BOROUGH OF FREEHOLD
MUNICIPAL BUILDING
51 WEST MAIN STREET
FREEHOLD, NEW JERSEY 07728-2195
732-462-1259
Fax 732-409-1453

NOTICE OF TORT CLAIM

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 Freehold.

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:

Borough Clerk
Borough of Freehold
51 West Main Street
Freehold, New Jersey 07728-2195

NOTE CAREFULLY: Your claim will not be considered filed as required by the New Jersey Tort Claims Act until this completed form has been filed with the Borough of Freehold. 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 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 question 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, identify, identifying the continuation of the answer with the number of the person.

CLAIM FOR DAMAGES AGAINST THE BOROUGH OF FREEHOLD

THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF ACCIDENT/OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS PURSUANT TO N.J.S.A.59:1 ET SEQ.

① CLAIMANT INFORMATION-

_____ $_____
DATE OF ACCIDENT AMOUNT OF CLAIM

_____ _____
LAST NAME, FIRST, MIDDLE DATE OF BIRTH

_____ _____
STREET ADDRESS MAILING ADDRESS

_____ _____
CITY, STATE, ZIP CODE SOCIAL SECURITY NUMBER

_____ _____
MARITAL STATUS NUMBER OF DEPENDENTS

_____ _____
HOME PHONE WORK PHONE

② If notice and correspondence in connection with this claim are to be sent to a person other than the claimant, complete item No. 2.

_____ _____
NAME MAILING ADDRESS

_____
CITY, STATE, ZIP CODE

Relationship to Claimant: Attorney-at-Law ( ) or _____
Relationship

③ The occurrence or accident which gave rise to this claim:

3a.. _____ _____
Date Time

b. Describe the location or place of the occurrence.

_____
Municipality Exact location of the occurrence

c. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please attach hereto.

_____

_____

_____

d. State the names of public employees and or public agencies whom you claim were at fault, including any information that will assist identifying and locating them.

_____

_____

_____

e. State the negligence or wrongful acts of the public agency or its employees which allegedly caused your damages.

_____

_____

_____

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

_____

_____

_____

g. State the names of all police officers and police departments who investigated the accident.

_____

_____

_____

④ (a) Claim for Damages (check appropriate block)

( ) Property Damages

( ) Personal Injury

( ) 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 form this injury?

( ) Yes ( ) No

If yes, describe the injuries believed to be permanent.

_____

_____

_____

(3) For each hospital, doctor, or other practitioner rendering treatment, examination, or diagnostic service, state:

I. Name of Hospital Doctor or other facility	II. Address	III. Dates of Treatment or service	IV. Amount of charges to date

(4) Are you covered by any health insurance policy? If so, please advise name and address of carrier, named insured and policy number.

_____

_____

List bills submitted to carrier. _____

_____

(5) If you claim loss of wages or income as a result of the injury, state:

Name of Employer _____ Address of Employer _____

Your Occupation _____ Date you became employed at this job _____

Rate of pay _____ Dates of absence from work _____

Total lost wages to date _____ If still out of work, expected date of return _____

If injury is associated with an auto accident, please provide name of auto insurance carrier and policy number.

_____

_____

NOTE: If your claimed loss of income arises from self employment or other than wages, attach a calculation showing the basis of your calculation of lost income.

(6) Set forth any and all losses or damages claimed by you.

_____

_____

_____

c. If you claim property damage:

(1) Describe the property damaged.

_____

_____

(2) 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.

(9) Set forth in detail the loss claimed by you for property damage.

_____

_____

_____

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

_____

_____

_____

⑤ State the total amount of damages (personal, property and other) you are claiming. _____

_____

⑥ Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?_____

If yes, set forth the names and addresses of all persons and insurance companies against whom you have made such claims.

_____

_____

_____

⑦ Are any of the losses or expenses claimed herein covered by any policy of insurance? _____

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

_____

_____

_____

⑧ Have you received or agreed to receive any money from anyone for the damages claimed herein

_____ If so, set forth the details of such agreement.

_____

_____

_____

⑨ The following items must be submitted with this notice:

(1) Copies of itemized bills for each medical expense and other losses and expenses claimed.

(2) Full copies of all appraisals and estimates of property damage claimed by you.

(3) Copies of all written reports of all expert witnesses and treating physicians.

(4) A letter from your employer verifying lost wages. If self employed, a statement showing the calculation of your claimed lost income.

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 in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment provided by law.

_____

Claimant or person filing on behalf of claimant

DATED: _____

MEDICAL/EMPOYMENT INFORMATION RELEASE AUTHORIZATION

TO WHOM IT MAY CONCERN:

I hereby authorize any and all doctors, hospitals, or other medical service facilities to release to (fill in name) or their representative any and all records, reports and other information concerning the treatment of the claimant named herein.

I also hereby authorize my employer to release all wages, salary and related compensation information.

_____

Signature

DATED: _____

(This must be signed by the claimant or the parents of claimants who are minors)

COMPLETED FORM MUST BE FORWARDED TO: BOROUGH OF FREEHOLD

CLERK LINDA L. COTTRELL

ADDRESS 51 WEST MAIN STREET

FREEHOLD, NJ 07728