



## NOTICE OF TORT CLAIM – TOWNSHIP OF BEDMINSTER

### CLAIMANT INFORMATION

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

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

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

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

\_\_\_\_\_

SSN: XXX XX X \_\_\_\_\_

### ATTORNEY INFORMATION (if applicable)

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

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

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

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

\_\_\_\_\_

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

Send Notices to: Claimant \_\_\_\_\_

Attorney \_\_\_\_\_

### GENERAL INSTRUCTIONS:

Pursuant to the provisions of the Title 59, the New Jersey Tort Claims Act (here-in-after “Title 59”), the (name of local unit) (here-in-after the “type of local unit”) has adopted this Notice of Tort Claim (here-in-after “Notice”) form including these written questions and requests for the production of documents as the official form for the filing of claims against the (type of local unit).

The written questions are to be answered to the extent of all information available to the Claimant or the claimant’s attorneys under oath. The fully completed Notice and the documents requested shall be returned to:

### NOTE CAREFULLY:

Notices of Claim must be filed within 90 days after the incident giving rise to the claim. Upon a proper application, the New Jersey Superior Court may, under exceptional and rare circumstances, allow a Notice of Claim to be filed not later than one year after the date of the incident giving rise to the claim.

Your claim will not be considered filed as required by Title 59 until this completed Notice of Claim has been received by the (type of local unit) Clerk. It is recommended that you mail the completed Notice form Certified Mail Return Receipt Requested or personally hand-deliver the Notice to the Clerk's office. It is your burden to file this Notice and ensure that it is received within the deadline by the Clerk. Failure to provide the information requested, or such responses as “To Be Provided” or “Under Investigation” or similar non- responsive answers, will result in the Notice being treated as not having been filed in accordance with the Notice requirements of Title 59.

- A. When, after a reasonable and thorough investigation using due diligence, you are unable to answer any question, or any part thereof, specify in full and complete detail the reason 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.
- B. When a question asks that you identify documents, a sufficient answer is to attach legible copies of these documents.
- C. Where a question does not specifically request a particular fact, but where the facts are necessary in order to make the answer to the question either comprehensible, complete or not misleading, you are requested to include the fact or facts as part of the answer and the question shall be deemed specifically to request the fact or facts.
- D. If you claim any form of privilege, whether based on statute or otherwise, as a ground for not answering a question or any part thereof, set forth in complete detail each and every fact upon which the privilege is based, including sufficient facts for the court to make a full determination whether the claim of privilege is valid.
- E. Where a question asks for a date or an amount or any other specific information, it will not be adequate to state that the precise date, amount or other specific information is unknown to you, where you are capable of approximating the information requested.
- F. Where a question requests that you “identify all writings,” you should state with specificity the date, author, description, addressee (if any), nature, custodian, and location of the writings referred to by the question, as well as the substance of the writing.
- G. Where a question asks that you “identify all oral communications,” you should state, with respect to every oral communications, the description of which is required by the question, (I) the date and place thereof, (II) who initiated the communication, (III) whether the communication was in person or by telephone or other form of transmission and specify which, (IV) the name, home address and telephone number, business address and telephone number, employer (present or last known), job title, occupation of each and every person who participated in or heard any part of the communication, and (V) the substance of what was said by each person who participated in the communication.
- H. Where a question asks that you “identify all persons,” state the name and present or last known business and residence address and telephone numbers, occupation and title, if any, of person whose identity is sought by the question.
- I. For the purpose of these questions, “Person” shall include a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.
- J. If any document to be produced in response to these questions contains information which must be treated as confidential in nature, identify that document and state the reason for the confidentiality in sufficient detail to allow for a determination on the issue of confidentiality. The (type of local unit) and its attorneys hereby warrant that the confidentiality of any document so identified will be respected and maintained until such time as a court having jurisdiction over the issue may rule on any disputed issue of confidentiality.

- K. These questions request documents that are 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, the document may be withheld. 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.
- L. All responses to questions or objections thereto shall be prefaced by the particular question or subsection thereof.
- M. An attempt has been made to provide adequate space for the answers. If you need more space to provide a fully responsive answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.
- N. All documents produced shall be labeled and referenced to a particular document request or question. If the documents are produced in response to more than one question, this fact should be noted as well.
- O. The questions and document requests shall be deemed continuing, so as to require supplemental answers from time to time up to the date of a trial, in the event that the claim results in litigation.

#### **DEFINITIONS:**

“Documents” means any written, recorded or graphic representation either produced or reproduced and any copy thereof, including, but not limited to, letters, memoranda, notes, minutes, summaries, forecasts, appraisals, surveys, calculations, inter-office communications, diaries, work sheets, telegrams, cables, telex messages, written agreements, invoices, press releases, books, records, financial statements, tapes, computer print-outs, computer tapes and/or disks, computer programs, drafts of any of the foregoing, magazines and other publications and any materials underlying, supporting or used in the preparations of any documents, now or formerly in the actual or constructive possession, custody or control of the deponent, and all copies thereof where the copy is not an identical copy of the original, such as where the copy contains written notations.

“Claimant” means the person or person on whose behalf this Notice of Claim is being filed.

“(name of local unit)” means the (type of local unit) along with any agent, official employee or volunteer of the (type of local unit) against whom a claim is asserted by the Claimant.

**INFORMATION ON THE CLAIMANT**

1. Claimant:

a. Name:

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b. Any other name by which the Claimant has been known:

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c. Current address:

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d. Current telephone number(s):

Home: (    ) -

Work: (    ) -

Mobile: (    ) -

Other: (    ) -

e. Address at the time of the incident giving rise to the claim:

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f. Date of birth:

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2. Set forth 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, if any, of the person to the Claimant.



2. Set forth in complete detail in narrative form, the Claimant's version of the events that form the basis of the claim, specifically setting forth the names and addresses of all participants and the nature and extent of the participation of any individuals so identified.



3. Set forth 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 all data as required by the instructions preceding these questions.

4. Identify all public entities or public employees alleged to have caused the injury and specify as to each public entity or employee the act or omission alleged to have caused the injury.





7. If you allege a dangerous condition of property, set forth the specific basis on which you claim that the (type of local unit) was responsible for the condition and the specific basis on which you claim that the (type of local unit) was given notice of the alleged dangerous condition. General allegations such as “should have known” and “common knowledge” are insufficient.

8. If you or any other party or witness you propose to produce consumed any alcoholic beverages or any drugs or medications within six (6) hours before the incident forming the basis of the Claim, state (a) the person consuming the same and for each person (b) what was consumed (c) the quantity thereof (d) where consumed (e) the names and addresses of all persons present.



**PERSONAL INJUIRY CLAIMS**

1. With respect to the alleged injury forming the basis of the claim, was any complaint made to the (type of local unit) or to any official or employee of the (type of local unit).

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5. If confined to any hospitals, state name and address of each and the dates of admission and discharge therefrom. Include all hospital admissions prior to and subsequent to the alleged injury forming the basis of the claim and set forth the reason for each admission.











10. If you claim that a previous injury, disease or illness has been aggravated, accelerated or exacerbated, state in detail the nature of each and the name and present address of each doctor who rendered treatment for the condition, the period during which treatment was received and the cause of the previous injury, disease or illness which is alleged to have been aggravated, accelerated or exacerbated.



12. If any treatments, operation or other form of surgery in the future has been recommended, suggested or advised to cure, correct, remedy or 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 or suggested or advised the treatments, operation or surgery (d) the name and address of the doctor who will administer or perform the same (e) the estimated medical expenses and disbursements to be incurred thereby (f) the estimated length of time of 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 (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.







15. If employed at the time of 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 (e) amount of wages lost, if any.

16. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss (b) give a complete detailed computation of the loss (c) the nature and source of loss of the income, profit and earnings and dates of deprivation, thereof.

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18. 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 payors.

Multiple horizontal lines for writing the details of payments received.

19. If any photographs, sketched, 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 same and of the persons who have present possession thereof. Attach copies of any photographs, sketches, charts or maps upon which you intend to rely.





22. With respect to all expert witnesses, including treating physicians who are expected to support the claim of the Claimant, and with respect to any person who has conducted an examination of the Claimant or of the property alleged to be damaged and who may be called upon to testify in any proceeding with respect to the claim, state the witnesses' name, address and area of expertise, and annex a true copy of all written reports rendered to or about you. If a report is not written, supply a summary of any oral report.







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

**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.

\_\_\_\_\_  
SIGNATURE

DATED: \_\_\_\_\_

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

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

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

RE: \_\_\_\_\_

Patient's Name

Address:

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

You are hereby authorized and requested to disclose, make available and furnish to the attorney for the (name of local unit) or to the authorized representatives of the (type of local unit) 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 of consultation.

DATE: \_\_\_\_\_

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

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RE: \_\_\_\_\_

Employee's Name

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

XXX XX X \_\_\_\_\_  
Social Security Number

You are hereby authorized and requested to disclose, make available and furnish to the attorney for the (name of local unit) or to the authorized representatives of the (type of local unit, all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and 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.

\_\_\_\_\_  
SIGNATURE