PUBLIC ALLIANCE INSURANCE COVERAGE FUND

NOTICE OF CLAIM

Forward to:

1. Claimant:

Opperman (Last) Ronald (First) (Middle)

[redacted] (Area Code/Telephone Number)

3 College Circle (Street Address)

(Additional Address)

[redacted] (Date of Birth)

[redacted] (Social Security Number)

Stratford (City) NJ 08084 (State/Zip Code)

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please complete this section.

(Name)

(Street Address)

(Additional Address)

(City) (State/Zip Code)

(Area Code/Telephone Number)

(Relationship to Claimant)

3. Accident:

A. The occurrence or accident which gave rise to this claim:

11-7-2012 (Date)

7:30 PM (Time)

B. Describe the location or place of the accident or occurrence:

3 College Circle (Local Unit)

Base of driveway (Exact Location of the Occurrence)

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

Due to the road construction the base of the driveway was dug up + refilled. As I was pulling in to park in front of my house the vehicle sunk into the fill area + was stuck. In the process of freeing the vehicle the stone fill damaged the front + passenger side of my vehicle

D. State the name and address of the Local Unit that you claim caused your damage.

E. State the names of the Local Unit's employees whom you claim were at fault, including any information that will assist in identifying them.

F. State in detail each and every negligent or wrongful act of the Local Unit and the Local Unit's employees which caused your damage.

The fill material was not adequate to support the weight of my vehicle. Also, no traffic cones were used to prevent a vehicle from driving over the fill material.

G. State the name and address of all witnesses to the accident or occurrence.

N/A

H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

N/A

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

N/A

4. Claim for damages:

A. Claim for damages: (Check appropriate box)

_____Bodily Injury ___√___Property Damage _____Other

If other, explain _____

B. i. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

N/A

ii. Do you claim permanent disability resulting from this injury?

N/A

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

N/A
Name of Hospital, Doctor, or other Facility

Address | City | State/Zip Code

Date of Treatment | Amount of Charges

Amount Paid if Payable by other sources, i.e., insurance.

iv. If you claim loss of wages or income as a result of the injury, state:

N/A
Name of Employer | Your Occupation

Address | City | State/Zip Code

Date Employed at this Job | Rate of Pay

Dates of Absences from Work | Total Lost Wages to Date

If still out of work, expected date of return.

NOTE: If your claimed loss of income arises from self-employment or other wages, attach a calculation showing the basis of your calculation of lost income.

v. Set forth any and all other losses or damages claimed by you.

Estimated repair costs to the vehicle = $1,300.

C. If you claim property damage:

i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

Estimated repair costs = $1,300

2013 Mazda CX-5, Black, JM3KE2CE1D0113921

M51-CCP NJ Passenger side wheels + bold molding, front bumper

ii. The present location and time when the property can be inspected:

3 College Circle, Stratford, NJ

Please call for time

iii. Date property acquired 5-2012

iv. Cost of the property $25,000

v. Value of property at time of accident $25,000

vi. Description of damage:

Front bumper, passenger side wheels + body molding

All scratched from stone fill material

vii. Has the damage been repaired?

____ Yes ✓ No

If yes, by whom, and cost of repairs.

viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

Cost to repair/replace damaged parts = $1,300

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

5. The amount of the claim $1,300

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

____ Yes ✓ No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

____ Yes ✓ No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

____ Yes ✓ No

If yes, set forth the details of such agreement.

_____

_____

_____

_____

_____

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and expenses claimed.
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

11-20-2012
Date

Ronald Opperman
Claimant or person filing on behalf of claimant.

Ronald Opperman
Print name as signed above.

MAPLE SHADE MAZDA COLLISION CENTER

P.O. BOX 436, 3000 RT 42, SICKLERVILLE, NJ 08081
Phone: (856) 875-0200 x267
FAX: (856) 728-2596

Workfile ID: d9f12990
Federal ID: 222-173-887
License Number: 01698A

Preliminary Estimate

Customer: OPPERMAN, RONALD **Job Number:**

Written By: John Haley

Insured: OPPERMAN, RONALD
Type of Loss:
Point of Impact: 12 Front

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
OPPERMAN, RONALD

3 COLLEGE CIRCLE
STRATFORD, NJ 08084
(856) 784-9596 Day

Inspection Location:
MAPLE SHADE MAZDA COLLISION CENTER
P.O. BOX 436
3000 RT 42
SICKLERVILLE, NJ 08081
Repair Facility
(856) 875-0200 x267 Business

Insurance Company:

VEHICLE

Year:	2013	Body Style:	4D UTV	VIN:	JM3KE2CE1D0113921	Mileage In:	1493
Make:	MAZD	Engine:	4-2.0L-FI	License:		Mileage Out:	
Model:	CX-5 4X2 TOURING	Production Date:		State:		Vehicle Out:	
Color:	BLACK Int:	Condition:	Good	Job #:			

TRANSMISSION
Automatic Transmission
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Driver Seat
Power Mirrors
DECOR
Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console
CONVENIENCE
Air Conditioning
Rear Defogger
Tilt Wheel
Cruise Control
Telescopic Wheel
Intermittent Wipers
Keyless Entry
Rear Window Wiper
Steering Wheel Controls
Parking Sensors w/Equip
RADIO
AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
SAFETY
Anti-Lock Brakes (4)
Driver Air Bag
Passenger Air Bag
Head/Curtain Air Bags
Front Side Impact Air Bags
Traction Control
Stability Control
SEATS
Cloth Seats
WHEELS
Aluminum/Alloy Wheels
PAINT
Clear Coat Paint
OTHER
Fog Lamps
Rear Spoiler
Signal Integrated Mirrors

Preliminary Estimate

Customer: OPPERMAN, RONALD **Job Number:**

Vehicle: 2013 MAZD CX-5 4X2 TOURING 4D UTV 4-2.0L-FI BLACK

Line		Oper	Description	Part Number	Qty	Extended Price $		Labor	Paint
1	**FRONT BUMPER & GRILLE**								
2	*	Rpr	Bumper cover					3.0	2.8
3			Add for Clear Coat						1.1
4		R&I	R&I bumper cover					1.7	
5	**FENDER**								
6		Repl	RT Wheel opng mldg	KD5351W20C	1	93.22		Incl.	
7	**FRONT DOOR**								
8		Repl	RT Lower molding	KD5351RA0A	1	60.00		0.4	
9	**REAR DOOR**								
10		Repl	RT Lower molding	KD5351RC0B	1	38.62		0.4	
11	**QUARTER PANEL**								
12		Repl	RT Wheel opng mldg	KD5351W50C	1	56.26		0.6	
13	**WHEELS**								
14	**	Repl	RECOND RT/Front Wheel, alloy 17x7	9965617070	1	189.00	m	0.3	
15	**	Repl	RECOND RT/Rear Wheel, alloy 17x7	9965617070	1	189.00	m	0.3	
16	#	Subl	Hazardous Waste Disposal		1	5.00	T		
17	#	Repl	Flex Additive		1	6.00			
				SUBTOTALS		**637.10**		**6.7**	**3.9**

ESTIMATE TOTALS

Category	Basis		Rate	Cost $
Parts				632.10
Body Labor	6.7 hrs	@	$ 45.00 /hr	301.50
Paint Labor	3.9 hrs	@	$ 45.00 /hr	175.50
Paint Supplies	3.9 hrs	@	$ 25.00 /hr	97.50
Miscellaneous				5.00
Subtotal				1,211.60
Sales Tax	$ 1,211.60	@	7.0000 %	84.81
Grand Total				**1,296.41**
Deductible				0.00
CUSTOMER PAY				**0.00**
INSURANCE PAY				**1,296.41**

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

Customer: OPPERMAN, RONALD **Job Number:**

Vehicle: 2013 MAZD CX-5 4X2 TOURING 4D UTV 4-2.0L-FI BLACK

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide ARH5470, CCC Data Date 11/14/2012, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. 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. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR 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 AM. 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 2012 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 complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

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

SYMBOLS FOLLOWING PART PRICE:
m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

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

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

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

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:
BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Job Number:

Customer: OPPERMAN, RONALD

Vehicle: 2013 MAZD CX-5 4X2 TOURING 4D UTV 4-2.0L-FI BLACK

ALTERNATE PARTS SUPPLIERS

Supplier: **Keystone - Complete - Totowa**
Location(s): 55 SHEPHERDS LANE, TOTOWA NJ 07512
1005 SHERMAN AVENUE, PENNSAUKEN NJ 08110

(800) 648-7483 (973) 238-4632
(877) 708-4700 (856) 829-4700

Line	Description	Item #	Price
14	RECOND RT/Front Wheel, alloy 17x7	ALY98459U20	$ 189.00
15	RECOND RT/Rear Wheel, alloy 17x7	ALY98459U20	$ 189.00

TOBOLSKY LAW

1813 Berlin Road | Cherry Hill, NJ 08003
856.428.5700 | 856.428.5766 *fax* | tobolskylaw.com

August 30, 2013

To: John Jay Hoffman, Acting Attorney General
Hughes Justice Complex
25 W. Market St.
P.O. Box 080
Trenton, NJ 08625
Certified Mail RRR 7012 3050 0000 1648 0018 & Reg. U.S. Mail

Peter H. Nelson, County Solicitor of Burlington County
49 Rancocas Rd.
Room 225
P.O. Box 6000
Mt. Holly, NJ 08060
Certified Mail RRR 7012 3050 0000 1648 0025 & Reg. U.S. Mail

Sherri L. Schweitzer, County Counsel of Camden County
Courthouse, 14th Floor
520 Market St.
Camden, NJ 08102
Certified Mail RRR 7012 3050 0000 1648 0032 & Reg. U.S. Mail

Thomas F. Kelso, County Counsel of Middlesex County
Admin. Bldg. Room 230
J.F.K. Square
New Brunswick, NJ 08901
Certified Mail RRR 7012 3050 0000 1648 0049 & Reg. U.S. Mail

Robert N. Wright, Jr., Municipal Solicitor
820 Mercer St.
Cherry Hill, NJ 08002
Certified Mail RRR 7012 3050 0000 1647 7582 & Reg. U.S. Mail

Karl Kemm, Municipal Attorney
100 Municipal Blvd.
Edison, NJ 08817
Certified Mail RRR 7012 3050 0000 1647 7599 & Reg. U.S. Mail

John C. Gillespie, Municipal Attorney
984 Tuckerton Rd.
Marlton, NJ 08053
Certified Mail RRR 7012 3050 0000 1647 7605 & Reg. U.S. Mail

David Carlamere, Municipal Attorney
P.O. Box 8

Blackwood, NJ 08102
Certified Mail RRR 7012 3050 0000 1647 7612 & Reg. U.S. Mail

Brian Guest, Municipal Attorney
23 Washington St.
P.O. Box 411
Mt. Holly, NJ 08060
Certified Mail RRR 7012 3050 0000 1647 7629 & Reg. U.S. Mail

George Botcheos, Municipal Attorney
59 S. White Horse Pike
Berlin, NJ 08009
Certified Mail RRR 7012 3050 0000 1647 7636 & Reg. U.S. Mail

Anthony P. Costa, Municpal Attorney
307 Union Ave.
Stratford, NJ 08084
Certified Mail RRR 7012 3050 0000 1647 7643 & Reg. U.S. Mail

Re: Notice of Tort Claim

To Whom It May Concern:

William H. Tobolsky, Esq., attorney for claimants, Jennifer, Robin, Matthew, Andrew, and Alaina Campbell, pursuant to Sections 59:8-1 et seq. of New Jersey Statutes, presents this claim to:

- The State of New Jersey;
- The County of Burlington;
- The County of Camden;
- The County of Middlesex;
- The Township of Cherry Hill;
- The Township of Edison;
- The Township of Evesham;
- The Township of Gloucester;
- The Township of Mt. Holly;
- The Borough of Berlin; and
- The Borough of Stratford.

If any jurisdiction receiving this notice has adopted by resolution any special or supplemental Tort Claims Act notice questionnaires, the claimant respectfully requests that copies of those supplemental questionnaires be provided by return mail.

1. The names and addresses of the claimants are as follows:

Jennifer Campbell

1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Robin Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Matthew Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Andrew Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Alaina Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Jennifer Campbell makes this claim both individually and as guardian *ad litem* and natural parent of Matthew, Andrew and Alaina Campbell, all of whom are minors.

2. The address to which the claimant desires correspondence regarding this claim to be sent is:

William H. Tobolsky, Esq.
Helmer, Conley and Kasselman, P.A.
1813 Berlin Rd.
Cherry Hill, NJ 08003
Tel: 856-428-5700
Fax: 856-428 5766
WilliamTobolsky@helmerlegal.com

3. On Tuesday, June 11, 2013, at 420 Warwick Rd., Magnolia, NJ 08049, claimants received personal injuries under the following circumstances:

Dr. Caroline Kabel-Kotler, who is employed by Advocare Greentree Pediatrics, Kennedy Health Systems, Kennedy Memorial Hospital, John F. Kennedy Medical Center, Kennedy University Hospital of Cherry Hill, Kennedy University Hospital of Washington Township, Virtua Memorial Hospital of Burlington County, Virtua Berlin Hospital, and/or Virtua West Jersey Hospital, and acting within the course and scope of her employment, disclosed protected health information for several of her patients, namely claimants Matthew, Andrew, and Alaina Campbell, (all minors) to the superintendent of the Magnolia School District. Dr. Kabel-Kotler was not authorized to disclose the protected health information, and the disclosure violated the Health Insurance Portability and Accountability Act

(HIPAA) (Pub.L. 104–191, 110 Stat. 1936), N.J.S.A. 2A:84A-22.1 *et seq.*, and the doctrine of Estate of Behringer v. Medical Ctr. at Princeton, 249 N.J. Super. 597 (Law Div. 1991). Dr. Kabel-Kotler also accused claimant Jennifer Campbell of having a conflict of interest in regard to Campbell's professional assessment and activities regarding another minor who was enrolled in the Magnolia School District where Campbell is employed as a school psychologist. These accusations were founded upon the protected and confidential information wrongfully disclosed by Dr. Kabel-Kotler, and such accusations were false, defamatory, slanderous, and made with the intention to interfere with Campbell's contract of employment with the School District, or in reckless disregard of same, and furthermore to damage her professional reputation and business and professional relationships and prospects.

4. Due to and as a direct and proximate result of the foregoing wrongful, unprofessional, and illegal actions by Dr. Kotler as set forth above, the above-mentioned circumstances, claimants have incurred and will incur the following damages:

- Jennifer Campbell suffered damage to her professional reputation as a result of the unauthorized disclosure amounting to tortious interference with her employment;
- The Campbell family, including Mrs. Campbell and her husband Robin Campbell, have suffered and will incur pain, suffering, psychological upset and damage, anxiety and emotional upset as a result of this incident;
- Robin Campbell has suffered loss of the services, society and consortium of his wife, Jennifer;
- Psychological damage to all claimants;
- Financial damages arising from interference with Jennifer Campbell's employment relationship with the Magnolia School District, damage to her professional reputation, interference with her professional, business and employment prospects;
- The cost of monitoring the children and the claimants for any psychological damage arising from this disclosure, and the cost of treatment;
- Jennifer Campbell also incurred financial costs in removing her children from the Advocare Greentree Pediatric facility (where Dr. Kabel-Kotler had treated them) and starting treatment with another physician;
- The wrongful actions of Dr. Kabel-Kotler and her willful betray of her professional duties to them have caused claimants to suffer a loss of trust in the sanctity and confidentiality of the doctor-patient relationship, most particularly with regard to the sensitive areas of behavioural and psychological health, which in itself is damage to the claimants, and which will make treatment for these matters, and other medical and psychological matters more difficult, less efficacious, and more costly; and
- Other financial damages which may accrue.

5. Claimants have not sought medical treatment for their injuries, but may be required to do so in the future. If that occurs, the name of their physician will be supplied.

6. So far as is known to the claimant at the date of this claim, the claimant has incurred damages the full extent of which is not known at the present time as they are continuing. There are also un-liquidated components. Further details and documentation shall be supplied as received.

7. The name of the individuals causing the above described injury and damage is:

Dr. Caroline Kabel-Kotler
127 Church Rd.
Suite 800
Marlton, NJ 08053

Advocare Greentree Pediatrics
127 Church Rd.
Suite 800
Marlton, NJ 08053

Kennedy Health Systems
18 E. Laurel Rd.
Stratford, NJ 08084

Kennedy Memorial Hospital
18 E. Laurel Rd.
Stratford, NJ 08084

John F. Kennedy Medical Center
65 James St.
Edison, NJ 08820

Kennedy University Hospital of Cherry Hill
2201 Chapel Ave. W.
Cherry Hill, NJ 08002

Kennedy University Hospital of Washington Township
435 Hurffville Cross Keys Rd.
Blackwood, NJ 08012

Virtua Memorial Hospital of Burlington County
175 Madison Ave.
Mt. Holly, NJ 08060

Virtua Berlin Hospital
100 Townsend Ave.
Berlin, NJ 08009

Virtua West Jersey Hospital
94 Brick Rd.
Marlton, NJ 08053

8. As a consequence of claimant's injuries, claimant has to date not lost income, but her income making capacity may be diminished by this incident to an unknown degree. This information will be supplied.

9. Claimant hereby demands damages in the amount of $300,000, computed as follows:

- Tortious interference with employment: $75,000;
- Pain and suffering: $100,000;
- Medical costs, in future: $25,000; and
- Punitive damages: $100,000.

These are subject to revision, including increase.

Submitted by:

William H. Tobolsky, Esq.
Attorney for Claimants
Jennifer, Robin, Matthew, Andrew, and Alaina Campbell

Dated: August 30, 2013

Cc: David Donohue, Esq. (attorney for Dr. Kabel-Kotler and Advocate Greentree Pediatrics)

PUBLIC ALLIANCE INSURANCE COVERAGE FUND

NOTICE OF CLAIM

Forward to:

1. Claimant:

HART RICHARD T
Last First Middle

[redacted]
Area Code/Telephone Number

14 DREXEL AVENUE
Street Address

Additional Address

[redacted]
Date of Birth

[redacted]7
Social Security Number

STRATFORD N.J. 08084
City State/Zip Code

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please complete this section.

Name

Street Address

Additional Address

City State/Zip Code

Area Code/Telephone Number

Relationship to Claimant

3. Accident:

A. The occurrence or accident which gave rise to this claim:

MARCH 15, 2015
Date

18:37
Time

B. Describe the location or place of the accident or occurrence:

ON WARWICK RD. NEAR FAMILY DOLLAR STORE
Local Unit Exact Location of the Occurrence

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

DRIVING ON WARKICK RD TOWARD LAUREL SPRINGS HEARD A LOUD BANG AND STOPPED BY STORE AND COULD SEE IN THE DARK THE CABLE HANGING DOWN FROM THE BANNER PROCEED HOME AND REPORTED CONDITION TO 911. EXAMINED WINDSHIELD AND COULD SEE IMPRESSION OF CABLE INBETTED IN ABOUT ONE FOOT OF THE GLASS.

D. State the name and address of the Local Unit that you claim caused your damage.

BOROUGH OF STRATFORD

(E.) State the names of the Local Unit's employees whom you claim were at fault, including any information that will assist in identifying them.

(F.) State in detail each and every negligent or wrongful act of the Local Unit and the Local Unit's employees which caused your damage.

G. State the name and address of all witnesses to the accident or occurrence.

NO WITNESSES

H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

NO PASSANGERS

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

PATROLMAN ANDREW REBECCA

STRATFORD, NJ POLICE DEPARTMENT

4. Claim for damages:

A. Claim for damages: (Check appropriate box)

_____Bodily Injury __X__Property Damage _____Other

If other, explain _____

B. i. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

ii. Do you claim permanent disability resulting from this injury?

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

Name of Hospital, Doctor, or other Facility

Address | City | State/Zip Code

Date of Treatment | Amount of Charges

Amount Paid if Payable by other sources, i.e., insurance.

iv. If you claim loss of wages or income as a result of the injury, state:

Name of Employer | Your Occupation

Address | City | State/Zip Code

Date Employed at this Job | Rate of Pay

Dates of Absences from Work | Total Lost Wages to Date

If still out of work, expected date of return.

NOTE: If your claimed loss of income arises from self-employment or other wages, attach a calculation showing the basis of your calculation of lost income.

v. Set forth any and all other losses or damages claimed by you.

C. If you claim property damage:

i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

DAMAGED WINSHIELD — JEEP CHEROKEE CLASIC
1996 BLACK — VIN# 1J4FT68S4TL265849 — NJ3441

ii. The present location and time when the property can be inspected.

14 DREXEL AVE., STRATFORD
USUALLY ANY AFTERNOON

iii. Date property acquired 2002

iv. Cost of the property $5000.00

v. Value of property at time of accident $2500.00

vi. Description of damage:

CABLE HANGING DOWN HIT WINDSHIELD - LEFT WHAT
LOOKS LIKE IT WAS INGRAVED FOR A ONE FOOT UP/DOWN
~~FOR~~ CRACK ON THE PASSENGERS SIDE OF GLASS.

vii. Has the damage been repaired?

____ Yes X No

If yes, by whom, and cost of repairs.

viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

NEEDS WINDSHIELD REPLACED.

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

NONE

5. The amount of the claim $298.00

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

____ Yes X No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

____ Yes X No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

____ Yes __X__ No

If yes, set forth the details of such agreement.

_____

_____

_____

_____

_____

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and claimed. expenses
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

03/25/2015
Date

Richard T. Hart
Claimant or person filing on behalf of claimant.

RICHARD T. HART
Print name as signed above.

Voorhees Auto Repair LLC
210 Cherry Avenue
Voorhees, NJ 08043
(856) 428-9430

Customer:
RICHARD HART

14 DREXEL AVE.
STRATFORD, NJ 08084

Contact: DICK CELL# 772-783-4532

Yr/Make:96 JEEP
Model:CHEROKEE
Engine:4.0
Inst:
Odometer:191364
Tag:
VIN #:1J4FT68S4TL269849

Invoice:
Date: 02/25/15
WOrder #: 27333
Account: 3460097
Home: (856) 346-0097
Work: ( ) -

Requested Work:
OK WINDSHIELD
Problems:
Comments:

Mech	Product	Qty	Description	Each	Total
1			E S T I M A T E		
1			NEW WINDSHIELD INSTALLED -		
1			$298.00		

Subtotal: 0.00
Tax: 0.00
Grand Total: 0.00

T O T A L S

Oil	0.00	SubLet	0.00	Parts	0.00
Gas	0.00	NonTax	0.00	Labor	0.00

Payment Method

X _____
Customer Authorization For Total

STRATFORD BOROUGH POLICE DEPARTMENT
OPERATIONS REPORT

1. ORI #	2. Incident #(P#)	3. PD Case #	4. Report Date & Time	5. Agency Incident/Actual CFS Type
NJ0043200		2015-00964	03/15/2015 18:37	DOWN-WIRES/POLES GENERAL POLICE

6. Party Type | 7. Name | 7A. DOB

8. Address (Street, Bldg /Apt/Suite, City, State, Zip) | 8A. Phone #

9. Location of Incident: WARWICK ROAD & SUNNYBROOK ROAD, STRATFORD, NJ 08084 | 9A. Municipality: STRATFORD BOROUGH | 9B. County: CAMDEN

10. Vehicle Information

Make	Model	Plate #	State	Year	Color	VIN #
FOR	EXP	USJ95L	NJ	2004	BLK	1FMZU73K54ZA60550
JEE	CER	ML3441	NJ	1996	BLK	1J4FT68S4TL265849

Code	Name	Address	Age	Sex	Race	Eth	DOB

11. Narrative

On the above date at 1837 Hours, I was advised by a motorist that an unknown object or wire was hanging low into the roadway near the Family Dollar Store on Warwick Road. I arrived to that area and observed a steel cable swinging in the wind. On the end of the cable was a metal carabiner that was used to fasten a high school musical advertisement over the roadway. Because of the windy conditions, the cable had snapped and the metal was hanging low into the roadway hitting several vehicles as they passed by. The object had to be temporarily held from swinging by police officers. The local fire department was dispatched to remove the overhead advertisement and cables. The two vehicle's listed above had sustained minor damage as a result of the swinging metal pieces.

Print Officer Name	Badge No.	Page No.	Report Date	Reviewed By
PATROLMAN ANDREW REBECCA	3210	1 Of 1	03/15/2015	SERGEANT STEPHEN MCBRIDE

Signature | Supervisor Signature

Case No. 2015-00964

KLINE & SPECTER
ATTORNEYS AT LAW
LIBERTY VIEW
457 HADDONFIELD ROAD, SUITE 540
CHERRY HILL, NEW JERSEY 08002
WWW.KLINESPECTER.COM

856-662-1180
FAX: 856-662-1184

May 22, 2018

Via Certified Mail Return Receipt Requested

New Jersey Department of Treasury
Office of Risk Management
20 West State Street 6th Floor
Trenton NJ 08625

State of New Jersey
Department of Health
369 South Warren Street 8th Floor
Trenton NJ 08608-2308

County of Camden
Office of County Counsel
520 Market Street 14th Floor
Camden NJ 08102

Rowan University
School of Osteopathic Medicine
1 Medical Center Dr
Stratford NJ 08084

Borough of Stratford
307 Union Ave
Stratford NJ 08084

Kennedy Washington Township Hospital
435 Hurfville-Crosskeys Road
Turnersville, NJ 08012

County of Gloucester
2 S. Broad
PO Box 337
Woodbury, NJ 08096

Township of Washington
Municipal Bldg
523 Egg Harbor Road
Sewell NJ 08080

Megan Chapter DO
19 Tyler Court
Somerdale NJ 08083

Re: Kathleen Welch, et al. v. Kennedy University Hospital, Inc., et al.
Docket No.: GLO-L-1468-17

Dear Sir/Madam:

Please be advised that this firm represents claimant, Kathleen Welch. Enclosed is a copy of the completed New Jersey Tort Claims Act Notice form relating to claims of negligence that caused injuries to Kathleen Welch.

Please contact me at (215) 772-1374 if you have any questions or require further information.

Very truly yours,

MICHAEL A. TRUNK, ESQUIRE

MAT/me
Enclosure
cc: Thomas M. Walsh, Esquire
Jaime N. Johnson, Esquire

NOTICE OF TORT CLAIM PURSUANT TO N.J.S.A. 59:8-8, AGAINST
STATE OF NEW JERSEY, COUNTY OF GLOUCESTER, TOWNSHIP OF WASHINGTON,
KENNEDY WASHINGTON TOWNSHIP HOSPITAL, COUNTY OF CAMDEN, BOROUGH OF STRATFORD,
ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE, MEGAN CHAPTER, DO, AND
ANY PHYSICIAN OR MEDICAL PROVIDER IN THE MEDICAL RECORDS WHO MAY BE AFFILIATED
WITH KENNEDY UNIVERSITY HOSPITAL AND/OR ANY OTHER PUBLIC ENTITY

1. Claimant:

Welch, Kathleen
Last Name, First, Middle

[redacted]
Date of Birth

42 Canis Court
Street Address

Mailing address if other than street address

Sewell, NJ 08080
City, State, Zip Code

[redacted]
Social Security Number

Decedent:

Last Name, First, Middle

Date of Birth

Street Address

Mailing address if other than street address

City, State, Zip Code

Social Security Number

If notices or correspondence in connection with this claim are to be sent to a person other than the claimant, complete item #2.

2. Michael A. Trunk, Esquire
Kline & Specter
Name

Liberty View - Suite 540
457 Haddonfield Road
Mailing Address

Cherry Hill, NJ 08002
City, State, Zip Code

Relationship to claimant: Attorney At Law (✓) or

Explain Relationship

3a. The occurrence or accident which gave rise to this claim:

November 15, 2015-December 10, 2015
Date

Beginning at approximately 2:15 p.m. on 11/15/15
Time

b. Describe the location or place of the accident or occurrence.

Washington Township
Municipality

Kennedy Washington Township Hospital
435 Hurfville-Crosskeys Road
Turnersville, NJ 08012*
Exact location of the occurrence

*As well as other providers of care, who are listed herein.

c. Describe how the accident or occurrence happened: If a diagram will assist your explanation, please use the reverse side of this form.

Leg and ankle pain, frequent physical therapy, infection, the need for IV antibiotics, numerous surgeries, ambulation and gait disturbances, amputation, and physical disfigurement as a result of negligence.
This matter is still under investigation and claimant reserves the right to supplement this response.

d. State the name and address of the Public Entity, or entities, that you claim caused your damage.

New Jersey Department of Treasury Office of Risk Management 20 West State Street 6th Floor Trenton NJ 08625, State of New Jersey Department of Health 369 South Warren Street 8th Floor Trenton NJ 08608-2308, County of Camden 520 Market Street 14th Floor Camden NJ 08102, Rowan University School of Osteopathic Medicine 1 Medical Center Dr Stratford NJ 08084, Borough of Stratford 307 Union Ave Stratford NJ 08084, County of Gloucester 2 S. Broad PO Box 337 Woodbury, NJ 08096, Kennedy Washington Township Hospital 435 Hurfville-Crosskeys Road, Turnersville, NJ 08012, Township of Washington Municipal Bldg 523 Egg Harbor Road Sewell NJ 08080, and any physician or medical provider to be determined who attended to Mrs. Welch on the above dates.
This matter is still under investigation and claimant reserves the right to supplement this response. The response to this question is not intended to be limited to only the individuals and entities listed above.

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

Megan Chapter DO 19 Tyler Court Somerdale NJ 08083, and all others to be determined who provided or assisted in providing negligent care to Kathleen Welch.

e. State, in detail, the negligence or wrongful acts of the Public Entity and public employees which caused your damages.

Leg and ankle pain, frequent physical therapy, infection, the need for IV antibiotics, numerous surgeries, ambulation and gait disturbances, amputation, and physical disfigurement as a result of negligence.

f. State the name and address of all witnesses to the accident, occurrence or event.

All individuals involved in Mrs. Welch's medical care during the dates listed above. This matter is still under investigation, and claimant reserves the right to supplement this response.

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

Not applicable.

4a. Claim for Damages (Check appropriate block.)

(✓) Personal Injury ( ) Property Damage

(✓) Other - Explain in detail: **all damages allowed by New Jersey law.**

b. If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence.

The injuries include, but are not limited to Leg and ankle pain, frequent physical therapy, infection, the need for IV antibiotics, numerous surgeries, ambulation and gait disturbances, amputation, and physical disfigurement as a result of negligence. This matter is still under investigation and claimant reserves the right to supplement this response.

(2) Do you claim permanent disability resulting from this injury?

(✓) Yes ( ) No

If yes, describe the injuries believed to be permanent.

The injury resulted in a left leg below the knee amputation with permanent disfigurement. See responses to 3 (c), (d) and (e) above. This matter is still under investigation and claimant reserves the right to supplement this response.

(3) For each hospital, doctor, or other practitioner rendering treatment, examination or diagnostic services, state:

Name of hospital, doctor or other facility address	Dates of treatment or service	Amount of charges to date	Amount paid or payable by other sources such as insurance
Kennedy University Hospital 435 Hurffville Crosskeys Rd Turnersville, NJ 08012	11/15/15 - 11/22/15 11/27/15 - 11/30/15 03/31/16 - 04/05/16 05/18/16 - 05/19/16 06/16/16 - 06/17/16 07/25/16 - 08/01/16	TBD	TBD
Kennedy Health Care Center Sub-Acute Rehabilitation Wing 535 Egg Harbor Rd Sewell, NJ 08080	11/22/15 - 11/27/15 11/30/15 - 01/12/16	$51,139.89	TBD
ManorCare Health Services - Washington Township 378 Fries Mill Rd Sewell, NJ 08080	04/05/16 - 05/13/16	$28,236.03	TBD
Robert J. Ponzio, D.O. Ponzio Orthopedic 449 Hurffville Crosskeys Rd #1 Sewell, NJ 08080	11/16/15 – 02/15/16	TBD	TBD
Joseph N. Daniel, DO Rothman Institute 327 Greentree Road Sewell, NJ 08080	03/22/16 – 07/13/16	$24,704.00	$24,704.00
Fritz Bech, MD Washington Township Primary & Specialty Care 1A Regulus Drive Turnersville, NJ 08012	05/19/16 – 09/26/16	TBD	TBD
Garden State Infectious Disease Assoc., PA	11/30/15 – 08/01/16	$4,870.00	$4,870.00

709 Haddonfield Berlin Rd Voorhees, NJ 08043			
Cooper University Hospital 1 Cooper Plaza Camden, NJ 08103	05/19/16 – 05/21/16	TBD	TBD

This matter is still under investigation and claimant reserves the right to supplement this response.

(4) If you claim loss of wages or income as a result of the injury, state:

N/A

NOTE: If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

c. If you claim personal injury:

(1) Describe whether the injuries resulting from the accident or occurrence have aggravated or exacerbated an existing or previous injury.

N/A

(2) State the date and time when such existing or previous injury occurred and location and circumstances giving rise to the injury.

N/A

Regarding any existing or previous injury, give the name and address of each doctor who treated you for the condition as follows:

N/A

d. Set forth any and all other losses or damages claimed by you.

See above responses. Claimant claims all damages allowed under New Jersey law.

e. If you claim property damage: **Not applicable.**

(1) Describe the property damage.

(2) The present location and time when the property may be inspected.

(3) Date property acquired.

(4) Cost of property.

(5) Value of property at time of accident.

(6) Description of damage.

(7) Has the damage been repaired? If so, by whom, when, and cost of repairs.

(8) Attach each estimate of repair costs to this form.

(9) Set forth, in detail, the loss claimed by you for property damage.

f. Set forth, in detail, all other items of loss or damages claimed by you and the method by which you made the calculation.

All other damages allowed by New Jersey law.

5. The amount of the claim.

The full amount of damages allowable under New Jersey law for the catastrophic injuries. This matter is still under investigation and claimant reserves the right to supplement this response.

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

Yes.

If yes, set forth the name and address of all persons and insurance companies against whom you have made such claims.

Karen Calabrese, D.O. 1 Somerdale Square Somerdale NJ 08083, Kennedy Health Care Center n/k/a Jefferson Health Care Center a/k/a Kennedy Health Facilities, Inc. 1 Somerdale Square Somerdale NJ 08083, Robert Ponzio, DO and Ponzio Orthopedic, PC 449 Hurfville Crosskeys Road #1 Sewell NJ 08080

Are any of the losses or expenses claimed herein covered by any policy of insurance? Under investigation.

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

Under investigation.

a. If this claim involves an automobile, please state:

Not applicable.

(1) The name of the insurance company covering the automobile.

(2) The name of your local agent:

(3) Your policy number and dates of coverage (if other than automobile).

b. If the claim involves property or other damage:

Not applicable.

(1) State the name of your Homeowner's, rental, or property insurance company.

(2) The name of your local insurance agent.

(3) Your policy number.

c. If you have any other form or kind of liability insurance, please state:

Not applicable.

(1) The name or names of the insurance company.

(2) Type of liability coverage.

(3) The name of your local agent.

(4) The policy number of numbers.

9. Have you received, or agreed to receive, any money from anyone for the damages claimed herein? If so, set forth the details of such agreement.

Not applicable.

10. The following items must be submitted with this notice:

(1) Copies of itemized bills for each medical expense and other losses and expenses claimed.

To be supplied. All billing records have been requested from the involved treaters.

(2) Full copies of all appraisals and estimates of property damage claimed by you.

Not applicable.

(3) Copies of all written reports of all expert witnesses and treating physicians.

None at this time. Written reports of expert witnesses and treating physicians will be provided as required by the Court during discovery.

(4) A letter from your employer verifying your lost wage. If self-employed, a statement showing the calculation of your claimed lost income.

Not applicable.

11. Please specify, if known, whether the claim arises out of any of the following activities of:

(1) Any construction project.

Not applicable.

(2) Any demolition project.

Not applicable.

(3) Any road or bridge project.

Not applicable.

(4) Other.

Not applicable.

12. State whether the incident has occurred on a sidewalk, street or bridge and location. If incident occurred on a sidewalk, street or bridge, you must attach a diagram depicting same.

Not applicable.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made by me is willfully false, I am subject to punishment.

Dated: 05/22/18

MICHAEL A. TRUNK, ESQUIRE
Authorized Person Filing On Behalf Of Claimant

Name of Municipality: Borough of Stratford

NOTICE OF CLAIM

To be completed by Claimant:

1. Claimant:

Cappetta, Janet			[redacted]
Last	First	Middle	Area Code/Telephone Number
34 Bridgewater Drive			
Street Address			Additional Address
[redacted]	[redacted]		Marlton, NJ 08053
Date of Birth	Social Security Number		City State/Zip Code

2. If notices and correspondence in connection with this claim are to be sent to a person other then claimant, please complete this section.

Carly K. Ferro, Esquire	200 Golfview Drive
Name	Street Address
	Blackwood, NJ 08012
Additional Address	City State/Zip Code
856-232-3800	Attorney
Area Code/Telephone Number	Relationship to Claimant

3. Accident:

A. The occurrence or accident which gave rise to this claim:

1/08/18	7:30 p.m.
Date	Time

B. Describe the exact location or place of the accident or occurrence:

Stratford Municipal Court

315 Union Avenue, Stratford, New Jersey 08084

Sidewalk leading from front of building towards Union Avenue

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

Leaving the Municipal building for scheduled matter, (which was dismissed without costs). Slipped and fell on ice backwards landing on left hip/side and wrist.

D. State the name and address of the Local Unit that you claim caused your damage.

Stratford Municipal Building, 315 Union Avenue, Stratford, New Jersey

E. State the names of the Local Unit's employees whom you claim were at fault, including any information that will assist in identifying them.

Name of employees responsible for sidewalks and walkways are unknown at this time.

F. State in detail each and every negligent or wrongful act of the Local Unit and the Local Unit's employees which caused your damage.

G. State the name and address of all witnesses to the accident or occurrence.

N/A

H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

N/A

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

Names unknown

4. Claim for damages:

A. Claim for damages: (Check appropriate box)

x Bodily Injury _____Property Damage _____Other

If other, explain _____

B. I. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

Bruised left hip and side; left wrist distal radius fracture, intraarticular and greater than three parts requiring surgery with hardware; physical therapy

II. Do you claim permanent disability resulting from this injury?

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

Name of Provider	Address	Date of Treatment	Type of Treatment	Charges	Paid by other source? Y/N
SEE ATTACHED	SHEET				

iv. If you claim loss of wages or income as a result of the injury, state:

Axia Women's Health Obstetrics and Gynecology Assoc.
Name of Employer

239 Hurfville-Crosskeys Road, Suite 250
Address

Sewell NJ 08080
City State/Zip Code

Triage Assistant
Your Occupation

5/15/2017 18.00
Date Employed at this Job Rate of Pay

TBD TBD
Dates of Absences from Work Total Lost Wages to Date

Yes, TBD
If still out of work, expected date of return.

NOTE: If your claimed loss of income arises from self-employment or other wages, attach a calculation showing the basis of your calculation of lost income.

v. Set forth any and all other losses or damages claimed by you.

Pain and suffering

C. If you claim property damage:

i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

_____

_____

ii. The present location and time when the property can be inspected.

_____

iii. Date property acquired _____

iv. Cost of the property _____

v. Value of property at time of accident _____

vi. Description of damage:

_____

_____

_____

vii. Has the damage been repaired?

_____Yes _____No

If yes, by whom, and cost of repairs.

_____

_____

viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

_____

_____

_____

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

TBD - After medical collection of medical bills, prescriptions, costs of travel, loss wages and pain and suffering.

5. The amount of the claim TBD

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

_____ Yes __x__ No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

_____ Yes __x__ No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

_____ Yes __x__ No

If yes, set forth the details of such agreement.

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and expenses claimed.
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

3-7-18
Date

Carly K. Ferro
Claimant or person filing on behalf of claimant.

Carly K. Ferro, Esquire
Print name as signed above.

OP ID: GS

AUTOMOBILE LOSS NOTICE

DATE (MM/DD/YYYY): 12/04/2014

AGENCY
AssuredPartners of NJ, LLC
DBA AJM Insurance Management
1317 Route 73, Suite 101
Mount Laurel, NJ 08054
CONTACT NAME: George Gravenstine
PHONE (A/C, No, Ext): 856-795-4020
FAX (A/C, No): 856-795-9218
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID: STRATFO

INSURED LOCATION CODE

DATE OF LOSS AND TIME: 11/06/12 AM PM

CARRIER: Public Alliance Ins Cov Fund
NAIC CODE
POLICY NUMBER: PAIC140104-97
POLICY TYPE: CA-S

INSURED

NAME OF INSURED (First, Middle, Last): Borough of Stratford
DATE OF BIRTH | FEIN (if applicable) | MARITAL STATUS
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☒ BUS ☐ CELL: 856-783-0600

INSURED'S MAILING ADDRESS
307 Union Avenue
Stratford, NJ 08084
PRIMARY E-MAIL ADDRESS: JohnGentless@stratfordnj.org
SECONDARY E-MAIL ADDRESS:

CONTACT

☒ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last): Borough of Stratford
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☒ BUS ☐ CELL: 856-783-0600
WHEN TO CONTACT

CONTACT'S MAILING ADDRESS
John Keenan
307 Union Avenue
Stratford, NJ 08084
PRIMARY E-MAIL ADDRESS: JohnGentless@stratfordnj.org
SECONDARY E-MAIL ADDRESS:

LOSS

LOCATION OF LOSS: Laurel Rd. & PA Avenue
STREET:
CITY, STATE, ZIP: Boro of Stratford, NJ
COUNTRY: US
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:

POLICE OR FIRE DEPARTMENT CONTACTED: unknown
REPORT NUMBER

DESCRIPTION OF ACCIDENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Ruby Garner alleges she was injured in an auto accident when hit in rear by insured employee Michael Meyers who was hit in rear by Dominic Acerbo. See attached Summons.

INSURED VEHICLE

VEH # | YEAR | MAKE: unknown | MODEL: | BODY TYPE: | V.I.N.: | PLATE NUMBER | STATE

OWNER'S NAME AND ADDRESS ☐ (Check if same as insured)
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☒ BUS ☐ CELL: 856-783-0600
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

DRIVER'S NAME AND ADDRESS ☐ (Check if same as owner)
Michael Myers
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

RELATION TO INSURED (Employee, family, etc.): employee
DATE OF BIRTH | DRIVER'S LICENSE NUMBER | STATE | PURPOSE OF USE | USED WITH PERMISSION? (Y/N)

DESCRIBE DAMAGE

1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?	Y/N
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?	Y/N
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?	Y/N

ESTIMATE AMOUNT: | WHERE CAN VEHICLE BE SEEN?: | WHEN CAN VEHICLE BE SEEN?: | POLICY NUMBER:
OTHER INSURANCE ON VEHICLE - CARRIER:

external, and both temporary and permanent in nature; did suffer, is suffering and may in the future suffer great pain, physical discomfort, and emotional distress; has been compelled, is now being compelled, and in the future may be compelled to expend certain sums of money in an attempt to cure and alleviate her injuries; has been unable and may in the future be unable to pursue her normal and business activities; has suffered a permanent injury as described by the New Jersey AICRA Statutes; and has been otherwise damaged.

WHEREFORE, the Plaintiff, **RUBY L. GARNER**, demands judgment against the Defendant, **DOMINIC A. ACERBO**, for damages provided by law, plus interest and costs of suit.

SECOND COUNT

1. Plaintiff, repeats each and every paragraph of all previous Counts and incorporates the same as if set forth at length herein.

2. The Defendant, **VINCENT A. ACERBO**, who owned the vehicle operated by Defendant **DOMINIC A. ACERBO**, through his agents, servants, representatives and/or employees, was negligent in that he failed to ensure that said motor vehicle was operated by a competent, experienced and efficient driver, able to properly control and manage the motor vehicle; and did entrust said motor vehicle to an inefficient driver, unable to properly control and manage said vehicle.

AGENCY CUSTOMER ID: STRATFO

OP ID: GS

OTHER VEHICLE / PROPERTY DAMAGED

NON - VEHICLE? ☐

VEH #	YEAR	MAKE: unknown	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		

OTHER VEH/PROP INS? (Y/N) ☐

DESCRIBE PROPERTY (Other Than Vehicle)

CARRIER OR AGENCY NAME	NAIC CODE	POLICY NUMBER

OWNER'S NAME AND ADDRESS
Ruby Garner

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

DRIVER'S NAME AND ADDRESS ☐ (Check if same as owner)

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

DESCRIBE DAMAGE

ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?

INJURED

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
Ruby Garner		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
see attached		☐	☐	
		☐	☐	
		☐	☐	

REPORTED BY	REPORTED TO
John Keenan	Gina Smith

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MARESSA ♦ PATTERSON
A New Jersey Limited Liability Company

JOSEPH A. MARESSA
(1923-2012)
DAVID C. PATTERSON *
JOSEPH A. MARESSA, JR.*

BRIAN J. SMART

Of Counsel:
CHARLES H. NUGENT, JR.*
Certified Civil Trial Attorney

*MEMBER OF NJ & PA BAR

ATTORNEYS AT LAW

191 West White Horse Pike
Berlin, New Jersey 08009

Tele: (856)767-1471 Fax: (856)767-8095
FID #02-0780615

January 14, 2015

Borough of Stratford
307 Union Avenue
Stratford, NJ 08083

Re: Notice under New Jersey Tort Claim Act

Gentlemen:

Take notice that the following claim is hereby presented under the New Jersey Tort Claims Act.

(a) The claimant is Andrew Marano, Sr., 1000 Chestnut Avenue, Laurel Springs, NJ 08021;

(b) Notices in regard to the claim should be directed to Maressa Patterson, L.L.C., 191 West White Horse Pike, Berlin, New Jersey, 08009;

(c) The claim arises out of a work related incident, which resulted in Mr. Marano being hospitalized on December 20, 2014;

(d) Damages claimed are for post traumatic stress disorder, and situational anxiety, acute situational depression,

(e) The damages were caused by a hostile work environment, harassment, infliction of emotional distress.

Additional information will be supplied forthwith upon request.

Very truly yours,

MARESSA PATTERSON, LLC

BRIAN J. SMART
bjsmart@maressalaw.com

BJS:gd
CERTIFIED & REGULAR MAIL
RETURN RECEIPT REQUESTED

WAPNER NEWMAN
ATTORNEYS AT LAW

WAPNER, NEWMAN, WIGRIZER, BRECHER & MILLER, P.C.

ADAM S. GETSON, ESQUIRE
2000 Market Street, Suite 2750
Philadelphia, PA 19103
getsona@wnwlaw.com

Main (215) 569-0900 Fax (215) 569-4621

February 11, 2013

VIA CERTIFIED MAIL

Highland Claim Services, Inc.
P.O. Box 239
Hamburg, NJ 07419
ATTN: Jeff Greiner

RE:	**WNWBM Client:**	**Sandra Devonshire**
	Your Insured:	**Stratford Borough**
	Claim Number:	**PAC011746**
	D/A:	**September 21, 2012**

Dear Mr. Greiner:

I am in receipt of your letter dated November 9, 2012.

As per your request, my client has reviewed and certified the below referenced enclosed materials:

1. *Adopted Notice of Tort Claim as required by Title 59;*
2. *Police Report;*
3. *Photographs of the location of my client's fall;*
4. *All Medical Records and Bills received to date; and,*
5. *List of potential tortfeasors.*

Should you have any questions, please do not hesitate to contact me.

Yours truly,

ADAM S. GETSON
ASG/lr
Enclosure

RECD FEB 14 2013

NOTICE OF TORT CLAIM FOR DAMAGES AGAINST STRATFORD BOROUGH

1. Devonshire, Sandra; ([redacted] 4 Lincoln Ave Apt C-1 Clementon, NJ 08021; September 18, 1962; [redacted]. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

2. Lee S. Merritt, Esquire and Adam S. Getson, Esquire; Wapner, Newman, Wigrizer, Brecher & Miller, Sagemore Corporate Center, 8000 Sagemore Drive, Suite 8302, Marlton, NJ 08053; Attorney. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

3.

   a. September 21, 2012; 9:45 a.m. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

   b. The intersection of New Road and Berlin Road Stratford New Jersey. See also attached photograph. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

   c. Ms. Devonshire was walking across the intersection when her foot became caught in a hole near the sidewalk causing Ms. Devonshire to fall and sustain serious injury. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

   d. See attached list of potential tortfeasors. At this time, no employee has been identified as the person or persons responsible for creating the hazardous condition resulting in the injury herein, however, Ms. Devonshire reserves the right to identify additional tortfeasors upon receipt of additional information. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

   e. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer. By way of further answer, the design, construction, maintenance, and/or cleaning of this area was careless. The negligence of the your insured consisted of the following, *inter alia*:

      1) failing to properly maintain the premises;

      2) failing to correct a dangerous condition;

      3) permitting a dangerous defect and/or condition to exist on the said premises;

      4) failing to properly inspect said premises;

5) failing to timely inspect said premises;

6) failing to warn plaintiff of a dangerous condition and/or defect on said premises;

7) failing to provide a safe and adequate passage;

8) failing to contract and/or retain a professional, responsible and/or reliable contractor/company/entity for the repair of said premises;

9) failing to contract and/or retain a professional, responsible and/or reliable contractor/company/entity for the removal hazardous conditions said premises;

10) allowing said defective condition to remain on the premises for an unreasonable period of time;

11) being otherwise negligent as may be determined through discovery or at the trial of this case;

12) causing plaintiff to fall;

13) failing to maintain said premises;

14) failing to provide adequate safety measures for plaintiff to protect herself on said premises;

15) failing to perform duties in which it assumed;

16) failing to properly inspect, repair, maintain the said premise; and,

17) negligently permitting hazardous conditions to remain on said premises for an unreasonable period of time.

f. Hubert Collins; Street Address: 4 Lincoln Ave Apt C-1 Clementon, NJ 08021. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

g. See attached Police Report. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

4.

a. Personal Injury.

b.

i. Ms. Devonshire suffered a ligament tear in her right knee, as well as internal derangement of same. Additional injuries to Ms. Devonshire include, but are not limited to, swelling, pain and discomfort throughout her right leg, right ankle, both wrist, right forearm, left thumb, right palm, hip soreness and stiffness, bilateral thigh discomfort, chest and back pain. Ms. Devonshire continues under the care of her physicians and her prognosis and treatment are ongoing. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

ii. Yes. Ms. Devonshire continues under the care of her physicians and her prognosis is ongoing. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

iii. See all of the medical records received at this time attached hereto. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

iv. Ancora Psychiatric Hospital; Human Services Assistant; 302 Spring Garden Road Ancora, NJ. 08037; March, 1995; $1,500 bi-weekly; Absent 9/22/12-10/5/12; Estimated $1,500 in lost wages. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

v. Ms. Devonshire continues to suffer loss due to her injuries and calculation of damages is ongoing. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

c. None that claimant was aware of at the time. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

d. Ms. Devonshire continues to suffer loss due to her injuries and assessment of damages is ongoing. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

e. N/A. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

f. Ms. Devonshire continues to suffer loss due to her injuries and assessment of damages is ongoing. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

5. To be determined. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

6. Yes, see attached list of potential tortfeasors. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

7. Unknown at this time. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

8.

    a. N/A

    b. N/A

    c. N/A

9. Unknown at this time. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

10. See attached documents referenced in Ms. Devonshire's Index Page. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

11. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

12. Sidewalk and the surrounding area; see attached photograph. The investigation in this matter is ongoing, Ms. Devonshire reserves the right to supplement this answer.

COPY

BOROUGH OF STRATFORD
BUREAU OF POLICE
315 Union Avenue
Stratford, New Jersey 08084

OFFENSE REPORT

Municipal Code	CASE REPORT NO.
0 4 3 2	DET. CASE NO. 12-09-79

VICTIM'S COMPLAINANTS. OR TRADE NAME	TELEPHONE NO.	INCIDENT	UCR Code
(V) Sandra Devonshire	[redacted]	Medical Emergency (fall victim)	
ADDRESS (STREET) (FLOOR OR APT.)		LOCATION (STREET) (FLOOR OR APT.)	
4 Lincoln Ave Apt. C-1 Clementon, NJ 08021		corner of Berlin Rd / New Rd	
PERSON REPORTING CRIME VICTIM ☑	TELEPHONE NO.	TIME OF OCCURRENCE (ON OR BETWEEN) HOUR DAY OF WEEK MONTH DAY YEAR	DATE/TIME REPORTED
		1013 Fri September 21, 2012	9/21/12 1013
RESIDENCE OF PERSON REPORTING CRIME			TIME COMPLETED 1030
HOW ATTACKED		REPORTING OFFICER (NAME) (BADGE NO.) (COMMAND)	
See Narrative		RANK Ptlm. Michael Meyers #3206	
SIGNATURE OF COMPLAINANT		OTHER OFFICERS AT SCENE (NAME(S))	
✓		RANK	

WITNESSES NAME	ADDRESS	TELEPHONE
Hubert Collins	4 Lincoln Ave Apt. C-1 Clementon, NJ 08021	[redacted]

VEHICLE INVOLVED IN CRIME ☐ STOLEN ☐ USED BY OFFENDER	YEAR	MAKE	LICENSE #	COLOR	BODY TYPE	INSURANCE CO/POLICY #

ADDITIONAL INFORMATION

On the above date and time, I was dispatched to New Rd and Berlin Rd for the report of a fall victim. I arrived and spoke to the above listed victim who stated as she was attempting to cross New Rd at Berlin Rd, she fell into a large hole that is located on the northbound curbside of New Rd just before Berlin Rd. I did observe scrapes on both palms of the victim and a scrape and swelling around the right knee. I also observed a hole located next to a DOT underground traffic control box at the corner of New and Berlin Rd. The hole was approximately 1 foot in diameter and about 18 inches deep. Magnolia EMS arrived and transported the victim to JFK Hospital for further treatment. Notification was made to Camden County Highway and advised the hole needed to be filled.

PROPERTY STOLEN / RECOVERED / DAMAGED	VALUE:

STATUS
- ☐ UNFOUNDED
- ☐ CLEARED BY ARREST
- ☑ EXCEPTIONALLY CLEARED
- ☐ INACTIVE (NOT CLEARED)
- ☐ ACTIVE

ESTIMATED VALUE BY TYPE OF PROPERTY	A. CURRENCY	B. JEWELRY	C. FURS	D. CLOTHING	E. LOCAL AUTOS	F. MISCELLANEOUS	INSURANCE CO./POLICY #

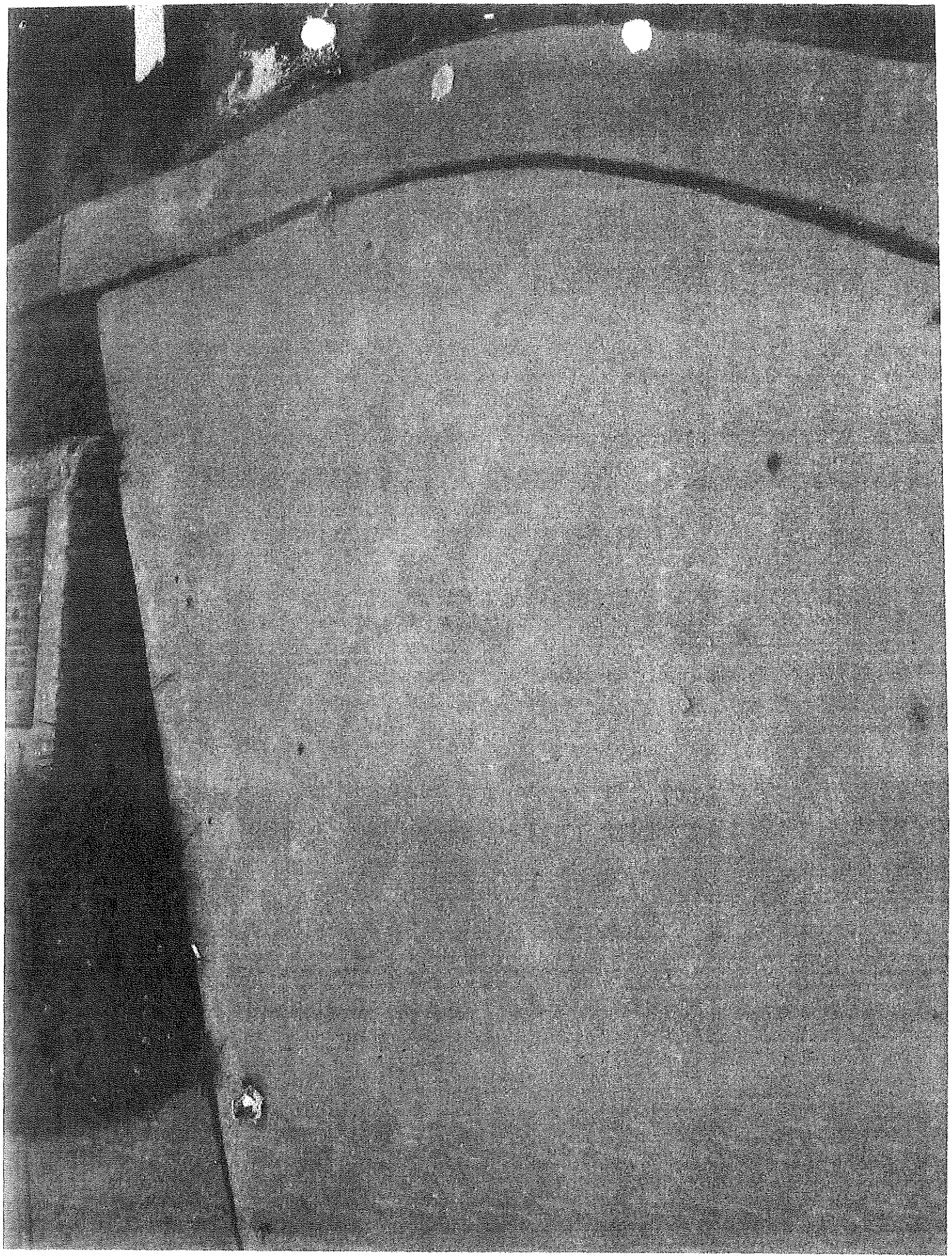
NAME OF SUSPECT	DATE OF BIRTH	ADDRESS	PHONE

OTHER REPORT SUBMITTED
☐ IMPOUND ☐ STATEMENT ☐ ARREST ☐ SUPPLEMENT ☐ OTHER

N.C.I.C. and/or TELETYPE	NAME OF DETECTIVE NOTIFIED	REPORTING OFFICER/BADGE NO.	DATE
		Ptlm. Michael Meyers #3206	9/21/12

Ptlm Michael Meyers #3206
SIGNATURE

3202



KENNEDY HEALTH SYSTEM

Name: Devonshire, Sandra
Age: 50Y DOB: Sep 18, 1962
Gender: F Wt: 90.3 Kg Ht: 167 cm.
[redacted]
Attending: ALU1
Primary RN: SADA
Bed: ED XP C

KENNEDY HEALTH SYSTEM, STRATFORD
DISCHARGE INSTRUCTIONS

Emergency Department: (856) 346-7816

DISCHARGE INSTRUCTIONS

Thank you for coming to Kennedy Memorial Hospital for your emergency care. Please read these instructions carefully when you return home in order to better understand your diagnosis and treatment.

TREATED BY:
Attending Physician – Lucerna, D.O., Alan; Extender – Alvarez, P.A.C., John-Patrick

FOLLOWUP CONTACTS

COMPLETECARE HEALTH, GLASSBORO, FQHC
CompleteCare Health Network
Medical and Dental
335 N. Delsea Drive
Glassboro NJ 08026
Phone: 8568635720

Marcelli Dr., Enrico A., ORTHOPEDICS
Reconstructive Orthopedics, PA
1 Somerdale Square
Suite 7
Somerdale NJ 08083
Phone: 8567844444

Gleimer Dr., Jeffrey R., ORTHOPEDICS
Regional Orthopedics
2201 Chapel Ave. West
P.O. Box 8566
Cherry Hill NJ 08002
Phone: 8566637080

Follow up with Primary Care Physician in 1 – 2 days
Follow up with Specialist as instructed

SPECIAL INSTRUCTIONS
DX: POSSIBLE INTERNAL DERANGEMENT OF KNEE, ANKLE SPRAIN, CONTUSION (UE), ABRASION
ACCIDENTAL FALL

####MUST READ THESE DISCHARGE PAPERS AND INSTRUCTIONS####
###CALL MICHELLE EVANS (PATIENT NAVIGATOR – 346-6241) IF PROBLEMS WITH FOLLOW UP
##MUST FOLLOW UP WITH ORTHOPEDIC DOCTOR LISTED ABOVE IF PAIN/SYMPTOMS WORSEN OR PERSISTS.
##MUST FOLLOW UP WITH YOUR FAMILY DOCTOR OR FAMILY CLINIC LISTED ABOVE

(over)

KENNEDY HEALTH SYSTEM

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[redacted]
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Bed: ED XP C

KENNEDY HEALTH SYSTEM, STRATFORD
DISCHARGE INSTRUCTIONS

##REST, ICE, ELEVATE AFFECTED AREA(S).
##Take all medication as prescribed.
*KEEP CLEAN, DRY, PROTECTED.
*MAY USE NEOSPORIN OR TRIPLE ANTIBIOTIC OINTMENT TO AREA(S) AFFECTED.

MEDICAL INSTRUCTIONS

.WALKER USE
WALKER USE
A walker with four solid prongs on the bottom (no wheels) will be the most stable. It lets you take some of the weight off your legs as you walk.

WALKER HEIGHT

Adjust your walker so that the top of your walker (where you hold on) is level with the crease in your wrist when you stand up straight. With your hands on the walker, your elbow should bend about twenty degrees.

WALKER USE
— First, put your walker about one step ahead of you.
— Grip the top of the walker with both hands for support.
— Lift your injured or weakest leg and step into the walker frame. Dont step all the way to the front bar of — your walker.
— Complete your step by bringing your good leg forward.
— Take small steps when you turn.
— To sit, back up until your legs touch the chair. Reach back to feel the seat before you sit.
— To get up from a chair, place the walker in front of you. Push yourself up using by pressing down on the — arms of the chair. As you shift your weight onto your feet, move one hand at a time to your walker. Do — not use a walker to climb stairs or to use an escalator.

SAFETY TIPS:
— In the home, remove scatter rugs, electrical cords, spills and anything else that may cause you to fall.
— In the bathroom, use non-slip bath mats, grab bars, a raised toilet seat and a shower tub seat.
— Use a backpack, fanny pack, apron or briefcase to help you carry things around. To carry light-weight — items, you may attach a small pack to the crossbar of the walker.
—
— Be sure your shoes fit properly, have non-slip bottoms and are in good condition.
—
— Be cautious when going up and down curbs, and walking on uneven sidewalks.

.KNEE IMMOBILIZER
KNEE IMMOBILIZER
A KNEE IMMOBILIZER is used to provide support and limit movement of the knee. This will make you more comfortable as your injury heals.

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KENNEDY HEALTH SYSTEM, STRATFORD
DISCHARGE INSTRUCTIONS

HOME USE:
Unless told otherwise, the knee brace should be worn whenever you are out of bed. Wear it in bed while asleep for the first few nights or until the pain starts to go away.

You can open the velcro brace to dress, bathe and apply ice packs as directed.

RETURN PROMPTLY or contact your doctor if any of the following symptoms occur:
— Worsening pain in the knee
— Weakness or numbness or tingling in the foot
— Increased swelling, redness or warmth of the knee joint

CONTUSION, UPPER EXTREMITY
CONTUSION: UPPER EXTREMITY
You have a contusion of your upper extremity (arm, wrist, hand or fingers). This causes local pain, swelling and sometimes bruising. There are no broken bones. This injury takes a few days to a few weeks to heal.

HOME CARE:
1) Keep your arm elevated to reduce pain and swelling. This is very important during the first 48 hours.

2) Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply for 20 minutes every 1–2 hours the first day. Continue this 3–4 times a day until the swelling goes down.

3) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

FOLLOW UP with your doctor or this facility if you are not starting to improve within the next THREE days.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:
— Pain or swelling increases
— Redness, warmth or drainage
— Hand or fingers becomes cold, blue, numb or tingly

ABRASION
ABRASIONS

ABRASIONS are skin scrapes. Their treatment depends on how large and deep the abrasion is.

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KENNEDY HEALTH SYSTEM, STRATFORD
DISCHARGE INSTRUCTIONS

HOME CARE
1) Wash the area with soap and water to remove all the cream/ointment. You may do this in a sink, under a tub faucet or shower. Rinse off the soap and pat dry with a clean towel.

2) If your bandage sticks to the wound, soak it in warm water or with a solution of hydrogen peroxide until it loosens.

3) Reapply cream/ointment according to your doctors instructions. This will prevent infection and help prevent the bandage from sticking.

4) Cover the wound with a fresh non-stick bandage (Telfa).

5) Repeat this procedure once a day, or as directed by your doctor.

6) If the bandage becomes wet or dirty, change it as soon as possible.

7) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.] Do not use ibuprofen in children under six months of age.

FOLLOW UP with your physician or this facility as directed by our staff. Most skin wounds heal within ten days. However, an infection may occur despite proper treatment. Therefore, look for the early signs of infection listed below.

RETURN PROMPTLY or contact your doctor if any of the following occur:
— Increasing pain in the wound
— Increasing redness or swelling
— Pus coming from the wound
— Fever over 100.0° F (37.8° C) oral, or 101.0° F (38.3° C) rectal

PRESCRIPTIONS

VICOdin : TABLET : 5 mg–500 mg : ORAL
Dispense: 15, Quantity: 1, Unit: tab(s), Route: ORAL, Schedule: Every 6 Hours as Needed For Pain

Naprosyn : TABLET : 500 mg : ORAL
Dispense: 20, Quantity: 1, Unit: tab(s), Route: ORAL, Schedule: Twice a Day

* Please call your doctor or return to the Emergency Department if your condition worsens.

* The evaluation and treatment provided today were in an emergency basis only. It is very important that you

KENNEDY HEALTH SYSTEM

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KENNEDY HEALTH SYSTEM, STRATFORD
DISCHARGE INSTRUCTIONS

follow–up with the physician listed above for your continued care. It is also important that your primary care physician obtain copies of any lab and radiology reports related to your ED visit.

* If you had an x–ray today, it will be formally read by a radiologist within 24 hours. If there is any significant change from today's emergency reading, you or your doctor will be notified. If you need to bring your x–rays to your doctor, please call the Medical Imaging department listed below.

* We are committed to delivering high quality emergency care. Your satisfaction and care are our primary concern. You may receive a patient satisfaction survey in the mail after you are home. Please complete and return this survey. Your feedback helps us improve and provide the best emergency care.

*** If you can not get an appointment with your Primary Care Physician for follow up within 72 hrs following your ER visit, please call your Patient Navigator RN for assistance.**

Thank you!

Kennedy University Hospital/Stratford: (856) 346–6000
Patient Navigator RN: (856) 346–6241
Medical Imaging Department: (856) 346–7844
Medical Records: (856) 346–7826

My Signature Indicates:

- I have received verbal instructions regarding my current medical condition.
- I have received and will read my written discharge instructions.
- I will arrange for follow up care as instructed above.

SANDRA DEVONSHIRE PERSONAL INJURY CLAIM

POTENTIAL TORTFEASORS:

1. NEW JERSEY DEPARTMENT OF TRANSPORTATION
   DEPARTMENT OF TRANSPORTATION
   P.O. BOX 600
   TRENTON, NJ 08625-0600

2. BRUCE ASSOCIATES INC
   62 BERLIN ROAD
   STRATFORD, NJ 08084

3. BRUCE J. PERAZZELLI
   62 BERLIN RD
   STRATFORD, NJ 08084-1464

4. 21ST CENTURY INVESTMENTS LTD
   62 BERLIN RD
   STRATFORD, NJ 08084-1464

5. J & S HARK REALTY INVESTMENTS LLC
   62 BERLIN RD
   STRATFORD, NJ 08084-1464

6. OCWEN FEDERAL BANK FSB
   62 BERLIN RD
   STRATFORD, NJ 08084-1464

7. PRIME SITE LOCATORS
   62 BERLIN RD
   STRATFORD, NJ 08084-1464

8. QUEST TRANSPORTATION SVC
   62 BERLIN RD
   STRATFORD, NJ 08084-1464

9. WHITEHORSE LIMOUSINES
   62 BERLIN RD
   STRATFORD, NJ 08084-1464

10. BOROUGH OF STRATFORD,
    307 UNION AVENUE
    STRATFORD, NJ 08084

11. CAMDEN COUNTY

COURTHOUSE, SUITE 306
520 MARKET STREET
CAMDEN, NEW JERSEY 08102

12. DEPT. OF TREASURY
BUREAU OF RISK MANAGEMENT
P.O. BOX 620
TRENTON, NJ 08625
ATTN.: TORT CLAIMS UNIT

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

STRATFORD BOROUGH HALL

307 UNION AVENUE
STRATFORD, NJ 08084
PHONE: (856) 783-0600
FAX #: (856) 783-7949

FAX TRANSMITTAL

DATE: 12-1-14

TO: AJM

FAX #: 856 795-9218

NUMBER OF PAGES INCLUDING COVER SHEET: 20

FROM: John Keenen

FAX # (856) 783-7949

If you do not receive all the pages, please call (856) 783-0600.

SUBJECT: Please process this claim

Rec'd
12-1-14

Attorney(s): BRUCE C. COMPAINE, ESQ.
Attorney Id No.:
Law Firm: BRUCE C. COMPAINE, P.A.
Address: 212 WHITE HORSE PIKE
HADDON HEIGHTS, NEW JERSEY 08035

Telephone No.: (856) 547-0800
Fax No.: (856) 547-3636
E-mail:
Attorney(s) for Plaintiff(s): RUBY L. GARNER

RUBY L. GARNER

Plaintiff(s)

vs.

DOMINIC A. ACERBO, VINCENT A. ACERBO, MICHAEL D. MEYERS, BOROUGH OF STRATFORD and JOHN DOES (1-10) jointly, severally and/or in the alternative

Defendant(s)

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
CAMDEN COUNTY

DOCKET NO.: L-3880-14

CIVIL ACTION

Summons

FROM THE STATE OF NEW JERSEY

To the Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is provided and available in the Civil Division Management Office in the county listed above or online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of $ 175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services Office in the county where you live or the Legal Services of New Jersey statewide hotline at 1-888-LSNJ-LAW (576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is provided and available online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.

Dated: November 25, 2014 /s/ Michelle M. Smith *Clerk of the Superior Court*

Name of Defendant to be Served: Borough of Stratford

Address of Defendant to be Served: 307 Union Ave., Stratford, N.J. 08084

Directory of Superior Court Deputy Clerk's Offices
County Lawyer Referral and Legal Services Offices

ATLANTIC COUNTY
Deputy Clerk of the Superior Court
Civil Division, Direct Filing
1201 Bacharach Blvd., First Floor
Atlantic City, NJ 08401
LAWYER REFERRAL
(609) 345-3444
LEGAL SERVICES
(609) 348-4200

BERGEN COUNTY
Deputy Clerk of the Superior Court
Civil Division, Room 115
Justice Center, 10 Main Street
Hackensack, NJ 07601
LAWYER REFERRAL
(201) 488-0044
LEGAL SERVICES
(201) 487-2166

BURLINGTON COUNTY
Deputy Clerk of the Superior Court
Central Processing Office
Attn: Judicial Intake
First Floor, Courts Facility
49 Rancocas Road
Mt. Holly, NJ 08060
LAWYER REFERRAL
(609) 261-4862
LEGAL SERVICES
(609) 261-1088

CAMDEN COUNTY
Deputy Clerk of the Superior Court
Civil Processing Office
Hall of Justice, First Floor
101 South Fifth Street, Suite 150
Camden, NJ 08103
LAWYER REFERRAL
(856) 482-0618
LEGAL SERVICES
(856) 964-2010

CAPE MAY COUNTY
Deputy Clerk of the Superior Court
9 North Main Street
Cape May Court House, NJ 08210
LAWYER REFERRAL
(609) 463-0313
LEGAL SERVICES
(609) 465-3001

CUMBERLAND COUNTY
Deputy Clerk of the Superior Court
Civil Case Management Office
60 West Broad Street, P.O. Box 10
Bridgeton, NJ 08302
LAWYER REFERRAL
(856) 696-5550
LEGAL SERVICES
(856) 691-0494

ESSEX COUNTY
Deputy Clerk of the Superior Court
Civil Customer Service
Hall of Records, Room 201
465 Dr. Martin Luther King Jr. Blvd.
Newark, NJ 07102
LAWYER REFERRAL
(973) 622-6204
LEGAL SERVICES
(973) 624-4500

GLOUCESTER COUNTY
Deputy Clerk of the Superior Court
Civil Case Management Office
Attn: Intake, First Floor, Court House
1 North Broad Street
Woodbury, NJ 08096
LAWYER REFERRAL
(856) 848-4589
LEGAL SERVICES
(856) 848-5360

HUDSON COUNTY
Deputy Clerk of the Superior Court
Superior Court, Civil Records Department
Brennan Court House, First Floor
583 Newark Avenue
Jersey City, NJ 07306
LAWYER REFERRAL
(201) 798-2727
LEGAL SERVICES
(201) 792-6363

HUNTERDON COUNTY
Deputy Clerk of the Superior Court
Civil Division
65 Park Avenue
Flemington, NJ 08822
LAWYER REFERRAL
(908) 236-6109
LEGAL SERVICES
(908) 782-7979

MERCER COUNTY
Deputy Clerk of the Superior Court
Local Filing Office, Courthouse
175 South Broad Street, P.O. Box 8068
Trenton, NJ 08650
LAWYER REFERRAL
(609) 585-6200
LEGAL SERVICES
(609) 695-6249

MIDDLESEX COUNTY
Deputy Clerk of the Superior Court
Middlesex Vicinage
Second Floor - Tower
56 Paterson Street, P.O. Box 2633
New Brunswick, NJ 08903-2633
LAWYER REFERRAL
(732) 828-0053
LEGAL SERVICES
(732) 249-7600

MONMOUTH COUNTY
Deputy Clerk of the Superior Court
Court House
P.O. Box 1269
Freehold, NJ 07728-1269
LAWYER REFERRAL
(732) 431-5544
LEGAL SERVICES
(732) 866-0020

MORRIS COUNTY
Morris County Courthouse
Civil Division
Washington and Court Streets
P.O. Box 910
Morristown, NJ 07963-0910
LAWYER REFERRAL
(973) 267-5882
LEGAL SERVICES
(973) 285-6911

OCEAN COUNTY
Deputy Clerk of the Superior Court
118 Washington Street, Room 121
P.O. Box 2191
Toms River, NJ 08754-2191
LAWYER REFERRAL
(732) 240-3666
LEGAL SERVICES
(732) 341-2727

PASSAIC COUNTY
Deputy Clerk of the Superior Court
Civil Division
Court House
77 Hamilton Street
Paterson, NJ 07505
LAWYER REFERRAL
(973) 278-9223
LEGAL SERVICES
(973) 523-2900

SALEM COUNTY
Deputy Clerk of the Superior Court
Attn: Civil Case Management Office
92 Market Street
Salem, NJ 08079
LAWYER REFERRAL
(856) 935-5629
LEGAL SERVICES
(856) 691-0494

SOMERSET COUNTY
Deputy Clerk of the Superior Court
Civil Division
P.O. Box 3000
40 North Bridge Street
Somerville, NJ 08876
LAWYER REFERRAL
(908) 685-2323
LEGAL SERVICES
(908) 231-0840

SUSSEX COUNTY
Deputy Clerk of the Superior Court
Sussex County Judicial Center
43-47 High Street
Newton, NJ 07860
LAWYER REFERRAL
(973) 267-5882
LEGAL SERVICES
(973) 383-7400

UNION COUNTY
Deputy Clerk of the Superior Court
First Floor, Court House
2 Broad Street
Elizabeth, NJ 07207-6073
LAWYER REFERRAL
(908) 353-4715
LEGAL SERVICES
(908) 354-4340

WARREN COUNTY
Deputy Clerk of the Superior Court
Civil Division Office
Court House
413 Second Street
Belvidere, NJ 07823-1500
LAWYER REFERRAL
(908) 859-4300
LEGAL SERVICES
(908) 475-2010

Updated: 8/21/13

CAMDEN COUNTY
SUPERIOR COURT
HALL OF JUSTICE
CAMDEN NJ 08103

TRACK ASSIGNMENT NOTICE

COURT TELEPHONE NO. (856) 379-2200
COURT HOURS 8:30 AM - 4:30 PM

DATE: OCTOBER 10, 2014
RE: GARNER VS ACERBO
DOCKET: CAM L -003880 14

THE ABOVE CASE HAS BEEN ASSIGNED TO: TRACK 2.

DISCOVERY IS 300 DAYS AND RUNS FROM THE FIRST ANSWER OR 90 DAYS FROM SERVICE ON THE FIRST DEFENDANT, WHICHEVER COMES FIRST.

THE PRETRIAL JUDGE ASSIGNED IS: HON MICHAEL J. KASSEL

IF YOU HAVE ANY QUESTIONS, CONTACT TEAM 202 AT: (856) 379-2200 EXT 3070.

IF YOU BELIEVE THAT THE TRACK IS INAPPROPRIATE YOU MUST FILE A CERTIFICATION OF GOOD CAUSE WITHIN 30 DAYS OF THE FILING OF YOUR PLEADING. PLAINTIFF MUST SERVE COPIES OF THIS FORM ON ALL OTHER PARTIES IN ACCORDANCE WITH R.4:5A-2.

ATTENTION:

ATT: BRUCE C. COMPAINE
BRUCE C. COMPAINE
212 WHITE HORSE PIKE
HADDON HEIGHTS NJ 08034

JUAXT5

BRUCE C. COMPAINE, P.A.
(I.D. # 011851975)
212 WHITE HORSE PIKE
Haddon Heights, NJ 08035
(856) 547-0600
Attorney for Plaintiff – GARNER

RUBY L. GARNER	: SUPERIOR COURT OF NEW JERSEY : LAW DIVISION : CAMDEN COUNTY
Plaintiff	: DOCKET NO.: L-3880-14
vs.	:
DOMINIC A. ACERBO; VINCENT A. ACERBO; MICHAEL D. MEYERS; BOROUGH OF STRATFORD; and JOHN DOES (1-10) jointly, severally, and/or in the alternative	: CIVIL ACTION : COMPLAINT and JURY DEMAND
Defendant(s)	:

Plaintiff, **RUBY L. GARNER** residing in Camden County, (c/o her attorney Bruce C. Compaine 212 White Horse Pike, Haddon Heights, New Jersey) in the State of New Jersey, by way of Complaint says:

JURISDICTION

Plaintiffs bases the subject matter jurisdiction on the fact that the events complained of occurred in the State of New Jersey and in personam jurisdiction is based on the facts that the accident occurred in the State of New Jersey, with both Plaintiff and Defendants being present in New Jersey.

VENUE

Plaintiff bases the venue in this matter on Plaintiffs' residence and the fact that the motor vehicle accident occurred in Camden County, New Jersey.

FIRST COUNT

1. On or about November 6, 2012 the Plaintiff, **RUBY L. GARNER** was permissibly operating a motor vehicle owned by Shannon E. Young - which vehicle was stopped in traffic heading southbound on Laurel Road at or near its intersection with Pennsylvania Avenue, in the Borough of Stratford, County of Camden and State of New Jersey.

2. At the time and place aforesaid, the Defendant **MICHAEL D. MYERS** was permissibly operating a motor vehicle owned by Defendant, **BOROUGH OF STRATFORD**, which motor vehicle was proceeding or stopped in traffic on southbound Laurel Road at or near its intersection with Pennsylvania Avenue, directly behind the vehicle operated by Plaintiff, **RUBY L. GARNER**, in the Borough of Stratford, County of Camden and State of New Jersey.

3. At the time and place aforesaid, the Defendant **DOMINIC A. ACERBO** was the operator of a motor vehicle owned by Defendant, **VINCENT A. ACERBO**– which vehicle was traveling southbound on Laurel Road, at or near its intersection with Pennsylvania Avenue, directly behind the vehicle operated by Defendant, **MICHAEL D. MYERS**, in the Borough of Stratford, County of Camden and State of New Jersey.

4. At the time and place aforesaid, the Defendant **DOMINIC A. ACERBO,** did carelessly and negligently operate the motor vehicle which he was driving – and struck the rearend of the vehicle operated by Defendant **MICHAEL D. MEYERS** – which propelled said vehicle (operated by Defendant **MICHAEL D. MEYERS**) into the vehicle operated by Plaintiff, **RUBY L. GARNER**, striking the rear of said vehicle, (operated by Plaintiff **RUBY L. GARNER**), and resulting in a violent collision impact.

5. Said collision was caused solely by the carelessness and negligence of the Defendant, **DOMINIC A. ACERBO** in that he: failed to make proper observations of the traffic conditions then and there existing; failed to maintain his vehicle under control; failed to take proper evasive action in an emergency situation; failed to properly use his braking and steering apparatus; was traveling at an excessive rate of speed under the conditions then and there existing; was in disregard of the rights of others using the highways; failed to yield the right of way; failed to proceed with due care and caution so that he could stop in traffic while proceeding southbound on Laurel Road ; did look away from the road and traffic in front of the vehicle he was operating; and was otherwise careless and negligent in the operation of said vehicle.

6. As a direct and proximate result of the carelessness and negligence of the Defendant, **DOMINIC A. ACERBO,** and the resulting multiple impact - the Plaintiff, **RUBY L. GARNER**: was caused to sustain certain personal injuries, internal and

3. As a direct and proximate result of the aforesaid negligence of the Defendant, **VINCENT A. ACERBO**, the Plaintiff, **RUBY L. GARNER**: was caused to sustain certain personal injuries, internal and external, and both temporary and permanent in nature; did suffer, is suffering and may in the future suffer great pain, physical discomfort, and emotional distress; has been compelled, is now being compelled, and in the future may be compelled to expend certain sums of money in an attempt to cure and alleviate her injuries; has been unable and may in the future be unable to pursue her normal and business activities; has suffered from a permanent injury as described by New Jersey AICRA Statutes; and has been otherwise damaged.

WHEREFORE, the Plaintiff, **RUBY L. GARNER**, demands judgment against the Defendant, **VINCENT A. ACERBO** for damages provided by law, plus interest and costs of suit.

THIRD COUNT

1. Plaintiff, repeats each and every paragraph of all previous Counts and incorporates the same as if set forth at length herein

2. Defendant **MICHAEL D. MEYERS** was operating the motor vehicle owned by the Defendant **BOROUGH OF STRATFORD**, either individually and for his own purpose and/or as agent, employee or representative of Defendant **BOROUGH OF STRATFORD.**

3. As set forth herein, the vehicle operated by Defendant **MICHAEL D. MEYERS** and owned by the Defendant **BOROUGH OF STRATFORD** did strike and impact the rear of the vehicle operated by Plaintiff **RUBY L. GARNER.**

4. At the time and place aforesaid, the Defendant, **MICHAEL D. MEYERS,** did commit acts of negligence and carelessness, in that he: failed to make proper observations of the traffic conditions then and there existing; failed to maintain his motor vehicle under control; failed to take proper evasive action in an emergency situation; failed to properly use his braking and steering apparatus; was traveling at an excessive rate of speed under the conditions then and there existing; was in disregard of the rights of others using the highways; failed to yield the right of way; and was otherwise careless and negligent in the operation of his said motor vehicle.

5. As a direct and proximate result of the carelessness and negligence of the Defendant, **MICHAEL D. MEYERS,** and the resulting multiple impacts - the Plaintiff, **RUBY L. GARNER:** was caused to sustain certain personal injuries, internal and external, and both temporary and permanent in nature; did suffer, is suffering and may in the future suffer great pain, physical discomfort, and emotional distress; has been compelled, is now being compelled, and in the future may be compelled to expend certain sums of money in an attempt to cure and alleviate her injuries; has been unable and may in the future be unable to pursue her normal and business activities; has suffered a permanent injury as described by the New Jersey AICRA Statutes; and has been otherwise damaged.

WHEREFORE, the Plaintiff, **RUBY L. GARNER**, demands judgment against the Defendants, **MICHAEL D. MEYERS and BOROUGH OF STRATFOD**, for damages provided by law, plus interest and costs of suit.

FOURTH COUNT

1. Plaintiff, repeats each and every paragraph of all previous Counts and incorporates the same as if set forth at length herein.

2. The Defendants, **JOHN DOES 1-10 (fictitious names)** did commit acts of negligence and/or carelessness, which acts did contribute to the motor vehicle accident set forth.

3. As a direct and proximate result of the aforesaid negligence of the Defendants, **JOHN DOES 1-10 (fictitious names)**, and the resulting collisions, the Plaintiff, **RUBY L. GARNER** was caused to sustain certain personal injuries, internal and external, and both temporary and permanent in nature; did suffer, is suffering and may in the future suffer great pain, physical discomfort, and emotional distress; has been compelled, is now being compelled, and in the future may be compelled to expend certain sums of money in an attempt to cure and alleviate her injuries; has been unable and may in the future be unable to pursue her normal and business activities; has suffered a permanent injury as described by the New Jersey AICRA Statutes; and has been otherwise damaged.

WHEREFORE, the Plaintiff, **RUBY L. GARNER** demands judgment against the Defendants, **JOHN DOES 1-10 (fictitious names)** for damages provided by law, plus interest and costs of suit.

FIFTH COUNT

1. Plaintiff, repeats each and every paragraph of all previous Counts and incorporates the same as if set forth at length herein

2. All Defendants referenced herein are liable to Plaintiff, **RUBY L. GARNER** individually, jointly and/or in the alternative.

WHEREFORE, the Plaintiff demand judgment against all Defendants, individually, jointly, severally, and/or in the alternative for damages provided by law, plus interest and costs of suit.

DEMAND FOR CERTIFICATION OF INSURANCE INFORMATION

TO: ALL DEFENDANTS NAMES HEREIN AND/OR THEIR COUNSEL

PLEASE TAKE NOTICE THAT, pursuant to Rule R.4:10-2 (b), DEMAND is hereby made that all Defendants or defense counsel disclose to the undersigned whether there are any insurance agreements or policies under which any person or firm carrying on an insurance business may be liable to satisfy part of all of a Judgment which may be entered in this action or to indemnify or reimburse for payments made to satisfy such Judgment, and, if such agreements or policies exist, that they supply to the undersigned a copy of each such policy or agreement together with a statement, under oath or certification, and setting forth (a) policy number, (b) the name and address of the insurer or issuer, (c) inception and expiration dates, (d) names and addresses of all persons insured thereunder, (e) the personal injury liability limits, (f) the property damage liability limits, (g) the medical payments limits, (h) name and address of person who has custody or possession thereof, and (i) where and when each policy or agreement can be inspected and copied.

REQUEST FOR PRODUCTION OF DOCUMENTS ADDRESSED TO DEFENDANT(S)

TO: ALL DEFENDANTS NAMED HEREIN AND/OR COUNSEL

Pursuant to New Jersey Civil Practice Rule 4:18, you are hereby requested to produce the below listed documents and/or items for purposes of discovery. This material will be examined and/or photocopied; photograph negatives will be processed and photographs reproduced. Said documents or tangible things are to be produced at the office of BRUCE C. COMPAINE, 212 White Horse Pike, Haddon Heights, New Jersey, 08035 within thirty (30) days of the date of service hereof and supplemented in accordance with New Jersey Civil Practice Rule 4:18.

1. The entire contents of any investigation file or files and any other documentary material in your possession which support or relate to the allegations of Plaintiff's Complaint (excluding references to mental impressions, conclusions or opinions representing the value or merit of the claim or defense or respecting strategy or tactics and privileged communications for and to counsel).

2. Any and all statements concerning the action, as defined by Rule 4:18, from all witnesses including any statements from the parties herein, or their respective agents, servants or employees.

3. All photographs taken or diagrams prepared of the scene of the accident or any instrumentality involved therein.

4. Any and all documents containing the names and home and business addresses of all individuals contacted as potential witnesses.

5. Reports of any and all experts who will testify at trial.

6. Any and all medical reports, physician's reports and bills, hospital records or abstracts of same which relate in any way to the injuries allegedly sustained by Plaintiff, as well as the treatment of any similar injuries prior or subsequent to the occurrence in question.

DEMAND FOR ANSWERS TO INTERROGATORIES TO BE SUPPLIED WITHIN THE TIME PRESCRIBED BY COURT RULES

In accordance with R.4:17-1 Plaintiff hereby demands Answers to Form Interrogatories within the time prescribed by Court Rule.

NOTICE PURSUANT TO RULE R.1:5-1 (A) & R.4:17-4 (C)

TO: ALL DEFENDANTS NAMED HEREIN AND/OR THEIR COUNSEL

PLEASE TAKE NOTICE that, Plaintiff hereby demands that pursuant to Rules R.1:5-1 (A) & R.4:17-4(C); all parties or the counsel forthwith and promptly produce to Plaintiff's attorneys copies of any and all Answers to Interrogatories or replies to Request for Production of Documents from any other party for this action.

AND TAKE FURTHER NOTICE that this is a Demand for Productions of Documents made pursuant to the foregoing Rules of Court and is a continuing demand.

STATEMENT OF AMOUNT OF DAMAGES CLAIMED

TO: ALL DEFENDANTS NAMED HEREIN AND/OR THEIR COUNSEL

PLEASE TAKE NOTICE that Plaintiff hereby Claims Damages in the within matter and Demands Judgment in the within action against the said Defendants, jointly, severally and/or in the alternative, in the sum of One Million and No/100 ($1,000,000.00) Dollars as to each Count of this Complaint.

JURY DEMAND

Plaintiff hereby demands a trial by jury as to all issues herein.

CERTIFICATION PURSUANT TO R.4:5-1

Following my initial review of this matter, it appears that the are no other actions or arbitrations related to this suit pending or presently contemplated.

Following my initial review of this matter, it appears that there are no other persons who should be joined as parties.

DESIGNATION OF TRIAL COUNSEL

PLEASE TAKE NOTICE that pursuant to R.4:25-4, BRUCE C. COMPAINE, is hereby designated Trial Counsel.

BRUCE C. COMPAINE, P.A.
Attorney for Plaintiff(s)

By: /s/ BRUCE C. COMPAINE
BRUCE C. COMPAINE

Dated: October 8, 2014

BERLIN MEDICAL ASSOCIATES, P.A.
A MULTISPECIALTY MEDICAL OFFICE
175 CROSS KEYS RD., CENTENNIAL CENTER, BUILDING 300-A, BERLIN, NJ 08009
Phone: 856-767-0077 / Fax: 856-767-6102

Family Medicine:
Joseph M. Hassman, D.O., F.A.C.O.F.P.
David R. Hassman, D.O., A.C.O.F.P.
Michael A. Hassman, D.O., A.C.O.F.P.
Richard M. Mauriello, D.O., A.C.O.F.P.
Julius Mingioni, D.O., F.A.C.O.F.P.
Christopher Colopinto, D.O., A.C.O.F.P.
Lyndy Tanimoe, PA-C
Stacy Ford, PA-C
Kelly Woods, PA-C
Jason Chacker, PA-C
Sarah Corry, PA-C

Cardiology:
David Elbaum, D.O., F.A.C.C., F.A.C.O.I.
Howard Weinberg, D.O.

Pain Management:
Uche Eneanya, M.D.,
Michael Chan, MS, PA-C

PHYSICIAN'S CERTIFICATION OF PERMANENCY UNDER NJSA 39:6A-8

RE: Ruby Garner
DOA: November 6, 2012
Date: August 13, 2014

To Whom It May Concern:

My name is David Hassman, D.O. I am a licensed physician in the State of New Jersey. I am the treating physician for Ruby Garner for injuries arising from the automobile accident that occurred on November 6, 2012.

I define permanency as follows: The injured areas have not healed to function normally and the injured areas will not heal to function normally with further medical treatment. The injured areas in question are the cervical spine, lumbar spine and bilateral upper extremities with the decreased range of motion and pain, confirmed by the MRI of the lumbar spine of April 12, 2013 which revealed bulging discs at L1-2, L2-3, L3-4, and L4-5 with herniations at L3-4 and L4-5 as well as a tiny high intensity central annular tear noted at L5-S1. The MRI of the cervical spine of May 16, 2013 revealed protruding disc herniations at C3-4, C4-5 and C6-7. An MRI of the right hand of April 12, 2013 revealed flexor pollicis longus tendinosis and tenosynovitis as well as arthropathy of the 1st metacarpophalangeal joint. The EMG/Nerve Conduction Study of the bilateral upper extremities on June 3, 2013 with findings consistent with bilateral carpal tunnel syndrome, severe on the right and mild on the left, and a left C6-7 radiculopathy. The EMG/Nerve Conduction Study of the right lower extremity of June 17, 2013 revealed evidence of a chronic right L4 radiculopathy. The MRI of the right shoulder obtained by Dr Laura Ross revealed rotator cuff tendinitis with a partial thickness interstitial tear of the mid to distal supraspinatus tendon and hypertrophic changes at the AC joint. The x-rays of the right shoulder of November 6, 2012 revealed a questionable fracture of the distal clavicle.

I hereby certify, within a reasonable degree of medical certainty in my field, that Ruby Garner has suffered permanent injuries to the cervical spine, lumbar spine and upper extremities as a result of the aforementioned motor vehicle accident. My opinion is reasonably based and verified by subjective and positive clinical objective findings and diagnostic testing performed.

August 13, 2014
Certification of Permanency
Re: Ruby Garner
DOA: November 6, 2012

All of the above constitutes my certification of permanency for Ruby Garner as a result of injuries incurred in the motor vehicle accident of November 6, 2012. I certify that the above is true and correct and to the best of my knowledge and belief.

Sincerely,

David Hassman, D.O.

DH/pmf

WILMINGTON
UNIVERSITY

To: Ali Conover **Fax Number: 973.679.8796**

From: Gary Seydell **Date: 2/25/2013**

Re: CLAIM # PAC 011789-01 **Pages:**

CC:

☐ Urgent X For Review ☐ Please Comment ☐Please Reply

Resubmitted

Dear Ali,

Attached are the following:

1. My Nationwide Insurance coverage and deductible information Insurance coverage showing my 250$ deductible. (Sent from DiSabatino Finc.)
2. Notice of Claim Form that you request I complete.
3. Copy of the auto body estimate from Sheridan Auto Body.
4. Police report in which Patrolman Schmidt switched my vehicle's information with Mr. Joubert's vehicle information.

Let me know if you need anything else.

Thanks so much for your assistance with this matter.

Sincerely,

Gary Seydell
30 Bridlebrook Lane Newark, DE 19711

gary.m.seydell@wilmu.edu
(302) 530-7478
(302) 356-6719
FAX (302) 328-8638

CUSTOMER #:57039

365681

WORKORDER

PAGE 1

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PO BOX 5845
NEWARK, DE 19714

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Elsmere, DE 19805
Phone: (302) 998-2911
Fax: (302) 998-8868

HOME:
BUS:

CONT:N/A
CELL:302-530-7478

SERVICE ADVISOR: 566 HOLT, VINCENT M

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
	11	NISSAN SENTRA	3N1AB6AP0BL677H32		0/	

DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN11 DD			18:00 28DEC12		VARIES	CASH	

R.O. OPENED	READY
28DEC2012 09:23	

OPTIONS: DLR:16C213 ENG:2.0_Liter

VEHICLE SERVICE HISTORY

RO#	S/A	MILEAGE	OP CODE	CLSD DTE	TECH.	TYPE	DESCRIPTION

Date and Time - 1/11/13 5pm

Owes - $250.00

-60.00 Cash

-190.00 Dep.

PAID

EXCLUSION OF WARRANTIES

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

AUTHORIZATION FOR REPAIRS

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. The dealership is not responsible for damages from freezing due to lack of antifreeze.

PRELIMINARY ESTIMATE $_____

AUTHORIZED BY X

	DATE	TIME	BY
REVISED ESTIMATE (1)			
REVISED ESTIMATE (2)			
REVISED ESTIMATE (3)			

I HEREBY ACKNOWLEDGE THAT I WAS NOTIFIED & GAVE ORAL APPROVAL OF THE ABOVE REVISED ESTIMATES:

X _____
CUSTOMER SIGNATURE

PARTS COPY

02/12/2012 21:19 13029989969

PAGE 01/01

New Jersey Police Crash Investigation Report

Page 1 of 2 — Fatal — ☒ Reportable — Non Reportable — Change Report

1 Case Number: 12-281
2 Police Dept of: Stratford — Code: 1
3 Station/Precinct: District 32
4 Date of Crash: 12/24/12
5 Day of Week: Su M Tu W Th F Sa
6 Time: 2020
7 Military Time Code: 2032
10 Crash Occurred On: 113 Meadow Lark Road — N — Road Name — Dir
11 Speed Limit: 25
12 Route No — Suffix — 13 Milepost — 14 Speed Limit
At Intersection with — Feet — Miles — N S E W of
15 Ramp — To — From — 16 Cross Road Name — 17 Route/Name
18 Total Killed — 19 Total Injured
21 Latitude — 22 Longitude

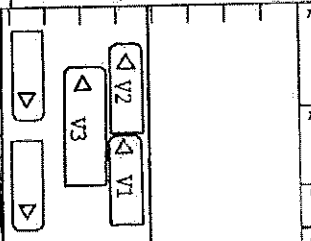
Vehicle #1

23 Veh No: 1 — 24 Policy No: 5207 G 360753 — 25 Ins Code: 21760
☒ Parked — Ped — Pedalcyclist — Resp to Emergency — Hit & Run
26 Driver's First Name — Initial — Last Name — 27 Sex
28 Number and Street — 29 Eyes
30 City — State — Zip
31 State — 32 Driver's License No — 33 DOB: mm dd yyyy — 34 Expires: mm yyyy
35 Owner's First Name: Matthew — Initial: G — Last Name: Seydell — ☐ Same As Driver
36 Number and Street: 30 Bridelbrook Lane
37 City: Newark — State: DE — Zip: 19711
38 Make: STR — 39 Model: 4 DR — 40 Color: SL — 41 Year: 2008 — 42 Plate No: YKE73S — 43 State: NJ
44 VIN: 1G8ZS57N18F261057 — 45 Expires: 01 2013
46 Vehicle Removed To — ☐ Driven ☒ Left at Scene — ☐ Towed ☐ Impound ☐ Disabled — 47 Authority — ☐ Owner ☐ Driver ☒ Police
48 Alcohol/Drug Test — Given ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results 0 __ % — ☐ Pending
49 Hazardous Material Name or Placard No. — On Board Spill ☐ ☐
50 Carrier No ☐ USDOT ☐ Other
51 Commercial Vehicle Weight — ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
52 Carrier name

Vehicle #2

53 Veh No: 2 — 54 Policy No: 4079-30-66-06 — 55 Ins Code: 18
☒ Parked — Ped — Pedalcyclist — Resp to Emergency — Hit & Run
56 Driver's First Name — Initial — Last Name — 57 Sex
58 Number and Street — 59 Eyes
60 City — State — Zip
61 State — 62 Driver's License No — 63 DOB: mm dd yyyy — 64 Expires: mm yyyy
65 Owner's First Name: Robert — Initial: C — Last Name: Joubert — ☐ Same As Driver
66 Number and Street: 113 Meadow Lark Road
67 City: Stratford — State: NJ — Zip: 08084
68 Make: NIS — 69 Model: 4 DR — 70 Color: SL — 71 Year: 2011 — 72 Plate No: 945912 — 73 State: DE
74 VIN: 3N1AB6AP0BL677832 — 75 Expires: 05 2013
76 Vehicle Removed To — ☐ Driven ☒ Left at Scene — ☐ Towed ☐ Impound ☐ Disabled — 77 Authority — ☐ Owner ☐ Driver ☒ Police
78 Alcohol/Drug Test — Given ☐ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results 0 __ % — ☐ Pending
79 Hazardous Material — On Board Spill ☐ ☐ — Name or Placard No.
80 Carrier No ☐ USDOT ☐ Other
81 Commercial Vehicle Weight — ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs
82 Carrier name

134 Crash Diagram (NOT TO SCALE) — Indicate North



135 Accident Description

Investigation revealed vehicle #1 and vehicle #2 were parked legal along the east curb, facing north, in front of 113 Meadow Lark Road. Vehicle #3 was traveling north on Meadow Lark Road. Vehicle #3's passenger side struck vehicle #1's driver's side, pushing it into the rear of vehicle #2. Vehicle #3's passenger side then struck the driver side of vehicle #2. Vehicle #3 is a Borough of Stratford Fire Engine, and was not responding to an emergency call at the time. Driver of vehicle #3 stated he was driving in first gear, and was traveling at approximately 5 M.P.H.

136 Damage To Other Property: None

Oper — 137 Charge — ☐ Multiple Charges — 138 Summons No — Oper — 139 Charge — ☐ Multiple Charges — 140 Summons No

141 Officer's Signature: Ptlm. Steven Schmidt — 142 Badge No: 3214 — 143 Reviewed By — Badge No — 144 Case Status: ☐ Pending ☒ Complete

	83	84	85	86	87 AGE	88 SEX	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death
A	3	1	1	–	59	M	--	--	--	9	4	--	--	Driver #3
B	--	--	--	--	--	--	--	--	--	--	--	--	--	
C	--	--	--	--	--	--	--	--	--	--	--	--	--	
D	--	--	--	--	--	--	--	--	--	--	--	--	--	
E	--	--	--	--	--	--	--	--	--	--	--	--	--	

NJTR-1 (rev 07/2008) — Record Bureau Copy

Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report

1 Case Number 12281

2 Police Dept of Stratford — Code 1

3 Station/Precinct District 32

10 Crash Occurred On 113 Meadow Lark Road — Road Name — N — Dir

11 Speed Limit 25

☐ At Intersection with ☐ Feet ☐ Miles

17 Cross Road Name

4 Date of Crash (mm dd yy) 12 24 12

5 Day of Week Su M Tu W Th F Sa — M

6 Time (use 2400 hrs) 2022

7 Municipality Code 0432

8 Total Killed — 9 Total Injured —

20 Route/Name

Vehicle #1

23 Veh No 1

24 Policy No 5207 G 360753 — 24a Ins Co# 23760

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

26 Drivers First Name — Initial — Last Name — 29 Sex

27 Number and Street — 30 Eyes

28 City — State — Zip

31 State — 32 Drivers License No — 33 DOB mm dd yyyy — 34 Expires mm yyyy

35 Owner's First Name — Initial — Last Name

☐ Same As Driver: Matthew G Seydell

36 Number and Street: 30 Bridelbrook Lane

37 City: Newark — State: DE — Zip: 19711

38 Make: STR — 39 Model: 4 DR — 40 Color: SL — 41 Year: 2008 — 42 Plate No: YKE73S — 43 State: NJ

44 VIN: 1G8ZS57N18F261057 — 45 Expires: 01 2013

46 Vehicle Removed To ☐ Driver ☒ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — 47 Authority ☐ Owner ☐ Driver ☒ Police

48 Alcohol/Drug Test: Given ☐ No ☐ Yes ☐ Refused — Type ☐ Breath ☐ Blood ☐ Urine — Results 0 __ % ☐ Pending

49 Hazardous Material Name or Placard No — On Board Spill ☐ ☐

50 Carrier No ☐ USDOT ☐ Other

51 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

52 Carrier name

Vehicle #2

33 Veh No 2

34 Policy No 4079-30-66-06 — 34a Ins Co#

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

36 Drivers First Name — Initial — Last Name — 39 Sex

37 Number and Street — 40 Eyes

38 City — State — Zip

41 State — 42 Drivers License No — 43 DOB mm dd yyyy — 44 Expires mm yyyy

45 Owner's First Name — Initial — Last Name

☐ Same As Driver: Robert C Joubert

46 Number and Street: 113 Meadow Lark Road

47 City: Stratford — State: NJ — Zip: 08084

48 Make: NIS — 49 Model: 4 DR — 50 Color: SL — 51 Year: 2011 — 52 Plate No: 945912 — 53 State: DE

54 VIN: 3N1AB6AP0BL677832 — 55 Expires: 05 2013

56 Vehicle Removed To ☐ Driver ☒ Left at Scene ☐ Towed ☐ Impound ☐ Disabled — 57 Authority ☐ Owner ☐ Driver ☒ Police

58 Alcohol/Drug Test: Given ☐ No ☐ Yes ☐ Refused — Type ☐ Breath ☐ Blood ☐ Urine — Results 0 __ % ☐ Pending

59 Hazardous Material Name or Placard No — On Board Spill ☐ ☐

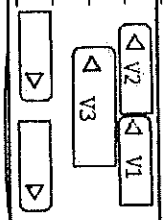
60 Carrier No ☐ USDOT ☐ Other

61 Commercial Vehicle Weight: ☐ ≤ 10,000 lbs ☐ 10,001 - 26,000 lbs ☐ ≥ 26,001 lbs

62 Carrier name

---

134 Crash Diagram (NOT TO SCALE) — Indicate North



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135 Accident Description

Investigation revealed vehicle #1 and vehicle #2 were parked legal along the east curb, facing north, in front of 113 Meadow Lark Road. Vehicle #3 was traveling north on Meadow Lark Road. Vehicle #3's passenger side struck vehicle #1's driver's side, pushing it into the rear of vehicle #2. Vehicle #3's passenger side then struck the driver side of vehicle #2. Vehicle #3 is a Borough of Stratford Fire Engine, and was not responding to an emergency call at the time. Driver of vehicle #3 stated he was driving in first gear, and was traveling at approximately 5 M.P.H.

136 Damage To Other Property: None

136 Summons No — Oper — 139 Charge ☐ Multiple Charges — 140 Summons No

Oper — 137 Charge ☐ Multiple Charges

141 Officer's Signature: Ptlm. Steven Schmidt — 142 Badge No 3214 — 143 Reviewed By — Badge No — 144 Case Status ☐ Pending ☒ Complete

	83	84	85	86	87 AGE	88 SEX	89	90	91	92	93	94	95	Names & Addresses of Occupants if Deceased, Date & Time of Death
A	3	1	1	--	59	M	--	--	--	9	4	--	--	Driver #3
B	--	--	--	--	--	--	--	--	--	--	--	--	--	
C	--	--	--	--	--	--	--	--	--	--	--	--	--	
D	--	--	--	--	--	--	--	--	--	--	--	--	--	
E	--	--	--	--	--	--	--	--	--	--	--	--	--	

Page 2 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report ☒ Reportable ☐ Non-Reportable ☐ Change Report

Police Agency Code: 12 201
Municipality: Stratford
Station/Precinct: District 32

10 Crash Occurred On: 113 Meadow Lark Road N
11 Speed Limit: 25
12 Route No. Suffix:
13 Milepost:
14 Speed Limit:
15 At Intersection with / Feet / Mile; Road Name; Dir; # of E W S
16 Gross Road Name; NB SB EB WB
17 To / From Name
18 Route Name
19 Latitude
20 Longitude
4 Date of Crash: 12/24/12
5 Day of Week: (M) Tu W Th F Sa
6 Time (Military)
7 Municipality Code: 2022 0432
8 Total Killed
9 Total Injured

Vehicle 1

24 Policy No: Self Insured
25 Ins Code: 3
Parked ☐ Ped ☐ Pedalcyclist ☐ Resp to Emergency ☐ Hit& Run
54 Veh No
54 Policy No
55 Ins Code

26 Driver's First Name: Vincent
Initial: F
Last Name: Brumbach
28 Sex: M
29 Age: 50
27 Number and Street: 311 Laurel Road
City: Stratford
State: NJ
Zip: 08084

31 State: NJ
32 Driver License No: 11184 30000 80841
33 DOB mm dd yyyy: 05 22 1953
34 Expires mm yyyy:

35 Owner's First Name: Same As Driver
Initial
Last Name: Borough of Stratford
36 Number and Street: 307 Union Avenue
37 City: Stratford
State: NJ
Zip: 08084

38 Make: PTC
39 Model:
40 Color: RD
41 Year: 2007
42 Plate No: MG52057
43 State: NJ
44 VIN: 4P1CL0H77A007161
45 Expires: 04 2013

46 Vehicle Removed To: ☒ Driven ☐ Left at Scene ☐ Towed ☐ Impounded ☐ Disabled
47 Authority
Owner ☒ Driver Police

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

48 Hazardous Material Name or Placard No
On Board Spill

50 Carrier No ☐ USDOT ☐ Other
51 Commercial Vehicle Weight: ≤ 10,000 lbs / 10,001 - 26,000 lbs / ≥ 26,001 lbs
52 Carrier name

Vehicle 2

56 Driver's First Name
Initial
Last Name
59 Sex
60 Eyes
57 Number and Street
58 City
State
Zip

61 State
62 Driver License No
63 DOB mm dd yyyy
64 Expires mm yyyy

65 Owner's First Name: Same As Driver
Initial
Last Name
66 Number and Street
67 City
State
Zip

68 Make
69 Model
70 Color
71 Year
72 Plate No
73 State
74 VIN
75 Expires

76 Vehicle Removed To: ☐ Driven ☐ Left at Scene ☐ Towed ☐ Impounded ☐ Disabled
77 Authority
Owner ☐ Driver ☐ Police

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

79 Hazardous Material: On Board Spill
Name or Placard No

80 Carrier No ☐ USDOT ☐ Other
81 Commercial Vehicle Weight: ≤ 10,000 lbs / 10,001 - 26,000 lbs / ≥ 26,001 lbs
82 Carrier name

134 Crash Diagram (NOT TO SCALE)
Intersection Point

135 Accident Description

Vehicle #2 Insurance Information: Nation Wide Insurance Company Ph: 302-449-5556

Vehicle #3 Insurance Information: Public Alliance Insurance Coverage Fund. Self Insured ID# 17-97
51 Everett Drive, Suite B-40, West Windsor, NJ 08550

136 Damage To Other Property: None

Oper	137 Charge	Multiple Charges	138 Summons No	Oper	139 Charge	Multiple Charges	140 Summons No

141 Officer's Signature: Ptlm. Steven Schmidt
142 Badge No: 3214
143 Reviewed By
Badge No
144 Case Status: ☐ Pending ☒ Complete

	83	84	85	86	87 Adult	88 Child	89	90	91	92	93	94	95	Names & Addresses of Occupants if Deceased, Date & Time of Death
A	--	--	--	--	--	--	--	--	--	--	--	--	--	
B	--	--	--	--	--	--	--	--	--	--	--	--	--	
C	--	--	--	--	--	--	--	--	--	--	--	--	--	
D	--	--	--	--	--	--	--	--	--	--	--	--	--	
E	--	--	--	--	--	--	--	--	--	--	--	--	--	

NJTR-1 (rev 07/2008)

Record Bureau Copy

Nationwide - Disabatino Fin Serv, LLC
Placement on map is approximate
484 Middletown Warwick Rd
Middletown, DE 19709
(302) 449-5556

Sharon sent copy of deductible

PUBLIC ALLIANCE INSURANCE COVERAGE FUND

NOTICE OF CLAIM

Forward to:

1. Claimant:

Seydell Gary M
Last First Middle

[redacted]
Area Code/Telephone Number

30 Bridlebrook Lane
Street Address

Additional Address

4.16.67 [redacted] Newark DE 19711
Date of Birth Social Security Number City State/Zip Code

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please complete this section.

Name

Street Address

Additional Address

City State/Zip Code

Area Code/Telephone Number

Relationship to Claimant

3. Accident:

A. The occurrence or accident which gave rise to this claim:

Dec. 24th 2012
Date

Between 4 - 10pm
Time

B. Describe the location or place of the accident or occurrence:

113 Meadowlark Rd Stratford, NJ 08084
Local Unit Exact Location of the Occurrence

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

A fire truck sideswiped my car as well as Robert Joubert's car while travelling through the neighborhood

D. State the name and address of the Local Unit that you claim caused your damage.

Stratford Fire Department

E. State the names of the Local Unit's employees whom you claim were at fault, including any information that will assist in identifying them.

Vincent F. Brumbach
311 Laurel Rd. Stratford, NJ

(police report attached)

F. State in detail each and every negligent or wrongful act of the Local Unit and the Local Unit's employees which caused your damage.

My automobile and Robert Joubert's automobile were sideswiped by the fire truck driven by Vincent Brumbach. Mr. Brumbach was driving the fire truck to bring Santa Clause around the township.

G. State the name and address of all witnesses to the accident or occurrence.

No witnesses to my knowledge.

H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

(Self) Gary Seydell 30 Bridlebrook Lane, Newark, DE I was not in vehicle at time of 1971 Incident -

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

Patrolman Steven Schmidt investigated the incident

4. Claim for damages:

A. Claim for damages: (Check appropriate box)

_____Bodily Injury ___✓___Property Damage _____Other

If other, explain _____

B. i. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

N/A

ii. Do you claim permanent disability resulting from this injury?

N/A

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

N/A

Name of Hospital, Doctor, or other Facility

Address | City | State/Zip Code

Date of Treatment | Amount of Charges

Amount Paid if Payable by other sources, i.e., insurance.

iv. If you claim loss of wages or income as a result of the injury, state:

N/A

Name of Employer | Your Occupation

Address | City | State/Zip Code

Date Employed at this Job | Rate of Pay

Dates of Absences from Work | Total Lost Wages to Date

If still out of work, expected date of return.

NOTE: If your claimed loss of income arises from self-employment or other wages, attach a calculation showing the basis of your calculation of lost income.

v. Set forth any and all other losses or damages claimed by you.

- Damage to front driver side panel and door.

C. If you claim property damage:

i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

2011 Nissan Sentra Silver
DE 94912
VIN # 3N1AB6AP0BL677832

ii. The present location and time when the property can be inspected.

30 Bridlebrook Lane, Newark
DE 19711

iii. Date property acquired Oct. 2011

iv. Cost of the property 17,000$

v. Value of property at time of accident _____

vi. Description of damage:

vii. Has the damage been repaired?

✓ Yes ____ No

If yes, by whom, and cost of repairs.

Sheridan Autobody

viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

5. The amount of the claim

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

✓ Yes ____ No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

Nationwide Insurance Co.
Disabitine Mgt. Servees
484 Middletown, Warwick Rd
Middletown, DE 19709

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

✓ Yes ____ No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

above mentioned

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

____ Yes ✓ No

If yes, set forth the details of such agreement.

_____

_____

_____

_____

_____

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and expenses claimed.
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

2/25/12
Date

Claimant or person filing on behalf of claimant.

resubmitted

GARY M. SEYLER
Print name as signed above.

Authorization for Medical Reports and Records

To: (Doctor's Name and Address) N/A

Re: Claimant:
Claim Number:
Social Security Number:
Date of Birth:

I. Pursuant to my privacy rights under the Health Insurance Portability and Accountability Act (HIPPA), by affixing my signature below I understand and voluntarily consent to the following:

I hereby request and authorize that you disclose, make available and furnish to:

Highland Claim Services, Inc.
PO Box 239
Hamburg, NJ 07419

Or the attorney/authorized representative all medical records and reports including:

1.) Office notes; 2.) Charts: 3.)Diagrams; 4.) pathology reports; 5.) Operative reports; 6.) Physical and lab tests; 7.) X-ray/imaging reports; 8.) X-ray/Imaging films; 9.) Prescription notes; 10.) Treatment plans; and 11.) Discharge summary with regard to the above name individual, from the inception of your records to the present.

This authorization specifically excludes the release of health information related to the psychiatric or mental health treatment, treatment of drug and/or alcohol abuse; treatment of Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); and sexually transmitted diseases/viruses.

II. Rights and obligations under HIPPA:

A. Purpose of this request: I understand that the information listed above in Section I. is being requested by Highland Claim Services, Inc. for the specific purpose of investigation a pending claim. By signing the authorization, I voluntarily consent to its release.

B. Expiration Date: Unless otherwise revoked, this authorization will expire six (6) months after the date of this authorization;

C. Right to revoke: I understand that I have the right to revoke this authorization at any time. I understand that the revocation must be in writing to the above named doctor/facility authorized to make this disclosure. I further understand that the revocation is only effective after it is received by the above named doctor/facility and does not apply to information that has already been released in response to the authorization.

D. Impact on Medical Treatment: I understand that my right to treatment, payment, enrollment or eligibility for benefits is not a condition on me signing this authorization.

E. Subsequent Disclosure: I understand that any disclosure of information may be subject to re-disclosure by Highland Claim Services, Inc. and my no longer be protected by federal or state law.

_____ _____

Signature of Claimant Date

_____ _____

Signature of Authorized Representative Date
Guardian in lieu of Claimant

By signing this authorization, the Authorized Representative and/or Guardian certified that he or she has the authority to act on behalf of the person identified above on the basis of (please explain):

_____

_____

_____

Authorization for Information on Employment

TO WHOM IT MAY CONCERN:

I hereby authorize Wilmington University

To release any and all information concerning my employment, past or present, include rate of pay, duties performed, date of absences and reasons therefor. Photostat copies of this Authorization carry the same Authority as the original.

2/25/12
Date

Signature

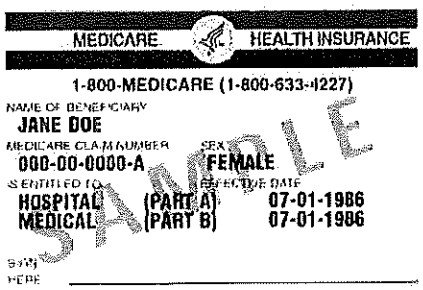
Gary M. Seydell
Print name as signed above

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as not to inconvenience the beneficiary, and recover after the other insurance pays.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

We are asking you to the answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you have, or have ever had a similar Medicare card.



Section I

Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?	☐ Yes	☑ No

If yes, please complete the following. If no, proceed to Section II.

Full Name: (*Please print the name exactly as it appears on your SSN or Medicare card if available.*)

Medicare Claim Number:		**Date of Birth (Mo/Day/Year)**	- -
Social Security Number: *(If Medicare Claim Number is Unavailable)*	- -	**Sex:**	☐ Female ☐ Male

Section II

I understand that the information requested is to assist the requesting insurance arrangement to accurately Coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

Gary Seydell

Claimant Name (Please Print)

Claim Number

Gary Seydell 2/25/13

Name of Person Completing This Form If Claimant is Unable (Please Print)

Gary Seydell 2/25/13

Signature of Person Completing This Form

Date

If you have completed Sections I and II above, stop here. If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

Section III

Gary Sydell

Claimant Name (Please Print)

Claim Number

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

Signature of Person Completing This Form

2/25/12

Date

PUBLIC ALLIANCE INSURANCE COVERAGE FUND

NOTICE OF CLAIM

Forward to:

1. Claimant:

Joubert (Last) Robert (First) C (Middle)

[redacted] (Area Code/Telephone Number)

113 Meadowlark Road (Street Address)

(Additional Address)

[redacted] (Date of Birth)

[redacted] (Social Security Number)

Stratford (City) NJ 08084 (State/Zip Code)

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please complete this section.

(Name)

(Street Address)

(Additional Address)

(City) (State/Zip Code)

(Area Code/Telephone Number)

(Relationship to Claimant)

3. Accident:

A. The occurrence or accident which gave rise to this claim:

12/24/2012 (Date)

8:15 PM (Time)

B. Describe the location or place of the accident or occurrence:

In front of 113 Meadow Lark Rd Stratford NJ 08084

(Local Unit) (Exact Location of the Occurrence)

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

I came home to a note on my door from the Stratford Police Department requesting I call regarding the vehicles struck. Ptlm. Schmidt informed me that the fire truck with Santa Claus on it struck my car, and my friend's car

D. State the name and address of the Local Unit that you claim caused your damage.

Borough of Stratford NJ 08084

E. State the names of the Local Unit's employees whom you claim were at fault, including any information that will assist in identifying them.

Vincent F. Brumbach

Drivers License No: NJ 11184 30000 80841

F. State in detail each and every negligent or wrongful act of the Local Unit and the Local Unit's employees which caused your damage.

According to the Police report my vehicle was legally parked in front of my home, and was struck by a ~~town~~ borough employee driving a borough vehicle. No drug/alcohol test was given.

G. State the name and address of all witnesses to the accident or occurrence.

H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

No passengers were in the vehicle at the time of the accident.

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

Pflm. Steven Schmidt Badge No. 3214

4. Claim for damages:

A. Claim for damages: (Check appropriate box)

_____Bodily Injury ___✓___Property Damage _____Other

If other, explain _____

B. i. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

ii. Do you claim permanent disability resulting from this injury?

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

_____
Name of Hospital, Doctor, or other Facility

_____ _____
Address City State/Zip Code

_____ _____
Date of Treatment Amount of Charges

_____
Amount Paid if Payable by other sources, i.e., insurance.

iv. If you claim loss of wages or income as a result of the injury, state:

_____ _____
Name of Employer Your Occupation

_____ _____
Address City State/Zip Code

_____ _____
Date Employed at this Job Rate of Pay

_____ _____
Dates of Absences from Work Total Lost Wages to Date

_____
If still out of work, expected date of return.

NOTE: If your claimed loss of income arises from self-employment or other wages, attach a calculation showing the basis of your calculation of lost income.

v. Set forth any and all other losses or damages claimed by you.

_____

_____

_____

C. If you claim property damage:

i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

Saturn Aura 2008 Silver VIN: 1G8ZS57N18F261057

Plate No: NJ YKE 73S

Damaged: Driver's side all panels, light, driver's side mirror

ii. The present location and time when the property can be inspected.

113 Meadow Lark Road - any time.

iii. Date property acquired 01/2009

iv. Cost of the property

v. Value of property at time of accident $8500.00

vi. Description of damage:

All panels of driver's side are scratched and/or dented, the driver's side mirror broken off, and light (side panel) broken.

vii. Has the damage been repaired?

____ Yes ✓ No

If yes, by whom, and cost of repairs.

viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

5. The amount of the claim $3286.71 + $30-40/day for repair for rental car

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

____ Yes ✓ No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

____ Yes ____ No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

_____ Yes _____ No

If yes, set forth the details of such agreement.

_____

_____

_____

_____

_____

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and expenses claimed.
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

_____ _____

Date Claimant or person filing on behalf of claimant.

_____

Print name as signed above.

Authorization for Medical Reports and Records

To: (Doctor's Name and Address)

Re: Claimant:
Claim Number:
Social Security Number:
Date of Birth:

I. Pursuant to my privacy rights under the Health Insurance Portability and Accountability Act (HIPPA), by affixing my signature below I understand and voluntarily consent to the following:

I hereby request and authorize that you disclose, make available and furnish to:

Highland Claim Services, Inc.
78 Route 23 North, Suite 2
Hamburg, NJ 07419

Or the attorney/authorized representative all medical records and reports including:

1.) Office notes; 2.) Charts: 3.)Diagrams; 4.) pathology reports; 5.) Operative reports; 6.) Physical and lab tests; 7.) X-ray/Imaging reports; 8.) X-ray/Imaging films; 9.) Prescription notes; 10.) Treatment plans; and 11.) Discharge summary with regard to the above name individual, from the inception of your records to the present.

This authorization specifically excludes the release of health information related to the psychiatric or mental health treatment, treatment of drug and/or alcohol abuse; treatment of Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); and sexually transmitted diseases/viruses.

II. Rights and obligations under HIPPA:

A. Purpose of this request: I understand that the information listed above in Section I. is being requested by Highland Claim Services, Inc. for the specific purpose of investigation a pending claim. By signing the authorization, I voluntarily consent to its release.

B. Expiration Date: Unless otherwise revoked, this authorization will expire six (6) months after the date of this authorization;

C. Right to revoke: I understand that I have the right to revoke this authorization at any time. I understand that the revocation must be in writing to the above named doctor/facility authorized to make this disclosure. I further understand that the revocation is only effective after it is received by the above named doctor/facility and does not apply to information that has already been released in response to the authorization.

D. Impact on Medical Treatment: I understand that my right to treatment, payment, enrollment or eligibility for benefits is not a condition on me signing this authorization.

E. Subsequent Disclosure: I understand that any disclosure of information may be subject to re-disclosure by Highland Claim Services, Inc. and my no longer be protected by federal or state law.

Signature of Claimant _____ Date _____

Signature of Authorized Representative
Guardian in lieu of Claimant _____ Date _____

By signing this authorization, the Authorized Representative and/or Guardian certified that he or she has the authority to act on behalf of the person identified above on the basis of (please explain):

_____

_____

_____

Authorization for Information on Employment

TO WHOM IT MAY CONCERN:

I hereby authorize_____
To release any and all information concerning my employment, past or present, include rate of pay, duties performed, date of absences and reasons therefor. Photostat copies of this Authorization carry the same Authority as the original.

_____ _____

Date Signature

_____

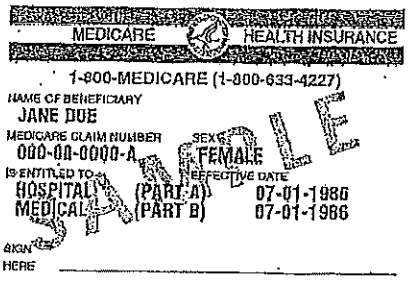
Print name as signed above

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as not to inconvenience the beneficiary, and recover after the other insurance pays.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

We are asking you to the answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you have, or have ever had a similar Medicare card.



Section I

Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?	☐ Yes	☐ No
If yes, please complete the following. If no, proceed to Section II.		
Full Name: *(Please print the name exactly as it appears on your SSN or Medicare card if available.)*		
Medicare Claim Number:	**Date of Birth (Mo/Day/Year)**	- -
Social Security Number: *(If Medicare Claim Number is Unavailable)* - -	**Sex:**	☐ Female ☐ Male

Section II

I understand that the information requested is to assist the requesting insurance arrangement to accurately Coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

Claimant Name (Please Print) _____ **Claim Number** _____

Name of Person Completing This Form If Claimant is Unable (Please Print) _____

Signature of Person Completing This Form _____ **Date** _____

If you have completed Sections I and II above, stop here. If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

Section III

Claimant Name (Please Print) **Claim Number**

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

Signature of Person Completing This Form **Date**

GEICO
geico.com

Tel: 1-800-841-3000

GOVERNMENT EMPLOYEES INSURANCE COMPANY
One GEICO Boulevard
Fredericksburg, VA 22412-0003

Date Issued: August 22, 2012

Declarations Page

This is a description of your coverage.
Please retain for your records.

Policy Number: 4079-03-66-06
Coverage Period:
10-05-12 through 04-05-13
12:01 a.m. local time at the address of the named insured.

ROBERT C JOUBERT AND VICTORIA
D JOUBERT
113 MEADOW LARK RD
STRATFORD NJ 08084-1911

[redacted]

Named Insured	Additional Drivers
Robert C Joubert Victoria D Joubert	None

Vehicles		VIN	Vehicle Location	Finance Company/ Lienholder
1 2008 Satn	Aura Xe	1G8ZS57N18F261057	Stratford NJ 08084	Jp Morgan
2 2010 Chev	Traverse	1GNLRFED4AS149073	Stratford NJ 08084	Pnc Bank Na

Coverages*	Limits and/or Deductibles	Vehicle 1	Vehicle 2
Bodily Injury Liability Each Person/Each Occurrence	$100,000/$300,000	$122.60	$122.60
Property Damage Liability	$50,000	$65.00	$75.80
Pip Full Pip Primary	Option A	$126.30	$111.80
	$15,000	-	-
	$250 Ded	-	-
Uninsured & Underinsured Motorists Each Person/Each Occurrence	$15,000/$30,000	$11.40	$11.40
Underinsured Motorist Property Damage	$10,000	$1.80	$1.80
Comprehensive	$500 Ded	$27.20	$25.30
Collision	$500 Ded	$117.90	$119.20

400CC01407903660629012023033

Coverages*	Limits and/or Deductibles	Vehicle 1	Vehicle 2
Emergency Road Service	Full	$5.30	$4.40
Rental Reimbursement	$30 Per Day	$14.50	$14.50
	$900 Max	-	-
Six Month Premium Per Vehicle		**$492.00**	**$486.80**
Total Six Month Premium			**$978.80**

*Coverage applies where a premium or $0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Discounts

The total value of your discounts is	**$372.30**
Multi-Car (All Vehicles)	$181.00
Anti-Theft Device (All Vehicles)	$7.50
5 Year Good Driving (All Vehicles)	$102.80
Passive Restraint/Air Bag (All Vehicles)	$81.00

Contract Type: A30NJ
Contract Amendments: ALL VEHICLES - A30NJ A54NJ UE112

Unit Endorsements: A115 (VEH 1,2); A431NJ (VEH 1,2); UE316A (VEH 1,2); A468NJ (VEH 1,2)

Class: A -M - -L (VEH 1); A -M - -L (VEH 2)

Important Policy Information

-Please review the front and/or back of this page for your coverage and discount information.

-You are currently carrying the Limited Tort option on your policy.

-Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA and NORTH CAROLINA. Please call us at 1-800-841-3000 or visit us at geico.com if you have any questions.

-The New Car Discount no longer applies to your 10 CHEV.

-Confirmation of coverage has been sent to your lienholder and/or additional insured.

-Please call our toll free number 1-800-841-3000 and provide us with the LIENHOLDERS name and address for your 2010 CHEV.

Highland Claim Services, Inc.

PO Box 239, Hamburg, NJ 07419
973-459-4250 (Phone) 973-679-8796 (Fax)

December 28, 2012

Robert Joubert
113 Meadow Lark Road
Stratford, NJ 08084

Re: Member District: Stratford Borough
D/L: 12/24/2012
Claim #: PAC011789-02
Claimant Name: Robert Joubert

Dear Mr. Joubert:

Please be advised Highland Claim Services, Inc. is the authorized claims administrator for the Public Alliance Insurance Coverage Fund (PAIC) and its member, Stratford Borough. We are writing to acknowledge your involvement in an incident involving our client.

If you intend to present a claim against Stratford Borough, you are obligated to present a timely notice of claim to us within the time prescribed by the New Jersey Tort Claims Act (NJSA 59:8-4). Furthermore, as allowed by law, the Public Alliance Insurance Coverage Fund and its members have adopted an official notice of claim form that must be timely completed and presented by an individual seeking to assert a claim against one of its members. A copy of the claim form is enclosed and includes a form authorizing us to obtain reports with respect to this claim. Please be advised that any failure on your part to timely complete and file the enclosed notice of claim form will result in the denial of your claim as provided by N.J.S.A. 59:8-4 of the New Jersey Tort Claims Act.

In accordance with the New Jersey Tort Claims Act, all claims against public entities must first be reported to all other insurance companies for any coverage available to the claimant for the loss described, regardless of liability. As such, if you plan to pursue your claim against the Fund's member, you must first submit a claim to your own insurance company. Once you have received a determination of your claim, you must provide to us evidence of the insurance company's determination. If your claim is less than your deductible, you must provide us with proof of your deductible amount prior to our consideration of your claim.

Please be advised that Stratford Borough and the Public Alliance Insurance Coverage Fund hereby reserve any and all rights and immunities afforded to them pursuant to the New Jersey Tort Claims Act as well as any other law applicable.

Sincerely,

Alicia A. Conover

Ali Conover
Claim Representative
Phone: (973) 459-4262
aconover@highlandclaims.com

Enclosure

RUE Insurance

3812 Quakerbridge Road, Hamilton, NJ 08619
Phone: 609-586-7474
Fax: 609-586-3991
www.RueInsurance.com

Date: 9/4/2013 02:18:06 **Pages:** 10

To: Liability Claims
Company: Highland Claims
Fax: (973) 679-8796

From: Marianne Catapano
Phone: (609) 586-3900 ext. 210
Email: mcatapano@rueinsurance.com

Subject: Borough of Stratford

Message:

Attached is a new claim for this insured

Business Insurance - Employee Benefits - Financial Services - Personal Insurance

Be ready with Rue

CSR: KS

ACORD GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY): 09/04/2013

AGENCY
Rue Insurance
P.O. Box 3006
Hamilton, NJ 08619

CONTACT NAME: Rue Insurance
PHONE (A/C, No, Ext): 609-586-7474
FAX (A/C, No): 609-586-3991
E-MAIL ADDRESS: rue@rueinsurance.com
CODE: SUBCODE:
AGENCY CUSTOMER ID: STRAT-1

INSURED LOCATION CODE:
DATE OF LOSS AND TIME: 09/04/13 ☐ AM ☐ PM

CARRIER: Public Alliance Ins. Cov. Fund
NAIC CODE:
POLICY NUMBER: R/OPR04033

INSURED

NAME OF INSURED (First, Middle, Last)
Borough of Stratford and

DATE OF BIRTH: FEIN (If applicable):

PRIMARY PHONE #: ☒ HOME ☐ BUS ☐ CELL 856-783-0601
SECONDARY PHONE #: ☐ HOME ☒ BUS ☐ CELL 856-783-0600

INSURED'S MAILING ADDRESS
Stratford Fire Company 1
307 Union Avenue
Stratford, NJ 08084

PRIMARY E-MAIL ADDRESS: johnkeenan@stratfordnj.org
SECONDARY E-MAIL ADDRESS:

CONTACT ☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)
John Keenan

PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL

CONTACT'S MAILING ADDRESS:

WHEN TO CONTACT:

PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

OCCURRENCE

LOCATION OF OCCURRENCE
STREET:
CITY, STATE, ZIP:
COUNTRY: US

POLICE OR FIRE DEPARTMENT CONTACTED:
REPORT NUMBER:

DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS:

DESCRIPTION OF OCCURRENCE (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Per tort form, claimant states that protected health information fo
r for children was disclosed to the superintendent, per attached

TYPE OF LIABILITY

PREMISES: INSURED IS ☐ OWNER ☐ TENANT ☐

OWNER'S NAME & ADDRESS (If not insured):

TYPE OF PREMISES:

PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

PRODUCTS: INSURED IS ☐ MANUFACTURER ☐ VENDOR ☐

MANUFACTURER'S NAME & ADDRESS (If not insured):

TYPE OF PRODUCT:

PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

WHERE CAN PRODUCT BE SEEN?

AGENCY CUSTOMER ID: STRAT-1 CSR: KS

INJURED / PROPERTY DAMAGED

NAME & ADDRESS (Injured/Owner)		EMPLOYER'S NAME & ADDRESS	
Jennifer Campbell			
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	
AGE / SEX / OCCUPATION		DESCRIBE INJURY	
WHERE TAKEN		WHAT WAS INJURED DOING?	
DESCRIBE PROPERTY (Type, model, etc.)	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	

WITNESSES

NAME AND ADDRESS	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
NAME AND ADDRESS	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
NAME AND ADDRESS	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REPORTED BY	REPORTED TO
John Keenan	M. Catapano

STRATFORD BOROUGH HALL

307 UNION AVENUE
STRATFORD, NJ 08084
PHONE: (856) 783-0600
FAX #: (856) 783-7949

FAX TRANSMITTAL

DATE: 9-4-13

TO: Maryann Catapano

FAX #: 609-586-3991

NUMBER OF PAGES INCLUDING COVER SHEET: 7

FROM: John D. Keenan Jr.

FAX # (856) 783-7949

If you do not receive all the pages, please call (856) 783-0600.

SUBJECT: Please process

Thank you

TOBOLSKY LAW

1813 Berlin Road | Cherry Hill, NJ 08003
856.428.5700 | 856.428.5766 fax | tobolskylaw.com

August 30, 2013

To: John Jay Hoffman, Acting Attorney General
Hughes Justice Complex
25 W. Market St.
P.O. Box 080
Trenton, NJ 08625
Certified Mail RRR 7012 3050 0000 1648 0018 & Reg. U.S. Mail

Peter H. Nelson, County Solicitor of Burlington County
49 Rancocas Rd.
Room 225
P.O. Box 6000
Mt. Holly, NJ 08060
Certified Mail RRR 7012 3050 0000 1648 0025 & Reg. U.S. Mail

Sherri L. Schweltzer, County Counsel of Camden County
Courthouse, 14th Floor
520 Market St.
Camden, NJ 08102
Certified Mail RRR 7012 3050 0000 1648 0032 & Reg. U.S. Mail

Thomas F. Kelso, County Counsel of Middlesex County
Admin. Bldg. Room 230
J.F.K. Square
New Brunswick, NJ 08901
Certified Mail RRR 7012 3050 0000 1648 0049 & Reg. U.S. Mail

Robert N. Wright, Jr., Municipal Solicitor
820 Mercer St.
Cherry Hill, NJ 08002
Certified Mail RRR 7012 3050 0000 1647 7582 & Reg. U.S. Mail

Karl Kemm, Municipal Attorney
100 Municipal Blvd.
Edison, NJ 08817
Certified Mail RRR 7012 3050 0000 1647 7599 & Reg. U.S. Mail

John C. Gillespie, Municipal Attorney
984 Tuckerton Rd.
Marlton, NJ 08053
Certified Mail RRR 7012 3050 0000 1647 7605 & Reg. U.S. Mail

David Carlamere, Municipal Attorney
P.O. Box 8

Blackwood, NJ 08102
Certified Mail RRR 7012 3050 0000 1647 7612 & Reg. U.S. Mail

Brian Guest, Municipal Attorney
23 Washington St.
P.O. Box 411
Mt. Holly, NJ 08060
Certified Mail RRR 7012 3050 0000 1647 7629 & Reg. U.S. Mail

George Botcheos, Municipal Attorney
59 S. White Horse Pike
Berlin, NJ 08009
Certified Mail RRR 7012 3050 0000 1647 7636 & Reg. U.S. Mail

Anthony P. Costa, Municpal Attorney
307 Union Ave.
Stratford, NJ 08084
Certified Mail RRR 7012 3050 0000 1647 7643 & Reg. U.S. Mail

Re: Notice of Tort Claim

To Whom It May Concern:

William H. Tobolsky, Esq., attorney for claimants, Jennifer, Robin, Matthew, Andrew, and Alaina Campbell, pursuant to Sections 59:8-1 et seq. of New Jersey Statutes, presents this claim to:

- The State of New Jersey;
- The County of Burlington;
- The County of Camden;
- The County of Middlesex;
- The Township of Cherry Hill;
- The Township of Edison;
- The Township of Evesham;
- The Township of Gloucester;
- The Township of Mt. Holly;
- The Borough of Berlin; and
- The Borough of Stratford.

If any jurisdiction receiving this notice has adopted by resolution any special or supplemental Tort Claims Act notice questionnaires, the claimant respectfully requests that copies of those supplemental questionnaires be provided by return mail.

1. The names and addresses of the claimants are as follows:

Jennifer Campbell

1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Robin Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Matthew Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Andrew Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Alaina Campbell
1112 Prospect Ridge Blvd.
Haddon Heights, NJ 08035

Jennifer Campbell makes this claim both individually and as guardian *ad litem* and natural parent of Matthew, Andrew and Alaina Campbell, all of whom are minors.

2. The address to which the claimant desires correspondence regarding this claim to be sent is:

William H. Tobolsky, Esq.
Helmer, Conley and Kasselman, P.A.
1813 Berlin Rd.
Cherry Hill, NJ 08003
Tel: 856-428-5700
Fax: 856-428 5766
WilliamTobolsky@helmerlegal.com

3. On Tuesday, June 11, 2013, at 420 Warwick Rd., Magnolia, NJ 08049, claimants received personal injuries under the following circumstances:

Dr. Caroline Kabel-Kotler, who is employed by Advocare Greentree Pediatrics, Kennedy Health Systems, Kennedy Memorial Hospital, John F. Kennedy Medical Center, Kennedy University Hospital of Cherry Hill, Kennedy University Hospital of Washington Township, Virtua Memorial Hospital of Burlington County, Virtua Berlin Hospital, and/or Virtua West Jersey Hospital, and acting within the course and scope of her employment, disclosed protected health information for several of her patients, namely claimants Matthew, Andrew, and Alaina Campbell, (all minors) to the superintendent of the Magnolia School District. Dr. Kabel-Kotler was not authorized to disclose the protected health information, and the disclosure violated the Health Insurance Portability and Accountability Act

(HIPAA) (Pub.L. 104–191, 110 Stat. 1936), N.J.S.A. 2A:84A-22.1 *et seq.*, and the doctrine of Estate of Behringer v. Medical Ctr. at Princeton, 249 N.J. Super. 597 (Law Div. 1991). Dr. Kabel-Kotler also accused claimant Jennifer Campbell of having a conflict of interest in regard to Campbell's professional assessment and activities regarding another minor who was enrolled in the Magnolia School District where Campbell is employed as a school psychologist. These accusations were founded upon the protected and confidential information wrongfully disclosed by Dr. Kabel-Kotler, and such accusations were false, defamatory, slanderous, and made with the intention to interfere with Campbell's contract of employment with the School District, or in reckless disregard of same, and furthermore to damage her professional reputation and business and professional relationships and prospects.

4. Due to and as a direct and proximate result of the foregoing wrongful, unprofessional, and illegal actions by Dr. Kotler as set forth above, the above-mentioned circumstances, claimants have incurred and will incur the following damages:

- Jennifer Campbell suffered damage to her professional reputation as a result of the unauthorized disclosure amounting to tortious interference with her employment;
- The Campbell family, including Mrs. Campbell and her husband Robin Campbell, have suffered and will incur pain, suffering, psychological upset and damage, anxiety and emotional upset as a result of this incident;
- Robin Campbell has suffered loss of the services, society and consortium of his wife, Jennifer;
- Psychological damage to all claimants;
- Financial damages arising from interference with Jennifer Campbell's employment relationship with the Magnolia School District, damage to her professional reputation, interference with her professional, business and employment prospects;
- The cost of monitoring the children and the claimants for any psychological damage arising from this disclosure, and the cost of treatment;
- Jennifer Campbell also incurred financial costs in removing her children from the Advocare Greentree Pediatric facility (where Dr. Kabel-Kotler had treated them) and starting treatment with another physician;
- The wrongful actions of Dr. Kabel-Kotler and her willful betray of her professional duties to them have caused claimants to suffer a loss of trust in the sanctity and confidentiality of the doctor-patient relationship, most particularly with regard to the sensitive areas of behavioural and psychological health, which in itself is damage to the claimants, and which will make treatment for these matters, and other medical and psychological matters more difficult, less efficacious, and more costly; and
- Other financial damages which may accrue.

5. Claimants have not sought medical treatment for their injuries, but may be required to do so in the future. If that occurs, the name of their physician will be supplied.

6. So far as is known to the claimant at the date of this claim, the claimant has incurred damages the full extent of which is not known at the present time as they are continuing. There are also un-liquidated components. Further details and documentation shall be supplied as received.

7. The name of the individuals causing the above described injury and damage is:

Dr. Caroline Kabel-Kotler
127 Church Rd.
Suite 800
Marlton, NJ 08053

Advocare Greentree Pediatrics
127 Church Rd.
Suite 800
Marlton, NJ 08053

Kennedy Health Systems
18 E. Laurel Rd.
Stratford, NJ 08084

Kennedy Memorial Hospital
18 E. Laurel Rd.
Stratford, NJ 08084

John F. Kennedy Medical Center
65 James St.
Edison, NJ 08820

Kennedy University Hospital of Cherry Hill
2201 Chapel Ave. W.
Cherry Hill, NJ 08002

Kennedy University Hospital of Washington Township
435 Hurffville Cross Keys Rd.
Blackwood, NJ 08012

Virtua Memorial Hospital of Burlington County
175 Madison Ave.
Mt Holly NJ 08060

Virtua West Jersey Hospital
94 Brick Rd.
Marlton, NJ 08053

8. As a consequence of claimant's injuries, claimant has to date not lost income, but her income making capacity may be diminished by this incident to an unknown degree. This information will be supplied.

9. Claimant hereby demands damages in the amount of $300,000, computed as follows:
- Tortious interference with employment: $75,000;
- Pain and suffering: $100,000;
- Medical costs, in future: $25,000; and
- Punitive damages: $100,000.

These are subject to revision, including increase.

Submitted by:

William H. Tobolsky, Esq.
Attorney for Claimants
Jennifer, Robin, Matthew, Andrew, and
Alaina Campbell

Dated: August 30, 2013

Cc: David Donohue, Esq. (attorney for Dr. Kabel-Kotler and Advocate Greentree Pediatrics)

MARESSA ♦ PATTERSON

A New Jersey Limited Liability Company

JOSEPH A. MARESSA
(1923-2012)

DAVID C. PATTERSON*

JOSEPH A. MARESSA, JR.*

BRIAN J. SMART

Of Counsel:

CHARLES H. NUGENT, JR.*
CERTIFIED CIVIL TRIAL ATTORNEY

*MEMBER OF NJ & PA BAR

ATTORNEYS AT LAW

191 West White Horse Pike
Berlin, New Jersey 08009

Tele: (856)767-1471 Fax: (856)767-8095
FID #02-0780615

January 14, 2015

Borough of Stratford
307 Union Avenue
Stratford, NJ 08083

Re: Notice under New Jersey Tort Claim Act

Gentlemen:

Take notice that the following claim is hereby presented under the New Jersey Tort Claims Act.

(a) The claimant is Andrew Marano, Sr., 1000 Chestnut Avenue, Laurel Springs, NJ 08021;

(b) Notices in regard to the claim should be directed to Maressa Patterson, L.L.C., 191 West White Horse Pike, Berlin, New Jersey, 08009;

(c) The claim arises out of a work related incident, which resulted in Mr. Marano being hospitalized on December 20, 2014;

(d) Damages claimed are for post traumatic stress disorder, and situational anxiety, acute situational depression;

(e) The damages were caused by a hostile work environment, harassment, infliction of emotional distress.

Additional information will be supplied forthwith upon request.

Very truly yours,

MARESSA PATTERSON, LLC

BRIAN J. SMART
bjsmart@maressalaw.com

BJS:gd
CERTIFIED & REGULAR MAIL
RETURN RECEIPT REQUESTED

Karen Hinkley

11841

From: Lisa Pflug [lpflug@highlandclaims.com]
Sent: Monday, February 25, 2013 2:58 PM
To: 'Karen Hinkley'
Subject: Assignment Sheet

Account	PAIC
Member	Borough of Stratford
Claimant	Chesla
DOL	1.29.13
Description	Fence hit claimants car
Adjuster	Ali Conover
Coverage	GL
Comments	Get details establish liability.
	Is Tort Form Compliant
	Check Time Period from date of Accident
	Sent Tort Form
	Bob on Diary - 14 Days
	Send to:
	Re-Open & Assign to
	R/S Witness
	Obtain Police Report
	Outside Investigation
	Scene Photos
	Appraisal
	Assign Property Appraiser
	Pursue Subrogation
	Assigned Defense Counsel to:
	E-Mail to Craig Klein, Michaelene Miller
	Send to ACE - Environmental
	Send to Chatis - SBLL
	Send to ACE - Excess
	Send to Pepip
	Send to B & M Carrier
	Fax to AIG/Joseph Price - Mel/B&M
	Coverage Issue: ROR
	Coverage Issue: Disclaimer
	Tort Form - Non-Compliant

RUE
Insurance

3812 Quakerbridge Road, Hamilton, NJ 08619
Phone: 609-586-7474
Fax: 609-586-3991
www.RueInsurance.com

Date: 2/25/2013 02:31:48 **Pages:** 14

To:	Liability Claims	**From:**	Marianne Catapano
Company:	Highland Claims	**Phone:**	(609) 586-3900 ext. 210
Fax:	(973) 679-8796	**Email:**	mcatapano@rueinsurance.com

Subject: Borough of Stratford

Message:

Attached is a liabiltiy claim and tort claim form

CSR: KS

ACORD GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY): 02/25/2013

AGENCY
Rue Insurance
P.O. Box 3006
Hamilton, NJ 08619

CONTACT NAME: Mary Ann Costabile, CPCU, ARM,
PHONE (A/C, No, Ext): 609-683-7871
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID: STRAT-1

INSURED LOCATION CODE
DATE OF LOSS AND TIME: 01/29/13 ☐ AM ☐ PM

CARRIER: Public Alliance Ins. Cov. Fund
NAIC CODE:
POLICY NUMBER: R/OPR04033

INSURED

NAME OF INSURED (First, Middle, Last): Borough of Stratford and
DATE OF BIRTH:
FEIN (if applicable):

INSURED'S MAILING ADDRESS
Stratford Fire Company 1
307 Union Avenue
Stratford, NJ 08084

PRIMARY PHONE #: ☒ HOME ☐ BUS ☐ CELL — 856-783-0601
SECONDARY PHONE #: ☐ HOME ☒ BUS ☐ CELL — 856-783-0600
PRIMARY E-MAIL ADDRESS: johnkeenan@stratfordnj.org
SECONDARY E-MAIL ADDRESS:

CONTACT

☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last)
PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
WHEN TO CONTACT

CONTACT'S MAILING ADDRESS
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

OCCURRENCE

LOCATION OF OCCURRENCE
STREET:
CITY, STATE, ZIP:
COUNTRY: US

POLICE OR FIRE DEPARTMENT CONTACTED
REPORT NUMBER

DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS:

DESCRIPTION OF OCCURRENCE (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Christina Chesla/she is claiming that the insured's fence wire hit the t
ire of her car damaging the tire. The notice of claim is attached

TYPE OF LIABILITY

PREMISES INSURED IS ☐ OWNER ☐ TENANT ☐
OWNER'S NAME & ADDRESS (if not insured)

TYPE OF PREMISES
PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

PRODUCTS: INSURED IS ☐ MANUFACTURER ☐ VENDOR ☐
MANUFACTURER'S NAME & ADDRESS (if not insured)

TYPE OF PRODUCT
PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

WHERE CAN PRODUCT BE SEEN?

AGENCY CUSTOMER ID: STRAT-1 CSR: KS

INJURED / PROPERTY DAMAGED

NAME & ADDRESS (Injured/Owner)	EMPLOYER'S NAME & ADDRESS
Christina Chesla	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL — SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL — SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:
AGE — SEX — OCCUPATION	DESCRIBE INJURY
WHERE TAKEN	WHAT WAS INJURED DOING?

DESCRIBE PROPERTY (Type, model, etc.)	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?

WITNESSES

NAME AND ADDRESS	PHONE / E-MAIL
	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL — SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:
	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL — SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:
	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL — SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REPORTED BY	REPORTED TO
John Keenan/Ins.	M. Catapano

NOTES: INSURED'S NAME Borough of Stratford and

STRAT-1
CSR: KS

PAGE 3
DATE 2/25/2013

Notice of claim attached

STRATFORD MUNICIPAL COUNCIL
307 Union Avenue
Stratford, New Jersey 08084
REGISTERED MUNICIPAL CLERK

JOHN D. KEENAN, JR., R.M.C.
MUNICIPAL CLERK - COMPTROLLER
REGISTRAR

Phone: 856-783-0600
Fax: 856-783-7949
E-mail: BoroughClerk@comcast.net

FEBRUARY 20, 2013

TO: RUE INSURANCE

FROM: JOHN D. KEENAN, JR.

THIS WOMAN IS CLAIMING STRATFORD BOROUGH'S FENCE WIRE HIT THE TIRE OF HER CAR DAMAGING THE TIRE. SHE DOES NOT FULLY EXPLAIN IN HER CLAIM. CALL ME WITH QUESTIONS.

THANK YOU FOR YOUR ASSISTANCE.

PUBLIC ALLIANCE INSURANCE COVERAGE FUND

NOTICE OF CLAIM

Forward to:

1. Claimant:

Chesla Christina [redacted]
Last First Middle Area Code/Telephone Number

620 Beech Ave
Street Address Additional Address

[redacted] [redacted] Laurel Springs NJ 08021
Social Security Number City State/Zip Code

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please complete this section.

Name Street Address

Additional Address City State/Zip Code

Area Code/Telephone Number Relationship to Claimant

3. Accident:

A. The occurrence or accident which gave rise to this claim:

1-29-13 3:10 PM
Date Time

B. Describe the location or place of the accident or occurrence:

Vassar Ave. Btw Central & Kirkwood
Local Unit Exact Location of the Occurrence

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

Driving down passgar ave toward White Horse Pike. Park to the right of me. I heard something hit my car. Between Central Ave and Kirkwood Ave.

D. State the name and address of the Local Unit that you claim caused your damage.

E. State the names of the Local Unit's employees whom you claim were at fault, including any information that will assist in identifying them.

F. State in detail each and every negligent or wrongful act of the Local Unit and the Local Unit's employees which caused your damage.

G. State the name and address of all witnesses to the accident or occurrence.

H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

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

4. Claim for damages:

A. Claim for damages: (Check appropriate box)

_____Bodily Injury _____Property Damage X Other

If other, explain Automobile Title

B. i. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

ii. Do you claim permanent disability resulting from this injury?

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

Name of Hospital, Doctor, or other Facility

Address | City | State/Zip Code

Date of Treatment | Amount of Charges

Amount Paid if Payable by other sources, i.e., Insurance.

iv. If you claim loss of wages or income as a result of the injury, state:

Name of Employer | Your Occupation

Address | City | State/Zip Code

Date Employed at this Job | Rate of Pay

Dates of Absences from Work | Total Lost Wages to Date

If still out of work, expected date of return.

NOTE: If your claimed loss of income arises from self-employment or other wages, attach a calculation showing the basis of your calculation of lost income.

v. Set forth any and all other losses or damages claimed by you.

C. If you claim property damage:

i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

_____

_____

_____

ii. The present location and time when the property can be inspected.

_____

_____

_____

iii. Date property acquired _____

iv. Cost of the property _____

v. Value of property at time of accident _____

vi. Description of damage:

_____

_____

_____

vii. Has the damage been repaired?

_____ Yes _____ No

If yes, by whom, and cost of repairs.

_____

_____

viii. Attach each estimate of repair costs to this form.

995614.1 7/21/11

ix. Set forth in detail the loss claimed by you for property damage.

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

5. The amount of the claim $22.67

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

____ Yes K No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

____ Yes K No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

____ Yes K No

If yes, set forth the details of such agreement.

_____

_____

_____

_____

_____

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and expenses claimed.
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

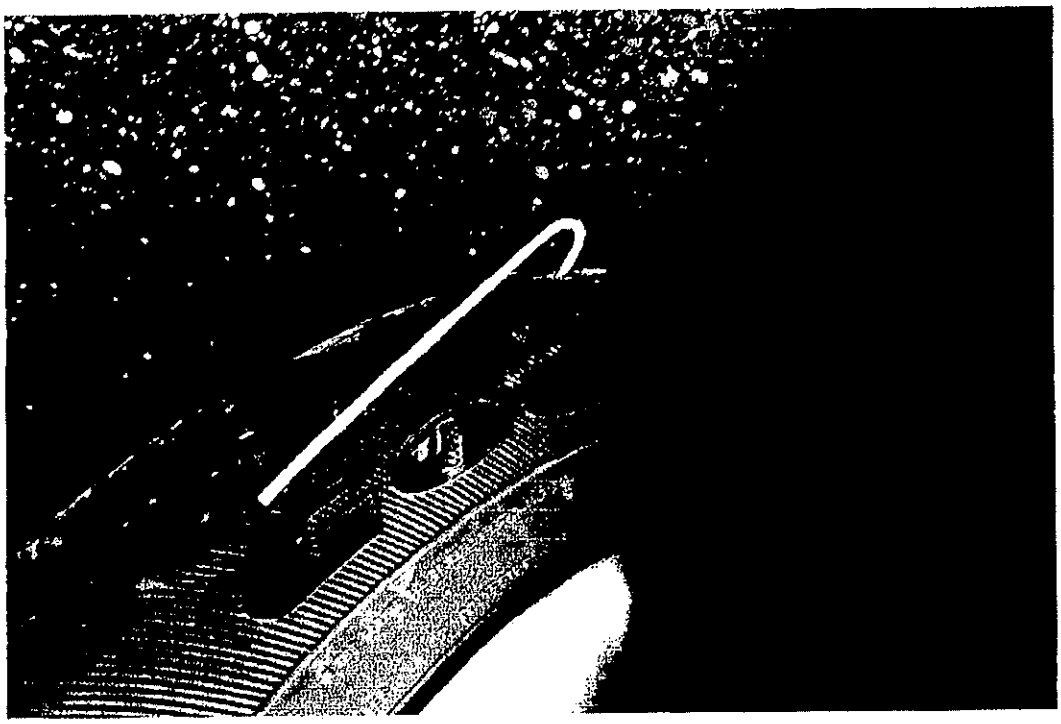
I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

1-29-13
Date

Christina Chesla
Claimant or person filing on behalf of claimant.

Christina Chesla
Print name as signed above.

99341(.) 3/21/11



* INVOICE * #442388

:IRE CORRAL
:80 WHITE HORSE PIKE
:Lementon, NJ 08021
:56-435-8200
:og On To www.tirecorral.net For Money Saving Coupons

Sold To:

MATHEW CHESLA
BEECH AVE
LAUREL SPRINGS, NJ 08021

Ph:

ACCOUNT#: 407012

DATE : 01/29/13

INVOICE # : 442388

Billed By: CARLOS ALICEA
Salesman : CARLOS ALICEA
Tx:Y EX#:

S#:8 Rt:
Ct:R COD: IWS:
Parking Space#:

VIN#: Mileage: KID#:

Quantity	Product #	Size/Description/Mfr#	TC	MC	DP	BIN#	Unit Price	F.E.T.	Extended Amount
1.0	151336152	P245/60R18 GY FORT HL 104S 151-336-152	1		E		205.77		205.77
1.0	635	NJ MOTOR VEHICLE TIRE FEE		1	7		1.50		1.50

Merchandise	Services & Other	F.E.T.	Subtotal	Sales Tax	Total
205.77	1.50	0.00	207.27	14.40	221.67

Comments: Terms: PO# DUE DATE AMT. DUE

Misc. Adj.	$	0.00
Cash or Check #:	$	0.00
Credit Card. . : GY . .	$	221.67
Balance. . . . : C . . .	$	0.00

Page 1 of 1

Received By:

IT IS THE CUSTOMER'S RESPONSIBILITY TO HAVE ALL LUG NUTS CHECKED AND RETORQUED TO MANUFACTURER'S SPECIFICATIONS AFTER 25 TO 100 MILES OF SERVICE.

SIGN:

MARESSA ◆ PATTERSON
A New Jersey Limited Liability Company

JOSEPH A. MARESSA
(1933-2012)
DAVID C. PATTERSON *
JOSEPH A. MARESSA, JR.*

BRIAN J. SMART

Of Counsel:
CHARLES H. NUGENT, JR.*
Certified Civil Trial Attorney

*MEMBER OF NJ & PA BAR

ATTORNEYS AT LAW

191 West White Horse Pike
Berlin, New Jersey 08009

Tele: (856)767-1471 Fax: (856)767-8095
PID #02-0780616

January 14, 2015

Borough of Stratford
307 Union Avenue
Stratford, NJ 08083

Re: Notice under New Jersey Tort Claim Act

Gentlemen:

Take notice that the following claim is hereby presented under the New Jersey Tort Claims Act.

(a) The claimant is Andrew Marano, Sr., 1000 Chestnut Avenue, Laurel Springs, NJ 08021;

(b) Notices in regard to the claim should be directed to Maressa Patterson, L.L.C., 191 West White Horse Pike, Berlin, New Jersey, 08009;

(c) The claim arises out of a work related incident, which resulted in Mr. Marano being hospitalized on December 20, 2014;

(d) Damages claimed are for post traumatic stress disorder, and situational anxiety, acute situational depression;

(e) The damages were caused by a hostile work environment, harassment, infliction of emotional distress.

Additional information will be supplied forthwith upon request.

Very truly yours,

MARESSA PATTERSON, LLC

BRIAN J. SMART
bjsmart@maressalaw.com

BJS:gd
CERTIFIED & REGULAR MAIL
RETURN RECEIPT REQUESTED