

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.

[REDACTED]
NAME

[REDACTED]
MAILING ADDRESS

[REDACTED]
CITY, STATE, ZIP CODE

Relationship to Claimant:

Attorney at Law () or [REDACTED]
Relationship

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

a.

Date

JULY 6th 2020

Time

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 UNCOVERED A GRATE ADJACENT TO MY 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 PUMP OUT 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 RECESSED.

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

STEPHANIE QUINCY 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.

REPLACE HEAT OF WATER HEATER - SEE ATTACHED INVOICE
CLEANING AND PRYING OF BASEMENT - SEE ATTACHED INVOICE
ALL BASE BOARD FOLDING HAD TO BE REMOVED.

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

15 AND 15 1/2 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 SERVO PRO : 4000.00

* THE BASE BOARD MOULDING 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?

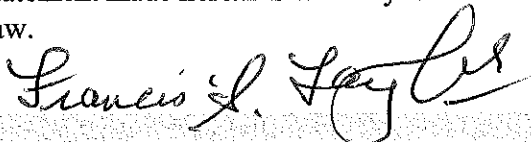
☐ Yes ☒ No

For each such policy, state the name and address of the insurance company, policy number and benefits paid or payable.

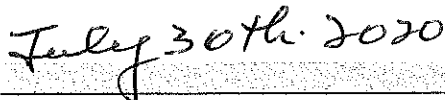
11. The following items must be submitted with this notice:

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.



Claimant or person filing on behalf of claimant



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	3,751.47

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

PAID



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

Ship to

Work Order #: 1214

Assigned Tech: Brian R.

Transaction Date: 7/10/2020

Completion 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	1	\$2,000.00	\$2,000.00
	replaced fan center relay and gas valve for PCG4 gas boiler.			

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