

## Yellow Highlighted Fields = Required Fields

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

### Pothole and/or Road Debris Claim for Property Damage - 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.

▼ 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

REMOVE CLAIMANT

CLEAR DATA

Please Add Claimant(s)

Person(s)

Claimant's Last Name

Smith

M.I.

Claimant's First Name

John

SS # (Last 4 digits)

1234

DOB

05/03/2000

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

johnsmith@gmail.com

Confirm Email

johnsmith@gmail.com

ADD CLAIMANT

BACK

SAVE

NEXT

## Yellow Highlighted Fields = Required Fields

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### 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

▼ **Notice of tort and contract claim**

**BACK** **SAVE** **NEXT**

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### 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**

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**

**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 Smith John**

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**

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### Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist) 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**

**Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)**

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.

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.

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:

1. Police Accident Report
2. Photos of damaged vehicles and/or scene of the accident (No Zip Files)
3. Estimate for Repairs
4. Declaration Page of Auto Policy (policy period must cover date of accident)
5. Rental Car Agreement and Final Invoice
6. Towing Bill
7. If your vehicle was declared a total loss, please provide:
  - 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 mileage
8. Auto Club Membership Documents, i.e. AAA, if any

**Claimant Smith John**

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:

Vehicles (Auto, Truck, or other Motorized Equipment)     Motorcycle     Bicycle (Pedalcyclist, Scooter, Skateboard, etc.)

Pedestrian     Other

Were you a driver or passenger?

**Driver**

Owner's Name: John Smith    Driver's Name: John Smith

Make of vehicle/motorcycle/bicycle, etc.: Chevrolet    Model of vehicle/motorcycle/bicycle, etc.: El Camino

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: **No**

**Type of Auto Collision**

Other driver/operator rear-ended my vehicle     My vehicle rear-ended other vehicle

Other driver/operator backed up into my vehicle     My vehicle backed up into other vehicle

Other driver/operator failed to obey Traffic Signal     My vehicle failed to obey traffic signal

Other driver/operator made a left turn in front of my vehicle.     My vehicle made a left turn in front of other vehicle

Other type of collision (Specify)    Specify: Vehicle damaged by pothole and debris on State Highway

General Comments

**BACK**    **SAVE**    **NEXT**

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### State Highway/Roadway 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

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

The State accepts at face value, and as an undisputed fact your assertion that there was a pothole, debris, or other road hazard on the highway in question. The investigation is focused on whether the State had prior notice and sufficient time prior to the loss to have taken measures to protect against said dangerous condition. If you do not meet this stringent requirement or pierce the "prior notice" threshold, your claim will be denied. Please note that several other Title 59 immunities may apply.

The State's liability is governed by the provisions of the New Jersey Tort Claims Act, N.J.S.A. §59:1-1, e.t... seq. ("Title 59".) Title 59 significantly limits public entity liability, and historically, for matters such as **potholes and similar road hazard property damage claims, the State has paid less than 1% of all claims made.**

Please do not put yourself at risk of harm by trying to take pictures of the subject pothole or hazard on the highway. Photographic evidence is not required to prove your pothole/debris case.

Please be prepared to upload the following documents at the end of this process: (1) Estimate for Repairs or Final invoice; Photos of Damages (if available); and (3) Declaration Page of insurance policy.

**Claimant Smith John**

Please check all that apply to your **collision/accident type**



<input checked="" type="checkbox"/> Pothole	<input checked="" type="checkbox"/> Road Debris	<input type="checkbox"/> Icy/Slippery Road Conditions
<input type="checkbox"/> Collision in a Construction Zone	<input type="checkbox"/> Malfunctioning Traffic Signal	<input type="checkbox"/> Striking a Tree
<input type="checkbox"/> Poor Street Lighting Conditions	<input type="checkbox"/> Missing Traffic Sign	<input type="checkbox"/> Striking a Guardrail
<input type="checkbox"/> Striking a Street Light Post	<input type="checkbox"/> Striking a Median	<input type="checkbox"/> Striking a Street Light Pole
<input type="checkbox"/> Striking a Center Divider	<input type="checkbox"/> Striking a Bridge Overpass	<input type="checkbox"/> Striking a Traffic Sign
<input type="checkbox"/> Other		

**BACK** **SAVE** **NEXT**

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### Incident Details 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 &amp; Incident Categories</p> <p>Property Damage</p> <p>Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)</p> <p>Accident due to State Highway Maintenance or Construction (Pothole, etc.)</p> <p><b>Incident Details &amp; Location</b></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><b>WITHDRAW CLAIM</b></p>	<p>▼ <b>Preview Claim &amp; Incident Categories</b></p> <p>▼ <b>Notice of tort and contract claim</b></p> <p><b>Incident Details and Location</b></p> <p>Date Of Occurrence <b>01/21/2024</b>  Time <b>Sunday</b>  <b>07:30 PM</b></p> <p>Did the incident occur on the Garden State Parkway, New Jersey Turnpike or Atlantic City Expressway <b>No</b></p> <p>Did the accident occur on a local municipal or county road? <b>No</b></p> <p><b>Location of accident, incident or exposure:</b></p> <p>Street Address</p> <p>Municipality <b>Bayonne</b> County <b>Hudson</b></p> <p>State <b>New Jersey</b> Zip Code <b>07002</b> Name of Facility</p> <p>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, <b>if your claim involves an <u>alleged state highway maintenance defect or construction issue</u>, 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.</b></p> <p>After you are done viewing the interactive map, <b>please fill in the correct Milepost, Landmark, Cross street, and/or Municipality.</b></p> <p><a href="#">Interactive Map Link</a></p> <p>Route/Highway/Road <b>NJ-440 N</b></p> <p>Cross Street <b>East 5th Street</b> Milepost <b>19.5</b></p> <p>Landmark Lane Direction <b>N</b></p> <p>Environmental Conditions <b>Clear</b></p> <p>Description of Incident (how/why occurred) <b>Pothole in left lane, did not have time to react.</b></p> <p>Number of Witnesses <b>0</b></p>
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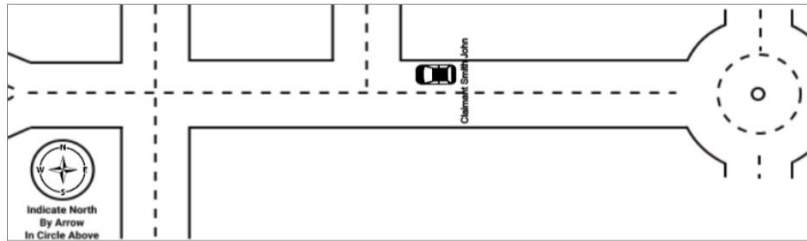
### Incident Details Section (Continued)

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

Number of Vehicle(s) (Automobile, Truck, or other motorized equipment) Involved	1
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)	0

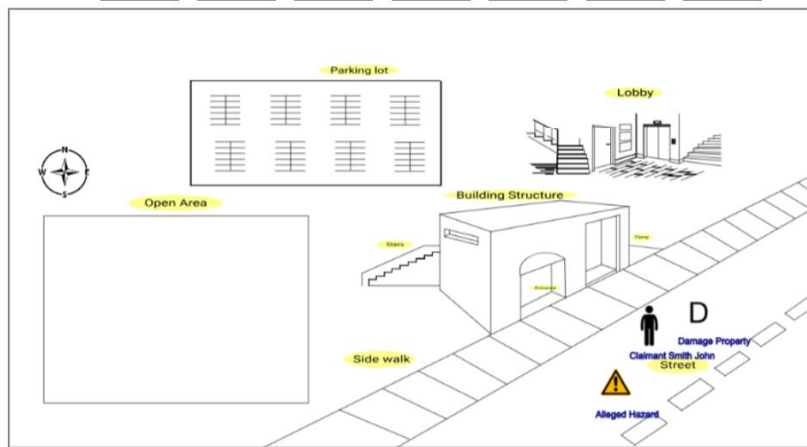
#### Collision & Crash Diagram (Vehicles, Pedestrians, Motorcycles, Pedal Cyclist, etc.)

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



RESET SAVE

#### General Accident Diagram



RESET SAVE

BACK

SAVE

NEXT

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### State Agency Information Section

Claimant Information	▼ Preview Claim & Incident Categories
Power of Attorney	
Minor/Disabled Claimant(s) Information	▼ Notice of tort and contract claim
Dead/Deceased Claimant(s) Information	
Contact Information	
Claim & Incident Categories	<b>State Agency Information</b>
Property Damage	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.)
Automobile (Motorized Equipment, Motorcycle/Pedal Cyclist)	State Department or Agency Transportation (DOT)
Accident due to State Highway Maintenance or Construction (Pothole, etc.)	
Incident Details & Location	List State employee(s) whom you claim were at fault, including any information that will assist in identifying them.
<b>State Agency Information</b>	<b>ADD STATE EMPLOYEE</b>
Police/Investigative Agency Information	
Insurance	<b>BACK</b> <b>SAVE</b> <b>NEXT</b>
Damages	
Document Upload	
Preview	
Signature	
<b>WITHDRAW CLAIM</b>	



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### 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

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

#### 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?

**No**

Comments

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**

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### 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)

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## 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

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**

Select Insurance type  
Automobile Insurance

Insurance Company Name  
Progressive

Policy Number  
55555555

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: \$  
\$35.00

Maximum Total Benefits: \$  
\$1,000.00

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**

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## Damages 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

### Damages

Claimant Smith John

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

Flat tire, damaged suspension components, damage to wheel

Property or Vehicle 1

REMOVE PROPERTY OR VEHICLE CLEAR DATA

#### Property Damage

The Present location of the damaged property or vehicle	Date property acquired
Frank's Auto	05/05/2024
Value of property at the time of accident: \$	Description of Damage
\$20,500.00	Flat tire, damaged suspension components, damage to
Identify Damaged Property (Vehicle, Building, etc.)	Estimate for repairs (Not Vehicle Related)
Chevrolet El Camino	\$1,500
Other Expenses (Not Vehicle Related)	

#### Breakdown of Damages and Expenses

Make of vehicle/motorcycle/bicycle	Model of vehicle/motorcycle/bicycle	
Chevrolet	El Camino	
Plate No	VIN# last 6 digits	Year
XXXXXX	000000	1971
Vehicle Repairs: \$		
\$1,500.00		
Miscellaneous Charges and Expenses:		
Towing Charges: \$	Storage Charges: \$	
\$250		
Car Rental Expenses: \$	Other Expenses/Charges	
\$310		
Auto Club Membership, i.e. "AAA"		
No		
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: \$

\$2,060

BACK SAVE NEXT

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### 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**

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### Preview 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

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

BACK TO CLAIM FORM

**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.

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.

PROCEED TO FINAL SUBMISSION

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### 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

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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.