

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 Township of Irvington.

The questions are to be answered to the extent of all information available to the Claimant or to his or her attorneys, under oath. The fully completed **Claim Form** and the documents required shall be returned to the:

Clerk of The
Township of Irvington
1 Civic Square
Irvington, New Jersey 07111

IMPORTANT: A **claim** will not be considered filed as required under the **New Jersey Tort Claims Act** until this completed **form** has been filed with the Township of Irvington. Failure to provide the information requested, will result in the **claim** being treated as not being properly filed.

Timely Notices of **Claim** must be filed within 90 days after the incident-giving rise to the **claim**.

The attached Patient Authorization forms must be signed by Claimant to be treated as being properly filed.

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.

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.

“Persons” shall include in its meaning a partnership, joint venture, corporation, associations, trust or any other kind of entity, as well as a natural person.

“Public Entity” shall refer to the Township of Irvington along with any agent, official, or employee of the Township of Irvington against whom a **claim** is asserted by the Claimant.

If the **claim** involves only property damage, the portion on personal injuries need not be answered. If the **claim** involves no property damage, then the portion on property damage need not be answered.



TOWNSHIP OF IRVINGTON

IRVINGTON MUNICIPAL BUILDING
CIVIC SQUARE, IRVINGTON, NJ 07111
TEL: (973) 399-8111

TONY VAUSS
MAYOR

www.irvington.net

HAROLD WIENER
TOWNSHIP CLERK

NOTICE OF CLAIM FORM

Forward to:

1. Claimant:

_____ Last	_____ First	_____ Middle	_____ Area Code/Telephone Number
_____ Street Address			_____ Additional Address
_____ Date of Birth	_____ Social Security Number		_____ City State/Zip Code

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

_____ Name	_____ Street Address
_____ Additional Address	_____ City State/Zip Code
_____ Area Code/Telephone Number	_____ Relationship to Claimant

3. Accident:

- A. The occurrence or accident which gave rise to this claim:

Date

Time

B. Describe the location or place of the accident or occurrence:

Exact Location of the Occurrence

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

D. State the name and address of the municipality(s) that you claim caused your damage.

E. State the names of the municipal employees whom you claim were at fault, including any information that will assist in identifying them.

F. State in detail each and every negligent or wrongful act of the municipality and the municipality's employees which caused your damage.

G. State the name and address of all witnesses to the accident or occurrence.

- H. If a vehicle accident, state the names, age, address, phone number, and relationship to you, of all passengers in your vehicle.

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

4. Claim for damages:

- A. Claim for damages: (Check appropriate box)

_____Bodily Injury _____Property Damage _____Other

If other, explain _____

- B. i. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

- ii. Do you claim permanent disability resulting from this injury?

- iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

_____ Name of Hospital, Doctor or other Facility		
_____ Address	_____ City	_____ State/Zip Code
_____ Date of Treatment	_____ Amount of Charges	
_____ Amount Paid if Payable by other sources, i.e., insurance.		

- iv. If you claim loss of wages or income as a result of the injury, state:

_____ Name of Employer	_____ Your Occupation
_____ Address	_____ City State/Zip Code
_____ Date Employed at this Job	_____ Rate of Pay
_____ Dates 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 other wages, attach a calculation showing the basis of your calculation of lost income.

- v. Set forth any and all other losses or damages claimed by you.

C. If you claim property damage:

- i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

- ii. The present location and time when the property can be inspected.

- iii. Date property acquired

- iv. Cost of the property

- v. Value of property at time of accident

- vi. Description of damage:

- vii. Has the damage been repaired?

 Yes

 No

If yes, by whom, and cost of repairs.

- viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

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

5. The amount of the claim _____

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

_____ Yes _____ No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

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

_____ Yes _____ No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

8. Have you received or agreed to receive any money from anyone for damages claimed herein?

_____ Yes

_____ No

If yes, set forth the details of such agreement.

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and expenses claimed.
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

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

Date

Claimant or person filing on behalf of claimant.

Print name as signed above.

**AN ORDINANCE TO ADOPTING A TORT CLAIMS ACT NOTICE FORM
PURSUANT TO N.J.S.A. 59: 8-6**

WHEREAS, the New Jersey Tort Claims Act, N.J.S.A. 59 authorizes a public entity, such as the Township of Irvington, to adopt a tort claim notice form to be completed by claimant seeking to file a claim in accordance with the Tort claims Act; and

WHEREAS, The Township of Irvington is a public entity covered by the revisions of the New Jersey Tort claims Act; and

WHEREAS, the Township of Irvington Counsel deems it advisable, necessary and in the public interest to adopt a Tort Claims Notice form.

NOW, THEREFORE, BE IT ORDAINED BY THE MUNICIPAL COUNCIL OF THE TOWNSHIP OF IRVINGTON as follows:

Section 1. The attached Tort Claims Action Notice form shall be and is hereby adopted as the official Tort Claims Notice form for the Township of Irvington.

Section 2. All persons making claims against the Township of Irvington, its officers, employees, agencies or departments, pursuant to the Notice of Tort Claim Act, N.J.S.A. 59: 1-1 et seq. are required to complete the form adopted by this Ordinance as a condition of compliance with the New Jersey Tort Claim Act notice requirement.

Section 3. Severability. If any provision of this Ordinance or the application of this Ordinance to any person or circumstances is found to be invalid for any reason by any Court of competent jurisdiction, such judgment shall be limited in its effect only to that portion of the Ordinance actually adjudged to be invalid, and the remaining portions of this Ordinance shall be deemed severable from and shall not be affected.

Section 4. Repealer. All Ordinances or parts of Ordinances or Resolutions inconsistent or in opposition to the provisions of this Ordinance are hereby repealed in their entirety.

Section 5. This ordinance shall become effective twenty (20) days after its final passage by the Municipal Council and approved by the Mayor in the time and manner prescribed by law.