

BOROUGH OF FLORHAM PARK
Notice of Tort Claim Form

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 Borough of Florham Park. 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:

Borough Clerk
Borough of Florham Park
111 Ridgedale Avenue
Florham Park, NJ 07932

Note Carefully:

Your 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 Florham Park. 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 ninety (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 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.

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.

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.
3. 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.
4. 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.

12. Provide copies of all documents, memoranda, correspondence, reports (including police reports), which discuss, mention, or pertain to the subject matter of this claim.

13. 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.

PROPERTY DAMAGE CLAIM:

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

Note: If your claim is for property damage only, initial here and proceed directly to the certification selection on the next to the last page of this form.

Initials: _____

PERSONAL INJURY CLAIM:

1. 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.
2. Describe in detail the nature, extent, and duration of any and all injuries.
3. Describe in detail any injury or condition claimed to be permanent.
4. If confined to any hospital, state the name and address of each and the date of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

5. If x-rays were taken, state:
 - a. name and address of facility
 - b. date when each was taken
 - c. what each disclosed
 - d. where and in whose possession the x-rays now are

Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of this claim.

6. If treated by a doctor, psychiatrist, or psychologist, state:
 - a. name and present address of each doctor
 - b. dates and places where treatments are continuing and 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.

7. 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 movement, 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.

8. 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 the use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.

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

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

11. If employed at the time of the alleged injury forming the basis of the claim state:

- a. 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.

12. 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. nature and date(s) of loss

13. If you are claiming lost wages state:

- a. date that the employment began
- b. name and address of the employer
- c. position held and the nature of the work performed
- d. average weekly wages (attach copies of pay stubs or other complete payroll records for all wages received during the year)

DOCUMENT REQUEST: Provide 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.

Signature of Claimant: _____

Authorization for Release of Medical and Hospital Records:

Date: _____

To: _____

Patient's Name: _____

Address: _____

Claim #: _____

Social Security 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.

Signature: _____

Date: _____