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

10/15/20
DATE OF ACCIDENT

AMOUNT OF CLAIM

MONICA VASQUEZ
FIRST & LAST NAME

[redacted]
DATE OF BIRTH

[redacted]
STREET ADDRESS

[redacted]
EMAILADDRESS

[redacted]
CITY, STATE, ZIP CODE

[redacted]
SOCIAL SECURITY NUMBER

MARRIAGE
MARITAL STATUS

2
NUMBER OF DEPENDENTS

[redacted]
~~HOME~~ PHONE
CELL

[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.

Monica Vasquez
NAME

[redacted]
MAILING ADDRESS

[redacted]
CITY, STATE, ZIP CODE

Relationship to Claimant:

Attorney at Law ( ) or
Relationship

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 Monica Vasquez 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.

[redacted]

Signature

10/27/20

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

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

a. Date _____ Time _____

See Police Report
Municipality _____ Exact location of the occurrence

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

N/A

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.

Town of Hamstead DPW
Sean Lewis.

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

See report

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.

Vehicle. Toyota highlander 2019

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

[redacted] Time: after 2pm during the week

3. Date property acquired 12/2019.

4. Cost of property

5. Value of property at time of accident

6. Description of damage

bumper/rear

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

awaiting town insurance to take responsability.

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.

but Trother not have mine pay as their responsability is down

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

10/29/20

Date

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New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 2020-31414
2. Police Dept. of: MORRISTOWN — Code: 01
3. Station/Precinct: NO PHOTO

10. Crash Occurred On: ABBETT AVE (Road Name) EAST (Dir) — 11. Speed Limit: 25 — 12. Route No. — Suffix — 13. Milepost
☒ At Intersection with — Of: RIDGEDALE AVENUE — 18. Speed Limit: 25
☐ Feet ☐ Miles — ☐N ☐E ☐S ☐W
14. -- 15. 16. — 17. Cross Road Name/Route No.
19. Ramp ☐ To: -- ☐ From: — 20. Route Name/Route No. — ☐NB ☐EB ☐SB ☐WB

4. Date of Crash mm dd yy	5. Day of Week	6. Time (use 2400 hrs.)	7. Municipality Code	8. Total Killed	9. Total Injured	21. Latitude	22. Longitude
10/15/20	THU	1450	1424	--	--	--	--

Vehicle 1

23. Veh. # 01 — 24. Policy No. [redacted] — 25. NJ Ins. Code: 962
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name: MONICA — Initial: M — Last Name: VASQUEZ-ESPINOZA — 29. Sex: F
27. Number & Street: [redacted]
28. City: [redacted] — State: [redacted] — Zip: [redacted]
30. Eyes: 02 — DL Class: -- — Restrictions: -- — Endorsements: -- — 31. State: NJ
32. Driver's License Number: [redacted] — 33. DOB mm dd yy: [redacted] — 34. Expires mm yy: 05/22
35. Owner's First Name — Initial — Last Name: ☒ Same As Driver — MONICA M VASQUEZ-ESPINOZA
36. Number & Street: [redacted]
37. City: [redacted] — State: [redacted] — Zip: [redacted]
38. Make: TOY — 39. Model: HIG — 40. Color: SL — 41. Year: 2019 — 42. Plate No.: [redacted] — 43. State: NJ
44. VIN: [redacted] — 45. Expires: 01/24
46. Vehicle Removed to: --
☒ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
47. Authority: ☐ Owner ☒ Driver ☐ Police
48. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. -- % ☐ Pending
49. Hazardous Material: ☒ None ☐ On Board ☐ Spill — -- (Hazard Class) — -- (Placard No.)
50. Carrier No.: ☐ USDOT -- ☒ None ☐ MC/MX --
51. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ > 26,001 lbs.
52. Motor Carrier or Government Entity: --
Number & Street: --
City: -- — State: -- — Zip: --

Vehicle 2

53 Veh. # 02 — 54. Policy No. 20-02 — 55. NJ Ins. Code: GSMJIF-2020
☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

56. Driver's First Name: SEAN — Initial: T — Last Name: LEWIS — 59. Sex: M
57. Number & Street: [redacted]
58 City: [redacted] — State: [redacted] — Zip: [redacted]
60. Eyes: 02 — DL Class: -- — Restrictions: -- — Endorsements: -- — 61. State: NJ
62. Driver's License Number: [redacted] — 63. DOB mm dd yy: [redacted] — 64. Expires mm yy: 09/23
65. Owner's First Name — Initial — Last Name: ☐ Same As Driver — MORRISTOWN, TOWN OF
66. Number & Street: 200 SOUTH STREET
67. City: MORRISTOWN — State: NJ — Zip: 07960
68. Make: INT — 69. Model: -- — 70. Color: GN — 71. Year: 1997 — 72. Plate No.: MG72858 — 73. State: NJ
74. VIN: 1HTSCABP8VH454377 — 75. Expires: 10/22
76. Vehicle Removed to: EAGLE AUTO BODY
☐ Driven ☒ Towed Disabled ☐ Towed Disabled & Impounded ☐ Left at Scene ☐ Towed Impounded
77. Authority: ☐ Owner ☐ Driver ☒ Police
78. Alcohol Drug Test: Given: ☒ No ☐ Yes ☐ Refused — Type: ☐ Breath ☐ Blood ☐ Urine — Results: 0. -- % ☐ Pending
79. Hazardous Material: ☒ None ☐ On Board ☐ Spill — -- (Hazard Class) — -- (Placard No.)
80. Carrier No.: ☐ USDOT -- ☒ None ☐ MC/MX --
81. GVWR / GCWR (trucks & buses only): ☐ < 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☒ > 26,001 lbs.
82. Motor Carrier or Government Entity: --
Number & Street: --
City: -- — State: -- — Zip: --

135. Damage To Other Property: ☐ Yes (if Yes, describe) ☒ No
--

Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
--	--	--	--	--	--
Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
--	--	--	--	--	--

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	1	01	01	--	30	F	--	--	--	11	04	--	--	VASQUEZ-ESPINOZA, MONICA M, 12 HANOVER AVE, WHIPPANY, NJ 07981-1843
B	2	01	01	--	53	M	--	--	--	11	04	--	--	LEWIS, SEAN T, 2104 HAMPTON COURT, RANDOLPH, NJ 07869-1216
C	--	--	--	--	--	--	--	--	--	--	--	--	--	--
D	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NJTR-1 (Rev. 01/17)

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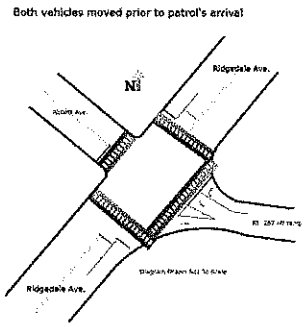
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E	--	--	--	--	--	--	--	--	--	--	--	--	--	--
F	--	--	--	--	--	--	--	--	--	--	--	--	--	--
G	--	--	--	--	--	--	--	--	--	--	--	--	--	--
H	--	--	--	--	--	--	--	--	--	--	--	--	--	--
I	--	--	--	--	--	--	--	--	--	--	--	--	--	--
J	--	--	--	--	--	--	--	--	--	--	--	--	--	--

144. Crash Diagram

Show NORTH by Arrow
(Not to Scale)



145. Crash Description/ Narrative

D1 advised she was on Abbett Avenue and intending on turning left onto Ridgedale Avenue. D1 advised she was the second vehicle in a row, had a green light, and was rear ended by V2.

D2 advised he was traveling on Abbett Avenue and behind V1. D2 advised as he was making a left turn and slowing down, he pressed on the brakes, they were not engaging at all, and he struck V1. (Town mechanic Mr Stephen Sosna arrived and checked V2. He advised the truck blew a brake line, and wasn't functioning properly), D2 was towed by Eagle Towing. (D2 town vehicle; Garden State Municipal Joint Insurance Fund; GSMJIF-2020). GVW=29,000 lbs

There were no reported injuries and both parties were given the report number.

BWC

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
OFF. BRENDAN E MURPHY	174	SGT BRIAN LABARRE	154	COMPLETE