TOWNSHIP OF WANTAGE
TORT CLAIMS ACT NOTICE

Wantage, New Jersey

This claim form has been adopted by the Township of Wantage pursuant to and under the authority of N.J.S.A. 59:8-6. This form must be completed in its entirety and returned to the Township of Wantage Clerk's Office at 888 Route 23, Wantage, New Jersey 07461. Please be advised that you may forfeit your rights under N.J.S.A. 59:8-1 et seq. if you (1) fail to file this claim form with the municipality within ninety (90) days of the accident or occurrence; (2) fail to provide complete answers to all questions; or (3) withhold information required by statute or requested in this form.

CLAIM FOR DAMAGES AGAINST THE TOWNSHIP OF WANTAGE

1. **CLAIMANT**

Last Name First Middle

Street Address

Mailing Address

Home Phone Work Phone

Marital Status Number of Dependants

Social Security Number Date of Birth

2. **NOTICE AND CORRESPONDENCE**

If notice and correspondence in connection with this claim are to be sent to a person other than the claimant, complete the following:

Name Relationship To Claimant

Mailing Address

Phone Number

3. **ACCIDENT OR OCCURRENCE**

A. Time of accident:

_____

Date Of Accident Time

B. Location or place of the accident or occurrence:

_____

Municipality

_____

Exact location or occurrence (indicate exact street address)

C. Describe how the incident or occurrence happened:

_____

_____

_____

_____

D. Draw a diagram of the area of the incident and attach it to this form. Label all intersection streets. Indicate "north" by an arrow. Indicate house number where applicable. Marx "X" at exact spot of occurrence and state distance in feet from nearest intersecting streets if spot is not otherwise identifiable. Indicate public property.

4. **PUBLIC ENTITY AND PUBLIC EMPLOYEES**

A. State the name and address of the township agency or agencies that you claim caused your damage/injury.

_____

_____

_____

B. State the name of the Township employee(s) whom you claim caused your damage/injury.

_____

_____

_____

C. State the negligence or wrongful acts of the Township agency and Township employees which caused your damage.

_____

_____

_____

D. State the name and address of all witnesses to the accident or occurrence.

_____

_____

_____

E. State the name and address of all police officers and police departments who investigate the accident.

_____

_____

_____

5. <u>CLAIM FOR DAMAGES</u>

A. Personal injury ☐ Property damage ☐ Other ☐

If other, explain in detail: _____

_____

_____

B. If you claim personal injury:

(1) Describe your injuries resulting from this accident or occurrence:

_____

_____

_____

(2) Do you claim permanent disability resulting from this injury?

Yes ☐ No ☐

If yes, please explain: _____

_____

_____

(3) For each hospital, doctor or other practitioner rendering treatment, examination or diagnosis service, state: (If additional space is needed, attach separate pages to this form)

Name of hospital, doctor or other facility: _____

Address: _____

Date of Treatment: _____

Amount of Charges to Date: _____

Amount Paid or Payable by Other Source, Such as Insurance: _____

(4) If you claim lost wages or income as a result of this injury, state:

_____

Name of Employer Occupation

_____

Address of Employer

_____

Date Employed Rate of Pay

_____

Date of Absence from Work Total Lost Wages to Date

_____

Expected Date of Return

Note: If your claimed loss of income arises from self-employment or sources other than wages, attach an itemization showing the basis of your calculation of lost income.

(5) Set forth any and all other losses claimed by you._____

_____

_____

C. If you claim property damage:

(1) Describe the property damaged:_____

_____

(2) The present location and time when the property may be inspected:

_____

_____

(3) Date property acquired:_____

(4) Cost of property: _____

(5) Value of property at time of accident: $_____

(6) Description of damage:_____

_____

_____

(7) Has the damage been repaired?_____

If so, by whom, when and cost of repairs:_____

_____

_____

(8) Attach each estimate of repair costs to this form. Set forth in detail the loss claimed by you for property damage.

_____

_____

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

_____

_____

_____

6. CLAIMS AGAINST OTHER ENTITIES

Have you made a claim against anyone else for any of the losses or expenses claimed in this notice? Yes ☐ No ☐

If yes, set forth the names and addresses of all persons and entities against whom you have made such claim.

_____

_____

_____

7. INSURANCE

Are any of the losses or expenses claimed herein covered by a policy of insurance?
Yes ☐ No ☐

If yes, set forth the relevant information below:

A. Name(s) of the insurance company(s).

_____

_____

_____

B. Type(s) of coverage and limit of liability.

_____

_____

_____

C. Name of local agent(s).

_____

_____

_____

D. The policy number(s) and coverage date(s).

_____

_____

8. COMPENSATION AND SETTLEMENT

Have you received or agreed to receive any money from anyone for the damages claimed herein? Yes ☐ No ☐

If yes, set forth the details, including the amount, of the payment(s) and/or terms of the agreement(s):

_____

_____

_____

9. ADDITIONAL ITEMS

The following items must be submitted with this notice:

A. Copies of all written reports of a claimant's attending physicians or dentists setting forth the nature and extent of injury and treatment, any degree of temporary or permanent disability, the prognosis, period of hospitalization and any diminished earning capacity;

B. A list of claimant's expert witnesses and any of their reports or statements relating to this claim;

C. Copies of itemized bills for medical, dental and hospital expenses incurred, or itemized receipts of payment for such expenses;

D. If future medical treatment is necessary, include a statement of anticipated expenses for each treatment;

E. Documentary evidence showing amounts of income lost. Such evidence shall include, but is not limited to, a letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

F. Copies of all appraisals and estimates of property damage.

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospital or other medical service facility to release to the Township of Wantage any and all records, reports and other information concerning the treatment of the claimant named herein.

_____

Signature of Claimant (or the parents of minor children)

CERTIFICATION

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false, I know that I am subject to punishment provided by law.

_____

Claimant or their Representative

Dated: _____

JTP
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03/05/02