DOWNE TOWNSHIP MUNICIPAL COMPLEX

*Established 1772*

*Nature lover's paradise*

May 20, 2025

Stephanie DeMarco
Email: opra+request-75733-4c2ee02a@requests.opramachine.com

Dear Miss DeMarco,

In response to your OPRA request dated May 3, 2025, requesting the following:

Request: Any and all documents related to the payout/settlement to Nico Haines. Please also include any additional documents including insurance claims, police reports, and sobriety tests conducted from the accident Nico Haines was in, on Maple Aven in Dividing Creek, on the date of June 21, 2024.

Response to your request: I have attached documents in response to your request.

These records are being transmitted to you via requestor's preferred method of delivery as "email/electronic delivery", as per your request. Pursuant to N.J.S.A. 47:1A-5.b., the cost associated with this request is $0.00.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Township of Downe to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Nadine E. Lockley

Nadine E. Lockley, RMC
Municipal Clerk

**downetwpclerk@comcast.net**

**From:** Stephanie DeMarco <opra+request-75733-4c2ee02a@requests.opramachine.com>
**Sent:** Saturday, May 3, 2025 4:27 PM
**To:** OPRA requests at Downe Township
**Subject:** OPRA request - OPRA Request - Settlement for Nico Haines

Dear Downe Township,

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-6(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request.

I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

I WILL NOT use the requested government records for a commercial purpose.

I AM NOT seeking records in connection with a legal proceeding.

Records requested: Any and all documents related to the payout/settlement to Nico Haines. Please also include any additional documents including insurance claims, police reports, and sobriety tests conducted from the accident Nico Haines was in, on Maple Ave in Dividing Creek, on the date of June 21st, 2024.

My preferred delivery method for response(s) to this request is by E-mail as attachments. Please confirm you have received this request. If you are not the custodian of records, please forward my request to that person and provide their email address to me for future reference.

Yours faithfully,

Stephanie

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**NATHAN VAN EMBDEN**
ATTORNEY AT LAW
21 E. MAIN STREET
P.O. BOX 428
MILLVILLE, NJ 08332

TELEPHONE 856-327-4220
FAX 856-327-2845
EMAIL: *nve@nvanembden.com*

July 17, 2024

Email: tnarolewski@barclayinsurance.com
Tom Narolewski
857 Cooper Street
Deptford, NJ 08096

RE: NJ JIF Claim
Downe Township
Maple Ave. Accident

Dear Mr. Narolewski:

I enclose correspondence I received from Nicholas Haines with a date of June 26, 2024 and appears to have been mailed on July 8, 2024 concerning an accident on Maple Avenue in Dividing Creek, Downe Township on Friday, June 21, 2024. Please note this is a claim for a one vehicle accident involving a washed out road owned by the Township of Downe through which a culvert pipe controlled by the County of Cumberland apparently caused such incident and failure of the road. Please contact me if you would like to have pictures as my staff has pulled photographs from various Facebook posts that show the complete failure of the road. The County of Cumberland has been active in the restoration of the roadway on a short term and now long term basis.

Thank you for your courtesy and attention to this matter.

Very truly yours,

NATHAN VAN EMBDEN

NVE:bnn
Enc.
c.c. Nadine Lockley, Municipal Clerk
via Email: downetwpclerk@comcast.net

June 26,2024

Nicholas Haines

916 Hill Lane

Millville NJ 08332

Nico_Haines3@aol.com

Nathan Van Embden

Downe Township

21 E Main St.

Millville NJ 08332

My name is Nicholas Haines, this letter is to inform you that on Friday June 21,2024 @ 0350 I was involved in an accident on Maple Ave. in Dividing Creek in Downe Township. I will be providing a summary of this incident in more detail within the Tort Claim that will be filed in the near future. This will be filed with the County of Cumberland and the Township of Downe.

I am under the understanding that the roadway is owned by Downe Township and culvert is owned by the county of Cumberland. It is with this understanding that I am contacting both the County and Township for the purpose of composition caused by the failure of the culvert. The loss of my vehicle has caused a hardship on me and my current employment. It has left me without any type of transportation as well as caused me to postpone a new venture that I have been planning on starting up for some time. It has also caused a strain on my parental responsibilities. I am a single father to two boys age 9 and 2 years of age. With out any vehicle it has left me without the ability to pick up, visit, or take part in any function or event that they are involved in. It has caused additional strain on an already stressful relationship with their mother's, not to mention the additional stress. My level of anxiety has grown since this accident as well.

It is my intention to try to come to some type of sentiment. I would prefer to proceed with this outside of any legal course of action. Due to the nature of my relationship within the Township of Downe I feel that this may be in the best interest of all parties.

I do realize that this does take some time to work out, however time is of importance of this to me due to the above-mentioned subjects. I will make myself available at your convince to further discuss any all options.

I thank you in advance for your prompt attention this matter and look forward to an amical resolution in a timely manner regarding this situation.

Respectfully

# TOWNSHIP OF DOWNE

MUNICIPAL COMPLEX
288 MAIN STREET
NEWPORT, NEW JERSEY 08345

# NOTICE OF TORT CLAIM

**CLAIMANT INFORMATION**

Name: Nicholas Haines

Address: 916 Hill Ln

millville NJ 08332

Telephone: [redacted]

Date of Birth: [redacted]

SSN: [redacted]

**ATTORNEY INFORMATION (if applicable)**

Name: _____

Address: _____

_____

Telephone: _____

TeleFAX: _____

File No.: _____

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

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

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

Township of Downe
C/O Scibal Associates
P.O. Box 500
Somers Point, New Jersey 08244-0500

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

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

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

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

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

**DEFINITIONS:**

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

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

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

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

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

**If the claim involves only property damage, then the portion on personal injuries need not be answered. Just enter as the answer to Question 12 "No personal injuries claimed."**

**If the claim involves no property damage, then the portion on property damage need not be answered. Just enter as the answer to Question 11 "No property damage claimed."**

## INFORMATION ON THE CLAIMANT

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

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

   N/A

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

   916 Hill Ln Millville NJ 08332

   c. Marital Status [at the time of the incident and current]

   Single

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

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

   916 Hill Ln millville NJ 08332

   641 main ST Port Norris NJ 08332

# INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

See NJSP report that is Attached

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

See NJSP report that is attached

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

N/A

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

(1) Downe Twp

(2) County of Cumberland

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

loss of 2014 GMC 1500

8. If you allege a dangerous condition of public property, state the specific basis on which you claim that the public entity was responsible for the condition and the specific basis and date on which you claim that the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

Roadway undermined due to lack of repairs To water war. The Township & County have been aWare that this has occurred + were in the Process of fixing roadwar. The roadway was open to Public traffic as of this date.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

N/A

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

Partial pay off of loan on 2014 GMC 1500
Gico # 6148058479

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

See MJSP report #A100202400205c

12. If you or any of the parties to this action or any of the witnesses made any statements or admissions, set forth what was said; by whom said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof

N/A

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

$100,000.00

Various Tools & equipment

The total amount of receipts are in excesses of the claim amount

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

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

(1) Downe Township

Responsible Party of roadway

(2) County of Cumberland

Responsible party of Spillway

## PROPERTY DAMAGE CLAIMS

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

Total loss of 2014 GMC 1500

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

NH

Initials

## PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity. State the time and place of the complaint and the person or persons to whom the complaint was made.

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

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

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

21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

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

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

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and present address of each doctor who treated you for the condition, the period during which treatment was received and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

25. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery (b) the purpose thereof and the results anticipated or expected (c) the name and address of the doctor who recommended the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

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

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

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

29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

**DOCUMENT REQUEST:** Produce all documents identified in your answers to the above questions.

## CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

_____ Dated: 8/23/24
Signature of Claimant

# AUTHORIZATION FOR RELEASE OF MEDICAL AND HOSPITAL RECORDS

**TO:** _____ Date: _____

_____

_____

**RE:** _____
Patient's Name

_____
Address

_____
Address

_____ _____
Social Security Number Claim Number

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

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

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

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

_____
Authorized Signature

# AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

**TO:** _____ Date: _____

_____

_____

**RE:** _____
Patient's Name

_____
Address

_____
Address

_____ _____
Social Security Number Claim Number

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

all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, benefits, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

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

_____
Authorized Signature

# New Jersey Police Crash Investigation Report

☐ Fatal ☒ Reportable ☐ Non-Reportable ☐ Change Report

| | |
|---|---|
| 1. Case Number | A100202400205C |
| 2. Police Dept. of / Code | New Jersey State Police / 02 |
| 3. Station/Precinct | A100 |
| 4. Date of Crash | 06/21/2024 |
| 5. Day of Week | Friday |
| 6. Time (use 2400 hrs.) | 0435 |
| 7. Municipality Code | 0604 |
| 8. Total Killed | 0 |
| 9. Total Injured | 0 |
| 10. Crash Occurred On | MAPLE STREET (Road Name) E (Dir) |
| At intersection with / Feet / Miles | ☐ At intersection with ☒ Feet ☐ Miles; 2700 (14–15); ☐N ☐E ☐S ☐W (16) |
| of: | CAMPBELL ST |
| 11. Speed Limit | 25 |
| 12. Route No. / Suffix / 13. Milepost | |
| 16. Speed Limit | 25 |
| 17. Cross Road Name/Route No. | ☐NB ☐EB ☐SB ☐WB |
| 19. Ramp ☐ To: ☐ From: | |
| 20. Route Name/Route No. | |
| 21. Latitude | 39.264149 |
| 22. Longitude | -75.110345 |

## Driver

| | |
|---|---|
| 23. Veh. # | 01 |
| 24. Policy No. | 6148058479 |
| 25. NJ Ins. Code | 365 |
| ☐ Parked ☐ Pad ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run | |
| 26. Driver's First Name / Initial / Last Name | NICHOLAS / G / HAINES |
| 29. Sex | M |
| 27. Number & Street | 641 MAIN STREET |
| 28. City / State / Zip | PORT NORRIS / NJ / 08349 |
| 30. Eyes / DL Class / Restrictions / Endorsements / 31. State | 05 / D / / / NJ |
| 32. Driver's License Number | H01865906710935 |
| 33. DOB | 10/17/1993 |
| 34. Expires | 10/17/2025 |

## Owner

| | |
|---|---|
| ☒ Same as Driver | |
| 35. Owner's First Name / Initial / Last Name | NICHOLAS / G / HAINES |
| 36. Number & Street | 641 MAIN STREET |
| 37. City / State / Zip | PORT NORRIS / NJ / 08349 |
| 38. Make / 39. Model / 40. Color / 41. Year / 42. Plate No. / 43. State | GMC / Sierra / WT / 2014 / T20PRA / NJ |
| 44. VIN / 45. Expires | 3GTU2UEC9EG220066 / 03/31/2025 |
| 46. Vehicle Removed to: | BATTELINI TOWING |
| ☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded | |
| 47. Authority: ☒ Owner ☐ Driver ☐ Police | |
| 48. Alcohol Drug Test Given: ☒ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: % ☐ Pending | |
| 49. Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No. | |
| 50. Carrier No.: ☐ USDOT ☐ MC/MX ☐ None | |
| 51. GVWR/GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs. | |
| 52. Motor Carrier or Government Entity | |
| Number & Street / City / State / Zip | |
| Level of Autonomy: 160 - AVAILABLE ☒0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐Unknown; 161 - ENGAGED ☒0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐Unknown | |

## Vehicle

| | |
|---|---|
| 53. Veh. # | - |
| 54. Policy No. | - |
| 55. NJ Ins. Code | - |
| ☐ Parked ☐ Pad ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run | |
| 56. Driver's First Name / Initial / Last Name | - |
| 59. Sex | - |
| 57. Number & Street | - |
| 58. City / State / Zip | - |
| 60. Eyes / DL Class / Restrictions / Endorsements / 61. State | - |
| 62. Driver's License Number | - |
| 63. DOB | - |
| 64. Expires | - |
| 65. Owner's First Name / Initial / Last Name | ☐ Same as Driver |
| 66. Number & 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 ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded | |
| 77. Authority: ☐ Owner ☐ Driver ☐ Police | |
| 78. Alcohol Drug Test Given: ☐ No ☐ Yes ☐ Refused; Type: ☐ Breath ☐ Blood ☐ Urine; Results: % ☐ Pending | |
| 79. Hazardous Material: ☐ None ☐ On Board ☐ Spill; Hazard Class; Placard No. | |
| 80. Carrier No.: ☐ USDOT ☐ MC/MX ☐ None | |
| 81. GVWR/GCWR (trucks & buses only): ☐ ≤ 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ ≥ 26,001 lbs. | |
| 82. Motor Carrier or Government Entity | |
| Number & Street / City / State / Zip | |
| Level of Autonomy: 152 - AVAILABLE ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐Unknown; 153 - ENGAGED ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐Unknown | |

135. Damage to Other Property ☒ Yes (If Yes, describe) ☐ No

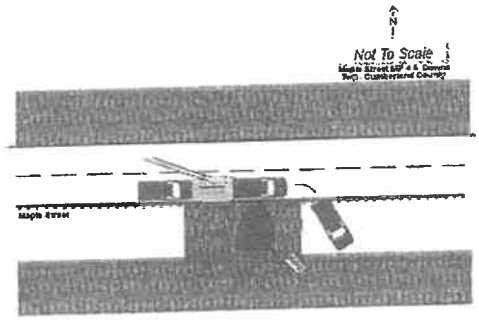
Downe Township : Guard rail and roadway.

| | | | |
|---|---|---|---|
| Oper. | 136. Charge | 137. Summons No. | 139. Summons No. |
| Oper. | 140. Charge | 141. Summons No. | 143. Summons No. |
| Oper. | 138. Charge | | |
| Oper. | 142. Charge | | |

| | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Addresses of Occupants If Deceased, Date & Time of Death |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 01 | 01 | 01 | 05 | 30 | M | - | - | - | 04 | 04 | 06 | - | NICHOLAS G HAINES 641 MAIN STREET PORT NORRIS NJ 08349 |
| B | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | |

| | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | Names & Addresses of Occupants If Deceased, Date & Time of Death |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E | | | | | | | | | | | | | | |

144. Crash Diagram




145. Crash Description/Narrative

D1 stated to the effect that he was driving EB on Maple Street when the road collapsed beneath his vehicle causing the vehicle to veer off road, collide with the guardrail, and fall into the embankment on the other side of the guardrail.

Investigation on scene revealed: V1 was traveling EB on Maple Street when the EB lane of travel collapsed beneath V1. Based on my observations, it was apparent that the EB lane had collapsed due to erosion of the ground beneath it. Said erosion was caused by the water current that traveled beneath the roadway, causing the EB lane of travel to have no structural support. The weight of V1 on the EB lane of travel caused an immediate collapse of roadway. The collapse of the EB lane caused the front passenger wheel to collide with the edge of the road that was created by the hole. D1 lost control of V1 due to the collision and exited the roadway to the right. V1 collided with the EB guardrail, and then was propelled over the guardrail. V1 then entered into the embankment located off of the EB side of the roadway and came to a final rest. V1 suffered disabling damage to the front passenger side and was removed from the scene by Battelini Towing. No injuries or complaints of pain were reported on scene.

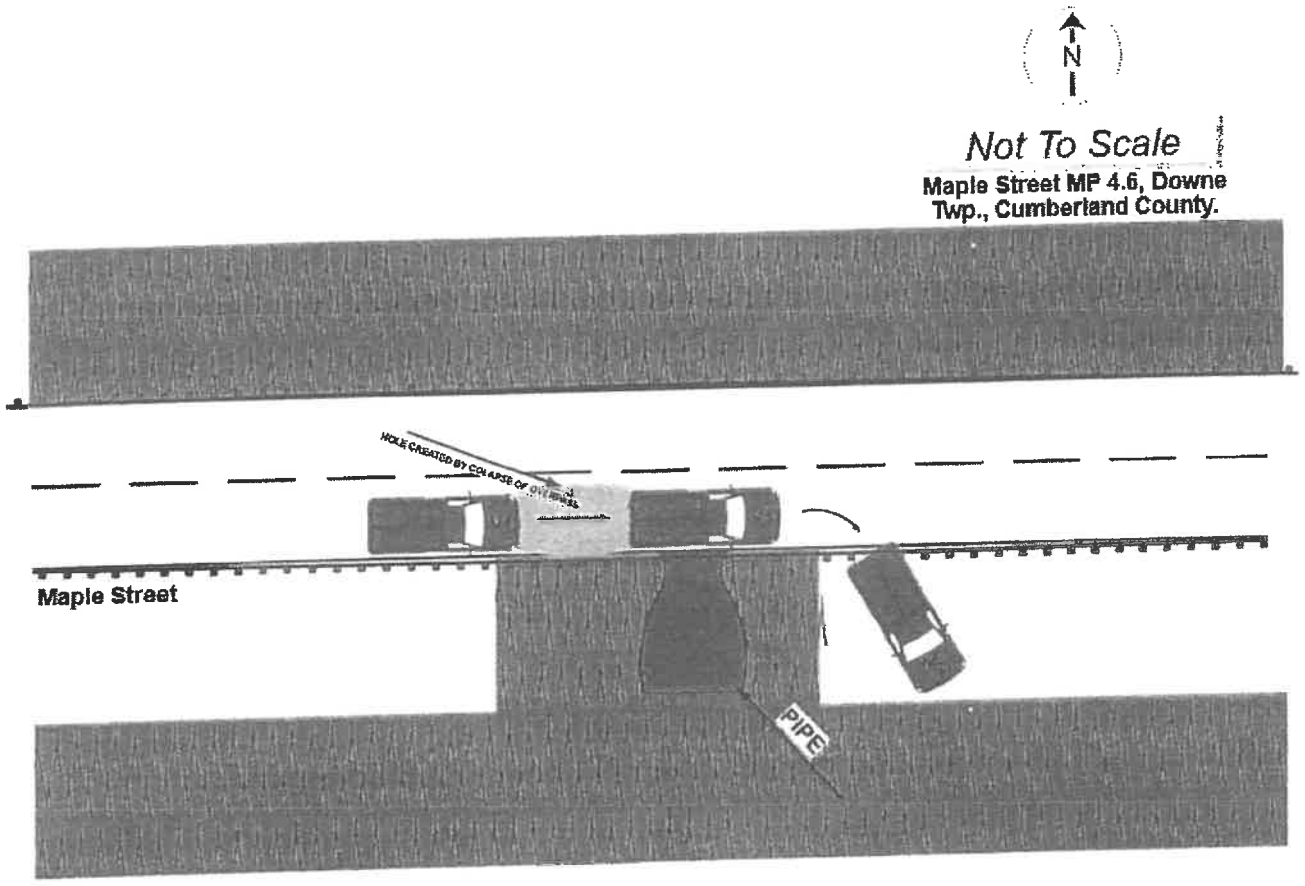
***Other Descriptions***

Black top caved in due to waterway and current. - Field 128
01 - Black top caved in due to waterway and current. - Field 126a
01 - Black top caved in due to waterway and current. - Field 118a

| 146. Officer's Signature | 147. Badge # | 148. Reviewer | Badge # | 149. Case Status |
|---|---|---|---|---|
| Triboletti, Pierce | 9241 | Lemoine, Jeff | 6272 | ☐ Pending ☒ Complete |

| New Jersey Police Crash Investigation Report<br>Motor Vehicle Crash Diagram | Police Dept: New Jersey State Police Code: 02<br>Station: A100 Case No: A100202400205C |
|---|---|

144. Crash Diagram (NOT TO SCALE)

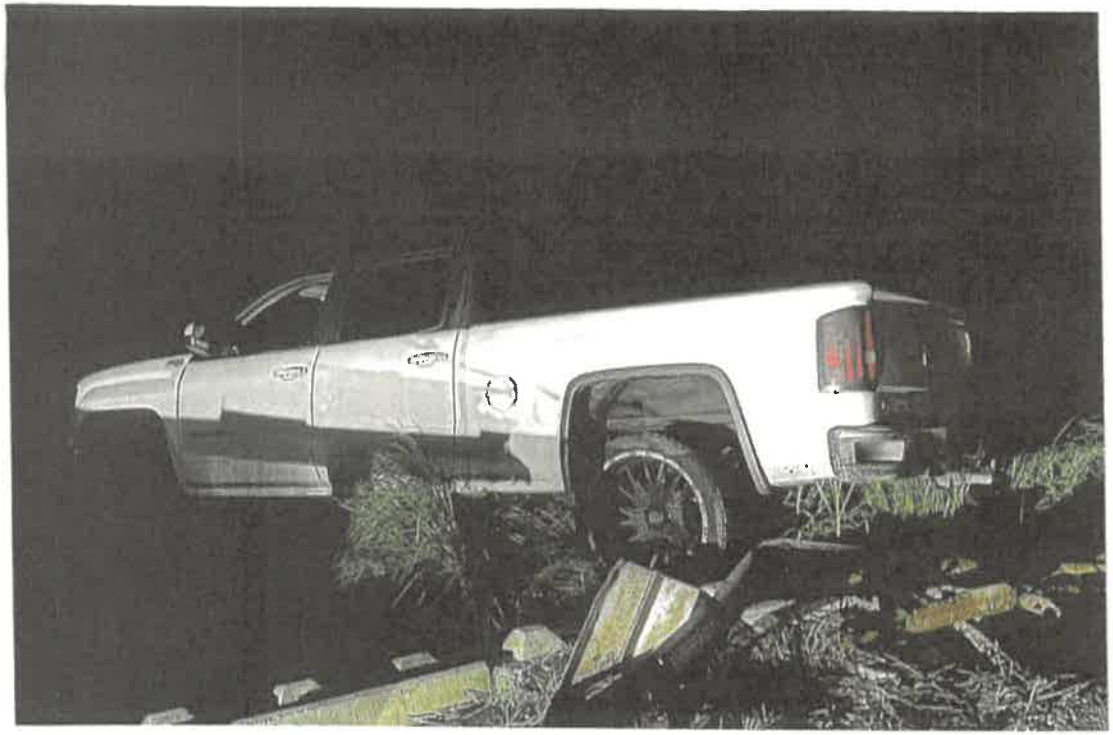


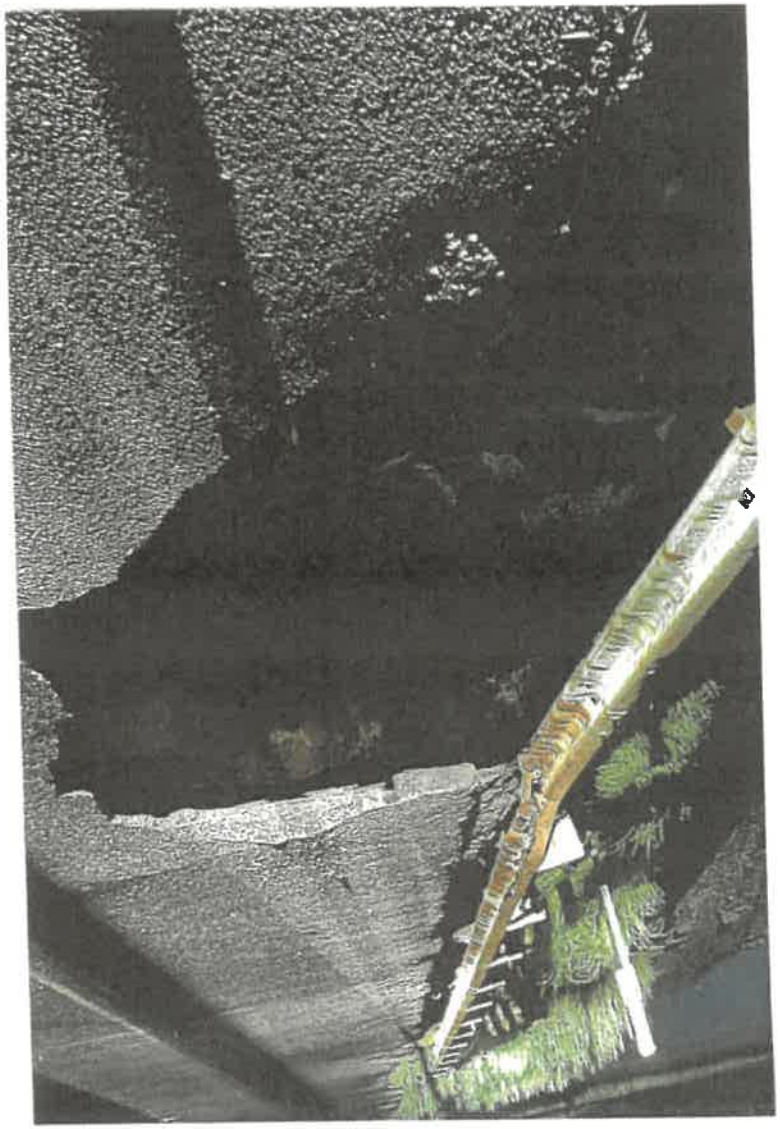

Triboletti, Pierce
Officer's Signature

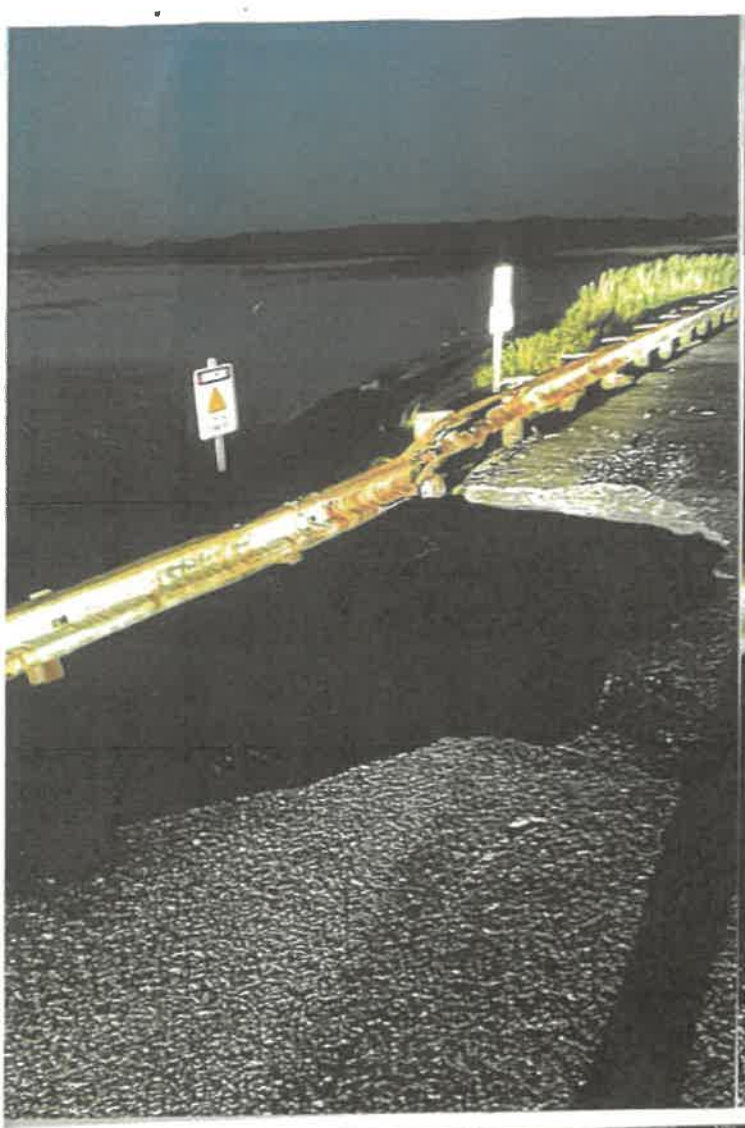
9241
Badge Number

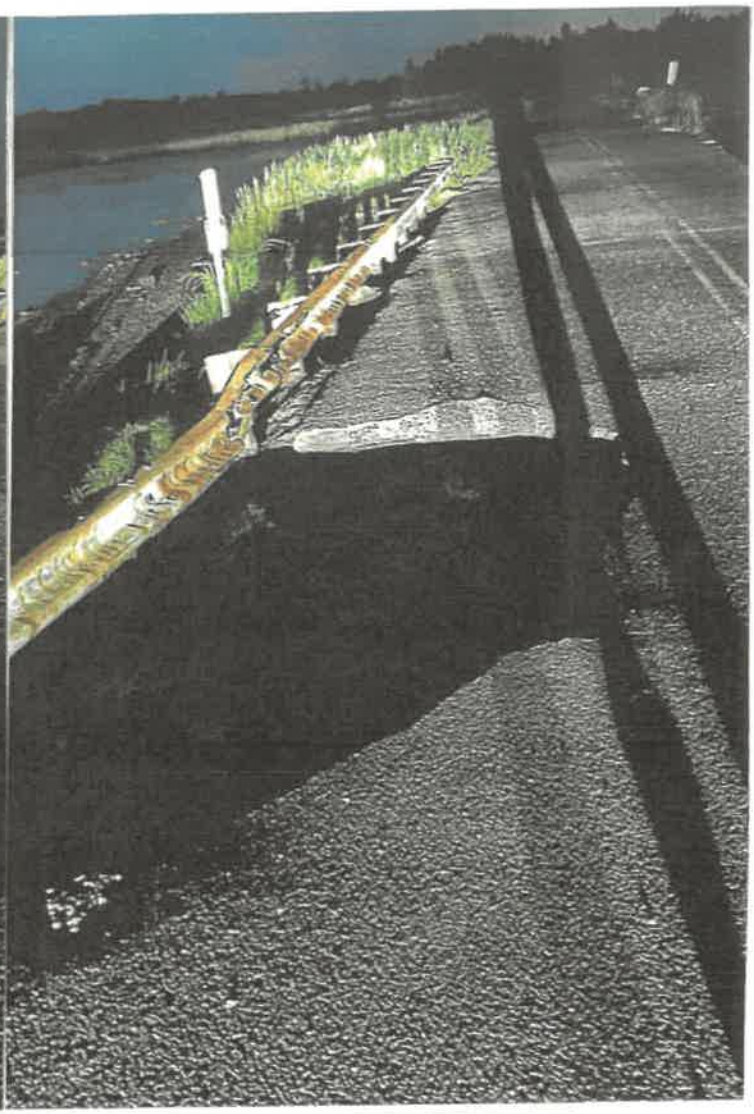
NJTR-1B (Rev. 01/17)

DANGER
STRONG
CURRENTS









DOWNE TOWNSHIP
MUNICIPAL COMPLEX

*Established 1772*

*Nature lover's paradise*

January 15, 2025

Nicholas Haines
Dividing Creek, NJ

Dear Mr. Haines:

Due to the events of June 21, 2024 it has been determined that you be provided with a settlement payment in the amount of $20,000 from the Township of Downe.

Your acceptance of this payment and processing of this check will signify that your claim has been satisfied, and you agree to not hold Downe Township responsible for the events that occurred. You also agree this claim is settled. You will receive correspondence from the Township Solicitor that will finalize this settlement.

Your signature below illustrates you are in agree with this settlement.

Sincerely,

Michael L. Rothman
Mayor

Please sign below and return to our office. Thank you.

Nicholas Haines

288 MAIN STREET, NEWPORT, NJ 08345 • 856-447-3100, Fax: 856-447-3533

# TOWNSHIP OF DOWNE
# CUMBERLAND COUNTY, NEW JERSEY

| | YES | NO | ABSTAIN | ABSENT |
|---|---|---|---|---|
| Jordan, L. | X | | | |
| Byrne, S. | X | | | |
| Rothman, M. | X | | | |
| Bart, E. | X | | | |
| Campbell, R. | X | | | |

**Resolution Number: R-73-2025**
**Dated: May 12, 2025**
**Offered By: JORDAN**
**Seconded By: BYRNE**

## A RESOLUTION REGARDING MAPLE AVENUE SINK HOLE ACCIDENT

**WHEREAS**, the Township of Downe is the owner of the road referenced as Maple Avenue; and

**WHEREAS**, County of Cumberland is the owner of a piping system/conduit which crosses below the Maple Avenue; and

**WHEREAS**, on June 21, 2024, Nicholas Haines was operating his vehicle on the roadway and the vehicle fell into a large sinkhole caused by subsidence and erosion at the location of the County pipe; and

**WHEREAS**, the owner/operator sustained significant property damage to his truck and truck contents as a result of this incident; and

**WHEREAS**, the Township recognizes that the damage to the truck and its contents is the result of unexpected road failure on property either owned or controlled by the Township of Downe or the County of Cumberland, both of which entities are covered by the Cape Atlantic Cumberland Joint Insurance Fund (JIF); and

**WHEREAS**, The Township of Downe has paid $20,000.00 toward the property damage sustained by Nicholas Haines; and

**WHEREAS**, the Township of Downe fully expects the respective insurance coverages for the Township and the County will identify and apportion liability and damages and compensate the Township of Downe for its expenditure; and

**WHEREAS**, both the Township of Downe and the County of Cumberland used best efforts to identify and correct the roadway cave-in by using joint effort to promptly replace the piping and repair the roadway; and

**WHEREAS**, it is in the best interest of the Township to promptly address such hazards and the harm they caused to travelers on Township roadways,

**NOW, THEREFORE, BE IT RESOLVED** this 12th day of May 2025, approving, ratifying and authorizing the Township of Downe to remit payment in the amount of $20,000.00 toward property damage sustained by Nicholas Haines on June 21, 2024.

**BE IT FURTHER RESOLVED.** by the Township of Downe to present to the JIF and County of Cumberland the history of notice to the County concerning road damage and subsidence associated with the County of Cumberland pipe conduit where it traverses Maple Avenue in support of the Township's claim for reimbursement.

**THIS RESOLUTION** was adopted by the Township Committee of the Township of Downe on May 12, 2025.

ATTEST:

Nadine E. Lockley

Nadine E. Lockley, Clerk

Michael L. Rothman, Mayor

## C E R T I F I C A T I O N

I, **NADINE E. LOCKLEY, RMC, CMR,** Municipal Clerk of the Township of Downe, County of Cumberland, State of New Jersey do hereby certify the foregoing to be a true and accurate copy of the Resolution adopted by the Downe Township Committee of the Township of Downe, County of Cumberland, State of New Jersey, at their regular meeting held on May 12, 2025 at 6:30 pm at the Municipal Complex.

**Date**

**Nadine E. Lockley, RMC, CMR**
**Municipal Clerk**