



State of New Jersey

DEPARTMENT OF THE TREASURY
BUREAU OF RISK MANAGEMENT
PO Box 620

TRENTON NJ 08625-0620
PHONE #: (609) 292-1850
FAX: (609) 292-2437

Re: Our File No.
Date of Accident:
Location:

Claimant:
State Driver:
State Plate:

We have recently been informed that you were involved in a motor vehicle accident with a State of New Jersey owned or leased vehicle.

I am enclosing our form Notice of Claim which you are required to complete and return to this office **WITHIN 90 DAYS OF THE DATE OF ACCIDENT**, in line with N.J. Statute Title 59. This must be completed and filed in order for your claim to be considered, per Title 59, under which claims made against the State of New Jersey are processed. Please include copies of the police report, your damage estimates and a copy of the declaration page of your automobile insurance policy.

Since the State, by law, is entitled to receive credit for any first-party insurance available to a claim, we are advising you to report this matter first to your insurance carrier, and claim this loss against the collision or comprehensive coverage of your policy, if available. If it is necessary to correspond with this office, please direct your inquiry to my attention, being sure to use our file number in order to identify your claim (when it is available) and include the date of accident.

Upon receipt of your claim documentation and materials in this office, same will be forwarded to our outside adjusting agency for their investigation and handling, in line with our procedure. Thank you.

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT, CLAIMS SERVICE SECTION
DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGT.
CN 620
TRENTON, NEW JERSEY 08625
PHONE: (609) 292-4347

☆FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT☆

1. _____
NAME OF CLAIMANT STREET ADDRESS

DATE OF BIRTH CITY STATE ZIP CODE

DAYTIME PHONE #/CONTACT SOCIAL SECURITY NUMBER

2. **IF IT IS REQUESTED THAT NOTICES BE SENT TO A PERSON OTHER THAN THE CLAIMANT, SUCH AS YOUR ATTORNEY, PLEASE SEND NOTICES TO:**

NAME OF PERSON STREET ADDRESS

TELEPHONE NUMBER CITY STATE ZIP CODE

RELATIONSHIP TO CLAIMANT: ATTORNEY OTHER _____
(SPECIFY)

3. **CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:**

DATE AND TIME LOCATION

CITY STATE

4. **DESCRIBE THE ACCIDENT OR OCCURRENCE:**

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO ABOVE OCCURRENCE:

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES, OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

8. BRIEFLY DESCRIBE THE INJURY, DAMAGES AND LOSSES INCURRED BY YOU.

9. GIVE THE AMOUNT THAT YOU CLAIM IN DAMAGES: \$ _____

GIVE THE BASIS FOR CALCULATION OF THE ABOVE DAMAGES:

I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

DATE: _____

CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT

PLEASE PROVIDE THE FOLLOWING:

1. Auto Insurance
A copy of the face sheet of your automobile insurance policy.
2. Rough Diagram
A rough diagram showing the location of the alleged road defect in relationship to a known fixed object.
3. Time
The correct time of the accident.
4. Date
The exact date of the accident.
5. Auto Club
Submit information regarding motor or auto club insurance for towing and labor benefits, if available.
6. Estimates
A copy of all estimates or bills regarding this accident.
7. Speed
Describe the speed of the vehicle when it struck the alleged road defect.
8. Weather conditions
Describe the weather conditions at the time of the incident.
9. Tire Warranty
Advise if there was a tire warranty reimbursement for road defects available.
10. Tire Wear
Describe the percentage of wear on the damaged tire.
11. Police.
Were the police at the scene, or were they notified after the accident?
If so, provide a copy of the police report.

12. Exhaust System
Was the exhaust system the original equipment on the car? If not, when was the last replacement made before the incident?
13. Car Description
Advise the year, make, model, license plate number, and identity of the owner of the other vehicle involved.

14. Submit the driver's license number of the operator of the vehicle.