

## **BOROUGH OF NORTH PLAINFIELD**

### **NOTICE OF TORT CLAIM**

**GENERAL INSTRUCTIONS:** Pursuant to N.J.S.A. 59:8-6, this Notice of Tort Claim form has been adopted as the official form for the filing of claims against the Borough of North Plainfield.

The questions below are to be answered to the extent of all information available to the Claimant or to his or her attorneys, agents, representatives, designees and/or employees, under oath. The fully completed Claim Form and the documents requested shall be returned to:

**BOROUGH CLERK**  
**BOROUGH OF NORTH PLAINFIELD**  
263 SOMERSET STREET, NORTH PLAINFIELD, NJ 07060

**PLEASE NOTE:** 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 North Plainfield. Failure to provide the information requested, if applicable and/or exists, including but not limited to such responses as "To Be Provided", 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 such 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(s).

#### **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, video or electronic representation, and any copy thereof.

**"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 North Plainfield along with any employee, agent, officer, official and/or representative of the Borough of North Plainfield against whom a claim is asserted by the Claimant.

**PLEASE NOTE:** The questions are divided into sections relating to the Claimant, the claim, property damage and personal injury. If the claim involves only property damage, then the portion on personal injury need not be answered. If the claim involves no property damage, then the portion on property damage need not be answered.

**TORT CLAIMS NOTICE FORM**

**Information on the Claimant and the Claim**

1. Name and address of Claimant.

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2. Date of occurrence or incident which gave rise to the claim.

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3. Place of the occurrence or incident which gave rise to the claim.

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4. Provide the Claimant's full and complete version of the events that form the basis for the claim.

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5. List any and all individuals who were witnesses to and/or who have knowledge of the acts of the occurrence or incident which gave rise to the claim. Provide the full name and address of each such individual.

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6. Provide a general description of the injury, damage and/or loss claimed as a result of the incident.

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7. Identify all public entities and/or public employees (by name and position) alleged to have cause the injury or property damage and specify as to each public entity or public employee the exact nature of the act or omission alleged to have caused the injury or property damage.

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8. If you claim that the injury and/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.

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9. If you allege a dangerous condition of 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 the public entity was given notice of the alleged dangerous condition.

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10. State the total amount of your claim and the basis on which you calculate the amount claimed.

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11. If you have received any money and/or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates received and the names and addresses of the payors. Specifically list any policies of insurance, including policy numbers and claim numbers from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals and/or any person repairing damage to property.

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12. If any photographs, sketches, charts, maps or other diagrams were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons making such and the names and addresses of the persons who presently have possession of such. Attach copies of any such photographs, sketches, charts, maps or other diagrams which are in the Claimant's possession.

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13. If you, and/or anyone on your behalf and/or any witnesses made any statements or admissions relevant to the subject matter of the claim, set forth what was said, by whom said, date and place where said and in whose presence, giving the names and addresses of any persons having knowledge thereof.

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

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15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the occurrence or incident forming the basis of this claim and give the basis for the claim against each.

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16. Was any complaint made to the public entity and/or to any official or employee of the public entity? If so, state the time and place of the complaint and the person to whom the complaint was made.

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Property Damage Claims

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

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*If your claim is for property damage only, you do not need to complete the next section.*

Personal Injury Claims

18. Describe in detail the nature, extent and duration of any and all injuries resulting from the occurrence or incident giving rise to this claim.

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19. Describe in detail any injury or condition claimed to be permanent resulting from the occurrence or incident giving rise to this claim.

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20. If confined to any hospital(s), state the name and address of each, the dates of admission and discharge and the reason(s) for each admission.

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21. If x-rays were taken, state: (a) the name and address of the place where they were taken; (b) the name and address of the person who took them; (c) the date when each was taken; (d) what each x-ray disclosed; and, (e) where and in whose possession the x-rays are now.

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22. If treated by doctors, including psychologists and/or psychiatrists, state: (a) the name and present address of each doctor; (b) the dates and places where treatment was received; (c) the nature of the treatment; and, (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true and exact copies of any and all written reports rendered to you about you by any doctors whom saw and/or treated you as a result of the occurrence or incident giving rise to this claim.

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23. If you have any physical impairment which you allege was caused by the occurrence and/or incident giving rise to this claim, state in detail the nature and extent of the impairment and what corrective support and/or device you use to overcome the impairment.

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24. If you claim that a previous injury has been aggravated and/or exacerbated as a result of the occurrence or incident giving rise to this claim, describe the injury and give the name and present address of each doctor who has treated you for the condition, the period during which treatment was received and the cause of the previous injury.

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

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26. List any and all policies of insurance under which you may be covered. For each, state the name and address of the insurance company and the policy number.

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27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays) Medicines and/or care and indicate which expenses were paid by any insurance coverage.

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28. If employed at the time of the alleged injury which forms the basis of this claim, state: (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, with specific dates; and, (e) the 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.

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

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30. If you are claiming lost wages, state: (a) the date that the employment began; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and, (d) the average weekly wages. Attach copies of all pay stubs and/or other complete payroll record for all wages received during the past year.

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**Produce any and 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.

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Dated:

**AUTHORIZATION FOR RELEASE OF MEDICAL AND HOSPITAL RECORDS**

This form authorizes the disclosure of the claimant's health information in compliance with the IDPAA Privacy Rule

Patient Information

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize:

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(Name of physician's office/practice disclosing information)

to disclose, make available and furnish to the below individual(s) all information, records, x-rays, reports and/or copies thereof relating to my examination, consultation, confinement and/or treatment and to permit the below individual(s) to inspect and/or make copies or abstracts of such information.

Requestor/Recipient Information

Please disclose the above-referenced information to: Borough Clerk  
Borough of North Plainfield  
263 Somerset Street  
North Plainfield, New Jersey 07060

Describe the specific information or type of information to be disclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify dates or date ranges, if applicable: \_\_\_\_\_

This request is for the purpose of: \_\_\_\_\_  
\_\_\_\_\_

I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing and addressed to the privacy officer of the above named facility authorized to make this disclosure. I understand that the revocation does not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire in six (6) months.

I understand that any disclosure of information may be subject to re-disclosure by the recipient and may no longer be protected by Federal or State law. I understand that authorizing this disclosure is voluntary. I understand that if I have any questions about disclosure of my health information, I may contact the privacy officer at the facility listed above that is authorized to disclose this information and request a copy of this authorization.

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Dated: