

RESOLUTION NO.: 55-23

**CAMDEN COUNTY INSURANCE FUND COMMISSION
AUTHORIZING WORKERS COMPENSATION SETTLEMENT WITH
JOSHUA VEGA**

WHEREAS Joshua Vega 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 152% of partial total in the amount of \$23,220.00, plus costs of \$2,786.40 for a total settlement in the amount of \$26,006.40.

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>
Joshua Vega	CP2021-8370	\$23,220.00 (15% of partial total)
		\$2,786.40 (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 affect the disposition set forth above.

ADOPTED: 9-27-23

BY: 

CHAIRPERSON

ATTEST: 

VICE-CHAIRPERSON

**Camden County Insurance Commission
Payment Authority Request**

UPDATE PAR/SAR AUTHORIZATION

Claimant: JOSHUA VEGA	Status as of: 8/17/23
Date of Birth: 01/11/1994	Claim Type: Indemnity
Date of Hire: 08/10/2017	Date/Time of Loss: 01/24/2021 4:08 PM
CSI File Number: 631-121-0000947	Location: Camden County Metro Police
CSI Handling Adjuster: Paulette Kelly	Department: Police Dept
CSI Adjuster Phone: 856-380-6529	Litigation: Yes – CP # 2021-8370
Excess Carrier: Safety National	Defense Attorney: Capehart Schatchard
Excess Notice Date: NA	Claimant/Plaintiff Attorney: Borbi Clancy & Patrizini
Excess Handling Adjuster:	Claimant/Plaintiff Attorney Firm:
Excess Adjuster Phone:	Claimant/Plaintiff Attorney Phone:
Member Entity SIR: 2 million	Policy Type: Workers' Compensation
CIB: No Matches	CEL-JIF Companion File#:
	AWW - \$1695.84 TTD - \$969.00
Subrogation: NA	Medicare Recipient: No
	Work Status: Working

Summary of the Incident Facts: IW reports he was trying to make an arrest @ the Camden Transportation Ctr when someone punched him in the face. After the incident, he went to Cooper ER and was diagnosed with a broken mandible/jaw. His mouth was wired shut and he was discharged. On 01/25/21, he was seen at WorkNet. The Dr. took him off work and referred him to an Oral Surgeon.

UPDATE TO PRIOR PAR OF 1/2021

On 02/5/21 he saw Dr. Bifano and was diagnosed with Bilateral Mandibular fractures. He returned to the Dr. on 03/03/21 and the wires were removed. The IW saw the Dr. again on 03/24/21 and was released to RTW, with no restrictions as of 03/25/21. The IW returned to work on March 28, 2021.

7/21/21 CP 2021-8370 was received. Perm exams have been completed. The defense perm Dr. found a 3.5% partial total loss of use. The PA expert found a 45% partial total loss of use. Defense counsel and the PA have agreed to settle the case for 15% of partial total (\$23,220.00 at 2021 rates) or 90 weeks @ \$258.00, plus cost and fees.

Strategy/Action Plan:

1. Settlement Authorization.

2. Resolve, pay Order and review for closure.

<u>Financial Summary:</u>	<u>Indemnity</u>	<u>Medical</u>	<u>Legal</u>	<u>Other</u>	<u>Total</u>
Paid:	\$8,582.56	\$10,756.33	\$2,587.50	\$1,000.00	\$22,926.39
Outstanding:	\$26,100.00	\$57,765.11	\$5,412.50	\$9,000.00	\$98,277.61
Total Incurred:	\$34,682.56	\$68,521.44	\$8,000.00	\$10,000.00	\$121,204.00
<u>Proposed Reserve Increase</u>	\$0.00	-\$57,765.11	\$0.00	-\$7,000.00	-\$64,765.11
<u>Total Proposed Authority</u>	\$34,682.56	\$10,756.33	\$8,000.00	\$3,000.00	\$56,438.89

Reserve Rationale:

Indemnity: \$26,006.40

15% PPD % (\$23,220.00) plus PA fee (\$2786.40)

Last committee meeting date and amount authorized: \$121,204 – 1/2021

Payment authority requested up to: \$56,438.89 (Decrease of \$64,765.11)

Settlement Authority Request

Total Authorization SAR Request: \$26,006.40

We are seeking settlement authority for 15% partial total in the amount of \$23,220.00 plus costs of \$2,786.40 for a total settlement in the amount of \$26,006.40

Prior Claims for this Claimant						
<u>DOI</u>	<u>Body Part/Acc Desc</u>	<u>Claim Type</u>	<u>Status</u>	<u>Paid</u>	<u>Incurred</u>	
2021-01-07	BODY SYSTEM/MULT BODY SYSTEM COVID19 EXPOSURE	M	O	\$0	\$800	

2017-09-05	GROIN	I	C	\$376	\$376
	EE WAS BEAR CRAWLING UPHILL WHEN HE FELT DISCOMFORT IN HIS				
Claim Count: 2				376	1,176