CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
LGOMEZ@VINELANDCITY.ORG

NOTICE OF TORT CLAIM

CLAIMANT INFORMATION

Name: _____ Telephone: _____

Address: _____

Date of Birth: _____ SSN: _____

ATTORNEY INFORMATION (if applicable)

Name: _____ Telephone: _____

Address: _____

Telefax: _____ File Number: _____

Send Notices To: Claimant: ☐ Attorney: ☐

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 City of Vineland.

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 the

Office of the Municipal Clerk
City of Vineland
640 E. Wood Street
PO Box 1508
Vineland, NJ 08362-1508

NOTE CAREFULLY: 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 City's Municipal Clerk.
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 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 question 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 City of Vineland.

"*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.

"Person" shall include in its meaning a partnership, joint venture, corporation, association, trust, or any other kind of entity, as well as a natural person.

"Public Entity" shall refer to the City of Vineland along with any agent, official or employee of the City of Vineland against whom a claim is asserted by the Claimant.

NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury, and the basis for the claim against the public entity or a public employee.

If the claim. involves only property damage, then the portion on personal injuries need not be answered. Just enter as the answer to Question 17 "No personal injuries claimed."

If the claim involves no property damage, then the portion on property damage need not be answered. Just enter as the answer to Question 16 "No property damage claimed."

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INFORMATION ON THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   a) Any other name by which the Claimant has been known.

   _____

   _____

   b) Address at the time of the incident giving rise to the claim.

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   c) Marital Status [at the time of the incident and current].

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   d) Identify each person residing with the claimant and. the relation, if any, of the person to the Claimant.

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2. Provide 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.

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INFORMATION ON ALL CLAIMS

3. Provide the exact date, time, and place of the incident forming the basis of the claim and. the weather conditions prevailing at the time.

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4. Provide the Claimant's complete version of the events that form the basis of the claim.

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5. List 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 address of each individual.

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6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage.

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7. 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.

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8. 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.

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9. If you or any other party or witness consumed any alcoholic beverages, drugs, or medications within twelve (12) hours before the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

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10. 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. 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.

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11. If any photographs, sketches, charts or maps were made with respect to anythlng 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.

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12. 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 said; date and place where said; and in whose presence, giving names and addresses of any persons having knowledge thereof.

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13. State the total amount of your claim and the basis on which you calculate the amount claimed.

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14. Provide copies of all documents, memoranda., correspondence, reports [including police reports], etc. which discuss, mention; or pertain to the subject matter of this claim.

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15. Provide the names and addresses of all persons or entities against whom claims have been made for injuries or damages arising out of the incident forming the basis of this claim and give the basis for the claim against each.

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PROPERTY DAMAGE CLAIMS

16. If your claim is for property damage, attach a description of the property damage and an estimate of the costs of repair. If your claim does not involve any claim for property damage, enter "None1".

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(If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.)

Initials: _____

PERSONAL INJURY CLAIMS

17. Was any complaint made to the public entity or to any official or employee of the public entity. State the time and place of the complaint and the person or persons to whom the complaint was made.

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18. Describe in detail the nature, extent, and duration of any and all injuries.

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19. Describe in detail any injury or condition claimed to be permanent.

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20. If confined to any hospitals, state name and address of each and the dates of admission and discharge. Include all hospital admissions prior to and subsequent to the alleged injury and give the reason for each admission.

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21. If x-rays were taken, state (a) the address of the place where each was taken (b) the name and address of the person who took them (c) the date when each was taken (d) what each disclosed (e) where and in whose possession they now are. Include all x-rays, whether prior to or subsequent to the alleged injury forming the basis of the claim.

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22. If treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor (b) the dates and places where treatments were received (c) the nature of the treatment (d) the date of last treatment or, if treatments are continuing, the schedule of continuing treatments. Provide true copies of all -written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

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23. 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 movements, 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.

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24. 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 use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of the claim

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25. If any treatments, operation or other form of surgery in the future has been recommended to 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 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 to be incurred (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 treatments1 operation or surgery and the approximate date.

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26. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, medicines, care and appliances and indicate which expenses were paid by any coverage.

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

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28. 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 dates of loss.

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29. If you are claiming lost wages state (a) the date that the employment began (b) the name and address of the employer (c) the position held, and the nature of the work performed (d) the average weekly wages. Attach copies of pay stubs or other complete payroll record for all wages received during the past year.

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

CERTIFICATION

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

Signature of Claimant Dated: _____

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AUTHORIZATION FOR RELEASE OF MEDICAL AND HOSPITAL RECORDS

T0: _____ Date: _____

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_____

Re: _____ SS Number: _____
Patient's Name

_____ Claim Number: _____
Address

_____

You are hereby authorized and requested to disclose, make available and furnish to:

Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234

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.

Authorized Signature

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640 EAST WOOD ST
VINELAND, NJ 08360
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AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

T0: _____ Date: _____

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Re: _____ SS Number: _____
Patient's Name

_____ Claim Number: _____
Address

_____

You are hereby authorized and requested to disclose, make available and furnish to:

Qual-Lynx
100 Decadon Drive
Egg Harbor Township, NJ 08234

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 of 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.

Authorized Signature