

NOTICE OF CLAIM FORM  
BOROUGH OF EATONTOWN  
47 BROAD STREET  
EATONTOWN, NEW JERSEY

CLAIMANT INFORMATION

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

ATTORNEY INFORMATION (IF APPLICABLE)

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

File No.: \_\_\_\_\_

Send Notices to:

Claimant

Attorney

## INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:
  - Any other name by which the claimant is known.
  - Address at the time of the incident giving rise to the claim.
  - Marital Status (at the time of the incident and current).
  - Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.
2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time as the Claimant resided at the address and the relation of any of the persons to the Claimant.

## INFORMATION ON ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.
4. Provide the Claimant's complete version of the events that form the basis of the claim.
5. 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.

6. 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.
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.**
9. If you or any other party or witness consumed any alcoholic beverages, drugs or medications within twelve hours before the incident forming the basis of the claim, identify the person consuming the same and for each person (a) what was consumed, (b) the quantity thereof, (c) where consumed, (d) the names and addresses of all persons present.
10. 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 on your behalf, including doctors, hospitals or any person repairing damage to property.
11. If any photographs, sketches, charts, or maps 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 the maps and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps.

12. 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; the date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.
  
13. State the total amount of your claim and the basis on which you calculated the amount claimed.
  
14. Provide copies of all documents, memoranda, correspondence, reports (including police reports), etc. which discuss, mention or pertain to the subject matter of this claim.
  
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 incident forming the basis of this claim and give the basis for the claim against each.

#### **PROPERTY DAMAGE CLAIM**

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of 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 section on the next to last page of this form.**

Initials: \_\_\_\_\_

## PERSONAL INJURY CLAIMS

17. 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.
18. Describe in detail the nature, extent and duration of any and all injuries.
19. Describe in detail any injury or condition claimed to be permanent
20. 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 subsequent to the alleged injury and give the reason for each admission.
21. 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 when each was taken, (d) what each disclosed, (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.
22. If treated by doctors, including psychiatrist or psychologist, state (a) the name and present address of each doctor, (b) the dates and places where treatments were, if treatments are continuing and 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.
23. 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.

24. 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 treat 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.
  
25. If any treatments, operations, or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the 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, operations or surgery, (d) the name and address of the doctor who will administer or perform the same, (e) the estimated medical expenses to be incurred (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence, (g) all other losses or expenditure anticipated as a result of the treatment, operations or surgery, (h) further if it is your intention to undergo the treatments operation or surgery, please give an approximate date.
  
26. Itemize any and all expense incurred for hospital, doctors, nurses, x-rays, medicines, care And appliances and indicate which expenses were paid by any insurance coverage.
  
27. 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 and (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 continuance insurance.
  
28. 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.
  
29. 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, (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the year.

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

**Authorization for Release of Medical and Hospital Records**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

**Re:** \_\_\_\_\_

**Patient's Name**

\_\_\_\_\_ **Social Security Number**

\_\_\_\_\_

\_\_\_\_\_ **Claim Number**

\_\_\_\_\_ **Address**

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:** \_\_\_\_\_



**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:** \_\_\_\_\_