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SHEEHY & CORRUBIA, P.C.**

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June 25, 2018

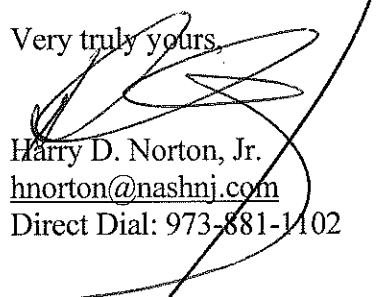
Gregory J. Irwin, Esq.
HARWOOD LLOYD, LLC
130 Main Street
Hackensack, New Jersey 07501

RE: Kenworthy vs. Lyndhurst Police Department, et al
Docket No.: BER-L-7141-17
Our File No.: H17BR-007-HDN

Dear Mr. Irwin:

Enclosed please find Answers to Interrogatories together with the document contained therein with respect to the captioned matter. I trust this adequately responds to your request for discovery.

Very truly yours,


Harry D. Norton, Jr.
hnorton@nashnj.com
Direct Dial: 973-881-1102

HDN, Jr.:sbp
Enclosure
cc: Lee Kenworthy (w/enc.)

Norton, Murphy, Sheehy & Corrubia, P.C.

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Attorneys for Defendant(s), Lyndhurst Police Department, Police Officer Phillip Reina, Police Officer Haggerty, Sgt. Richard Pizzuti, Lyndhurst Township Ambulance Squad, Township of Lyndhurst

LEE KENWORTHY as the administrator of
the ESTATE OF SHAYLING
KENWORTHY and LEE KENWORTHY,
individually,

Plaintiff(s),

vs.

LYNDHURST POLICE DEPARTMENT,
POLICE OFFICER PHILLIP REINA, in his
individual capacity; POLICE OFFICER
HAGGERTY, in his individual capacity,
LYNDHURST POLICE OFFICER PHILLIP
REINA, in his individual capacity;
SERGEANT RICHARD PIZZUTI, in his
individual capacity, LYNDHURST
TOWNSHIP AMBULANCE SQUAD;
TOWNSHIP OF LYNDHURST, ROBERT
MARTIN; ANN MARTIN; RICHARD
ANDERSON; LAUREN ANDERSON,

Defendant(s).

Superior Court of New Jersey
Law Division: Bergen County
Docket No.: BER-L-7141-17

Civil Action

**ANSWERS TO FORM C
INTERROGATORIES**

TO: Gregory J. Irwin, Esq.
HARWOOD LLOYD
130 Main Street
Hackensack, New Jersey 07601
Attorneys for Defendants, Robert Martin and Ann Martin

Counsel:

Defendant(s), Lyndhurst Township Ambulance Squad and Township of Lyndhurst
hereby present certified Answers to Interrogatories with respect to the captioned matter as
follows:

**FORM C INTERROGATORIES
TO BE ANSWERED BY DEFENDANT**

1. State: a) the full name and residence address of each defendant; b) if a corporation, the exact corporate name; and c) if a partnership, the exact partnership name and the full name and residence of each partner.

ANSWER: a) **Lyndhurst Township Police Emergency Squad
297 Delafield Avenue
P.O. Box 471
Lyndhurst, NJ 07071

Township of Lyndhurst,
367 Valley Brook Avenue
Lyndhurst, NJ 07071**

b) **Not applicable.**

c) **Not applicable.**

2. Describe in detail your version of the accident or occurrence setting forth the date, location, time and weather.

ANSWER: On August 17, 2016, at approximately 1:49 A.M., Lyndhurst Police Department dispatched officers to 287 Castle Terrace, 1st Floor, in Lyndhurst, NJ, following a report of a female experiencing difficulty breathing. P.O. Reina and P.O. Haggerty arrived first on scene and transmitted via radio that plaintiff, Shayling Kenworthy, was experiencing shallow breathing and requesting to expedite the responding emergency squad. The officers attempted to obtain information from Lee Kenworthy as to his wife's condition and began to render medical attention to plaintiff who was lying on a bedroom floor. Lt. Carrino arrived on the scene as back up. Following the arrival of emergency medical personnel, further medical care was provided on scene and plaintiff was then transported to Meadowland Hospital. Subsequently, Shayling Kenworthy was pronounced dead at approximately 2:09 A.M.

3. If you intend to set up or plead or have set up or pleaded negligence or any other separate defense as to the plaintiff or if you have or intend to set up a counterclaim or third-party action, a) state the facts upon which you intend to predicate such defenses, counterclaim or third-party action; and b) identify a copy of every document relating to such facts.

ANSWER: On the advice of counsel, the defendants shall rely on all facts as presented in these answers to interrogatories, as well as any other answers to interrogatories, depositions at the time of trial by way of direct and cross-examination of all parties and witnesses, as well as pre-trial discovery.

4. State the names and addresses of all persons who have knowledge of any relevant facts relating to the case.

ANSWER: Tarcisio L. Nunes (EMS)
Jasleen Vega (EMS)

Lyndhurst Police Officer Philip Reina
Lyndhurst Police Officer Paul F. Haggerty
Lyndhurst Police Lieutenant Michael Carrino
Lyndhurst Police Sergeant Richard Pizzuti

On the advice of counsel, all parties to this action including all persons named in these answers to interrogatories as well as by any other party to this action. Representatives of plaintiff's employer if any. Investigating police officers of the Lyndhurst Police Department and investigating officers and employees of the Bergen County Prosecutor's Office. Records librarian or other persons employed by any hospital or medical facility to which plaintiff was confined or at which plaintiff was treated. All persons that a subsequent investigation may reveal.

5. State a) the name and address of any person who has made a statement regarding this lawsuit; b) whether the statement was oral or in writing; c) the date the statement was made; d) the name and address of the person to whom the statement was made; 3) the name and address of each person present when the statement was made; and f) the name and address of each person who has knowledge of the statement.

Unless subject to a claim of privilege, which must be specified: g) attach a copy of the statement, if it is in writing; h) if the statement was oral, state whether a recording was made and, if so, set forth the nature of the recording and the name and address of the person who has custody of it; and i) if the statement was oral and no recording was made, provide a detailed summary of its contents.

ANSWER: See attached police reports as well as medical incident report form. On the advice of counsel, defendants reserve the right to amend this response pursuant to the Court Rules.

6. If you claim that the plaintiff made any statements or admissions as to the subject matter of this lawsuit, state: a) the date made; b) the name of the person by whom made; c) the name and address of the person to whom made; d) where made; e) the name and address of each person present at the time the admission was made; f) the contents of the admission; and g) if in writing, attach a copy.

ANSWER: Unknown at this time. On the advice of counsel, defendants reserve the right to amend this answer pursuant to the Court Rules.

7. If you contend that the plaintiff's damages were caused or contributed to by the negligence of any other person, set forth the name and address of the other person and the facts upon which you will rely in establishing that negligence.

ANSWER: These defendants contend the plaintiffs' damages were caused and/or contributed to by plaintiffs. The defendant shall rely on all facts as presented in these answers to interrogatories, as well as any other answers to interrogatories, depositions and at the time of trial by way of direct and cross-examination of all parties and witnesses, as well as pre-trial discovery.

8. State the names and addresses of all eyewitnesses to the accident or occurrence, their relationship to you and their interest in this lawsuit.

ANSWER: All parties to this action including the responding officers, emergency response personnel, and all persons that a subsequent investigation may reveal.

9. If any photographs, video tapes, audio tapes or other forms of electronic recording, sketches, reproductions, charts or maps were made with respect to anything that is relevant to the subject matter of the complaint, describe: a) the number of each; b) what each shows or contains; c) the date taken or made; d) the names and addresses of the persons who made them; and e) in whose possession they are at present and f) if in your possession, attach a copy, or if not subject to convenient copying, state the location where inspection and copying may take place.

ANSWER: Attached herein are copies of fourteen (14) photographs of the Kenworthy residence taken by Lyndhurst Police Department on August 17, 2016.

On the advice of counsel, defendant reserves the right to amend this answer pursuant to the Court Rules.

10. State the names and addresses of any and all proposed expert witnesses. Set forth in detail the qualifications of each expert named and attach a copy of each expert's current resume. Also, attach true copies of all written reports provided to you by any such proposed expert witnesses.

With respect to all expert witnesses, including treating physicians, who are expected to testify at trial, and with respect to any person who has conducted an examination pursuant to Rule 4:19, state each such witness's name, address and area of expertise and attach a true copy of all written reports provided to you. If a report is not written, supply a summary of any oral report provided to you.

State the subject matter on which your experts are expected to testify.

State the substance of the facts and opinions to which your experts are expected to testify and provide a summary of the factual grounds of each opinion.

ANSWER: On the advice of counsel, defendant has not retained an expert at this time. This defendant reserves the right to supplement this answer in the future in conformance with the Rules of Court.

11. If you contend or intend to contend at the time of trial that the plaintiff sustained personal injuries in any prior or subsequent accident, state: a) the date of said accident; b) the injuries you contend that plaintiff sustained; c) the parties involved in said accident; d) the source from which you obtained the information; and e) attach a copy of any written documents regarding this information.

ANSWER: On the advice of counsel, to be determined through a continuing investigation and discovery.

12. If you intend to rely on any statute, rule, regulation or ordinance, state the exact title and section.

ANSWER: On the advice of counsel, objection insofar as this interrogatory seeks the discovery of information that is protected by the attorney work product and/or attorney/client privilege. In an effort to be responsive, the New Jersey Tort Claims Act, N.J.S.A. 59:1-1, et. seq.; Comparative Negligence Act, N.J.S.A. 2A:15-5.1, et. seq.; and the State of New Jersey Administrative Code, Chapter 84.

13. Pursuant to R.4:10-2(b), state whether there are any insurance agreements including excess policies under which any person or firm carrying on an insurance business may be liable to satisfy part or all of a judgment that may be entered in this action or to indemnify or reimburse for payments made to satisfy the judgement. YES (☒) NO (☐).

If the answer is "YES", attach a copy of each insurance agreement or policy, or in the alternative state: a) number; b) name and address of insurer or issuer; c) inception and expiration dates; d) names and addresses of all persons insured thereunder; e) personal injury limits; f) property damage limits; g) medical payment limits; h) name and address of person who has custody and possession thereof; and i) where and when each policy or agreement can be inspected and copied.

ANSWER: The defendants are insured for liability, if any is found, by the Bergen County Joint Insurance Fund and the Municipal Excess Liability Fund.

14. Identify all documents that may relate to this action and attach copies of each such document.

ANSWER: New Jersey Police Accident Report, Borough of Rutherford investigation/incident reports and complaints (copies attached).
Tickets/summonses issued to Anthony Eli (copies attached).
Discovery obtained from Bergen County Prosecutor's Office regarding Anthony Eli (copies attached).

On the advice of counsel, Defendant reserves the right to amend this answer pursuant to the Rules of Court.

15. State whether you have ever been convicted of a crime. YES () NO (X). If the answer is "YES" state:

- a) Date:
- b) Place:
- c) Nature:

CERTIFICATION

James O'Connor, being duly sworn according to law, upon his oath deposes and says that he is a resident of the State of New Jersey and the Chief of Police for the Township of Lyndhurst.

Based upon his responsibility as the Township of Lyndhurst Chief of Police, he is attesting to the foregoing Answers to Interrogatories for and on behalf of all defendants and is duly authorized to answer these Interrogatories. The Interrogatories are not answered upon personal knowledge of the deponent, nor from any single official or employee of the Township of Lyndhurst. However, the facts and answers contained herein have been compiled at his direction by employees of the Township of Lyndhurst and counsel for the defendants, and he is informed by said employees and counsel that the matters set forth are in accordance with the information available to the Township of Lyndhurst and with records maintained by the Township of Lyndhurst and that they are true insofar as it is possible to verify them.

Defendant(s), Lyndhurst Police Department, Police Officer Phillip Reina, Police Officer Haggerty, Sgt. Richard Pizzuti,
Lyndhurst Township Ambulance Squad, Township of Lyndhurst

By: 

POLICE CHIEF JAMES O'CONNOR

DATED: 6-18-, 2018



Lyndhurst Police Department
367 Valley Brook Avenue, Lyndhurst, NJ 07071
Phone: 201-939-2900 Fax: 201-896-9572 Mun. Code: 0232
Investigation Report



| | | | | | | | | | | |
|--|---------------------|---------------|---------------|-----------------------------|-----------------------------------|---------------|----------------|---------------------|---------------------------------|-----|
| Incident Details: | | | | | | | | | | |
| Case Number | Time Reported | Date Reported | Time Occurred | Date Occurred | Occurrence Between Date / Time of | Time Occurred | Date Occurred | 911 | Complete | |
| 16-11077 | 01:49 | 08/17/16 | 01:49 | 08/31/16 | | | | | X | |
| Incident Type: | | | | | Incident Location: | | | | | |
| Medical Call | | | | | Street # | | Street Name | | Intersection / Cross Street of: | |
| | | | | | 287 | | Castle Terrace | | | |
| Business / Common Location Name | | | | | | | | | | |
| Contact Information: Victim Suspect Complainant Witness Driver Arrest Passenger Missing Business Other | | | | | | | | | | |
| Code | Contact Name #1 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| C | Bergen County 911 | | | | | | | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| 285 Campgaw Road, Mahwah, NJ 07430 | | | | | | | | | | |
| Code | Contact Name #2 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| T | Kenworthy, Shayling | R | | 38 | F | 1A | 08/07/1978 | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| 287 Castle Terrace Fl 1, Lyndhurst, NJ 07071 | | | | | | | | | | |
| Code | Contact Name #3 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| O | Kenworthy, Lee | R | | 37 | M | 1B | 10/02/1978 | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| 287 Castle Terrace Fl 1, Lyndhurst, NJ 07071 | | | | | | | | | | |
| Code | Contact Name #4 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| | | | | | | | | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| | | | | | | | | | | |
| Property Information: | | | | | | | | | | |
| Value of Stolen Property | Currency | Jewelry | Furs | Clothing | Auto | Misc. | Total | | | |
| Value of Stolen Property Recovered | | | | | | | | | | |
| Automobile Information: | | | | | | | | | | |
| 1 | Vehicle Code | Year | Make | Body Type | Color | Registration | State | VIN | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| Narrative: | | | | | | | | | | |
| Narrative On Wednesday, August 17, 2016 at 0149 hours, Officer Haggerty and I responded to 287 Castle Terrace on the first floor on a report of a 38 year old female experiencing difficulty in breathing. Upon my arrival, I entered the residence and heard Officer Haggerty transmit via radio that the patient, Shayling Kenworthy was experiencing shallow, labored breathing and to expedite the responding emergency squad. I then entered the apartment and observed Mrs. Kenworthy lying in the supine position, breathing but unresponsive on the floor of an empty bedroom of the apartment. Mrs. Kenworthy was warm to the touch but displayed a blueish facial feature. We attempted to obtain a radial pulse from Mrs. Kenworthy's left wrist, but it was weak. It was at that time Officer Haggerty and I began to render medical attention to Mrs. Kenworthy. | | | | | | | | | | |
| Officer of Record: | | Date: | | Other Reports Filed: | | | | Reviewed By: | | |
| P.O. Philip Reina 107 | | 08/17/16 | | MVA | Arrest | DV | DWI | DWIQ | Tow SD CI TRO | |
| | | | | SHA | Prop. | X Evdn | X UOF | Prst | Supp X Juv Bias Pris | |
| | | | | | | | | | | 079 |



Lyndhurst Police Department
367 Valley Brook Avenue, Lyndhurst, NJ 07071
Phone: 201-939-2900 Fax: 201-896-9572 Mun. Code: 0232
Investigation Report



Narrative Continued (Page 2)

Case Number

16-11077

Officer Haggerty attempted to ascertain information regarding Mrs. Kenworthy's medical condition and if she had ingested any medications or illegal narcotics. While doing so, we continuously had to give Mrs. Kenworthy's husband, Lee Kenworthy verbal commands step away from the scene due to his interfering and tumultuous behavior towards us. Mrs. Kenworthy began convulsing on the floor and due to the fact that we could not obtain whether or not she ingested the incorrect amount of medication and/or illegal narcotics, Officer Haggerty administered two doses of Naloxone mist in each of her nostrils. The doses of Naloxone did not have an effect on Mrs. Kenworthy.

Shortly thereafter, I began to administer Mrs. Kenworthy oxygen while Officer Haggerty connected the Automated External Defibrillator (AED) to the proper positions on her torso. After analyzing the heart rhythm, the AED concluded that there was no shock advised and to begin cardiopulmonary resuscitation (CPR). Lt. Carrino arrived on scene as a backup unit. The Lyndhurst Police Emergency Squad responded and continued CPR along with this officer and Officer Haggerty. The MIC unit 256 arrived on scene in order to provide advanced life support. While the emergency medical personnel rendered care to Mrs. Kenworthy, I attempted to speak with Mr. Kenworthy regarding the incident. According to Mr. Kenworthy, Mrs. Kenworthy advised him that she was experiencing difficulty in breathing and that he recommended she go outside to inhale fresh air. Mr. Kenworthy explained that he turned on the air conditioner in his vehicle while Mrs. Kenworthy took a shower. Mr. Kenworthy stated that after Mrs. Kenworthy's shower, she sat inside their vehicle in front of the residence for approximately an hour because he was concerned that there may be harmful pollutants inside the apartment. Mr. Kenworthy stated that he received a missed cellphone call from Mrs. Kenworthy at 2356 hours. Mr. Kenworthy advised this officer that Mrs. Kenworthy came running inside the apartment and stated that she was having difficulty breathing and that she was going to perform a breathing treatment on her nebulizer. Mr. Kenworthy advised this officer that Mrs. Kenworthy was utilizing her nebulizer for long periods of time throughout the day due to her complaint of difficulty in breathing. Mr. Kenworthy reported that he asked Mrs. Kenworthy numerous times if she would like to go to the hospital, but she refused each time. While speaking with Mr. Kenworthy, he displayed signs of calm and erratic behavior. Furthermore, Mr. Kenworthy would speak of off topic incidents in his past in an attempt to avoid questioning. The LPES and MIC unit transported Mrs. Kenworthy to Meadowlands Hospital. Due to the fact that Mr. Kenworthy was separated from Mrs. Kenworthy for an extended period of time and that it was unknown if she ingested any legal and/or illegal narcotics, Officer Haggerty and I secured the scene.

At 0245 hours, Detective Sgt. Pizzuti responded to process the scene and to interview Mr. Kenworthy regarding the incident. While at the scene speaking with Mr. Kenworthy, police headquarters notified Officer Haggerty that Mrs. Kenworthy had expired. After receiving this information, Officer Haggerty notified Mr. Kenworthy of the death pronouncement that occurred at 0209 hours. At the conclusion of the investigation at 0350 hours, Mr. Kenworthy was released at the scene.

Officer of Record:

Date:

P.O. Philip Reina. 107

08/17/16



Lyndhurst Police Department
367 Valley Brook Avenue, Lyndhurst, NJ 07071
Phone: 201-939-2900 Fax: 201-896-9572 Mun. Code: 0232
Investigation Report



Narrative Continued (Page 3)

Case Number

16-11077

Mr. Kenworthy's vehicle was parked legally on the roadway in front of 624 Valley Brook Avenue. I burned the photographs that were taken at the scene utilizing the "B" Squad camera onto a DVD. The DVD was then logged into the BEAST system as evidence before being placed into Temporary Evidence Locker #4 by this officer.

Officer of Record:

Date:

P.O. Philip Reina 107

08/17/16



Lyndhurst Police Department
367 Valley Brook Avenue, Lyndhurst, NJ 07071
Phone: 201-939-2900 Fax: 201-896-9572 Mun. Code: 0232
Supplemental Investigation Report



| | | | | | | | | | | |
|---|---------------------|---------------|---------------|-----------------------------|-----------------------------------|---------------|----------------|---------------------|---------------------------------|-----|
| Incident Details: | | | | | | | | | | |
| Case Number | Time Reported | Date Reported | Time Occurred | Date Occurred | Occurrence Between Date / Time of | Time Occurred | Date Occurred | 911 | Complete | |
| 16-11077A | | 08/17/16 | | | | | | | X | |
| Incident Type: | | | | | Incident Location: | | | | | |
| Investigation Follow-Up | | | | | Street # | | Street Name | | Intersection / Cross Street of: | |
| | | | | | 287 | | Castle Terrace | | | |
| | | | | | Business / Common Location Name | | | | | |
| Contact Information: Victim Suspect Complainant Witness Driver Arrest Passenger Missing Business Other | | | | | | | | | | |
| Code | Contact Name #1 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| V | Kenworthy, Shayling | R | 12 | 38 | F | 1A | 08/07/1978 | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| 287 Castle Terrace, Lyndhurst NJ 07071 | | | | | | | | | | |
| Code | Contact Name #2 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| C | Kenworthy, Lee | R | | 37 | M | 1B | 10/02/1978 | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| 287 Castle Terrace, Lyndhurst NJ 07071 | | | | | | | | | | |
| Code | Contact Name #3 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| | | | | | | | | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| | | | | | | | | | | |
| Code | Contact Name #4 | MI | Suffix | Age | Sex | Race | DOB | SSN | | |
| | | | | | | | | | | |
| Address | | | | | | Home Phone | | Cell Phone | | |
| | | | | | | | | | | |
| Property Information: | | | | | | | | | | |
| Value of Stolen Property | Currency | Jewelry | Furs | Clothing | Auto | Misc. | Total | | | |
| Value of Stolen Property Recovered | | | | | | | | | | |
| Automobile Information: | | | | | | | | | | |
| 1 | Vehicle Code | Year | Make | Body Type | Color | Registration | State | VIN | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| Narrative: | | | | | | | | | | |
| Narrative On Wednesday August 17, 2016 at approximately 0215hrs I was notified by Captain Devlin that patrol had responded to a difficulty in breathing call at 287 Castle Terrace. Upon arrival of patrol units they observed the victim, Shayling Kenworthy, to be convulsing and experiencing respiratory distress. They administered two doses of Naloxone mist with no effect. CPR was initiated. LPES transported the victim to Meadowlands Hospital where she was pronounced deceased at 0240hrs by Dr. Santiago Enriquez. Lt. Carrino requested CID notification due to the past history of domestic abuse, the circumstances surrounding this incident, and the unorthodox demeanor of Lee Kenworthy. | | | | | | | | | | |
| Officer of Record: | | Date: | | Other Reports Filed: | | | | Reviewed By: | | |
| Sgt. Richard Pizzuti 090 | | 08/17/16 | | MVA | Arrest | DV | DWI | DWIQ | Tow SD CI TRO | |
| | | | | SHA | Prop. | Evdn. | UOF | Prst | Supp X Juv Bias Pris | |
| | | | | | | | | | | 081 |



Lyndhurst Police Department
367 Valley Brook Avenue, Lyndhurst, NJ 07071
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Supplemental Investigation Report



Narrative Continued (Page 2)

Case Number

16-11077A

Upon my arrival to the scene at 0245 hours Mr. Kenworthy recalled me from our previous encounter in which he was arrested for domestic violence assault and I was the detective that processed him. In that incident Mr. Kenworthy was displeased that we notified DCCP after that incident and expressed his displeasure to me. I advised Mr. Kenworthy that I was on this scene to handle this particular incident and we should focus solely on it. Mr. Kenworthy agreed, but throughout had difficulty remaining on topic. He referenced a previous lawsuit in which he was the victim of a sexual assault as well as numerous verbal disagreements with his landlords, Bobby Martin and Rick Anderson.

I was able to have Mr. Kenworthy relay the details leading up to this incident. He advised me they were in the process of moving out of the apartment because Mrs. Kenworthy's existing breathing problems had worsened since they moved in. Mr. Kenworthy believed there was a substance(s) (ammonia smell) in the bedroom carpeting when they moved in that worsened Mrs. Kenworthy's condition. He removed the carpeting within the first week of inhabiting the apartment, but the condition did not improve. Mr. Kenworthy indicated on this date Mrs. Kenworthy was experiencing difficulty in breathing most of the day and utilizing her nebulizer throughout. At approximately 2200-2215 hours Mr. Kenworthy stated he returned home from White Castle. Upon returning he indicated he called 911 because he and Mrs. Kenworthy were involved in a verbal argument with the first floor tenant over the positioning of the U-Haul they were using to move. Patrol units responded and handled the situation. The Kenworthy's continued to move their belongings out of the apartment.

Mrs. Kenworthy utilized the nebulizer for approximately 15-20 minutes immediately after patrol units left the residence. The nebulizer was ineffective according to Mr. Kenworthy and Mrs. Kenworthy took a shower hoping the steam would alleviate the breathing problem. The shower did not help. Mrs. Kenworthy again utilized the nebulizer while Mr. Kenworthy continued to move belongings to the truck. On one of Mr. Kenworthy's trips he advised Mrs. Kenworthy to sit in the truck with the air condition on in hopes to alleviate the breathing problem. Mr. Kenworthy stated he received a call from Mrs. Kenworthy at 2356 hours which he missed. He was then met in the bedroom by Mrs. Kenworthy immediately after and she was in respiratory distress. Mr. Kenworthy advised me that he contacted 911 immediately. When I relayed to Mr. Kenworthy that our department received a 911 call at approximately 0149 hours not 2356 hours he indicated he may have the times wrong. I felt in the totality of the circumstances that the times could be confused and did not press the issue. I asked Mr. Kenworthy if it was possible that Mrs. Kenworthy ingested opiate based medicine and/or narcotics. Mr. Kenworthy advised me that she had taken one or two Tramadol for back pain earlier in the night. Based on my training and experience I know Tramadol can cause respiratory distress when taken with alcohol. I asked Mr. Kenworthy if Mrs. Kenworthy had possibly ingested any alcoholic beverages which he replied no. I tried to get an exact amount of Tramadol that Mrs. Kenworthy had ingested, but Mr. Kenworthy was unable to assist. I also attempted to locate a prescription bottle containing the medication, but was unable to.

Officer of Record:

Date:

Sgt. Richard Pizzuti 090

08/17/16



Lyndhurst Police Department
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Phone: 201-939-2900 Fax: 201-896-9572 Mun. Code: 0232
Supplemental Investigation Report



Narrative Continued (Page 3)

Case Number

16-11077A

While speaking with Mr. Kenworthy we received notification that Mrs. Kenworthy had expired. She was pronounced dead at 0240 hours. Officer Haggerty and Officer Reina advised Mr. Kenworthy. Due to this circumstance I ceased my conversation with Mr. Kenworthy and focused the attention on the inside of the residence in order to expedite Mr. Kenworthy's arrival to the hospital.

I captured fourteen (14) digital photographs of the scene beginning with the front entry way. I photographed the entry way steps, hallway to the bedrooms, the bedroom where Mrs. Kenworthy experienced her medical emergency, the end of the hallway, the bathroom inside the bedroom where Mrs. Kenworthy experienced her medical emergency, the nebulizer (two times), the second bathroom, the kitchen, dining room, living room, rubber bands located in dining room, and a tin container containing empty albuterol dosage units as well as cigarette butts. Those photographs were downloaded to a DVD and secured by Officer Reina in evidence locker 4. I gathered the DeVilbiss Healthcare Nebulizer Compressor Model 3655LT, a box of 25x3 Albuterol Sulfate 2.5 mg/3ml dosage units, Lot 4D42, nine (9) empty Albuterol Sulfate dosage units, thirteen (13) full Albuterol Sulfate dosage units, one (1) empty bottle of generic Bactrim (antibiotic) 400 80mg tablets, and one (1) bottle containing thirty seven (37) Claritin tablets which previously contained 40 and secured all as property.

I secured the three (3) small rubber bands that were located in the dining room of the residence. Based on my training and experience rubber bands of that size are utilized to package heroin wax folds. They were secured in CID evidence.

Once complete at the residence I went to Meadowlands Hospital to offer assistance to Mr. Kenworthy and his family. I provided Mr. Kenworthy with my contact information and advised him to contact me should he require assistance.

The autopsy was conducted by the Bergen County Medical Examiner. The determination made was that Mrs. Kenworthy died from complications caused by asthma.

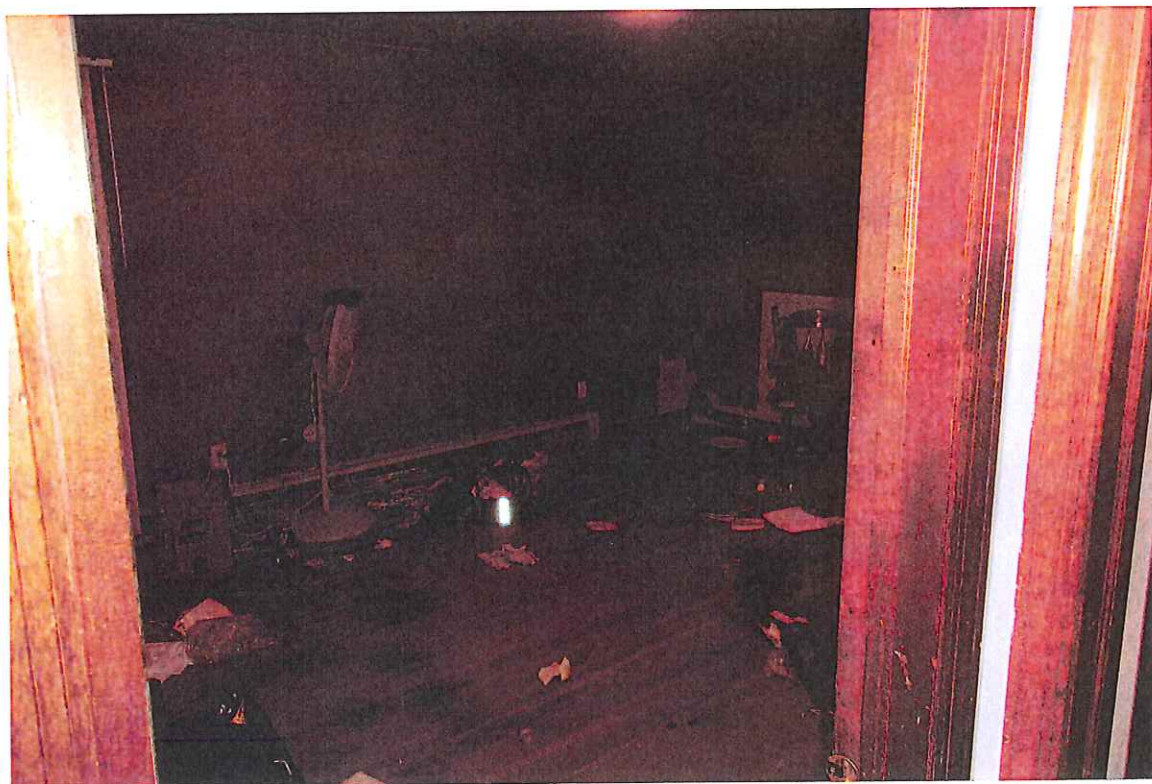
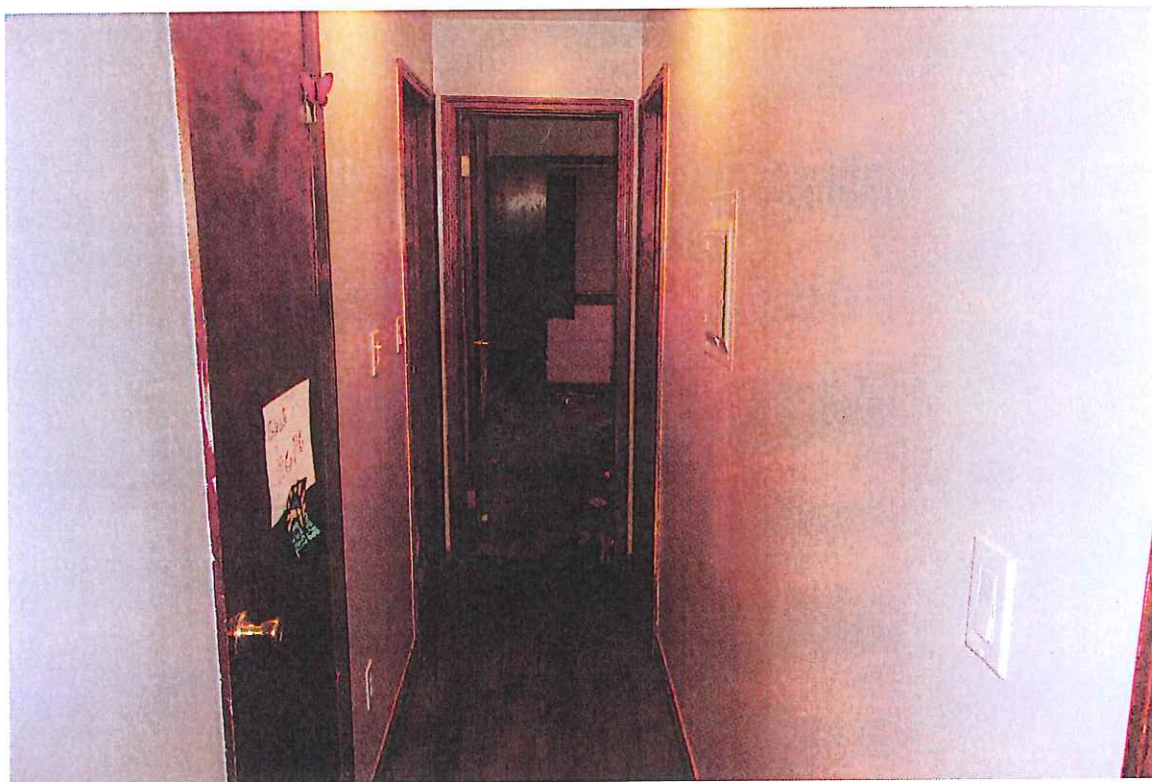
Officer of Record:

Date:

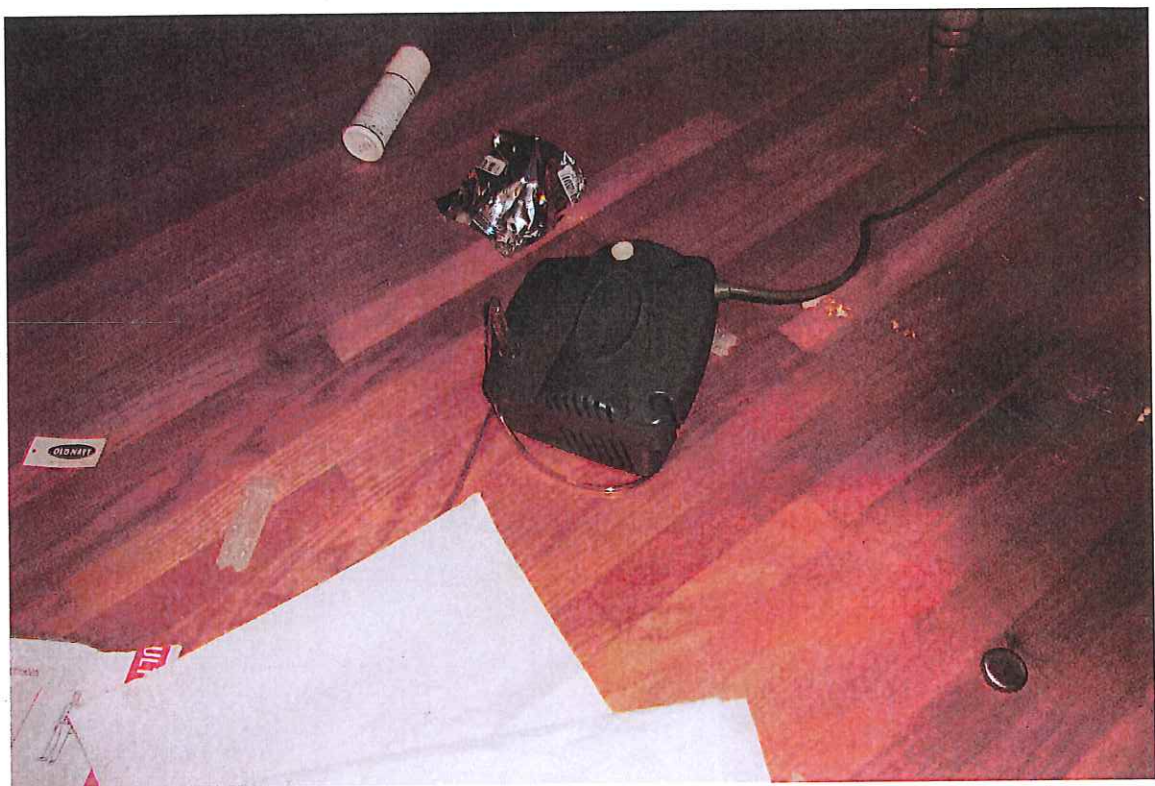
Sgt. Richard Pizzuti 090

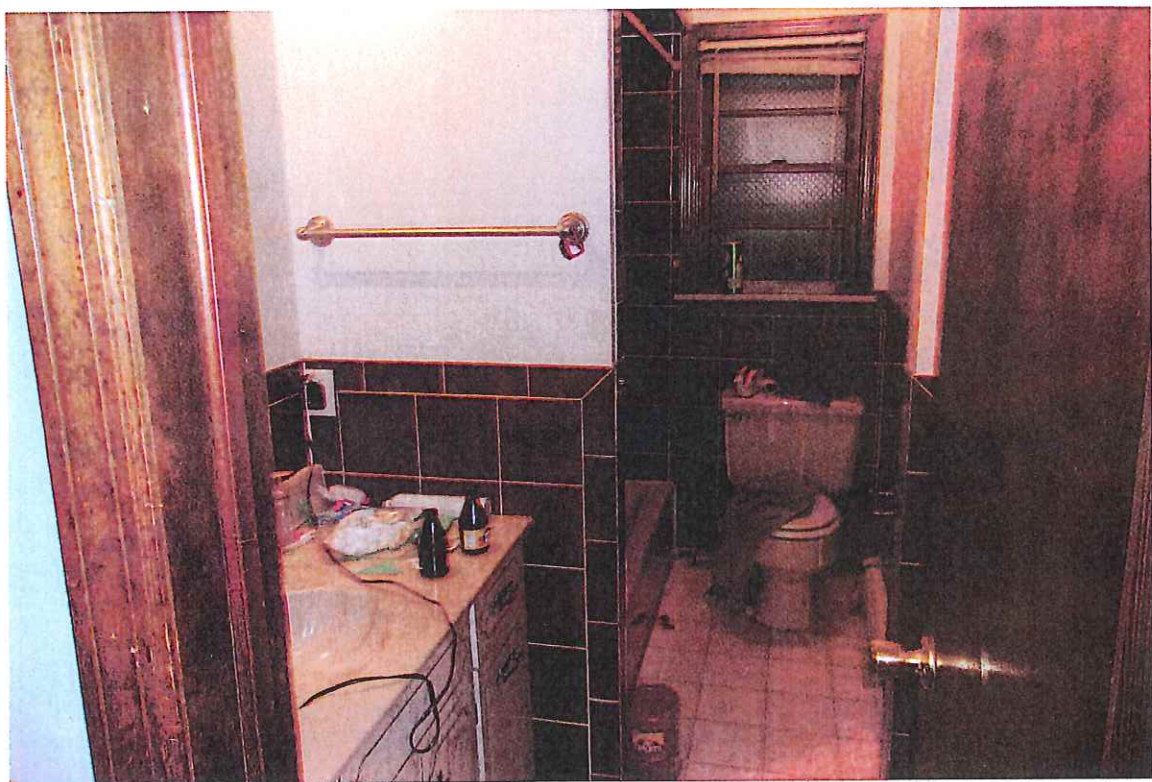
08/17/16

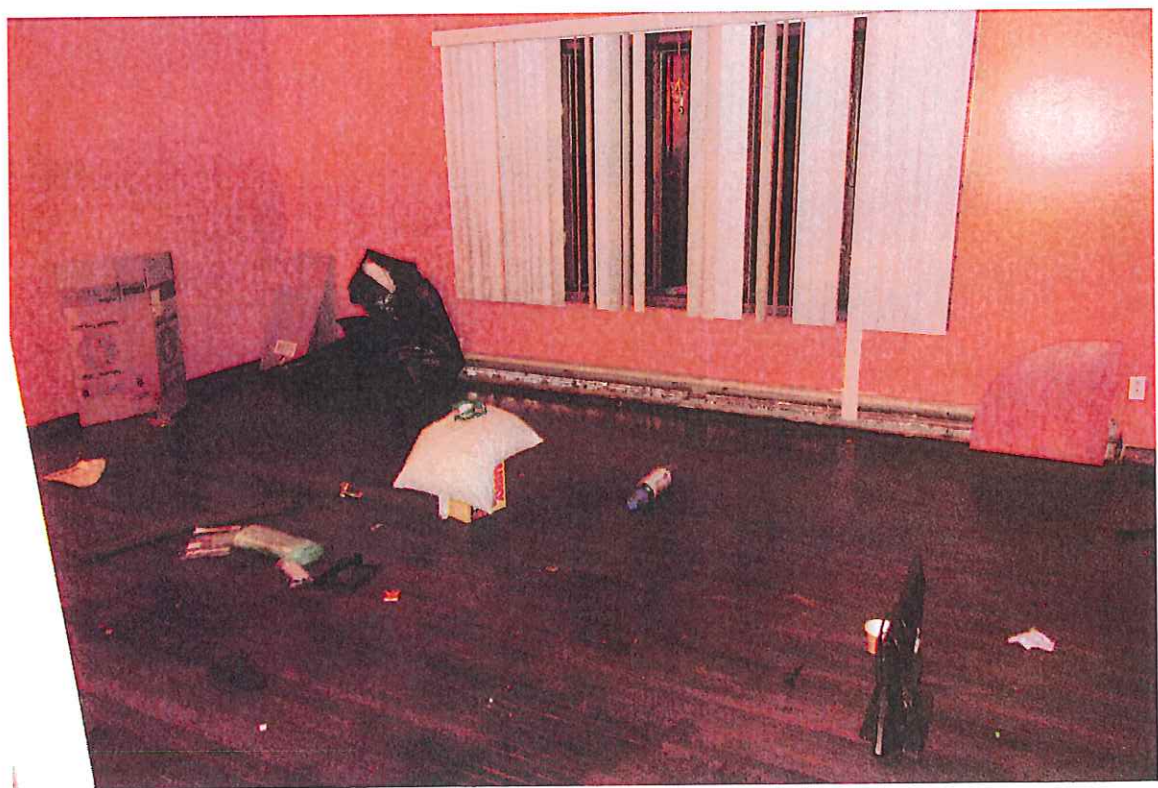
















RECEIPT FOR INTRANASAL MUCOSAL ATOMIZATION DEVICE

To be provided by Law Enforcement to Hospitals, Health Care Professionals and Practitioners that provide replenishment for used IMAD's to Law Enforcement

Requesting Agency [Police Department]: Lyndhurst Police Dept.

Certifying Officer¹: PO Paul F. Haggerty ID/Badge: 103

IMAD Provider: _____

Address: _____

Town/State: _____ Zip: _____

Certification of Use and Request for Replenishment

The undersigned certifying officer does hereby state that one (1) Intranasal Mucosal Atomization Device was used on [date] 08/17/2016 and which deployment is the subject of case number 16-11077 on file with the Department and Bergen County Prosecutors' Office. The Certifying Officer has requested that the IMAD Provider replenish the Department with a replacement IMAD and, in reliance upon this Certification, has agreed to replenish the Department with the following:

Number of IMAD units supplied: _____

Manufacturer: _____

Lot Number(s): _____

Expiration Date: _____

8-17-16
Date of Signature

PO Paul F. Haggerty *[Signature]*
Certifying Officer Signature

The ORIGINAL of this Receipt shall be left with the IMAD Provider and a copy forwarded to the Bergen County Prosecutors' Office Narcan Coordinator. A copy shall also be retained by the Department and shall be provided, upon request, by the IMAD provider.

¹ Need not be the officer that deployed the Naloxone, can be any agency officer.



NJ Attorney General's Heroin & Opiates Task Force Naloxone Deployment Reporting Form



| | | | |
|--|--|--|--|
| Police Department: LYNDHURST POLICE DEPT. | | Case #: 16-11077 | |
| Date of Overdose: 08/17/2016 | | Time of Overdose: 01:49 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | |
| Location where overdose occurred: (Street address, City) 287 CASTLE TERRACE 1ST FLOOR LYNDHURST NJ | | Address of victim: (Street address, City) 287 CASTLE TERRACE 1ST FLOOR LYNDHURST NJ | |
| Gender of the victim: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown | | Age: 38 | |
| Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Indian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander | | | |
| Signs of overdose present (check all that apply) | | | |
| <input checked="" type="checkbox"/> Unresponsive <input checked="" type="checkbox"/> Breathing Slowly <input type="checkbox"/> Not Breathing <input checked="" type="checkbox"/> Blue lips | | | |
| <input checked="" type="checkbox"/> Slow pulse <input type="checkbox"/> No pulse <input type="checkbox"/> Other (specify): | | | |
| Suspected overdose on what drugs (check all that apply) | | | |
| <input type="checkbox"/> Heroin <input type="checkbox"/> Benzos/ Barbituates <input type="checkbox"/> Cocaine/ Crack <input type="checkbox"/> Suboxone <input type="checkbox"/> Any other opioid | | | |
| <input type="checkbox"/> Alcohol <input type="checkbox"/> Methadone <input checked="" type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify): | | | |
| Evidence | | | |
| <input type="checkbox"/> Heroin Stamp (Text/Color) | | Describe Image: | |
| <input type="checkbox"/> Opiate Pills Pill Type: | | Describe Image: | |
| <input type="checkbox"/> Evidence Secured | | Doctor's Name: | |
| <input type="checkbox"/> Drugs | | <input type="checkbox"/> Paraphernalia | |
| Details of Naloxone Deployment | | | |
| Number of doses used: 2 | | Did Naloxone work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure | |
| If yes, how long did it take to work: <input type="checkbox"/> <1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> >5 min <input type="checkbox"/> Don't Know | | | |
| Patient's response to Naloxone <input type="checkbox"/> Responsive and alert <input type="checkbox"/> Responsive but sedated <input type="checkbox"/> No response to Naloxone | | | |
| Post-Naloxone withdrawal symptoms (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Irritable or Angry | | | |
| <input type="checkbox"/> Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Physically Combative | | | |
| <input type="checkbox"/> Vomiting | | <input checked="" type="checkbox"/> Other (specify): NO RESPONSE | |
| What else was done: <input checked="" type="checkbox"/> Sternal Rub | | Did the person live: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Recovery position | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Rescue breathing | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Chest compressions | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Automatic Defibrillator | | <input type="checkbox"/> Yelled | |
| <input checked="" type="checkbox"/> Shook them | | <input checked="" type="checkbox"/> Oxygen | |
| <input type="checkbox"/> EMS Naloxone | | <input type="checkbox"/> Bystander Naloxone | |
| <input type="checkbox"/> Other (specify): | | | |
| Disposition: <input checked="" type="checkbox"/> Care transfer to EMS <input type="checkbox"/> Other (specify): TRANSPORTED TO MEADOWLANDS HOSPITAL | | | |
| Naloxone Information: | | Lot #: RL090J5 Expiration date: 09 / 30 / 17 | |
| Notes / Comments Second Dose Lot # RL000C6 Expiration 12/31/2018. | | | |
| P.O. PAUL F. HAGGERTY | | | |
| Officer's Name | | Signature | |
| | | Date of Report 8-17-16 | |



RECEIPT FOR INTRANASAL MUCOSAL ATOMIZATION DEVICE

*To be provided by Law Enforcement to Hospitals, Health Care Professionals and
Practitioners that provide replenishment for used IMAD's to Law Enforcement*

Requesting Agency [Police Department]: Lyndhurst Police Dept.

Certifying Officer¹: PO Paul F. Haggerty ID/Badge: 103

IMAD Provider: _____

Address: _____

Town/State: _____ Zip: _____

Certification of Use and Request for Replenishment

The undersigned certifying officer does hereby state that one (1) Intranasal Mucosal Atomization Device was used on [date] 08/17/2016 and which deployment is the subject of case number 16-11077 on file with the Department and Bergen County Prosecutors' Office. The Certifying Officer has requested that the IMAD Provider replenish the Department with a replacement IMAD and, in reliance upon this Certification, has agreed to replenish the Department with the following:

Number of IMAD units supplied: 1 NALOX SYR + 1 IMAD

Manufacturer: IMS

Lot Number(s): R2001C6

Expiration Date: 2/18

[Signature]
9/14/16

8-17-16
Date of Signature

PO Paul F. Haggerty
Certifying Officer Signature

The ORIGINAL of this Receipt shall be left with the IMAD Provider and a copy forwarded to the Bergen County Prosecutors' Office Narcan Coordinator. A copy shall also be retained by the Department and shall be provided, upon request, by the IMAD provider.

¹ Need not be the officer that deployed the Naloxone, can be any agency officer.



Lyndhurst Police Department

367 Valley Brook Avenue, Lyndhurst, NJ 07071

Phone: 201-939-2900 Fax: 201-896-9572 Mun. Code: 0232

Property Report

Incident Details:

| | | | |
|-----------------|--|-----------|---------------|
| Case # | 16-11077 | CDS | Firearm |
| Owner's Name | Kenworthy, Shayling | | Owner Unknown |
| Owner's Address | 287 Castle Terrace Fl 1, Lyndhurst, NJ 07071 | | |
| Stolen Date | Place Stolen | Mun. Code | |

Details of Recovery:

| | | |
|--------------------------------------|---------------------------------------|-------------------------|
| Recovered Date 08/17/16 | Place Recovered 287 Castle Terrace | Mun. Code 0232 |
| Found in Possession of In bedroom | Address 287 Castle Terrace | |
| Place Retained LPD HQ | Condition of Property fair | Owner's Estimated Value |

| Narrative | |
|-----------|-----|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
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| 95 | 95 |
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| 98 | 98 |
| 99 | 99 |
| 100 | 100 |

Found in master bedroom of residence of death investigation

| Qty. | Description of Property | Type | Est. Value | Total |
|------|---|-------|------------|--------|
| 1 | DeVilbiss Healthcare Nebulizer Compressor Model 3655LT | Misc. | | \$0.00 |
| 1 | Box of 25x3 Albuterol Sulfate 2.5mg/3ml Lot 4D42 Exp. 4/16. | Misc. | | \$0.00 |
| 9 | empty Albuterol Sulfate dosage units | Misc. | | \$0.00 |
| 13 | full Albuterol Sulfate dosage units | Misc. | | \$0.00 |
| 1 | empty bottle of generic Bactrim 400-80mg tablets which previously | Misc. | | \$0.00 |
| 1 | bottle containing 37 Claritin tablets which previously contained 40 | Misc. | | \$0.00 |

| | | | | | | | |
|--|-------------------------------------|---------|--|-------------|------|---|-------|
| Value of Recovered Property | Currency | Jewelry | Furs | Clothing | Auto | Misc. | Total |
| Release Date 8/17/16 | Proof of Ownership | | Signature of Officer Authorizing Release <i>[Signature]</i> | | | Signature of Officer Releasing Property <i>[Signature]</i> | |
| Released to Owner - Agent - Official <i>[Signature]</i> | | | Address | | | Signature of Owner - Agent - Official | |
| Report Date 08/17/16 | Officer Sgt. Richard Pizzuti 090 | | | Reviewed By | | Signature of Officer Releasing Report | |

LYNDHURST POLICE EMERGENCY SQUAD

MEDICAL INCIDENT REPORT FORM

297 Delafield Avenue • P.O. Box 471 • Lyndhurst, NJ 07071

DISPATCHED TO: 287 Castle Terrace NATURE: Respiratory Distress DATE: 8/17/16
 PATIENT'S NAME: SHAYLING KROUENY PHONE: UTO S.S.N.:
 HOME ADDRESS: 287 Castle Terrace CITY: Lyndhurst STATE: NJ ZIP: 07071 VEH # 32-56
 AGE: 38 D.O.B.: 8/17/78 SEX: DM RACE: W ROAD CONDITIONS: DR
 PARENT/GUARDIAN: DR: PRIMARY: UTO SECONDARY:

1 STATUS ON ARRIVAL
 ALERT ☒ (X1) ☐ (X2) ☐ (X3)
 RESPONSE: ☐ VOICE ☐ PAIN ☐ PHONE
☐ VIOLENT/UNCONTROLLABLE
☐ CARDIAC ARREST ☐ RESP. ARREST
☐ WITNESSED TIME ☐ UNWITNESSED TIME ☐ CPH STARTED TIME ☐ BY LAY PERSON ☐ BY FIRE/POLICE ☐ BY BLS ☐ BY ALS
 ESTIMATED ANOXIC TIME ☐ MIN.
 WHERE FOUND: HOME
 POSITION FOUND: 1st floor
☐ AT SCENE ☐ IN ED
 AUTHORITY: UTO

2 N/A ONSET OF SYMPTOMS
 DATE: 8/17/16 TIME: 11:00 PM

3 PATIENT'S CHIEF COMPLAINT
 PAIN FROM THE FOLLOWING:
☐ CHEST ☐ HEAD ☐ ABDOMEN
☐ NECK ☐ LIMBS ☐ BACK
☐ N.C.C.
☐ NUMBNESS/LOSS OF FEELING
☐ HYPERTENSION ☐ HYPOTENSION
☐ LOSS OF MOTION ☐ PARALYSIS
☐ VISION LOSS/DISTURBANCE
☒ RESPIRATORY DISTRESS
☐ SHORT OF BREATH ☐ WEAKNESS
☐ NAUSEA ☐ VOMITING
☐ HEMOPTYSIS ☐ GI BLEEDING
☐ SYNCOPE ☐ NR. SYNCOPE
☐ CARDIAC ARREST ☐ SEIZURE
☐ POSSIBLE SEXUAL ABUSE
☐ POSSIBLE CHILD MISTREATMENT
☐ POISONING/OVERDOSE ☐ PARALYSIS
☐ BEHAVIORAL ☐ DIABETIC
☐ FEVER ☐ GENERAL MALAISE
☐ NEUROLOGIC ☐ QB ☐ GYN
☐ DROWNING
☐ OTHER/UNKNOWN

4 N/A HISTORY OF INJURY
☐ PEDESTRIAN ☐ BIKE/AUTO
☐ MVA ☐ MOTORCYCLE
☐ FALL ☐ EXPLOSION/FIRE
☐ FIREARM ☐ BLUNT TRAUMA
☐ CRUSHED ☐ SPORT
☐ ANIMAL BITE ☐ ELECT. SHOCK
☐ MACHINERY ☐ BOAT
☐ OTHER

5 PAST HISTORY
☐ MI ☐ ANGINA
☐ CHF ☐ HYPERTENSION
☐ PAST HIST. OF CARDIAC ARREST
☐ OPEN HRT. ☐ PERM. PACEMKR
☐ OTHER HEART CONDITION
☐ ASTHMA ☐ PULMON/EMBOLUS
☐ COPD ☐ RESP. ARREST
☐ PSYCH. ILLNESS ☐ CVA
☐ EPILEPSY ☐ DRUG ABUSE
☐ DIABETES ☐ SNUOPE
☐ ALLERGY ☐ ANKA ☐ UNKNOWN
☐ INFO ☐ INFO UNOBTAINABLE
☐ GI DISTURBANCES/ULCER

6 N/A PARTS INJURED
 R L
 HEAD ☐ KNEE ☐
 FACE ☐ LEG ☐
 NECK ☐ FOOT ☐
 CHEST ☐ SHLDR. ☐
 BACK ☐ ARM ☐
 ABD. ☐ ELBOW ☐
 PELVIS ☐ FOREARM ☐
 HIP ☐ HAND ☐
 THIGH ☐

7 PHYSICAL EXAMINATION
 RESPIRATION ☐ ☐ ☐
 PULSE ☐ ☐ ☐
 CIRCLE ONE ☐ R I T ☐ R I T ☐ R I T ☐
 BLOOD ☐ ☐ ☐
 PRESSURE ☐ ☐ ☐
 TIME ☐ ☐ ☐
 R-REG M-REG T-THREADY B-BOUNDING

8 LUNGS
☐ NORM. AIR EXCHANGE ☐ SHALLOW RESP.
☐ RESPIRATORY ARREST
☒ ABSENT BREATH SOUNDS R R L
☐ WHEEZING ☐ R O L
☐ RONCHI ☐ R O L ☐ RALES ☐ R O L

9 SKIN
☒ WARM ☐ COOL
☐ MOIST ☐ DRY
☒ PALE ☐ FLUSHED
☐ CYANOTIC
☐ ASHEN
☐ JAUNDICED

10 N/A PUPILS
☐ P.E.R.L. ☐ SLUGGISH
☐ NON-REACTIVE
☐ CONSTRICT. ☐ R O L
☐ UNEQUAL ☐ R O L
☐ ARTIFICIAL ☐ R O L

11 PRESENT MEDICATION
☒ DENIED
1 mg Albuterol
Nebulizer

12 PATIENT MANAGEMENT
☐ ORAL AIRWAY ☐ ORAL-NASAL SUCTION ☐ NASOPHARYNGEAL AIRWAY
☐ NASL O₂ LITRES ☐ BVM W/SUPL. O₂ ☐ HIGH CONCENTRATION O₂
☐ TRACTION SPLINTING DEVICE ☐ R O L ☐ BASIC SPLINTING DEVICE
☐ FULL SPINAL IMMOBILIZATION ☐ ORTHOPEDIC IMMOBILIZATION DEVICE
☐ OTHER ☐ TRANSPORT ONLY

13 ADDL. COMMENTS/NARRATIVE
UPON BIS ATT. REL BIS
found a 28 yr old
Female in the arms of
her husband. PT was found
to be in respiratory distress
and EMS initiated Resusc
breathing. Initial pulse
check show good strong
pulse. pt stated few minutes
later PT went into cardiac
arrest. Paramedic stated PT placed
on A&P and Auto Pulse. PT trans
ported to Meadowlands Hospital with
256 ambu-bag. A&P

14 TIME LOG
 CALL RECEIVED ☐
 UNIT DISPATCHED ☐
 ARRIVED AT LOCATION ☐
 DEPARTED LOCATION ☐
 ARRIVED AT HOSPITAL ☐
 AVAILABLE ☐

15 CREW/VEHICLE
 DRIVER: N. L. W. S. C. S.
 2: Vega
 3: 9379.1
 MILEAGE START: 9379.1
 END: 9379.1

16 OBSTETRICS
 EXPECTED DELIVERY DATE: 1/1
 LAST MENSTRUAL CYCLE: 1/1
 GRAVIDA: 1 PARA: 1
 MEMBRANES RUPTD: ☐
 TIME OF BIRTH: ☐
 PLACENTAL DELIVERY: ☐
 SEX: ☐ M ☐ F
 AFGAR: ☐
 PRESENTATION: ☐ C ☐ B ☐ L
 CONTRACTIONS: ☐ AT SCENE
 TIME: ☐
 MINUTES APART: ☐
 SECONDS DURATION: ☐

17 MODE OF TRANSPORTATION
 TO AMBULANCE
☐ ASSISTED TO VEHICLE ☒ REEVES
☐ CARRIED IN STAIR CHAIR
☐ BACKBOARD OR ORTHOP. STRETCHER
☐ AMBULANCE STRETCHER ☐ OTHER
 TO DESTINATION
☐ AMBULATED
☐ AMBULANCE STRETCHER
☐ B.R. STRETCHER
☐ WHEELCHAIR ☐ OTHER

18 PATIENT DISPOSITION
☒ TREATED ☐ REFUSED MEDICAL AID ☐ LEFT AT SCENE
 TRANSPORTED TO: MEADOWLANDS HOSPITAL
 PREPARER'S SIGNATURE: [Signature] NURSE/DOCTOR: [Signature]

CASUALTY INSURANCE POLICY
South Bergen Municipal Joint Insurance Fund
9 Campus Drive, Suite 216
Parsippany NJ 07054-4412

JIF CASUALTY POLICY DECLARATIONS

Item A. Member Entity LYNDHURST
Mailing Address: 367 Valley Brook Ave
LYNDHURST, NJ 07071

Item B. Coverage Period:
Effective Date: 1/1/2016 Expiration Date: January 1, 2017, each at 12:01.M. Standard Time at the address of the **Member Entity** as stated herein.

Item C. Limits Of Liability:
\$300,000 per **occurrence combined single limit.**

Item D. Coverages:
Part I – Commercial General Liability Insurance
Part II – Law Enforcement Professional Liability Insurance

Item E. Endorsements: Attached at issuance:
Real Property-Liability-Fire Endorsement
Nuclear Energy Liability Exclusion Endorsement (Broad Form)
Employee Benefits Liability Insurance Endorsement
Quasi Entities Coverage Endorsement (where applicable)
Skateboard Facility Coverage Endorsement
Disinfectants Release Hazard Endorsement

JIF Additional Insured Endorsement
Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability

Item F. Notice Of Claim:
To be given to: South Bergen Municipal
9 Campus Drive, Suite 216
Parsippany, NJ 07054-4412

Item G. Assessment: \$208,225

The DECLARATIONS are issued with and form a part of the **Joint Insurance Fund Casualty Insurance Policy.**

By ***Stephen A. Sacco***
Authorized Representative

**Municipal Excess Liability Joint Insurance Fund
9 CAMPUS DRIVE, SUITE 216
PARSIPPANY, NJ 07054
EXCESS LIABILITY DECLARATIONS**

Item A. **Member Entity** : **LYNDHURST**
Mailing Address 367 Valley Brook Ave
LYNDHURST, NJ 07071

Item B. **Coverage Period:**

From 1/1/2016 to January 1, 2017 12:01 A.M. standard at the address of the **Member Entity** as stated herein.

Item C. **Limits of Liability:**

- (1) \$1,450,000 per **occurrence combined single limit excess of Item E.**
- (2) **\$3,250,000** per occurrence and annual aggregate combined single limit excess of item C(1)-
(Business Automobile Liability is unaggregated)
- (3) **\$15,000,000** per occurrence and annual aggregate combined single limit excess of item C(2)-
(Business Automobile Liability is unaggregated)
- (4) Excluded per person for medical expense benefits under the New Jersey Personal Injury Protection
ENDORSEMENT attached to the underlying insurance.

Item D. **Underlying Insurance:**

Which forms a part and is attached to this Excess Liability Policy:
Joint Insurance Fund

Item E. **Underlying Insurance Limit:**

\$300,000 per **occurrence combined single limit for Commercial General Liability, Business
Automobile Liability, Law Enforcement** Professional Liability and Employee Benefits
Liability Insurance.
\$250,000 per person for Medical Expense Benefits under the New Jersey Personal Injury Protection
ENDORSEMENT.

Item F. **Notice Of Claim:**

To be given to:
Municipal Excess Liability Joint Insurance Fund
9 Campus Drive, Suite 216
Parsippany, NJ 07054

Item G. **Assessment:**

Standard Limit Assessment \$50,200
Optional Limits \$15,000,000
Optional Assessment \$12,588

Item H. **Endorsements:** Attached at issuance:

This DECLARATIONS page is issued in conjunction with and forms a part of the **Municipal Excess Liability Joint Insurance Fund Excess Liability Policy.**

Date of Issue: 01/01/16

David Grubb

Authorized Signature