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.

RECEIVED 8-3-2020

1. CLAIMANT INFORMATION

July 6th 2020
DATE OF ACCIDENT

$8000.00
AMOUNT OF CLAIM

TAYLOR
LAST NAME

[redacted]
DATE OF BIRTH

[redacted]
STREET ADDRESS

[redacted]
MAILING ADDRESS

[redacted]
CITY, STATE, ZIP CODE

[redacted]
SOCIAL SECURITY NUMBER

Married
MARITAL STATUS

0
NUMBER OF DEPENDENTS

[redacted]
HOME PHONE

[redacted]
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

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

a.

Date	Time
July 6th 2020	EVENING

Municipality	Exact location of the occurrence
	15 AND 15 1/2 KING ST MORRISTOWN

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

ON MONDAY July 6th 2020, THERE WAS A RAINSTORM IN MORRISTOWN CAUSING SEVERE FLOODING ON KING AND PINE ST. THE FIRE DEPARTMENT CAME AND UNCLOGGED A GRATE ADJACENT TO THE NEIGHBOUR. THERE WAS 2 FEET OF WATER IN MY BASEMENT CAUSING SEVERE DAMAGE TO THE WATER HEATER HEATING SYSTEM AND INTERIOR WALLS. WE HAD TO PAY A PLUMBER TO REPLACE THE WATER HEATER AND SERVPRO TO CLEAN AND DRY THE BASEMENT

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.

DEPARTMENT OF SANITATION.

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

IF THIS GRATE WAS KEPT CLEAN, THERE WOULD NOT BE AND FLOODING. UPON CLEANING BY THE FIRE DEPARTMENT THE WATER RECEDED.

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

STEPHANIE QUINTON WHO RESIDES AT [redacted]

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

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:

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.

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

REPLACEMENT OF WATER HEATER - SEE ATTACHED INVOICE
CLEANING AND PAYING OF BASEMENT - SEE ATTACHED INVOICE
ALL BASEBOARD MOLDING HAD TO BE REMOVED.

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

15 AND 15½ KING ST MAY BE INSPECTED AT ANY TIME

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?

WATER HEATER AND CLEANING HAS BEEN COMPLETED.
T. DANIELS WATER HEATER: $2000.00 SERVPRO: 4000.00
* THE BASE BOARD MOLDING HAS NOT BEEN REPAIRED

8. Attach each estimate of repair costs to this form. — SEE ATTACHED

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.

SEWING MATERIAL, — THREADS, CLOTHS,

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

$ 8000.00

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.

Francis L. Taylor

Claimant or person filing on behalf of claimant

July 30th. 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

SERVPRO of Dover Stillwater/Wayne
29 Mekeel Dr
Succasunna, NJ 07876 US
johnblehl10343@gmail.com

INVOICE

BILL TO
Frank Taylor
[redacted]
United States

SHIP TO
Frank Taylor
[redacted]
United States

INVOICE # 4941645
DATE 07/14/2020
DUE DATE 08/13/2020
TERMS Net 30

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
07/06/2020	**Water Remed**	Water Restoration	1	3,751.47	3,751.47T

SUBTOTAL	3,751.47
TAX	248.53
TOTAL	4,000.00
PAYMENT	4,000.00
BALANCE DUE	**$0.00**

PAID

T. DANIEL Specialty HEATING, INC. *Heat Your Home Out*

T Daniel Specialty Heating
210 Landing Rd, Landing, NJ 07850
973-927-5742
www.tdanielspecialtyheating.com
Lic# BI10262
info@tdanielspecialtyheating.com

Invoice I1139

Bill to
Frank Taylor
[redacted]

Ship to
[redacted]

Work Order #: 1214

Assigned Tech: Brian R.

Completion Date: 7/10/2020

Transaction Date: 7/10/2020

Terms: Due on receipt

Item	Description	Quantity	Price	Amount
Work Performed	replaced 50 gallon natural gas chimney vented water heater model #RG250T6N Serial #WC4489011 replaced fan center relay and gas valve for PCG4 gas boiler.	1	$2,000.00	$2,000.00

PAID

Subtotal:	$2,000.00
Tax:	$0.00
Total:	$2,000.00
Payments:	$2,000.00
Balance Due:	$0.00

Amount	Auth #	Date	Method
$2,000.00	49894C	7/10/2020	Visa