

**RESOLUTION NO. 4-13**

**CAMDEN COUNTY INSURANCE FUND COMMISSION  
AUTHORIZING WORKERS COMPENSATION SETTLEMENT WITH  
BRIAN FOSTER**

**WHEREAS**, Brian Foster has filed a claim against the Camden County Insurance Fund Commission with the State of New Jersey, Department of Labor, Division of Workers' Compensation; and

**WHEREAS**, the parties have recommended a resolution for 10% of partial total for a total settlement in the amount of \$12,660.00, plus costs of \$2,532.00; and

**WHEREAS**, the claim so filed has been resolved, now, therefore,

**BE IT RESOLVED**, by the Camden County Insurance Fund Commission that disposition of the claim filed by the above-referenced individual is authorized as follows:

<u>CLAIMANT</u>	<u>PETITION NO.</u>	<u>AMOUNT OF AWARD</u>
Brian Foster	CP2011-13966	\$12,660.00 (10% partial total)
		\$2,532.00 (costs)

**BE IT FURTHER RESOLVED**, that the proper Commission officials and/or their agents, be and are hereby authorized to execute such documents as shall be necessary to effect the disposition set forth above.

**ADOPTED: 1-24-13**

**BY:**

  
\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

  
\_\_\_\_\_  
**VICE-CHAIRPERSON**

**Camden County Insurance Commission  
Settlement Authority Request**

<b>Claimant:</b> Brian Foster	<b>Date :</b> December 27 <sup>th</sup> .2012
<b>CSI File Number #:</b> 630 111 355	<b>Claim Type:</b> Workers' Compensation
<b>CSI Handling Adjuster:</b> Hugnette S. Atherton	<b>Date of Incident/Loss:</b> May 14 <sup>th</sup> .2011-11:00PM
<b>CSI Adjuster Phone:</b> 856-380-6539	<b>Department:</b> Jail
	<b>Litigation :</b> Yes
	<b>Defense Attorney:</b> Carl Gregorio
	<b>Claimant/Plaintiff Attorney:</b> Zucker Steinberg
	<b>Policy Type:</b> Workers' Compensation

**Petitioner has filed CP2011-13966**

**DEFENSE COUNSEL RECOMMENDATIONS:**

**Per enclosed PAR of December 27<sup>th</sup>.2012 and counsel's correspondence of December 4<sup>th</sup>.2012, it is counsel's recommendation that this matter be resolved for 10% of partial total or \$12,660.00 plus costs of \$2,532.00 for a total of \$15,192.00.**

**Seeking settlement authorization for settlement recommendation in the amount of \$15,192.00 as outlined above. Last payment authority received 08/04/11 was for \$98,694.00- We are now seeking payment authority up to \$56,345.00, reduction of \$ 42,349.00**

**APPROVAL FROM CCIC :**                      YES              NO

## **Camden County Insurance Commission Payment Authority Request**

**Claimant:** Brian Foster  
Date of Hire: 05/01/06

**CSI File Number #:** 630 111 355  
Date of Birth: 09/28/62

**CSI Handling Adjuster:** Huguetta S Atherton  
**CSI Adjuster Phone:** 856-380-6539

**Excess Carrier:** Meadowbrook

**Excess Notice Date:**

**Excess Handling Adjuster:**

**Excess Adjuster Phone:**

**Excess SIR:** \$250,000.00

**CIB:** yes, no prior award

**Location code:** 1926

**Subrogation:** not applicable-Incident occurred as a result of job duties and no third party is involved

**Status As Of:** December 27<sup>th</sup>.2012  
Date of Birth: 09/28/82

**Claim Type:** Workers' Compensation  
Date of Hire: 05/01/06

**Date of Incident/Loss:** 05/14/11-11:00PM

**Department:** Jail

**Litigation :** yes

**County Attorney:** Carl Gregorio

**Claimant/Plaintiff Attorney:**

**Claimant/Plaintiff Attorney Firm:** Zucker  
Steinberg, Camden, N.J.

**Claimant/Plaintiff Phone:** 856-365-0080

**Policy Type :** Workers' Compensation

**CEL-JIF Companion File#:**

### **Summary of the Incident Facts:**

Petitioner hired as a correctional officer was struck in the face by an inmate. As a result he sustained injury to the left eye, cheek, chipped tooth. He was taken to ER at Virtua a CT of the sinus and facial in the left eye revealed left inferior orbital wall fracture with a small amount of fluid within the left maxillary sinus. Based on the CT results, an evaluation was scheduled with ENT, Dr. Aftab on 05/20/11, Dr reported that based on his evaluation and CT results, petitioner needed surgery of the left orbital which was scheduled for 05/24/11. Evaluation with ENT of 07/26/11, satisfactory post-op appearance of left orbit, mild herniation of fat inferiority however the inferior rectus muscle is normal. Dr Aftab ordered another CT of the orbital which was scheduled for 07/26/11, follow-up evaluation within the next couple of weeks to review CT scan, Dr. Aftab's will confirm date/time. Evaluation of 09/26/11 Dr. Aftab reported that petitioner reached MMI. Petitioner was disabled from work from 05/15/11-05/31/11, received regular wages from the County, WC reimbursed to the County- AWW-\$ 1,394.00 Comp. Rate-\$ 794.00- Received CP2011-13966

Permanency evaluation scheduled with Dr. Goel, Regional Eye, revealed 5% of the left orbital fracture. Counsel reports that the left orbital fracture can be settled for 10% of total or \$12,660.00 plus costs of \$ 2,532.00, we are therefore seeking settlement authority for 10% of total as outlined above

**Strategy /Action Plan:** 1-Will discuss this claim at CCIC to obtain settlement authority for 10% of total and inform counsel accordingly- 2-Will continue to monitor this claim with counsel until this matter is resolved and close file

<b>Financial Summary:</b>	<b>Indemnity</b>	<b>Medical</b>	<b>Legal</b>	<b>Other</b>	<b>Total</b>
Paid:	\$1,563.00	\$31,840.00	\$3,645.00	\$805.00	\$37,852.00
Outstanding:	\$15,192.00	\$0.00	\$2,855.00	\$445.00	\$18,493.00
Total Incurred:	\$16,755.00	\$31,840.00	\$6,500.00	\$1,250.00	\$56,345.00

**Reserve Rationale:**

Indemnity reserve reflects- paid & 10% of partial total \$ 12,660.00 plus costs of \$ 2,532.00 =  
 Total Indemnity reserve \$ 16,755.00

Medical reserve reflects paid medical treatment \$ 31,840.00

Expense reserve \$ 1,250.00

Litigation reserve \$ 6,500.00

**Last committee meeting of 08/04/11 amount authorized: \$98,694.00**

**We are now seeking payment authority of \$ 56,345.00-reduction of \$ 42,349.00**

\$98,694 previously authorized on 8/04/11

\$56,345 requested to include settlement

(\$42,349.00 reduction)

# PRIOR CLAIMS REPORT

Camden County - 620

Claimant	Claim Number	Date of Injury	STATUS	Accident desc	Body part desc	Total Claim PTD	Total Claim Incr
FOSTER, BRIAN	620-107-0008362	02/11/2007	C	JAIL, 4 SOUTH D BLK CELL 21 MULTI B-PARTS & INJ/S/ASSAULT MULTI PHYSICAL INJURIES ONLY MISC CAUSES-ACT OF CRIME MULT. BODY PARTS	MULTIPLE BODY PARTS	\$90.29	\$90.29
FOSTER, BRIAN	620-107-0008363	11/22/2006	C	CAMDEN COUNTY JAIL RT SHOULDER/SLIPPED ALL OTHER CUMULATIVE INJURY FALL,SLIP,TRIP ON STAIRS SHOULDER(S)-UPPER EXTREMITIES	SHOULDERS	\$337.75	\$337.75
FOSTER, BRIAN	620-109-0008360	09/03/2008	C	JAIL 3 SOUTH ABDOMEN/STRAIN/NOC STRAIN BY NOC ABDOMEN INCL. GROIN- TRUNK	ABDOMEN	\$1,114.02	\$1,114.02
FOSTER, BRIAN	620-109-0008361	07/23/2008	C	JAIL 5 NORTH HAND/CONTUS/CRIM ASSLT CONTUSION MISC CAUSES-ACT OF CRIME HAND- UPPER EXTREMITIES	HANDS	\$541.51	\$541.51

## Camden County Insurance Commission

Claimant	Claim Number	Date of Injury	STATUS	Accident desc	Body part desc	Total Claim PTD	Total Claim Incr
FOSTER, BRIAN	630-110-0000067	07/03/2010	O	I WAS RESTRAINTIN INMATE CARSTARPHEN, WOODLYNNE TO GROUND & PLACED HANDCUFFS ON HIM, I STRUCK MY FINGER ON GROUND	RIGHT FINGERS- 1234	\$25,401.06	\$42,793.00

FOSTER, BRIAN	630-111-0000345	05/02/2011	C	EE WAS WALKING THROUGH THE SLIDER DOOR,EE FINGERS WERE CAUGHT IN THE DOOR.INJURY-RIGHT HAND	RIGHT HAND	\$4,936.82	\$4,936.82
FOSTER, BRIAN	630-111-0000355	05/14/2011	O	INMATE RESISTED THE OFFICER TRYING TO LOCK HIM UP IN HIS CELLAND STRUCK EE IN THE FACE,CHEEK,EYELID AND CHIP TOOTH	FACIAL BONES	\$37,852.39	\$56,345.00
FOSTER, BRIAN	630-111-0000635	11/28/2011	O	EE SLIPPED ON LIQUID SUBSTANCE ON FLOOR WHILE CONDUCTING INITIAL HEAD COUNT.INJURY-LEFT KNEE	LEFT KNEE	\$10,576.06	\$42,969.00
FOSTER, BRIAN	630-112-0000639	05/10/2012	C	WHILE ATTEMPTING TO HANDCUFF INMATE, EE WAS BITTEN ON LT/ RING FINGER	LEFT FINGERS- 1234	\$140.28	\$140.28