim, received on _____.

_____ Copy of response, sent on _____ by certified mail, return receipt requested, with the official Notice of Tort Claim form.

_____ Reports by municipal employees on the incident giving rise to the claim.

_✓_ Official Notice of Tort Claim form, received on 3-5-2021.

_____ Summons and Compliant, received on _____.

_____ _____, received on, _____.

_____ _____, received on, _____.

JEFFREY S. HATCHER, Administrator — TOWNSHIP OF DELRAN
Name — Municipality

cc: SALVATORE J. SICILIANO, ESQUIRE
Municipal Solicitor

Use this form to transmit ALL notices of intent to sue municipality or one of its employees whether it is simply an attorney letter or an actual Summons and Complaint. Notice should be *faxed* or e-mailed when time given to respond is short.

STARK&STARK
ATTORNEYS AT LAW

401 ROUTE 73 NORTH SUITE 130

MARLTON, NJ 08053-3425

856.874.4443 (PHONE) 856.874.0133 (FAX)

WWW.STARK-STARK.COM

March 3, 2021

Jeffrey S. Hatcher, Business Administrator
Township of Delran
Municipal Building
900 Chester Avenue
Delran NJ 08075

Re: Our Client: Michael Carroll, Jr
D/L: 01/12/21

Dear Mr. Hatcher:

As you are aware this office represents Michael Carroll, Jr., for serious injuries sustained on January 12, 2021, while working at the Delran Township Municipal Building, Delran Twp., New Jersey.

Enclosed is your completed and properly executed Tort Claim Notice Questionnaire, outlining additional details of this matter.

The forms accompanying your notice that require client's signature have been sent to Mr. Carroll for his review and signature, they will be returned to you under a separate cover.

At this time, should you wish to discuss any other aspects of this matter, please do not hesitate to contact me directly.

Very truly yours,
STARK & STARK, PC
Deborah S. Dunn/s/
DEBORAH S. DUNN,

DSD/gi
Encl

TOWNSHIP OF DELRAN

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: Michael Carroll Jr

Telephone: [redacted]

Address: 80 Fauce Street
Delran NJ

Date of Birth: 5/11/1966

SSN: [redacted]

Email: N/a

ATTORNEY INFORMATION (if applicable)

Name: Deborah Dunn

Telephone: 856-874-4443

Address: 40 Lake Center, 401 NJ 73, suite 130
Marlton NJ 08053

FAX: 856-874-0133

File No.: 070938-00001

Email: ddunn@stark-stark.com

Send Notices to: _____ **Claimant** X **Attorney**

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the Township of Delran.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

Township of Delran

c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the Township of Delran, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

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

If you are unable to answer any question 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 of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete 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 of Delran.*

"*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 *Township of Township* along with any agent, official or employee of the *Township of Delran* against whom a claim is asserted by the Claimant.

PLEASE 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 a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

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

   a. Any other name by which the Claimant has been known.

      Michael Carroll, Jr, / Mike Carroll

   b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.

      860 Fauce Street, Delran NJ
      no email address to provide.

   c. Marital Status at the time of the incident and currently.

      Married to Amy

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

      Spouse, Amy Carroll
      Son (name to be supplied)

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 that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

   to be supplied

INFORMATION REGARDING 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.

1/12/2021 at approximately 10:00am.

at Delran Township Public works - 900 S. Chester Ave. Delran NJ

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

On January 12, 2021 at approximately 10:00am, Michael Carroll, Jr. an employee of Delran Township Public Works was seriously injured while in the scope of his job, when Angel Martinez -Lugo, the driver of a OTC (occupational training center) recycling truck, was unloading an empty steel dumpster at the Delran Township public works building. In an effort to place the recycling container near a cement wall, Angel D. Martinez-Lugo backed up the recycling truck and failed to observe Michael Caroll Jr., on a passenger side rear of the tru when he dropped the suicide bars, catching Michael Caroll Jr.'s leg at the ankle area , causing serious degloving injuries that resulted in the amputation of his lower limb.

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, address, email address and telephone number of each individual.

to be determined

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. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.**

Angel Dr. Martinez , employee/operator of recycling truck for the OTC of Burlington County

Delran Township

Delran Township Dept. of Public Works,

Occupational Training Center (OTC) of Burlington County

Burlington County Regional Recycling Program

Burlington County Commissioners(formerly freeholders)

Burlington County Inc

State of New Jersey.

Claimant reserves the right to amend this notice upon further investigation as there may be other acts of negligence revealed during the discovery phase of litgation

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.

The cause of the injury is still under investigation. Claimant reserves the right to to amend this notice upon further investigation as there may be other acts or omissions constituting negligence revealed during the investigation/Discovery phase of litigation

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

Dangerous condition of public property is alleged and the cause of injury is still under invetsigation. Claimant reserves the right to amend this notice upon further investigation as there may be otehr acts or omissions constituting negligence revealed during the investigation / Discovery phase of litigation

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to 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 of the above consumed by Claimant
Investigation pending as to all other parties, claimant reserves the right to amend this notice following further investigation as there may be other information revealed during Discovery phase of litigation

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 payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

Medical expenses covered by Workerers Compensation; Qual-Lynx, claim number 2021225936; Philadelphia Indemnity Insurance, liability insurance company for Occupational Training Center of Burlington County, claim no.: 1414023

11. If any photographs, drawings, 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 who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

to be supplied

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

to be determined

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

Michael Carroll, Jr is under active medical care, permanency is unable to be ascertained at this time and the exact injuries shall be disclosed by Plaintiff's expert. At this juncture, it is believed there will be out-of-pocket expenses accrued in relation to medical treatment which will also need to be considered in evaluating this matter.

Type text here

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.

to be supplied

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity. All entities previously mentioned in #6 of this questionnaire.

Claimant reserves the right to amend this notice upon further investigation as there may be other acts of negligence which will be revealed during the Discovery phase of litigtion

16. Were any criminal and/or traffic Complaints or Tickets issues as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

not applicable

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

None
Initials

PERSONAL INJURY CLAIMS

18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.

to be determind

19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.

Serious degloving of right foot at the heal, resulting in amputation below the knee
additional physical and psychological injuries are to be determined by Claimant's medical experts

20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.

Permency to be disclosed by Plaintiff's medical expert

21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.

Delran EMS 1/12/21
Cooper Hospital 1/12/21
Dr. Graf 1/12/21 - present and ongoing

22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.

Cooper Hospital - 2 Cooper Plaza, Camden NJ

23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

to be supplied

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.

to be supplied by Plaintiff and his medical experts

25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide 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 this claim.

not applicable

26. If any treatments, operation 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, operation or surgery; (d) the name and address of the 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 expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

to be determined

27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.

to be supplied

28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

Plaintiff is a Mechanic employed by Delran Township Public Works
Wage loss calculations to be supplied
Currently receiving temporary compensation Workers Compensation benefits - weekly benefit rate to be supplied

29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.

to be supplied

30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

Employement commenced with Delran Township Public Works, September 2019

Position: Mechanic
Hourly Earning: $31.46 per hour

Supporting documentation of earnings, job description, etc to be supplied

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

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.

Deborah S. Dunn, Esquire
Signature of Claimant

Attorney for Plaintiff

Dated: 2/26/21