



NOTICE OF CLAIM FORM

Claimant:

| | | | |
|----------------|-------------------|--------|----------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Middle | Area Code/Telephone Number |
| _____ | | | _____ |
| Street Address | | | Additional Address |
| _____ | _____ | _____ | _____ |
| Date of Birth | Social Security # | City | State/Zip Code |

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

| | |
|----------------------------|--------------------------|
| _____ | _____ |
| Name | Street Address |
| _____ | _____ |
| Additional Address | City State/Zip Code |
| _____ | _____ |
| Area Code/Telephone Number | Relationship to Claimant |

ACCIDENT:

The occurrence or accident which gave rise to this claim:

| | |
|-------|-------|
| _____ | _____ |
| Date | Time |

Exact location of the Occurrence

GENERAL INSTRUCTIONS: Pursuant to NJSA – 59-59:8-6 (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 Borough of Keansburg.

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:

Clerk of The
Borough of Keansburg
29 Church Street
Keansburg, NJ 07734

IMPORTANT: A claim will not be considered filed as required under the **New Jersey Tort Claims Act** until this completed **form** has been filed with the Borough of Keansburg. Failure to provide the information requested, 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**.

The attached Patient Authorization forms must be signed by Claimant to be treated as being properly filed.

If you are unable to answer any questions 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.

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 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 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 Borough.

“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 Borough of Keansburg along with any agent, official, or employee of the Borough of Keansburg against whom a claim is asserted by the Claimant.

INFORMATION ON ALL CLAIMS

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

2. Provide the Claimant’s complete version of the events that form the basis of the claim. If a diagram will assist your explanation, please use the reverse side of this form.

3. List 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 everyone.

4. State the name and address of the public entity(s) that you claim caused your 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.

5. As to any municipal employees whom you claim were at fault, state their names or include any information that will assist in identifying them.

6. State the name of all police officers and police departments who investigated the incident/accident.

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.

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.**

MOTOR VEHICLE ACCIDENT – (If not Motor Vehicle accident skip to next section).

9. State the names, age, address, phone number, and relationship to you, of all passengers in your vehicle.

10. Attach copy(s) of any accident reports from the accident filed by the Police and the name(s) of those preparing the report.

11. Claim for damages:

A. Claim for damages: (Check appropriate box)

_____Bodily Injury _____Property Damage _____Other

If other, explain_____

ALL CLAIMS

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

13.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; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

14.State the total amount of your claim and the basis on which you calculated the amount claimed as of the date of presentation.

15. State the amount claimed as of the date of the claim: include the estimate of any prospective injury, damage, or loss and the basis for computation of the amount claimed.
16. Provide the names and addresses of all persons or entities against which 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. Are any of the losses or expenses claimed herein covered by any policy of insurance? ()No ()Yes. For each policy, state the name and address of the insurance company, policy number and benefits paid or payable.

PROPERTY DAMAGE CLAIM

17. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.
18. What is the present location the property is and what time can it be inspected?
- a. When was the property acquired?

- b. Cost of property?
- c. Value of property at time of accident.
- d. Description of damage.
- e. Has the damage been repaired? ()No ()Yes. If so, by whom, when and cost of repairs.
- f. Attach each estimate of repair costs to this form.
- g. Set forth, in detail, the loss claimed by you for property damage.

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

20. The amount of the total claim.

21. 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 payers. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person of your

behalf, including doctors, hospitals or any person repairing damage to property.

22.If you have not received any money, but have any claim currently pending or intend to file any such claim, set forth the names and addresses where the claims are pending or you intend to file such a claim.

PERSONAL INJURY CLAIMS

23.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.

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

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

26. If confined to any hospital, state name and address of each and the dates of admissions and discharge. Include all hospital admissions prior to and after the alleged injury and give the reason for each admission.
27. 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 each was taken, (d) what was disclosed, € where and in whose possession they are now. Include all x-rays, whether prior to or after the alleged injury forming the basis of the claim.
28. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates where treatments were and if treatments are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to have testify on your behalf.
29. 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.

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

31. 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, € amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, workers' compensation, disability income, social security, and income continuation insurance.

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

33. Have you received, or agreed to receive, any money from anyone for damages claimed herein? ()NO ()YES If so, set forth the details of such agreement.

DOCUMENT REQUEST: Provide all documents identified in your answers to the above.

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

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. I am aware that if any statement made is willfully false, that I am subject to punishment provided by law.

Signature of Claimant _____ Date: _____