RESOLUTION #2021-18

TOWNSHIP OF FRANKLIN, HUNTERDON COUNTY

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

WHEREAS, the New Jersey 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 the public entity; and

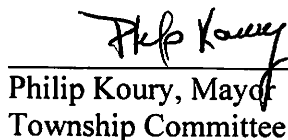
WHEREAS, the Township of Franklin is a public entity covered by the provisions of the New Jersey Claims Act; and

WHEREAS, the Township of Franklin deems it advisable, necessary and in the public interest to adopt a Notice of Tort Claim form in the form attached hereto and made a part hereof; and

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the Township of Franklin assembled in public session this 22nd day of April, 2021, that the attached Notice of Tort Claim form be and hereby is adopted as the official Notice of Tort Claim form for the Township of Franklin; and

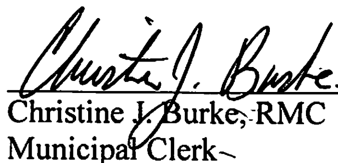
BE IT FURTHER RESOLVED that all persons making claims against the Township of Franklin, pursuant to the New Jersey Tort Claims Act, N.J.S.A. 59:801 et seq. be required to complete the form herein adopted as a condition of compliance with the notice requirements of the New Jersey Tort Claims Act.

ADOPTED: 04/22/2021



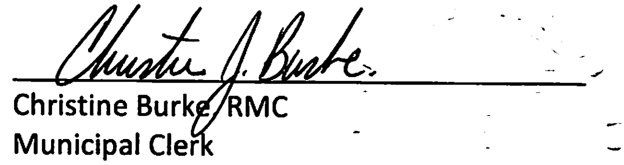
Philip Koury, Mayor
Township Committee

Attest and Affix Seal:



Christine J. Burke, RMC
Municipal Clerk

I, Christine J. Burke, Municipal Clerk of the Township of Franklin, County of Hunterdon, do hereby certify this to be a true copy of a resolution adopted by the Township Committee at a meeting held on April 22, 2021.



Christine Burke, RMC
Municipal Clerk

Notice of Claim Instructions

If you wish to make a claim against a public entity, please read the following information:

Public Entities are protected from Tort actions by State Statute Title59, and more specifically, Chapter 9, Paragraph 2e. Simply stated, Title 59:9-2e means that, if you have insurance to cover "physical damage" to your property, the money you are entitled to receive under such policy of insurance shall be deducted from your claim.

To expedite settlement of your claim, we ask that you settle your physical damage with your physical damage insurance carrier. You may submit a claim for your deductible by forwarding a copy of your estimate and a copy of the declaration sheet showing the amount of your physical damage deductible and complete the enclosed Tort claim form.

If you do not have "physical damage" coverage and wish to submit a claim, please forward an estimate for the damage, a copy of the declaration sheet from your insurance policy, and complete the enclosed Tort claim form.

Since all claims which are filed against public entities must be filed within 90 days of their occurrence, we suggest that your documentation be sent via certified mail. Although this is not required, it will insure that you have proof of receipt by this office.

Please allow a minimum of 90 days for a reply to your claim submittals.

Name of Municipality:______________________________

NOTICE OF CLAIM

To be completed by Claimant:

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 exact location or place of the accident or occurrence:

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

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D. State the name and address of the Local Unit that you claim caused your damage.

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

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

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

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H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

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

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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.

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

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

Name of Provider	Address	Date of Treatment	Type of Treatment	Charges	Paid by other source? Y/N

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

Name of Employer

Address

City State/Zip Code

Your Occupation

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.

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

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iii. Date property acquired ______________________________

iv. Cost of the property ______________________________

v. Value of property at time of accident ____________________

vi. Description of damage:

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vii. Has the damage been repaired?

_______Yes _______No

If yes, by whom, and cost of repairs.

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

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

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

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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.

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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.

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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.

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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.