CLAIM FOR DAMAGES AGAINST THE TOWN OF MORRISTOWN

THIS CLAIM FORM MUST BE FILED WITHIN NINETY (90) DAYS OF ACCIDENT/OCCURRENCE OR YOU MAY FORFEIT YOUR RIGHTS PURSUANT TO N.J.S.A. 59:1 ET SEQ.

1. CLAIMANT INFORMATION

2/21/2020
DATE OF ACCIDENT

$ 1368 87
AMOUNT OF CLAIM

Norton
LAST NAME

[redacted]
DATE OF BIRTH

[redacted]
STREET ADDRESS

MAILING ADDRESS

[redacted]
CITY, STATE, ZIP CODE

[redacted]
SOCIAL SECURITY NUMBER

Single
MARITAL STATUS

0
NUMBER OF DEPENDENTS

[redacted]
HOME PHONE

WORK PHONE

2. If notice and correspondence in connection with this claim are to be sent to a person other than the claimant, complete item No. 2.

NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

Relationship to Claimant:

Attorney at Law ( ) or
Relationship

Received

MAR 12 2020

Morristown Administration

3. The occurrence or accident which gave rise to this claim:

a. 2/21/20 (Date) 8pm (Time)

Morristown NJ 07960 (Municipality) 31 Clinton PL Morristown NJ (Exact location of the occurrence)

c. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please attach hereto.

Black water came out of the shower and the toilet of the from. the room located in the basement of the house.

d. State the names of public employees and or public agencies whom you claim were at fault, including any information that will assist identifying and locating them.

Morristown Police department and Ray from Morristown sewer utility office 973 219 4274

e. State the negligence or wrongful acts of the public agency or its employees which allegedly caused your damages.

Ray recommend to call the plumber to correct the problem, and the town was working in the same problem down the stree. we didnot know that the jobs to fix it lated.

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

31 Clinton PL
Morristow NJ 07960

g. State the names of all Police Officers and Police Departments who investigated the accident.

Morristow Police department (911)

4. a. Claim for damages (check appropriate block)

☑ Property damages

☐ Personal injury

☐ Other-explain in detail

b. If you claim personal injury,

1. Describe your injuries resulting from this accident or occurrence.

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

☐ Yes ☐ No

If yes, describe the injuries believed to be permanent.

3. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, state:

I. Name of Hospital, Doctor or Facility	II. Address	III. Dates of Treatment or service	IV. Amount of charges to date

5. Are you covered by any health insurance policy? If so, please advise name and address of carrier, named insured and policy number.

List bills submitted to carrier:

See attached Invoices

6. 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 at this job
Rate of pay	Dates absent from work
Total lost wages to date	If still out of work, expected date of return

If injury is associated with an auto accident, please provide name of auto insurance carrier and policy number.

NOTE: If your claim loss of income arises from self employment or other wages, attach a calculation showing the basis of your calculation of lost income.

7. Set forth any and all losses or damages claimed by you. Pay for:
1- Bathroom and toilet arrangement, remove water from the room and remove carpet.
2- Buy carpet for 1 room and pay to install carpet

c. If you claim property damage:
1. Describe the property damaged.

2. Present location and time when the property may be inspected.

31 Clinton Pl Homstead NJ 07960
Any Time Please. Call also [redacted]

3. Date property acquired

4. Cost of property

5. Value of property at time of accident

6. Description of damage

7. Has the damage been repaired? ☑ Yes ☐ No If so, by whom, when and cost of repairs?

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

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

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

8. State the total amount of damages (personal, property and other) you are claiming.

9. 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 insurance companies against whom you have made such claims.

10. 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.

11. 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 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 in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, that I am subject to punishment provided by law.

Luz M Montoya

Claimant or person filing on behalf of claimant

3/11/2020

Date

MEDICAL/EMPLOYMENT INFORMATION RELEASE AUTHORIZATION

To Whom It May Concern:

I hereby authorize any and all doctors, or other medical service facilities to release to

_____ or their representative any and all records, reports and other information concerning the treatment of the claimant named herein.

I also hereby authorize my employer to release all wage's, salary and related compensation information.

_____
Signature

_____
Date

(This must be signed by the claimant or the parents of claimants who are minors)

COMPLETED FORM MUST BE FORWARDED TO:

Town of Morristown
Margot Kaye, Town Clerk
P.O. Box 914
Morristown, NJ 07963-0914

Arturo Mateus
107 Omaha Ave Rockaway NJ 07866

YOUR LOGO HERE

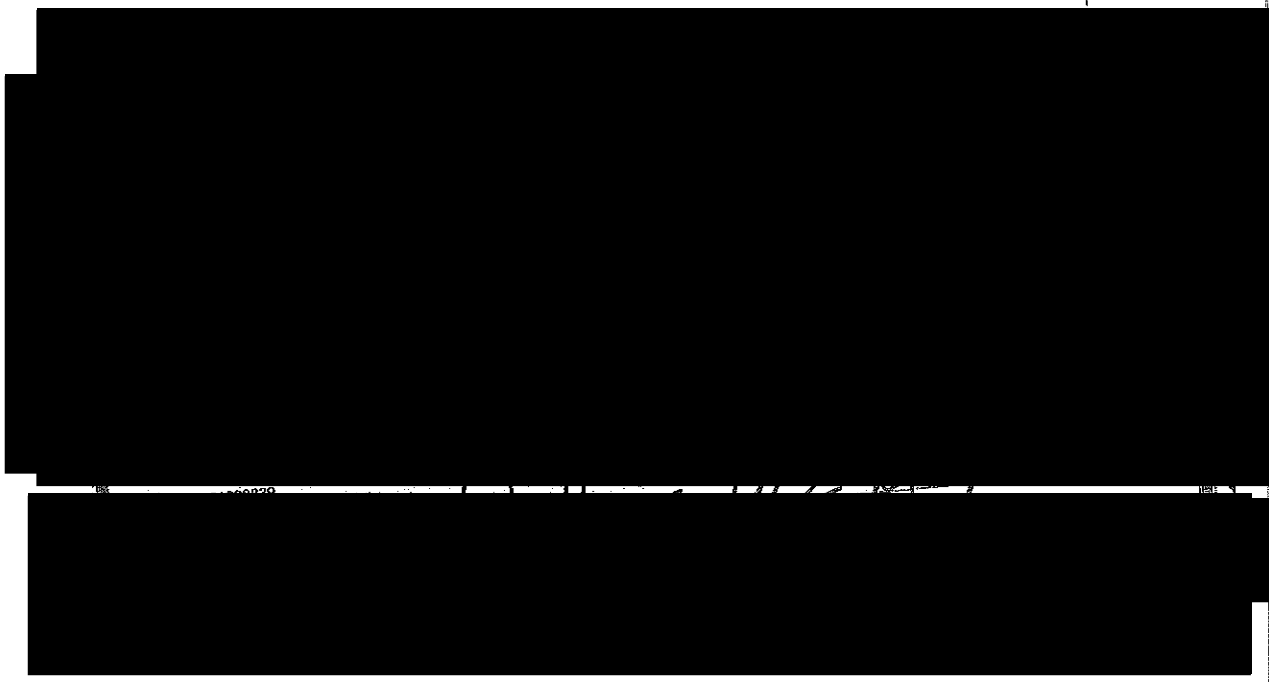
INVOICE 1 — 02/23/2020

BILL TO	SHIP TO	INSTRUCTIONS
Luz Norton [redacted]	Luz Norton [redacted]	

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
3	Bathroom and toilet arrangement, remove water from the room and remove carpet	$150	$450
1	1 room -buy carpet, install carpet	$600	$ 600

SUBTOTAL	$1050
SALES TAX	0
SHIPPING & HANDLING	0
TOTAL DUE BY DATE	$ 1050

Thank you for your business!



ROTO-ROOTER®
PLUMBING & DRAIN SERVICE

Roto-Rooter - Morris County
P.O. Box 324 Chatham, New Jersey 07928
(973) 887-1800
NJ Master Plumbing License #129370
Home Improvement License #13VH05477200

BILL TO
Restrepo
[redacted]

INVOICE	INVOICE DATE
49637771	Feb 24, 2020

JOB ADDRESS
Restrepo
31 Clinton Place
Morristown, NJ 07960 USA

Completed Date:
Technician: Matt Mendoza

DESCRIPTION OF WORK

Clogged sewer main
-snaked from TCO next to water heater and customer lifted toilet in basement
-1/2 doubles and 4s
-snaked 75ft many times
-line would not open
-town working in street on sewer main
-row of houses/apartments have a separate main sewer that is broken
-town fixing line and connecting to main city sewer in street expected to be completed tonight February 24th
-roto rooter will return to resnake line once town has fixed city sewer if need be

TASK	DESCRIPTION	QTY	PRICE	TOTAL
SRV-1	Clogged Sewer: Clogged Sewer	1.00	$299.00	$299.00

POTENTIAL SAVINGS	$0.00
SUB-TOTAL	$299.00
TAX	$19.81
TOTAL DUE	$318.81
BALANCE DUE	$318.81

Thank you for choosing Roto-Rooter!

CUSTOMER AUTHORIZATION

This invoice is agreed and acknowledged. Payment is due upon receipt.

GUARANTEE: THAT IF LINE CLEANED BACKS UP WITHIN THE GUARANTEED PERIOD WE WILL RE-CLEAN THAT LINE FOR