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

11/09/2020 DATE OF ACCIDENT	$2158 AMOUNT OF CLAIM
Rosa Peralta FIRST & LAST NAME	[redacted] DATE OF BIRTH
[redacted] STREET ADDRESS	[redacted] EMAILADDRESS
[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

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

a. 11/09/2020 (Date) 1:00pm (Time)

[redacted] (Municipality) Exact location of the occurrence

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

My car was parked on the right side of the street right in front of my house when the town truck picking up the leaves came up from behind and tried to maneuver around my car but got too close and the leaf vaccuum arm hit the back side of my car on the driver's side.

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 Morristown- Sean T Lewis

[redacted]

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

They failed to safely maneuver the town truck around my parked car and hit my car causing damage.

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

I Rosa Peralta witnessed it from inside my home a[redacted]

There were other town workers other than the driver who were present and witnessed the accident as well. I have attached the police report detailing the worker's witness report as well.

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

Officer John Sweetman of the Morristown Police Dept.

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.

No personal injury

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.

Car damage and will need to leave my car at the repair shop for over a week in order to be fixed meaning I will need to rent a car.

c. If you claim property damage:

1. Describe the property damaged.

Car damage. There is a big scratch and dent on the driver's back side of my car

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

Any time. [redacted]

3. Date property acquired Nov. 2018

4. Cost of property $33,195

5. Value of property at time of accident

6. Description of damage

Big scratch and dent on driver's back side of car

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

Not repaired yet but attaching an estimate

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

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

Car damage which I attached an estimate for how much it'll cost to fix and was advised it would take up to a week and a half to repair meaning I will need to rent a car to get around for the week and a half.

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

My car will take up to a week and a half to repair which means i'll have to rent a car which on avergae is around $40 a day according to Enierprise meaning I will need to spend another $400 on top of fixing the damage to my car.

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

$2158

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.

Rosa Peralta

Claimant or person filing on behalf of claimant

11/30/2020

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