RESOLUTION 71-2018

A RESOLUTION OF THE GOVERNING BODY OF THE BOROUGH OF WOODBURY HEIGHTS ADOPTING THE FORM OF THE NEW JERSEY TORT CLAIMS ACT QUESTIONNAIRE REQUIRED TO BE UTILIZED BY CLAIMANTS FOR THE FILING OF NOTICES OF TORT CLAIM AGAINST THE BOROUGH OF WOODBURY HEIGHTS IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY TORT CLAIMS ACT, *N.J.S.A.* 59:8-6 AND DESIGNATING QUAL-LYNX AS THE AGENT FOR THE BOROUGH OF WOODBURY HEIGHTS TO PROVIDE THE QUESTIONNAIRE TO ALL OF THE CLAIMANTS AND TO RECEIVE THE COMPLETED QUESTIONNAIRE FROM THE CLAIMANTS.

WHEREAS, the New Jersey Tort Claims Act, specifically *N.J.S.A.* 59:8-6, provides that a public entity may adopt a form specifying information to be contained in claims filed against a public entity or its employee under the New Jersey Tort Claims Act; and

WHEREAS, the Borough of Woodbury Heights is a public entity as defined in New Jersey Claims Act; and

WHEREAS, the Borough of Woodbury Heights has determined that it is advisable, necessary and in the public interest to adopt a form Tort Claims Act Questionnaire in the form attached hereto and made a part of this Resolution; and

WHEREAS, the Borough of Woodbury Heights has determined that it is in their best interest to designate the Claims Administrator for the Gloucester Salem Cumberland Counties Municipal Joint Insurance Fund (TRICOJIF), Qual-Lynx, as their agent to provide the Tort Claims Act Questionnaire to all of the Claimants and to receive the completed Questionnaire from the Claimants.

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the Borough of Woodbury Heights, assembled at a public session on this 20th day of June 2018, that the attached form of Tort Claims Act Questionnaire be and it is hereby adopted as the official Tort Claim Act Questionnaire in accordance with *N.J.S.A. 59:8-6* for the Borough of Woodbury Heights; and

BE IT FURTHER RESOLVED, that all persons making claims against the Borough of Woodbury Heights, in accordance with the New Jersey Tort Claims Act, N.J.S.A. 59:8-1, et seq., shall be required to complete the Questionnaire which is attached as a condition of compliance with the notice requirements of the New Jersey Tort Claims Act.

BE IT FURTHER RESOLVED, that Qual-Lynx, the Claims Administrator for the Gloucester Salem Cumberland Counties Municipal Joint Insurance Fund (TRICOJIF) be and they are hereby designated as the agent for the to provide the Tort Claims Act Questionnaire to all Claimants and to receive the completed Questionnaire from the Claimants.

BOROUGH OF WOODBURY HEIGHTS

BY: _____
ROBBIE J. CONLEY, MAYOR

ATTEST:

_____
JANET PIZZI, BOROUGH CLERK

The foregoing Resolution was duly adopted by the Borough Council of the Borough of Woodbury Heights at the regular meeting held on the 20th day of June, 2018.

_____
JANET PIZZI, BOROUGH CLERK

BOROUGH OF WOODBURY HEIGHTS

C/O QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

TORT CLAIMS ACT QUESTIONNAIRE

CLAIMANT INFORMATION

Name: _____ Telephone: _____

Address: _____ Date of Birth: _____

_____ SSN: _____

Email: _____

ATTORNEY INFORMATION (if applicable)

Name: _____ Telephone: _____

Address: _____ FAX: _____

_____ File No.: _____

Email: _____

Send Notices to: _____ **Claimant** _____ **Attorney**

GENERAL INSTRUCTIONS: Pursuant to the provisions of the New Jersey Tort Claims Act, this Tort Claims Act Questionnaire has been adopted as the official form for the filing of claims against the Borough of Woodbury Heights.

The questions are to be completely and accurately responded to by the Claimant or by his/her attorneys, agents, servants, and employees, under oath. The fully completed Questionnaire and all of the requested documents shall be returned to:

Borough of Woodbury Heights
c/o Qual-Lynx
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

PLEASE BE ADVISED: Your claim will not be considered to be filed as required by the New Jersey Tort Claims Act until this completed Questionnaire has been filed with the designated agent for the Borough of Woodbury Heights, Qual-Lynx. Your failure to provide all of the information requested in the Questionnaire, and including responses such as "To Be Provided" or "Under Investigation" will result in the claim being treated as not being properly filed.

In accordance with the New Jersey Tort Claims Act, timely Notices of Claim/Questionnaires must be filed within ninety (90) days after the incident giving rise to the claim.

This Questionnaire is designed as a general form for use with respect to all claims. Some of the questions may not be applicable to your particular claim. For example, if your claim does not arise out of an automobile accident, questions regarding road conditions might not be applicable. In that event, please indicate "Not Applicable".

If you are unable to answer any question because of a lack of information available to you, specify the reason the information is not available to you. If a question asks that you identify a document, it will be sufficient to furnish true and legible copies of the document. If a question asks that you "identify all persons," provide the name, address, telephone number and email address of the person.

If you need more space to provide a complete answer, attach supplementary pages, identifying the continuation of the answer with the number of the applicable question.

DEFINITIONS:

"*Claimant*" shall refer to the person or persons on whose behalf the Notice of Claim has been filed with the *Borough of Woodbury Heights.*

"*Documents*" shall refer to any written, photographic or electronic representation, and any copy thereof, including, but not limited to, computer tapes and/or disks, videotapes and other material relating to the subject matter of the claim.

"*Person*" shall include in its meaning a partnership, joint venture, corporation, association, trust or any other kind of entity, as well as a natural person.

"*Public Entity*" shall refer to the *Borough of Woodbury Heights* along with any agent, official or employee of the *Borough of Woodbury Heights* against whom a claim is asserted by the Claimant.

PLEASE NOTE that the questions are divided into sections relating to the claimant, the claim, property damage, personal injury and the basis for the claim against the public entity or a public employee.

If the claim involves only property damage, then the portion of the Questionnaire regarding personal injuries is not required to be answered. Under these circumstances, please enter as the answer to Question 12 "No personal injuries are being claimed."

If the claim involves no property damage, then the portion of the Questionnaire regarding property damage is not required to be answered. Under these circumstances, please enter as the answer to Question 11 "No property damage is being claimed."

INFORMATION REGARDING THE CLAIMANT

1. Provide the following information with respect to the Claimant:

   a. Any other name by which the Claimant has been known.

   b. Residence and Mailing Addresses at the time of the incident giving rise to the claim. Also provide current Email address.

   c. Marital Status at the time of the incident and currently.

   d. Identify each person residing with the claimant and the relationship of that person, if any, to the Claimant.

2. Provide all addresses of the Claimant for the last 10 years, the dates of the residence, the persons residing at the addresses at the same time that the Claimant resided at the address and the relationship of that person, if any, to the Claimant.

INFORMATION REGARDING ALL CLAIMS

3. Provide the exact date, time and place of the incident forming the basis of the claim and the weather conditions prevailing at the time.

4. Provide the Claimant's complete version of the events that form the basis of the claim. Describe in detail the alleged condition which caused the incident. Provide Photographs of the area where the incident occurred, and indicate on the Photographs the exact location where the incident occurred.

5. List any and all individuals who were witnesses to or who have knowledge of the facts of the incident which gave rise to the claim. Provide the full name, address, email address and telephone number of each individual.

6. Identify all public entities or public employees [by name and position] alleged to have caused the injury or property damage **and specify as to each public entity or employee the exact nature of the act or omission alleged to have caused the injury or property damage. Describe in detail the alleged condition which caused the incident and any and all facts which establish that the public entity or public employees were responsible for the condition.**

7. If you claim that the injury or property damage was caused by a dangerous condition of property under the control of the public entity, specify the nature of the alleged dangerous condition and the manner in which you claim the condition caused the injury.

8. If you allege a dangerous condition of public property, state the specific facts upon which you claim that the public entity was responsible for the condition and the specific facts and date upon which you claim that the public entity was provided with notice of the alleged dangerous condition. Provide copies of any and all evidence of written or oral notice to the public entity of the dangerous condition.

9. If you or any other party or witness consumed any alcoholic beverages, drugs or prescription medications within twelve (12) hours prior to the incident forming the basis of the Claim, identify the person consuming the same and for each person (a) what was consumed (b) the quantity thereof (c) where consumed (d) the names and addresses of all persons present.

10. If you have received any money or thing of value for your injuries or damages from any person, firm or corporation, state the amounts received, the dates, names and addresses of the payors. Specifically list any policies of insurance, including policy number and claim number, from which benefits have been paid to you or to any person on your behalf, including doctors, hospitals or any person repairing damage to property.

11. If any photographs, drawings, charts or maps were made with respect to anything which is the subject matter of the claim, state the date thereof, the names and addresses of the persons who took the photographs or who prepared the drawings, charts or maps and indicate who presently has possession of these documents. Attach copies of any photographs, drawings, charts or maps.

12. If you or any of the parties to this incident or any of the witnesses to this incident made any statements or admissions, set forth in detail the statements or admissions that were made; who made the statements or admissions; the date and place where the statements or admissions were made; and in whose presence the statements or admissions were made, providing the names and addresses of any persons having knowledge of the statements or admissions.

13. State the total amount of your claim and the basis upon which you have calculated the amount that is being claimed.

14. Provide copies of all documents, memoranda, correspondence, reports [including police reports], etc. which discuss, mention or pertain to the subject matter of this claim.

15. Provide the names and addresses of all persons or entities against whom you are asserting a claim for the injuries or damages arising out of the incident forming the basis of this claim and give the basis for your claim against each person or entity.

16. Were any criminal and/or traffic Complaints or Tickets issues as a result of this incident? If so, please provide copies of the Complaints and/or Tickets and advise as to the disposition of the Complaints and/or Tickets.

PROPERTY DAMAGE CLAIMS

17. If your claim is for property damage, attach a detailed description of the property damage that is being claimed, and include copies of any and all estimates obtained which detail the costs to repair the property damage. If your claim does not involve any claim for property damage, enter "None".

If your claim is for property damage only, initial here and proceed directly to page 15 and sign the Certification.

_____
Initials

PERSONAL INJURY CLAIMS

18. Were there any complaint regarding the incident or the condition which allegedly caused the incident made to the public entity or to any official or employee of the public entity? If so, state the time and place of the complaint and the person or persons to whom the complaint was made.

19. Describe in detail the nature, extent and duration of any and all injuries which were sustained as a result of this incident.

20. Describe in detail any and all injuries or conditions which were sustained in this incident which are claimed to be permanent, and set forth who has determined that any injury or condition is permanent.

21. If you have been confined to any hospitals as a result of the injuries sustained in this incident, state name and address of each hospital and the dates of admission and discharge. Also provide the name and address of each hospital where you were admitted prior to and subsequent to the alleged incident and provide the reason for each admission.

22. If X-Rays, MRIs, CAT Scans or any other diagnostic testing was performed, state (a) the address of the place where each was performed; (b) the name and address of the person who performed the testing; (c) the date when each test was performed; (d) the results of each test; (e) where and in whose possession they test results and films are now located. Include all X-Rays, MRIs, CAT Scans and any other diagnostic testing that was performed prior to or subsequent to the alleged injury forming the basis of the claim.

23. If were treated by doctors, including psychiatrists or psychologists, state (a) the name and present address of each doctor; (b) the dates and places where the Treatments were administered; (c) the nature of the treatment; (d) the date of last the last treatment; (e) and if treatments are continuing, the schedule of future continuing treatments. Provide true copies of all written reports rendered to you or about you by any doctors whom you propose to have testify on your behalf.

24. If you have any physical impairment which you allege is caused by any injury sustained in this incident and which is affecting your ordinary movements, hearing or sight, state in detail the nature and extent of the impairment and what corrective appliances, support or device you have been prescribed to overcome or alleviate the impairment.

25. If you claim that a previous injury has been aggravated or exacerbated, describe the injury and provide the name and present address of each doctor who treated you for the condition; the period during which treatment was received; and the cause of the previous injury. Specifically list any impairment, including use of eyeglasses, hearing aid or similar device, which existed at the time of the injury forming the basis of this claim.

26. If any treatments, operation or other form of surgery in the future has been recommended to alleviate any injury or condition resulting from the incident which forms the basis of the claim, state in detail (a) the nature and extent of the treatment, operation or surgery; (b) the purpose thereof and the results anticipated or expected; (c) the name and address of the doctor who recommended the treatments, operation or surgery; (d) the name and address of the doctor who will administer or perform the same; (e) the estimated medical expenses to be incurred; (f) the estimated length of time of treatments, operation or surgery, period of hospitalization and period of convalescence; (g) all other losses or expenditures anticipated as a result of the treatments, operation or surgery; (h) whether it is your intention to undergo the treatments, operation or surgery and the approximate date.

27. Itemize any and all expenses incurred for hospitals, doctors, nurses, x-rays, prescriptions, care and appliances and indicate which expenses were paid by any insurance coverage.

28. If you were employed at the time of the alleged injury forming the basis of the claim state (a) the name and address of the employer; (b) the position held and the nature of the work performed; (c) the average weekly wages for the year prior to the injury; (d) the period of time lost from employment, providing dates; (e) the amount of wages lost, if any. List any sources of income continuation or replacement, including, but not limited to, worker's compensation, disability income, social security and income continuation insurance.

29. If other loss of income, profit or earnings is claimed, state (a) total amount of the loss; (b) provide a complete detailed computation of the loss; (c) the nature and dates of the loss.

30. If you are claiming lost wages state (a) the date that the employment commenced; (b) the name and address of the employer; (c) the position held and the nature of the work performed; and (d) the average weekly wages. Attach copies of pay stubs, tax returns, W-2s or other complete payroll record for all wages received during the past year.

DOCUMENT REQUEST

You are required to produce any and all documents identified in your answers to the Questions set forth above.

CERTIFICATION

I hereby certify that the information provided is the truth and is the full and complete response to the questions, to the best of my knowledge.

_____
Signature of Claimant

Dated: _____

AUTHORIZATION FOR RELEASE OF MEDICAL AND HOSPITAL RECORDS

TO: _____ Date: _____

_____

_____

RE: _____
Patient's Name

_____
Address

_____
Address

_____ _____
Social Security Number Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

all information, records, x-rays, reports or copies thereof relating to my examination, consultation, confinement or treatment and to permit him or her to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination, treatment or consultation:

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

_____
Authorized Signature

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO: _____ Date: _____

_____

_____

RE: _____
Patient's Name

_____
Address

_____
Address

_____ _____
Social Security Number Claim Number

You are hereby authorized and requested to disclose, make available and furnish to:

QUAL-LYNX
100 Decadon Drive
Egg Harbor Township, New Jersey 08234

all information relating to my employment, including, but not limited to, my job title, assigned duties, compensation, benefits, attendance, and sick leave and to permit him or her to inspect and make copies or abstracts thereof.

A photocopy of this release form, bearing a photocopy of my signature, shall constitute your authorization for the release of the information in accordance with the request made to you.

_____
Authorized Signature