

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Incident and/or Collision with a State Vehicle – Claimant Information



State of New Jersey, Department of the Treasury - Division of Risk Management

NOTICE OF TORT AND CONTRACT CLAIM

Notice of Tort and Contract Claim against the State of New Jersey, its Departments, Agencies, and Employees.

Claimant Information

Contact Information

Claim & Incident Categories

Incident Details & Location

State Agency Information

Police/Investigative Agency Information

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM

▼ Preview Claim & Incident Categories

▼ Notice of tort and contract claim

Claimant Information

Party Completing Form

OTHER Person(s), Business/Organization, or Government/Public Entity filing a claim, on a pro-se basis, with no lawyer/attorney representation

Total Number of Claimants

1

Note: Please refer to the four (4) scenarios below for guidance on when listing multiple claimants on one claim form is permissible.

1. All parties that have an ownership interest in the damaged property, asset or vehicle.
2. Married Couples claiming property damage, bodily injury, and/or loss of consortium (the services or fellowship of the other partner).
3. Immediate family members that are claiming damages stemming from the death of their loved one (deceased claimant).
4. **Representatives** (Guardian, Parent, Administrator/Executor of an Estate, Party holding Power of Attorney, etc.) that **suffered damage or injury** stemming from the **same incident** or accident as the main claimant they "represent" (disabled, minor, incapacitated, or deceased person).

Claimant #1

Please Add Claimant(s)

Person(s)

Claimant's Last Name

Doe

M.I.

Claimant's First Name

Michael

SS # (Last 4 digits)

1234

DOB

11/06/1990

Street Address 1

123 Main Street

Street Address 2

City

Trenton

County

Mercer

State

NJ

Zip Code

08625

Main Phone No.

(123) 456-7890

Alternate Phone No.

Email

michaeldoe@gmail.com

Confirm Email

michaeldoe@gmail.com

BACK

SAVE

NEXT

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Claim & Incident Categories

Claimant Information

Power of Attorney

Minor/Disabled Claimant(s) Information

Dead/Deceased Claimant(s) Information

Contact Information

Claim & Incident Categories

Incident Details & Location

State Agency Information

Police/Investigative Agency Information

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM

Please check all that apply to your claim, incident, collision or occurrence:

Note: The system may prompt you to select a corresponding claim & incident category if you did not choose a proper companion one. If that is the case, you will be presented with a number of choices that are deemed applicable to your claim and case. However, you are not required to select a companion Claim Category for "Contract Claim" or "Vehicle Registration or License Suspension-MVC" Claim Categories, unless you want to or need to include certain information. These are the only two (2) stand-alone claim categories.

- > Property Damage
- > Bodily Injury
- > Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- > Accident due to State Highway Maintenance or Construction (Pothole, etc.)
- > Slip and fall
- > Vandalism or Criminal Mischief
- > Assault/Abuse
- > Medical Malpractice
- > Foster Parent Liability Claim
- > Civil Rights
- > Due Process
- > False Arrest, Malicious Prosecution, and/or Wrongful Imprisonment
- > State Government Employment Claim
- > Contract Claim
- > Vehicle Registration or License Suspension-MVC
- > State Helicopter Incident
- > Other (Specify)

NEW JERSEY PUBLIC LAW CHAPTER 320, 1983 REQUIRES THE FOLLOWING STATEMENT ON ALL CLAIM FORMS: "Any person who knowingly and with intent to defraud an insurance company or any other persons, files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties."

I acknowledge that I have selected all of the Claim Categories from the checklist above that apply to my case and claim.

Initials
MD

▼ Notice of tort and contract claim

BACK **SAVE** **NEXT**

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Property Damage Category

- Claimant Information
- Power of Attorney
- Minor/Disabled Claimant(s) Information
- Dead/Deceased Claimant(s) Information
- Contact Information
- Claim & Incident Categories
- Property Damage**
- Bodily Injury
- Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- Incident Details & Location
- State Agency Information
- Police/Investigative Agency Information
- Insurance
- Damages
- Document Upload
- Preview
- Signature

WITHDRAW CLAIM

▼ **Preview Claim & Incident Categories**

▼ **Notice of tort and contract claim**

Property Damage

Pursuant to N.J.S.A. 59:9-2 (e), commonly referred to as the Collateral Source Rule, the money you are entitled to receive from an insurance policy shall be deducted from your claim against the State. In other words, private insurance funds are primary over taxpayers' money.

It is strictly up to you whether to involve your insurance company or not. Once liability is established, the State will reimburse you for the applicable deductible, and/or any other expenses not otherwise covered by insurance. Please ensure to upload the Declaration Page of the insurance policy that was in force on the date of accident (Auto, Homeowner's, Business Property Policy, etc.), whichever applies in your case.

Please note that only the **legal** and **registered owner** of the property, business, or vehicle (**not the driver**), may file a claim **for property damage** to recover the full amount or the insurance deductible.

Claimant Doe Michael

Are you the legal or registered owner of the damaged property, asset or vehicle in question?

Yes

Are you a third party administrator, an insurance company or other legal/personal representative authorized to handle claims on behalf of the legal or registered owner of the damaged property, asset or vehicle in question?

No

BACK **SAVE** **NEXT**

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Bodily Injury Category

Claimant Doe Michael

Affected Body Part(s) (Injuries)

Affected body part #1

REMOVE AFFECTED BODY PART

CLEAR DATA

Please select affected body part

ARM(S) - UPPER ARM (Includes elbow to below shoulder) - Left

ABDOMINAL AREA (Covers Internal organs, except heart and lungs and Does Not Include Groin Area)

ARM(S) - UPPER ARM (Includes elbow to below shoulder) - Left

ARM(S) - UPPER ARM (Includes elbow to below shoulder) - Right

ARM(S) - ELBOW (Includes elbow to below shoulder) - Left

ARM(S) - ELBOW (Includes elbow to below shoulder) - Right

ADD

ARTIFICIAL LIMB or OCULAR PROSTHESIS (Specify) - Left

ARTIFICIAL LIMB or OCULAR PROSTHESIS (Specify) - Right

BUTTOCKS - Left Side

Diseas

BUTTOCKS - Right Side

CHEST - MUSCLE TISSUE (Not including Heart) - Left Side

Please select all that apply.

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted red in the digital claim form.

Bodily Injury Category (Continued)

- Claimant Information
- Power of Attorney
- Minor/Disabled Claimant(s) Information
- Dead/Deceased Claimant(s) Information
- Contact Information
- Claim & Incident Categories
- Property Damage
- Bodily Injury**
- Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- Incident Details & Location
- Slate Agency Information
- Police/Investigative Agency Information
- Insurance
- Damages
- Document Upload
- Preview
- Signature

WITHDRAW CLAIM

▼ Preview Claim & Incident Categories

▼ Notice of tort and contract claim

Bodily Injury

Bodily injury includes bodily harm, sickness, or disease, including resulting in death. It may also include emotional distress, psychological or psychiatric conditions stemming from the incident in question.

Please note that New Jersey is a no-fault state, which means that your own car insurance coverage pays for medical treatment and other related out-of-pocket losses incurred, no matter who caused the accident. In other words, your own automobile insurance policy or that of any member of your household covers your medical bills and other "No Fault" benefits. This applies whether you are a pedestrian, driver, or passenger in your own automobile or in any other vehicle, regardless of fault. In New Jersey, this coverage is called "personal injury protection" or "PIP".

Furthermore, if you or members of your household **do not** have automobile insurance coverage, then your own health insurance may be primary for medical bills, treatment and expenses. Please refer to N.J.S.A. 59:9-2e commonly referred to as the collateral source rule.

Claimant Doe Michael

Affected Body Part(s) (Injuries)

Affected body part #1 **REMOVE AFFECTED BODY PART** **CLEAR DATA**

Please select affected body part
ARM(S) - UPPER ARM (includes elbow to below shoulder) - Left

Please select type of injury
Bruising Fracture

ADD AFFECTED BODY PART

Diseases/illnesses

Please select all that apply.

Add hospital(s), doctor(s) or other practitioner(s) rendering treatment, examination or diagnostic services.

Hospital #1 **REMOVE HOSPITAL** **CLEAR DATA**

Name of Hospital
Virtua

Street Address
175 Example Street

City
Mount Holly

State
NJ

Zip Code
08060

Phone No
(111) 222-3333

Facility or Doctor's email
example@gmail.com

Dates of Treatment or Service
06/20/2024

ADD HOSPITAL

Add physician or medical provider information.

ADD PHYSICIAN OR MEDICAL PROVIDER

Do you claim permanent disability resulting from this accident or occurrence?
No

BACK **SAVE** **NEXT**

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist) Section

<p>Claimant Information</p> <p>Power of Attorney</p> <p>Minor/Disabled Claimant(s) Information</p> <p>Dead/Deceased Claimant(s) Information</p> <p>Contact Information</p> <p>Claim & Incident Categories</p> <p>Property Damage</p> <p>Bodily Injury</p> <p>Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)</p> <p>Incident Details & Location</p> <p>State Agency Information</p> <p>Police/Investigative Agency Information</p> <p>Insurance</p> <p>Damages</p> <p>Document Upload</p> <p>Preview</p> <p>Signature</p> <p>WITHDRAW CLAIM</p>	<p>▼ Preview Claim & Incident Categories</p> <p>▼ Notice of tort and contract claim</p> <p>Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)</p> <p>Should your accident or incident involve collisions with vehicles or motorized equipment owned by local townships, local police departments, or counties, please call the respective township/county or visit their website to file a claim directly with them. Should the collision involve a public NJ Transit bus or train, you should file your claim directly with said entity. Please visit the NJ Transit Website or call them at (973) 275-5555.</p> <p>If you believe that your claim involves accidents/incidents with a State Government-owned vehicle or equipment, it is imperative that you: (1) immediately remove your vehicle from storage; (2) try to limit the use of a rental car to the time period when your vehicle is in the shop for repairs; and (3) file this claim as soon as possible.</p> <p>Lastly, if your vehicle is in storage and/or you are currently renting a car, do not wait to obtain the police report before filing your claim. You must submit this form immediately after the accident so as to mitigate damages, and avoid being denied reimbursement for a portion of your out of pocket expenses. Please be prepared to scan and upload, at a minimum, the documents listed below into the Document Upload Page at the end of this form:</p> <ol style="list-style-type: none">1. Police Accident Report2. Photos of damaged vehicles and/or scene of the accident (No Zip Files)3. Estimate for Repairs4. Declaration Page of Auto Policy (policy period must cover date of accident)5. Rental Car Agreement and Final Invoice6. Towing Bill7. If your vehicle was declared a total loss, please provide:<ul style="list-style-type: none">◦ Photos of the interior and exterior of the vehicle from different angles,◦ Service Documents close to the date of accident showing mileage and/or a picture of odometer showing the mileage8. Auto Club Membership Documents, i.e. AAA; if any <p>Claimant Doe Michael</p> <p>Please select, from choices below, what you were operating or riding in at the time of the accident, or indicate if you were a pedestrian at the time:</p> <p><input checked="" type="radio"/> Vehicles (Auto, Truck, or other Motorized Equipment) <input type="radio"/> Motorcycle <input type="radio"/> Bicycle (Pedalcyclist, Scooter, Skateboard, etc.)</p> <p><input type="radio"/> Pedestrian <input type="radio"/> Other</p> <p>Were you a driver or passenger? <input type="text" value="Driver"/></p> <table><tr><td>Owner's Name <input type="text" value="Michael Doe"/></td><td>Driver's Name <input type="text" value="Michael Doe"/></td></tr><tr><td>Make of vehicle/motorcycle/bicycle, etc. <input type="text" value="Honda"/></td><td>Model of vehicle/motorcycle/bicycle, etc. <input type="text" value="Accord"/></td></tr></table>	Owner's Name <input type="text" value="Michael Doe"/>	Driver's Name <input type="text" value="Michael Doe"/>	Make of vehicle/motorcycle/bicycle, etc. <input type="text" value="Honda"/>	Model of vehicle/motorcycle/bicycle, etc. <input type="text" value="Accord"/>
Owner's Name <input type="text" value="Michael Doe"/>	Driver's Name <input type="text" value="Michael Doe"/>				
Make of vehicle/motorcycle/bicycle, etc. <input type="text" value="Honda"/>	Model of vehicle/motorcycle/bicycle, etc. <input type="text" value="Accord"/>				

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist) Section (Continued)

NOTE: If your claim does in fact involve an accident or incident with a state vehicle, you must answer "YES" to the question below.

Does your accident involve a collision or incident with a State Government-Owned Vehicle or other motorized equipment (Includes State leased or rental)?		Please select ... Yes						
<p>Should your accident or incident involve collision with vehicles owned by local townships, local police departments, or counties, please call the respective township/county or visit their website to file a claim directly with them. Should the collision involve a public NJ Transit bus or train, you should file your claim directly with said entity. Please visit the NJ Transit Website or call them at (973) 275-5555.</p> <p>Type of Collision</p> <p><input checked="" type="checkbox"/> State Vehicle rear-ended my vehicle <input type="checkbox"/> State vehicle backed up into my vehicle</p> <p><input type="checkbox"/> State Vehicle failed to obey Traffic Signal <input type="checkbox"/> State Vehicle made a left turn in front of my vehicle</p> <p><input type="checkbox"/> Other type of collision (Specify)</p>								
State Government-Owned Vehicle(s):								
State Government-Owned Vehicle #1		REMOVE STATE GOVERNMENT-OWNED VEHICLE CLEAR DATA						
<p>State Government-Owned Vehicle:</p> <table border="1"><tr><td>State Vehicle Plate No sg1234</td><td>Make Ford</td><td>Model Escort</td><td>Production Year 2020</td></tr></table> <p>State Driver:</p> <table border="1"><tr><td>Last Name John</td><td>First Name Smith</td></tr></table>			State Vehicle Plate No sg1234	Make Ford	Model Escort	Production Year 2020	Last Name John	First Name Smith
State Vehicle Plate No sg1234	Make Ford	Model Escort	Production Year 2020					
Last Name John	First Name Smith							
ADD STATE GOVERNMENT-OWNED VEHICLE								
<p>General Comments</p>								
BACK	SAVE	NEXT						

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Incident Details Section

Claimant Information

Power of Attorney

Minor/Disabled Claimant(s)
Information

Dead/Deceased Claimant(s)
Information

Contact Information

Claim & Incident Categories

Property Damage

Bodily Injury

Automobile (Motorized
Equipment, Motorcycle/Pedal
Cyclist)

Incident Details & Location

State Agency Information

Police/Investigative Agency
Information

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM

▼ Preview Claim & Incident Categories

▼ Notice of tort and contract claim

Incident Details and Location

Date Of Occurrence	Wednesday	Time
02/28/2024		07:30 AM

Did the incident occur on the Garden State Parkway, New Jersey Turnpike or Atlantic City Expressway

No

Did the accident occur on a local municipal or county road?

No

Location of accident, incident or exposure:

Street Address

Municipality	County
Trenton	Mercer

State	Zip Code	Name of Facility
NJ		

Please access the link below, which has an interactive map, to assist you in determining State DOT jurisdiction, the milepost, and the exact location of the accident or incident. Furthermore, **if your claim involves an alleged state highway maintenance defect or construction issue, the use of this map may help facilitate and/or expedite the handling of your case. The link may also prompt you to answer 3 simple questions, which will be submitted to the DOT so they can repair the roadway conditions that contributed to your accident.**

After you are done viewing the interactive map, **please fill in the correct Milepost, Landmark, Cross street, and/or Municipality.**

[Interactive Map Link](#)

Route/Highway/Road
Route 1-N

Cross Street	Milepost
Near Perry Street	

Landmark	Lane Direction
Pedestrian Overpass	N

Environmental Conditions

Rain

Description of Incident (how/why occurred)

While driving my vehicle northbound on Route 1, State driver failed to stop as traffic was slowing down, rear ending my vehicle.

Number of Witnesses

0

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Incident Details Section (Continued)

Note: The diagram at the bottom of the page is NOT required.

Number of Vehicle(s) (Automobile, Truck, or other motorized equipment) Involved	0
Number of Pedestrian(s) Involved	0
Number of Motorcycle(s) Involved	0
Number Bicycle(s) (Pedal Cyclist, Scooter, Skateboard) Involved	0
Number of State Government-Owned vehicle(s)	1

Collision & Crash Diagram (Vehicles, Pedestrians, Motorcycles, Pedal Cyclist, etc.)

Drag objects into diagram scheme. Use double click on objects to activate rotation controls, also rotate compass image to indicate North.

Ford Escort
sg1234

Claimant Doe
Michael

Claimant Doe
Michael

**Indicate North
By Arrow
In Circle Above**

RESET **SAVE**

General Accident Diagram

Claimant Doe
Michael

Alleged Hazard

Area Of Fall

Damage Property

Sidewalk Closed

Watch Your Step

Wheel Chair Ramp

RESET **SAVE**

BACK

SAVE

NEXT

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

State Agency Information Section

- Claimant Information
- Power of Attorney
- Minor/Disabled Claimant(s) Information
- Dead/Deceased Claimant(s) Information
- Contact Information
- Claim & Incident Categories
- Property Damage
- Bodily Injury
- Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- Incident Details & Location
- State Agency Information**
- Police/Investigative Agency Information
- Insurance
- Damages
- Document Upload
- Preview
- Signature

WITHDRAW CLAIM

▼ Preview Claim & Incident Categories

▼ Notice of tort and contract claim

State Agency Information

Please select the State Department or Agency you claim caused or contributed to your damages.
(If you allege more than one agency is responsible, please select only the main or primary one from selection below.)

State Department or Agency
Parole

List State employee(s) whom you claim were at fault, including any information that will assist in identifying them.

State Employee #1 **REMOVE STATE EMPLOYEE** **CLEAR DATA**

Last Name Smith	M.I.	First Name John
State Department or Agency employed by Parole	Phone No (111) 222-3333	
Email johnsmith@gmail.com	Confirm Email johnsmith@gmail.com	

Comments

ADD STATE EMPLOYEE

BACK **SAVE** **NEXT**

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Police/Investigative Agency Information

- Claimant Information
- Power of Attorney
- Minor/Disabled Claimant(s) Information
- Dead/Deceased Claimant(s) Information
- Contact Information
- Claim & Incident Categories
- Property Damage
- Bodily Injury
- Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- Incident Details & Location
- State Agency Information
- Police/Investigative Agency Information**
- Insurance
- Damages
- Document Upload
- Preview
- Signature

WITHDRAW CLAIM

▼ **Preview Claim & Incident Categories**

▼ **Notice of tort and contract claim**

Police/Investigative Agency Information

Was a Police report or any Agency Investigative/Incident Report filed? **No**

Did you or any other person contact the police or any other investigative authority, or did said agency respond to the scene without filing a police report? **Yes**

Comments

Police/Investigative Agency #1 **REMOVE POLICE/INVESTIGATIVE AGENCY** **CLEAR DATA**

Name of Police Department that investigated the accident Trenton Police Department	Case No 12345	
Street Address 1102 Greenwood Avenue	City Trenton	
County Mercer	State NJ	Zip Code 08609

ADD POLICE/INVESTIGATIVE AGENCY

Were criminal charges or summonses (tickets) issued or filed against you personally or anyone else involved in the underlying incident? **No**

General Comments on Police/Investigative Agency Information

BACK **SAVE** **NEXT**

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Insurance Section

Claimant Information

Power of Attorney

Minor/Disabled Claimant(s) Information

Dead/Deceased Claimant(s) Information

Contact Information

Claim & Incident Categories

Property Damage

Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)

Accident due to State Highway Maintenance or Construction (Pothole, etc.)

Incident Details & Location

State Agency Information

Police/Investigative Agency Information

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM

▼ Preview Claim & Incident Categories

▼ Notice of tort and contract claim

Insurance Information

Claimant Smith John

Please select the insurance policy (ies) that were in effect at the time of the incident that may apply to this claim and may provide coverage:

Insurance Policy #1 **REMOVE INSURANCE POLICY** **CLEAR DATA**

- Automobile Insurance
- Business Property Policy
- Commercial General Liability
- Health Insurance
- Homeowner's Insurance
- Renter's Insurance
- Other Insurance (Specify)
- No Insurance Policy in effect (Please Upload an Affidavit of No Insurance)

Yellow Highlighted Fields = Required Fields
Note: Required fields are highlighted **red** in the digital claim form.

Insurance Section (Continued)

- Claimant Information
- Power of Attorney
- Minor/Disabled Claimant(s) Information
- Dead/Deceased Claimant(s) Information
- Contact Information
- Claim & Incident Categories
- Property Damage
- Bodily Injury
- Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- Incident Details & Location
- State Agency Information
- Police/Investigative Agency Information
- Insurance**
- Damages
- Document Upload
- Preview
- Signature

WITHDRAW CLAIM

Preview Claim & Incident Categories

Notice of tort and contract claim

Insurance Information

Claimant Doe Michael

Please select the insurance policy (ies) that were in effect at the time of the incident that may apply to this claim and may provide coverage:

Insurance Policy #1 **REMOVE INSURANCE POLICY** **CLEAR DATA**

Select Insurance type
Automobile Insurance

Insurance Company Name: Progressive Policy Number: 123456789

Insured

Applicable Deductible (Specify):
Specify: Collision

Collision Deductible: \$ 250 Comprehensive Deductible: \$

PIP/No-Fault Deductible: \$

Roadside coverage benefits:
Towing coverage Limit per incident/event: \$ 125

Transportation/Car Rental Coverage:
Maximum Per Day: \$ \$35 Maximum Total Benefits: \$ \$1,000

Have you made a claim against the insurance company for any of the losses or expenses claimed in this form?
No

Have you received or agreed to receive any money for the damages claimed herein?
No

Comments

ADD INSURANCE POLICY

Have you made a claim against anyone else (other than Insurance Company(ies) listed above) for any of the losses or expenses claimed in this form?
No

General Comments on Insurance information provided

BACK **SAVE** **NEXT**

Yellow Highlighted Fields = Required Fields
Note: Required fields are highlighted **red** in the digital claim form.

Damages Section

- Claimant Information
- Power of Attorney
- Minor/Disabled Claimant(s) Information
- Dead/Deceased Claimant(s) Information
- Contact Information
- Claim & Incident Categories
- Property Damage
- Bodily Injury
- Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- Incident Details & Location
- State Agency Information
- Police/Investigative Agency Information
- Insurance
- Damages**
- Document Upload
- Preview
- Signature

WITHDRAW CLAIM

Preview Claim & Incident Categories

Notice of tort and contract claim

Damages

Claimant Doe Michael

Briefly describe the injuries, damages, and/or losses you incurred

Bruises and fractured left shoulder, dent in rear bumper

Bodily Injury

Total Medical Bills to Date: \$

\$5,000.00

Out of Pocket Medical Bills and Expenses (Not covered by Insurance): \$

\$750.00

Out of Pocket Prescription Costs (Not covered by Insuranc...

Other miscellaneous costs and expenses: \$

Property or Vehicle 1

REMOVE PROPERTY OR VEHICLE

CLEAR DATA

Property Damage

The Present location of the damaged property or vehicle

Personal Residence

Date property acquired

06/28/2020

Value of property at the time of accident: \$

\$20,000.00

Description of Damage

Dent in rear bumper

Identify Damaged Property (Vehicle, Building, etc.)

Vehicle

Estimate for repairs (Not Vehicle Related)

\$1,500

Other Expenses (Not Vehicle Related)

Breakdown of Damages and Expenses

Make of vehicle/motorcycle/bicycle

Honda

Model of vehicle/motorcycle/bicycle

Accord

Plate No

abc123

VIN# last 6 digits

111111

Year

2020

Vehicle Repairs: \$

\$1,500

Miscellaneous Charges and Expenses:

Towing Charges: \$

\$250

Storage Charges: \$

\$500

Car Rental Expenses: \$

\$310

Other Expenses/Charges

Auto Club Membership, i.e. "AAA"

Tire Warranty (This provides tire warranty reimbursement for road defects)

No

ADD PROPERTY OR VEHICLE

Are you claiming loss of wage or income as a result of the injuries sustained in this accident?

No

Total Combined Amount you Claim in Damages: \$

\$3,310

BACK

SAVE

NEXT

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Document Upload Section

Claimant Information

Power of Attorney

Minor/Disabled Claimant(s) Information

Dead/Deceased Claimant(s) Information

Contact Information

Claim & Incident Categories

Property Damage

Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)

Accident due to State Highway Maintenance or Construction (Pothole, etc.)

Incident Details & Location

State Agency Information

Police/Investigative Agency Information

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM


DOCUMENT UPLOAD

Note: Uploading Videos and Medical Records: Please **do not upload** any **videos or Voluminous Medical records** at this time. You may mention that you have a video and provide a brief description of its content. The Division of Risk Management Staff will notify you if they need the video or additional medical records to evaluate the case **Maximum size per file document is 2GB.**

Document #1 REMOVE DOCUMENT CLEAR DATA

Select document type

Automobile - (Towing, Rental, Storage Bills)

 **UPLOAD DOCUMENT**

Max File size: 2GB

ADD DOCUMENT

BACK **SAVE** **NEXT**

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Preview Section

Claimant Information	<p>If you want to review the completed form, or make any changes you deem necessary prior to final submission, please click here to return to the claim form</p> <p>BACK TO CLAIM FORM</p> <p>Note: While you may make changes to information entered in any of the fields, you will not be able to add or delete a specific Claim and Incident Category. However, you may edit information entered in a given Claim & Incident Category that was already selected at the beginning of this process.</p> <p>Adding or deleting a Claim & Incident Category can only be done after the final submission of this claim form. You may use the "Log-in" feature on our website, enter your "Username" —email and Password you entered to begin this claim process, and click on "Claim Amendment". This will allow you to change, add or delete a claim category, as well as add, delete or change an attorney-law firm. You will also be able to track the progress and status of your case.</p> <p>PROCEED TO FINAL SUBMISSION</p>
Power of Attorney	
Minor/Disabled Claimant(s) Information	
Dead/Deceased Claimant(s) Information	
Contact Information	
Claim & Incident Categories	
Property Damage	
Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)	
Accident due to State Highway Maintenance or Construction (Pothole, etc.)	
Incident Details & Location	
State Agency Information	
Police/Investigative Agency Information	
Insurance	
Damages	
Document Upload	
Preview	
Signature	
WITHDRAW CLAIM	

Yellow Highlighted Fields = Required Fields

Note: Required fields are highlighted **red** in the digital claim form.

Signature Section

- Claimant Information
- Power of Attorney
- Minor/Disabled Claimant(s) Information
- Dead/Deceased Claimant(s) Information
- Contact Information
- Claim & Incident Categories
- Property Damage
- Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)
- Accident due to State Highway Maintenance or Construction (Pothole, etc.)
- Incident Details & Location
- State Agency Information
- Police/Investigative Agency Information
- Insurance
- Damages
- Document Upload
- Preview
- Signature

WITHDRAW CLAIM

Claimant Smith John
I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY STATEMENT MADE HEREIN IS WILLFULLY FALSE OR FRAUDULENT, THAT I AM SUBJECT TO PUNISHMENT AS PROVIDED BY LAW.


Please click on "Save" to activate the "Submit" button.

Date: 6/20/2024 IP: 52.61.135.34 Smith John

CLEAR **SAVE**

BACK **SAVE** **SUBMIT**

Submission and Confirmation Section



State of New Jersey,
Department of the Treasury - Division of Risk Management

NOTICE OF TORT AND CONTRACT CLAIM

Notice of Tort and Contract Claim against the State of New Jersey, its Departments, Agencies, and Employees.

Confirmation on Screen

The submission of your claim form is now complete. An email will follow confirming that your claim form has been submitted to the State of New Jersey, Division of Risk Management. You may check the status of your case by visiting our website, clicking on the " Claim Log-In" tab, and entering the username and password you selected when you filed this claim form. Please check your email in a few minutes for confirmation that your claim has been filed.