

## **SOUTH ORANGE VILLAGE**

### **Notice of Tort Claim Form**

#### **General Instructions:**

Pursuant to the provisions of the New Jersey Tort Claims Act, this Notice of Tort Claim Form has been adopted as the official form for the filing of claims against the South Orange Village Park. The questions are to be answered to the extent of all information available to the claimant or to his or her attorneys, agents, servants, and employees, under oath. The fully completed claim form and the documents requested shall be returned to:

**Village Clerk  
South Orange Village  
76 South Orange Avenue,  
Suite 302  
South Orange, NJ 07079**

#### **Note Carefully:**

Your claim will not be considered filed as required under the New Jersey Tort Claims Act until this completed form has been filed with South Orange Village. 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 being properly filed.

**Timely notices of claim must be filed within ninety (90) days after the incident giving rise to the claim.**

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, please indicate "not applicable".

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.

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.

#### **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, or electronic representation, and any copy thereof, including but not limited to, computer tapes and/or disks, videotapes, and other material relating to the subject matter of the claim.





5. 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.
  
6. 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.
  
7. If you, or any other party or witness, consumed any alcoholic beverage, drug or medication within twelve hours before the incident forming the basis of the claim, identify the person consuming the same and for each person state:
  - a. what was consumed
  - b. quantity thereof
  - c. where consumed
  - d. names and addresses of all persons present

8. 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.
  
9. 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.
  
10. 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, by whom, the date and place where said, and in whose presence, giving names and addresses of any persons having knowledge thereof.
  
11. State the total amount of your claim and the basis on which you calculated the amount claimed.





5. If x-rays were taken, state:
- a. name and address of facility
  - b. date when each was taken
  - c. what each disclosed
  - d. where and in whose possession the x-rays now are

Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of this claim.

6. If treated by a doctor, psychiatrist, or psychologist, state:
- a. name and present address of each doctor
  - b. dates and places where treatments are continuing and 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.

7. 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.

8. 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 treated you for the condition, the period during which treatment was received, and the cause of the previous injury. Specifically list any impairment, including the use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim.
  
9. If any treatment, operation, or other form of surgery in the future have been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail:
  - a. nature and extent of the treatment, operation, or surgery
  - b. purpose thereof and the results anticipated or expected
  - c. name and address of the doctor who recommended the treatment, operation, or surgery
  - d. name and address of the doctor who will administer or perform the same
  - e. estimated medical expenses to be incurred
  - f. estimated length of time of treatment, operation, or surgery, period of hospitalization and period of convalescence
  - g. all other losses or expenditures anticipated as a result of the treatment, operation, or surgery
  - h. if it is your intention to undergo treatment, operation, or surgery, please give an approximate date.
  
10. Itemize any and all expenses incurred for hospital, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any insurance coverage.

11. If employed at the time of the alleged injury forming the basis of the claim state:

- a. 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

List any sources of income continuation or replacement, including but not limited to worker's compensation, disability income, social security, and income continuation insurance.

12. 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. nature and date(s) of loss

13. If you are claiming lost wages state:

- a. date that the employment began
- b. name and address of the employer
- c. position held and the nature of the work performed
- d. average weekly wages (attach copies of pay stubs or other complete payroll records for all wages received during the year)

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

**CERTIFICATION:** I hereby certify that the information provided is the truth and is the foil and complete response to the questions, to the best of my knowledge.

**Signature of Claimant:** \_\_\_\_\_

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

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

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

Patient's Name: Address: \_\_\_\_\_

Claim #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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: \_\_\_\_\_