

**TOWNSHIP OF EWING NOTICE OF CLAIM FOR DAMAGES UNDER THE TORT
CLAIMS ACT**

1. CLAIMANT:

DATE OF BIRTH:

2. SEND ALL CORRESPONDENCE REGARDING THIS CLAIM TO:

3A. Date of Accident:

B. Location of accident or occurrence:

C. Describe how the accident or occurrence happened:

D. State the name and address of the agency, city, authority, municipality, etc., that you claim caused your damage:

E. State the name and address of the employee or employees involved in the accident or occurrence:

F. State the names of all police officers and police departments who investigated the accident.

G. Claim for damages (check appropriate block)

PERSONAL INJURY

PROPERTY DAMAGE

OTHER (Explain in detail)

H. If you claim personal injury, describe your injuries resulting from this accident or occurrence:

I. Do you claim permanent injuries resulting from this accident or occurrence?

YES

NO

If YES, describe the injuries believed to be permanent:

4. State the name and address of each hospital, doctor or other practioner rendering treatment, examination of diagnostic service and amount of bills to date:

5. If you claim loss of wages or income as a result of the injury, state:

Name and address of employer:

Your occupation:

Date you became employed at this job:

Dates of absence from work:

Total lost wages to date:

If still out of work, expected date of return:

6. Do you claim property damage?

YES

NO

If YES, describe the property damaged:

7. Amount of the claim: \$

PLEASE FORWARD THIS COMPLETED NOTICE TO:

Ewing Township Clerk's Office
2 Jake Garzio Drive
Ewing, New Jersey 08628

BY: _____, ESQ.

Counsel to Claimant

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