BOROUGH OF WATCHUNG

Municipal Building
15 Mountain Boulevard
Watchung, New Jersey 07069

NOTICE OF TORT CLAIM

I. Claimant Information

Name _____ Telephone _____

Address _____ Birth date _____

_____ Soc. Sec. # _____

Mailing address if other than street address

_____

_____

_____

II. Attorney Information (if applicable)

Name _____ Telephone _____

Address _____ Tele FAX _____

_____ File No. _____

_____

Send Notices to: Claimant _____ Attorney _____ Other _____

III. If notices and correspondence in connection with this claim are to be sent to a person other than Claimant or Claimant's attorney, please specify:

Name _____ _____
Mailing Address

_____ _____
Relationship to Claimant

A0056372.WPD

DEFINITIONS AND INSTRUCTIONS FOR QUESTIONNAIRE AND DOCUMENTARY REQUEST

1. The Borough of Watchung, pursuant to the provisions of the New Jersey Tort Claims Act, has adopted this form including these written questions and documentary request as the official form for the filing of claims against the Borough of Watchung.

2. The written questions are to be answered by the Claimant to the extent of all information available to the Claimant or his/her attorneys, agents, servants, and employees, under oath. The answers to these questions and the documentary request shall be returned to the:

Borough Clerk
Borough of Watchung
Municipal Building
15 Mountain Boulevard
Watchung, New Jersey 07069

3. 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 Watchung. 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 properly filed. Timely Notices of Claim must be filed within ninety (90) days after the incident giving rise to the claim. 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.

4. 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, you should so specify in the space where an answer is to be provided to that question. 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.

5. "Claimant" shall refer to the person or persons on whose behalf the Notice of Claim is being or has been filed with the Borough of Watchung.

6. The term "documents" shall include all writings, letters, correspondence, telegrams, telexes, photographs, memoranda and records, whether the foregoing is in the possession of the Claimant or any agent or representative of the Claimant.

7. "You" and "your" refers to the Claimant answering these questions, his/her, agents, employees, and representatives, wherever located.

8. The term "person" includes natural persons, partnerships, and corporations unless the context otherwise requires.

9. "Public entity" shall refer to the Borough of Watchung along with any agent, official or employee of the Borough of Watchung against whom a claim is asserted by the Claimant.

10. When a document request asks for the identity or description of a document, it is the intention that the answer shall state the following information with respect to each document:

a) The title, heading or caption of such document, if any;

b) The identifying number(s), letter(s), or a combination thereof, and the significance or meaning of such number(s), letter(s), or combination thereof;

c) The inclusive dates of each such document;

d) The general nature or description of such document and the number of pages of which it consists;

e) The name of each person to whom such document was addressed and the name of each person other than such addressee to whom such document, or a copy thereof, was sent;

f) The identity of the person who has custody of such document.

The foregoing information shall be given in sufficient detail to enable a party or person to whom a subpoena is directed to identify fully the document to be produced and to enable a party or person to whom a subpoena is directed to identify fully the document to be produced and to enable the Borough of Watchung to determine that such document, when produced, is in fact the document so described.

11. As used herein the word "any" shall mean "each and every" as well as "any one." As used herein, the word "all" shall mean each and every one without exception or exclusion for whatever reason.

12. "Identify" and/or "identity" when referring to a person (as defined), means to state the person's name and present or last known business or residential address and telephone number.

13. "Knowledge" shall mean suspicion, inkling, awareness, indication and actual knowledge.

14. "Relating to" and "related to" mean reflecting, describing, depicting, consisting of, mentioning or referring to in any way.

15. When, after a reasonable and thorough investigation using due diligence, you are unable to answer any question, or any part thereof, because of lack of information available to you, specify in full and complete detail the reasons the information is not available to you and what has been done to locate the information. In addition, specify what knowledge or belief you have concerning the unanswered portion of the question and set forth the facts upon which the knowledge or belief is based.

16. These questions request documentary information which is relevant to the subject matter of the claims and allegations of the Claimant. To the extent that any document does not relate, in its entirety, to the subject matter of the Claimant's claims or allegations, only the portions that do concern that subject matter must be produced. All other documents which deal directly with the subject matter of the Claimant's claims or allegations must be produced in response to these requests.

17. Grammar and syntax as used in these questions shall be construed and interpreted to give proper meaning and consistency to its context. By way of illustration and not by way of limitation, the singular may be construed to include the plural, the plural the singular and the use of any gender or tense may be construed to include all genders and tenses.

18. Each question is intended to and does request that each and every part and particular thereof be answered as though it were the subject of, and were asked by, a separate question.

ANSWERS BY MULTIPLE CLAIMANTS - CERTIFICATION

19. These questions shall be deemed served upon all Claimants in the within claim. All answers shall be deemed to be the answer of each and every Claimant unless so indicated in the response. Each Claimant must certify to these answers.

A. IDENTITY AND ADDRESSES.

1. State the following:

   (a) Age;

   (b) Date of birth;

   (c) Place of birth (city and state, or country);

   (d) The exact name appearing on your birth certificate;

   (e) Social Security number;

   (f) Residence address and telephone number;

      (i) At the present time; and

      (ii) At the time of the incident.

2. State the name, address and telephone number of your place of employment and type of work:

   (a) At the present time; and

   (b) At the time of the incident.

3. In connection with your marital status, state:

   (a) Whether single, married, widowed or divorced:

      (i) At the time of the incident; and

      (ii) At the present time.

B. NATURE OF INCIDENT/CLAIM.

4. Describe the exact manner in which you allege the incident forming the basis of this claim occurred, giving all events in detail in the order in which they occurred; before, at the time of, and after the occurrence, which had any bearing on the cause and manner of the happening of the occurrence.

5. State whether you or your servant, agent or employee was authorized to be present at and doing business at the time and place alleged in this claim form. If so, state the basis for your claimed authority.

6. State the name of the individual(s) who you claim was/were responsible to supervise or oversee the area where the alleged accident/incident occurred.

7. Describe as accurately as possible the place or location of the alleged occurrence, giving in your answer the distances in feet to fixed objects or boundaries by which the location may be identified.

8. With respect to the alleged injury or damage forming the basis of the claim, was any complaint made to the Borough of Watchung?

9. If the answer to Question 8 above is in the affirmative, state the time and place of the complaint and the person or persons to whom the complaint was made.

10. If you allege wrongdoing by any employee or official of the Borough of Watchung against which the claim is being filed, set forth the name and position of the employee or official, the exact nature of the alleged wrongdoing, whether any complaint was filed against the official or employee, with whom the complaint was filed and if no complaint was filed, the reason for the failure to file the complaint.

C. CAUSAL FACTORS/LIABILITY/ACCIDENT REPORTS.

11. Identify all public entities, public employees or officials alleged to have caused the injury and include any information that will assist in identifying and locating them. Specify as to each public entity or employee the act or omission alleged to have caused the damage.

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

13. List all factors or events which you believe caused or contributed to the alleged occurrence.

14. State how the condition which allegedly caused the Claimant's injury came into existence, and state the following:

(a) How you first became aware of this;

(b) When you first became aware of this;

(c) Who on your behalf became aware of this;

(d) What, if anything, you did with this knowledge;

(e) The names and addresses of all individuals you contacted with this information, stating the time, place and substance of the communication;

(f) Who caused this condition to be created;

(g) Describe in detail what this condition looked like;

(h) State the names and addresses of each and every individual who possesses personal knowledge of the facts contained herein.

15. If you allege that the Borough of Watchung violated any statute, ordinance or administrative regulation, give the exact citations thereof and the exact manner in which you allege the Borough of Watchung violated it.

16. Have you or anyone on your behalf, including insurance agents, conducted any investigations of the incident which is the subject matter of this claim? If the answer is in the affirmative, identify:

(a) Each person, and the employer of each person, who conducted any investigations;

(b) The dates of the investigations;

(c) All notes, reports, or other documents prepared during or as a result of the investigations and the identity of the persons who have possession thereof.

17. If you allege that any other party or person other than the Borough of Watchung is liable to the Claimant either wholly or in part for the incident complained of, state the name and address of such party or person and the factual basis for your contention.

18. Was an accident or incident report prepared by or received by you? If so, set forth the date said report was prepared or received, the name and address of the person preparing or receiving said report, the present location of said report, and attach a copy of said report.

19. State whether you reported this incident to any federal, state or local authority, department, institution or agency and if so, indicate to whom you reported same, the date thereof, what was stated, if anything was reduced to writing, attach copies of same hereto, and if same was oral, set forth the substance thereof.

D. WITNESSES, STATEMENTS, REPORTS, PHOTOGRAPHS AND TESTS

20. Set forth the names and addresses of all persons having knowledge of relevant facts concerning the incident which forms the basis of this claim.

21. Set forth the names and addresses of all persons who actually witnessed the incident which forms the basis of this claim, setting forth where each was at the time of the observation.

22. If you have knowledge of any conversations, statements or admissions of any parties to this claim or any other person as to the manner of the happening of the occurrence complained of or as to the injuries or damages claimed, set forth:

(a) The name and address of each party who made or gave same;

(b) The exact substance thereof;

(c) When they were made;

(d) To whom they were made;

(e) The names and addresses of the person(s) present when made;

(f) Whether any of said statements were written; if so, attach copies to the answers to this questionnaire.

23. State whether you have in your or your attorney's possession or know of any photographs or surveys of the scene of the accident or of any objects or persons involved therein. If so, state:

(a) The name(s) and address(es) of the person(s) who took or made same;

(b) What particularly was taken or made;

(c) When same was or were taken or made;

(d) The name(s) and address(es) of the person(s) having possession of the same;

(e) Attach a copy of same hereto.

E. INJURIES AND TREATMENT RELATED TO THE ALLEGED INCIDENT

24. If you received any medical care or treatment from any doctor, or anyone as a result of injuries received in said incident, please answer the following:

(a) The name and address of each such doctor, or other practitioner, indicating his/her specialty, if any, whom you have seen for medical care or treatment as a result of injuries received in this incident, indicating the date you first received such medical care or treatment;

(b) The injuries or complaints for which each doctor or practitioner rendered treatment or care;

(c) The length of time you were attended by each such person, including the number of visits to and the dates of the visits;

(d) The findings and diagnosis of each such person;

(e) The treatment given by each such person;

(f) The medication and narcotics prescribed, by whom and for what purpose, where obtained, and the frequency and the period of time from date to date over which taken.

25. List separately all of your present disabilities and complaints (whether objective or subjective) attributable to the incident which forms the basis of the claim, giving the exact location within or upon your body and the nature of your complaint (whether physical, dental, emotional or psychological) the frequency and duration of your complaints of pain, the location of and degree of any limitations of motion you now have, and a detailed description of any scars you have at the present time, which you attribute to the incident.

(a) If you have completely recovered from each such injury and complaint, state the date you recovered from each such injury or complaint;

(b) Separately list and describe each of your claimed permanent disabilities;

(c) If you claim any permanent scars, disfigurement or other cosmetic defect, present or potential, as a result of the incident, describe in detail the area of the body affected, the approximate dimension of the area, and the name and address of any person who has taken any photographs depicting same and when taken; and

(d) If as a result of any injury in the incident sued upon, any doctor gave you a temporary or permanent disability rating, give the name and address of the doctor, what the rating covers, when the rating was made, the percentage of rating and the reason therefor.

26. If x-rays were taken, state the name and address of the place where they were taken, the name and address of the person who took them, the date each was taken and what it disclosed.

27. As of this time are you still being treated, examined or attended by any doctor or other practitioner? If so, set forth:

(a) The name and address of each doctor;

(b) The specific injuries, conditions or complaints each is examining or treating you for;

(c) The nature of the examination, treatment or medication each is giving you;

(d) The frequency with which treatments are presently being given; and

(e) The date of the last treatment.

28. If it is claimed that future treatment or medical care may be required, set forth: (a) the nature of same; (b) the estimated cost thereof; (c) the estimated loss of income caused thereby; (d) the period of disability flowing therefrom.

29. Have any of the doctors or other practitioners who have attended, operated, treated, consulted or merely examined you made written reports to you, your attorney, your employer, any insurance carrier, any governmental agency, or to anyone acting in your behalf, relating to the injuries or complication from injuries which you claim to have sustained as a result of the incident? If so, state the date of each such reports, the name of each doctor making any such reports, and the name and address of the present custodian of all such reports.

30. If as a result of any injuries sustained in the incident you were unable to perform any of your normal and usual functions, duties or activities of whatever nature at any time since the incident (which you were able to perform before the incident), state such function, duty, and activity you were unable to perform, and also separately state what functions, duties or activities, if any, you are still unable to perform, and why:

(a) In connection with your work, employment or business; and

(b) In activities other than your employment or business, describing in detail the type of such activity (social, recreational, housework, hobby) and the extent of the curtailment, limitation or restriction.

31. Do you, or does anyone on your behalf, contend that as a result of injuries sustained in the incident there has been any aggravation of a pre-existing condition (whether a prior illness, disease, injury, or a nervous or psychological condition)?

(a) If you do so contend;

(i) State the condition which has been aggravated;

(ii) Which of your injuries caused the aggravation;

(iii) When the aggravation commenced;

(iv) How long it lasted; and

(v) The extent of degree of aggravation.

(b) If you do so contend, when were you first advised or became aware that such a pre-existing condition existed and when it became aggravated and by whom, if anyone, were you advised that such a condition pre-existed and had been aggravated. If it is exclusively your own opinion, please so state.

32. Please attach to your complete claim form and these answers copies of the following documents.

(a) Reports from doctors, hospitals and other medical personnel and institutions concerning treatment rendered to you for the injuries allegedly caused in the incident;

(b) Hospital records concerning treatment rendered to you for the injuries allegedly caused in the incident;

(c) Bills and medical services, drugs, appliances, and similar services and objects required as a result of the injuries you allegedly suffered in the incident;

(d) Bills or estimates for damage to your property allegedly caused in the incident;

(e) Reports from employers concerning time lost from work and wages lost as a result of the incident;

(f) Documents tending to substantiate any other claims for special damages; and

(g) The nature, extent and duration by dates of any self-administered home care or therapy, and, if recommended by any doctor or therapist, give his name and address.

G. EMPLOYMENT AND LOSS OF EARNINGS

33. If employed at the time of the accident/incident, state:

(a) The name and address of the employer;

(b) Position held and nature of work performed;

(c) Average weekly wages for the past year;

(d) Period of time lost from employment, giving dates;

(e) Amount of wages lost, if any;

(f) The sums you received during the period you were unable to work, the basis for such payments, when they were made and who made them; and

(g) The length of time before the accident employed by the employer referred to in (a).

34. If other loss of income, profit or earnings is claimed:

(a) State total amount of said loss;

(b) Give a complete detailed computation of said loss;

(c) State nature and source of loss of such income, profit and earnings and date of deprivation thereof;

(d) Nature and location of business;

(e) Average weekly income from said business;

(f) Income lost from said business;

(g) Expenses incurred or caused by your failure to be present and for what;

(h) If you had to hire anyone to assist you in the performance of your regular duties at work or in your home or elsewhere, that you would have otherwise performed during your period of disability that resulted from the injuries referred to in your lawsuit, state:

(i) The name, address and duties of anyone so hired; and

(ii) Describe the nature of the work performed by the person or persons so hired, the hours worked, the inclusive period of time from date to date of such employment, the rate of pay, and the total amount actually paid, and the amount still owing.

35. If there has been a return to employment or occupation, state:

(a) Names and addresses of all employers since the accident;

(b) Position held and nature of work being performed for each of the employers;

(c) Present weekly wages, earnings, income or profit; and

(d) Whether you needed an examination or report by or from a physician as to your capability to return to work and, if so, set forth the name and address of the doctor, the date that that doctor felt you could return to work and attach hereto a copy of any documentation supporting these contentions.

H. MEDICAL EXPENSES

36. In connection with your claim for medical, dental and other expenses for which you have received bills, list:

(a) The amount of each bill, the date thereof, the items charged, the dates on which services were rendered, and the name and address of the person or firm that rendered or supplied the same. (Itemized bills may be attached to supply portions of your answers if in detail):

(i) For each doctor, and other practitioner, including any and all expenses;

(ii) For each hospital or institution;

(iii) For the purchase or rental charge for each device, supply or equipment, and, if rented, the period of time so rented, identifying and describing what each item was for and the period of time actually used;

(iv) For medicines and medical supplies and when and where purchased;

(v) For nursing care, giving the inclusive period of time from date to date and indicating whether the care was by a registered or practical nurse, and the name and address of each nurse;

(vi) For household help and household services, the nature of the work, the frequency supplied, the inclusive period of time from date to date that such work or services were furnished, and the name and address of each such employed person or firm rendering such services, and their relationship to you, if any;

(vii) For any other medical expense, including first aid; and

(viii) For ambulance service.

(b) Have all of the above medical bills and the other expenses referred to above been paid? If not, list the ones which have been paid in full or the amounts of each paid in part. If any such medical, dental and related expenses have been paid, by whom were they paid?

I. PROPERTY DAMAGE

37. If any of your property was damaged or lost as a result of the incident:

(a) Describe in detail and identify the damaged property and describe the damage to the property;

(b) Separately identify and describe any property that was lost or disappeared and the circumstances of such and the true value thereof at the time of loss including the original cost and date and place of purchase;

(c) If your property was damaged and later repaired, give the name and address of the individual or organization who made the repairs, the cost of such repairs, or the cost of the replacement of the property or a portion of it, and the dates during which the repairs were made;

(d) If you received a repair bill for such repairs, or replacement, list all items appearing on said bill or bills (or attach copies in lieu thereof), the total cost thereof, the amounts paid thereon, when paid, by whom and the name and address of the person who now has custody of the bill or bills; and

(e) If you received any estimate for repair or replacement of your property, give the name and address of the person or organization making each such estimate (or attach copies in lieu thereof), the total estimated cost thereof, and the names and addresses of who now has custody of each such estimate.

J. EXPENSES REIMBURSED/INSURANCE COVERAGE/COLLATERAL SOURCES

38. Are you eligible for reimbursement for any medical or economic losses which are the subject of this claim?

39. As of the date of the incident which is the basis for the current claim, were you eligible for benefits from any source, including but not limited to the following:

(a) Social Security;

(b) Unemployment;

(c) Worker's Compensation

(d) Major Medical

(e) Private Disability Plan

(f) Life Insurance

40. If the answer to the previous question is affirmative, list the following:

(a) The provider of the benefit;

(b) The policy and/or claim number;

(c) Effective dates of coverage;

(d) Deductible, if any;

(e) The benefits received; and

(f) The date benefits were requested.

41. Have you been reimbursed for any medical or economic losses which are the subject of this claim? If so, list each payment received including the source of the benefit, the provider of the benefit, the date of payment and attach hereto proof of payment.

42. Set forth the amount of your claim and the basis on which you calculate the amount claimed.

CERTIFICATION

The undersigned, identified as the Claimant for the purpose of the above claim, hereby certifies that the information provided is the truth and is the full and complete response to the questions, to the best of the knowledge, information and belief of the undersigned, and, that the documents produced are the only ones known to be in existence at this time. The undersigned is aware that if any statement made herein is willfully false or fraudulent, he or she is subject to punishment provided by law.

Dated: _____

_____
Claimant or person filing claim
on behalf of claimant

Our File No.:

AUTHORIZATION AND REQUEST FOR EMPLOYMENT RECORDS

TO: _____ DATE: _____

_____

_____

RE: _____
Employee's Name

_____
Address

_____

_____
Social Security Number

You are hereby requested and authorized to disclose, make available and furnish to the attorney for the Borough of Watchung whose address is:

Stephen Davis, Esq.
DiFrancesco Bateman Kunzman,
Davis, Lehrer & Flaum, PC
15 Mountain Boulevard
Warren, NJ 07059

or their authorized representative, all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, benefits, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

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.

Dated: _____

_____
Claimant

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