THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF ACCIDENT OR OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS (N.J.S.A. 59:8-1 et seq.)

Forward to: Joint Meeting of Essex & Union Counties
Attn: Tort Claims Investigations
500 South First Street
Elizabeth, New Jersey 07202

CLAIMANT:

Last name, First, Middle

Date of Birth

Street Address

Mailing Address

City, State, Zip Code

Social Security Number

Marital Status

Number of Defendants

Home phone number

Work phone number

2. If notices and correspondence in connection with this claim are to be sent to a person other than the claimant, complete item #2.

Name

Mailing Address

City, State, Zip Code

Relationship to Claimant: Attorney at Law ( ) or _____

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

Date

Time (indicate A.M. or P.M.)

Describe the location or place of the accident or incident.

Municipality | Exact Location (indicate street address)

DESCRIPTION OF ACCIDENT OR INCIDENT

(a) Draw a diagram of the area of the accident or incident. Label all intersecting streets. Indicate "North" by an arrow. Indicate house numbers where applicable. Mark "X" at exact spot of the occurrence and state the distance in feet from nearest intersecting streets if spot is not otherwise identifiable. Indicate public property.

(b) State the name and address of the Joint Meeting of Essex and Union Counties agency or agencies that you claim caused your damage/injury.

(c) State the names of the Joint Meeting of Essex and Union County employees whom you claim were at fault, including any information that will assist in identifying and locating them.

(d) State the negligence or wrongful acts of the Joint Meeting of Essex and Union County agency and employees which caused your damage or injuries.

(e) State the name and address of all witnesses to the accident or incident.

_____

_____

(f) State the name and address of all police officers and police departments who investigated the accident or incident.

_____

_____

4. Claim for damages (check appropriate box):

☐ Personal injury ☐ Property damage ☐ Other

If other, explain in detail: _____

_____

If you claim personal injury:

1. Describe your injuries resulting from this accident or incident.

_____

2. Do you claim permanent disability resulting from this injury?

_____

3. For each hospital, doctor, or other practitioner rendering treatment, examination, or diagnostic state:

(a) Name and address of hospital and/or doctor.

_____

_____

(b) Date(s) of treatment _____

(c) Amount of charges to date _____

(d) Amount paid or payable by other sources such as insurance _____

5. If you claim lost wages or income as a result of injury, state:

_____

Name and address of employer

_____

Your occupation and date employed at this job

_____ _____

Rate of pay Date of Absences from Work

_____ _____

Total Lost Wages to Date If still out of work, 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.

6. Set forth any and all losses claimed by you _____

_____

If you claim property damages:

(a) Describe the property damaged _____

(b) The location and time when property may be inspected _____

_____

(c) Date property acquired _____

(d) Cost of property _____

(e) Value of property at time of accident _____

(f) Description of damage _____

_____

(g) Attach each estimate of repair costs to this form

(h) Set forth in detail the list claimed by you for property damage _____

_____

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

_____

(j) The amount of the claim _____

7. Have you made a claim against anyone else (including insurance companies) 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 whom you have made such claim.

_____

_____

8. Are any of the losses or expenses claimed herein covered by any policy of insurance?

_____

9. 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.

_____

_____

10. The following items must be submitted with this notice.

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

(b) Full copies of appraisals, estimates of property damaged claimed by you and repair bills.

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

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

(e) Photographs, videos or any other type of documentation to support your claim.

I, _____, hereby certify that the foregoing statements made by me are true, and 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, that I am subject to punishment provided by law.

Date	Claimant or Person Filing on Behalf of Claimant