

NOTICE OF CLAIM FOR DAMAGES AGAINST _____

FORWARD TO: TORT CLAIM
BOROUGH OF CALDWELL
80 BLOOMFIELD AVENUE
CALDWELL, NEW JERSEY 07006

1. CLAIMANT

LAST NAME, FIRST, MIDDLE DATE OF BIRTH

STREET ADDRESS

MAILING ADDRESS (If other than street address)

CITY, STATE, ZIP

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

2. _____
NAME

MAILING ADDRESS

CITY, STATE, ZIP

Relationship to claimant: Attorney at Law () or _____
Explain Relationship

The occurrence or accident which gave rise to this claim:

3a. _____
Date Time

b. Describe the location or place of the accident or occurrence.

Municipality 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 Public Entity, or entities, that you claim caused your damage.

- e. State, in detail, the negligence or wrongful acts of the Public Entity and public employees which caused your damages.

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

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

4a. **Claim for Damages (Check appropriate Block)**

☐ Personal Injury ☐ Property Damage

☐ Other – Explain in detail: _____

b. **If you claim personal injury:**

Describe your injuries resulting from this accident or occurrence.

Do you claim permanent disability resulting from this injury?

☐ Yes ☐ No

If yes, describe the injuries believed to be permanent:

For each hospital, doctor, or other practitioner rendering treatment, examination or diagnostic services state:

Name of Hospital doctor or other	Address	Dates of treatment	Amt. of charges to date	Amt. Paid or payable by other sources such as ins.
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If you claim loss of wages or income as a result of the injury, state:

Name of Employer

Address of Employer

Your Occupation

Date you became employed

Rate of Pay

Dates of Absence from work

Total lost wages to date

If still out, expected date of return

Note: If your claimed loss of income arises from self-employment or other than wages, attach a calculation showing the basis of your calculation of lost income.