

RESOLUTION 2021 – 12

RESOLUTION OF THE BOROUGH OF MOUNT ARLINGTON, COUNTY OF MORRIS, STATE OF NEW JERSEY, ADOPTING A FORM REQUIRED TO BE USED FOR THE FILING OF NOTICES OF TORT CLAIMS AGAINST THE BOROUGH OF MOUNT ARLINGTON IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY TORT CLAIMS ACT, N.J.S.A. 59:8-6

WHEREAS, the NJ Tort Claims Act N.J.S.A. 59:8-6 provides that a public entity may adopt a form to be completed by claimants seeking to file a Notice of Tort Claim against a public entity; and

WHEREAS, the Borough of Mount Arlington is a public entity covered by the provisions of the NJ Tort Claims Act; and

WHEREAS, the Borough of Mount Arlington deems it advisable, necessary and in the public interests to adopt a Notice of Tort Claim form in the form attached hereto and made a part hereof.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the Borough of Mount Arlington, that the attached Notice of Tort Claim form be and hereby is adopted as the official Notice of Tort Claim Form for the Borough of Mount Arlington; and

BE IT FURTHER RESOLVED that all persons making claims against the Borough of Mount Arlington pursuant to the NJ Tort Claims Act N.J.S.A. 59:8-1, et seq., be required to complete the form herein adopted as a condition of compliance with the notice requirement of the NJ Tort Claims Act.

I HEREBY CERTIFY this to be a true and correct Resolution of the Mayor and Borough Council of the Borough of Mount Arlington and adopted on January 5, 2021.



Matthew N. Bansch, Borough Clerk

GENERAL INSTRUCTIONS: Pursuant to the provisions of the NJ Tort Claims Act, this Notice of Tort Claim Form has been adopted as the official form for the filing of claims against the Borough of Mt. Arlington.

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:

Borough of Mt. Arlington
419 Howard Blvd.
Mount Arlington, NJ 07856
Attn: Borough Administrator

NOTE CAREFULLY: Your claim will not be considered filed as required under the NJ Tort Claims Act until this completed form has been filed with the Borough of Mt. Arlington. 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 auto accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable."

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.

"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 Borough of Mt. Arlington along with any agent, official or employee of the Borough of Mt. Arlington 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 and the basis for the claim against the public entity or public employee.

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.

Information on the Claimant:

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

Any other name by which the claimant is known.

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

Marital Status (at the time of the incident giving rise to the claim)

Identify each person residing with the claimant and the relationship, if any, of the person to the Claimant.

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 relation of any of the persons to the Claimant.

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.

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

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.

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.

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.

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 the public entity was given notice of the alleged dangerous condition. Statements such as "should have known" and "common knowledge" are insufficient.

9. If you or any other party or witness consume any alcoholic beverages, drugs or medications within 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.

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 payers. Specifically list any policies of insurance, including policy number and claim number from which benefits have been paid to you or any person of your behalf, including all doctors, hospitals or any person requiring damage to property.

11. 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, sketched charts or maps.**

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

13. State the amount of your claim and the basis on which you calculated the amount claimed. **Attach a copy of the estimate for any repairs.**

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.

15. Provide the names and addresses of all persons or entities against which 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.

PROPERTY DAMAGE CLAIM:

16. If your claim is for property damage, attach a description of the property and an estimate of the cost of repair. If your claim does not involve any claim for property damage, enter "None".

Note: If your claim is for property damage only, initial here and proceed directly to the certification section on the next to last page of this form.

Initials: _____

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 (s) to whom the complaint was made.

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

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

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

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

22. If treated by doctors, including psychiatrist or psychologist, state (a) name and present address of each doctor, (b) dates and places where treatments were rendered or are continuing, the schedule of continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctor whom you propose to testify on your behalf.

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 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.

24. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and give the name and 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 aids or similar devices which existed at the time of the injury forming the basis for your claim.

25. If any treatments, operations or other forms of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident forming the basis of your claim, state in detail (a) nature and extent of 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 treatment, operation OR surgery, (h) further, if it is your intention to undergo the treatment, operation or surgery please give an approximate date.

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

27. If employed at the time of the alleged injury forming the basis for your claim state (a) name and address of the employer, (b) position held and nature of work performed, (c) average weekly wages for the year prior to the injury, (d) period of time lost from employment, (e) amount of wages lost, if any. List any sources of income continuation or replacement, including but not limited to, workers' compensation, disability income, social security and income continuation insurance.

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

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

Re: _____
Patient's Name

Social Security Number

Claim Number: _____

Patient's Address: _____

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 of consultation:

A photocopy of this release form bearing a photocopy of my signature shall constitute you authorization for the release of the information in accordance with the request made to you.

Signature: