


## Yellow Highlighted Fields = Required Fields

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

### Comprehensive Claim for Damage to State Vehicle “Owned or Leased”



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

CLAIM FORM FOR STATE DEPARTMENTS AND AGENCIES

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

Insurance

Damages

Document Upload

Preview

Signature

**WITHDRAW CLAIM**

General Notice to State Departments and Agencies

Claim Incident Categories

State Department and Agency Information:

Note: For reference see “Organizational Code” link, which lists the code under the corresponding department or agency.

**Organizational Code**

State Department or Agency  
Treasury

State Agency Organizational Code  
2051 Risk Management

State Agency Division  
0/255

State Institution, Facility or University  
0/255

State Agency Representative:

Last Name  
Bernardo

First Name  
Francis

Job Title  
intern

Office Phone No  
8/80  
(123) 456-7891

Cell No  
7/40  
(123) 456-7891

Email  
6/255  
test@treas.nj.gov.gov

Confirm Email  
test@treas.nj.gov.gov

Generic Agency Shared Email

Confirm Generic Agency Shared Email

**ADD ALTERNATE STATE AGENCY CONTACT**

**ADD FACILITY CONTACT**


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**Note: The organizational codes highlighted in green will direct you to a page where they are listed by department, helping you find the code you need to use.**

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### Claim & Incident Categories



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

CLAIM FORM FOR STATE DEPARTMENTS AND AGENCIES

State Department and Agency Information

**Claim & Incident Categories**  
(Select which type of claim to file)

State Property and Vehicle-  
Equipment Information

Incident Details and Location

Police/Investigative Agency Information

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

General Notice to State Departments and Agencies

This Claim Form is to be used by State departments and agencies seeking payment, reimbursement, and/or recovery for damages they suffered. State agency representatives should read the relevant notices and fields for each of the three (3) claim categories listed below, and select only one category per claim form. If the accident or incident requires using more than one claim category, a separate claim form must be submitted for each.

After reviewing and familiarizing yourself with the three (3) types of claim categories listed below, please read the section that follows captioned “Cases where State agencies may file separate claims from different incident categories for the same date of accident, and location, State vehicle, or responsible/liable party”.

Claim & Incident Categories

**Note:** State agency representatives **must file their claims** via this platform **immediately after the incident**, even though they may not have all supporting documentation, when the incident and claim involves the following:

1. The potential **responsible or liable party** that contributed to and/or caused the damage in question is **a public or governmental entity or an employee of a Local, County, Federal government, or another State.**
2. Failure to file a prompt claim may adversely affect the State of New Jersey by forfeiting any and all rights to recovery

> ☐ **Claim for Damage to State Property** - This claim category applies to damage to State-owned property or facilities that State agencies own, occupy or lease from others, as well as damage to other critical assets. However, this category **does not apply** to damage to State Highway Systems or State Vehicles. For Damage to State Highway systems and roadways, see Subrogation Claim category below.

> ☒ **Comprehensive Claim for Damage to State Vehicles and Motorized Equipment** - This claim category applies to non-collision damage to State Government-Owned Vehicles, which includes State agency leased and rental vehicles.

> ☐ **Subrogation Claim Against 3rd Party for Damage to State Assets** - This claim category applies to State agencies that suffer damage to any State property, building or asset, due to the negligent and/or intentional acts of third parties (individuals, companies and government-public entities).

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### Comprehensive Claim for Damage to State Vehicles/Motorized Equipment Section

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment

This claim category applies to non-collision damage to State Government-Owned Vehicles, which includes State agency leased and rental vehicles.

List of Covered Incidents

Listed below are the incident categories that are covered under the State's Comprehensive Claims Program for State Vehicles:  
Please select all that apply:

☒ Deer/animal Collision

☐ Stolen Vehicle (Recovered)

☐ Fallen Snow/Ice-Weather Damage

☐ Unoccupied State Vehicle

☐ Fire

☐ Vandalism

☐ Flood-Weather Damage

☐ Wind-Weather Damage

☐ Parked State Vehicle

☒ Windshield Damage

☐ Stolen Vehicle (Not Recovered)

☐ Other (Specify)

**Note:** Incident Categories excluded under this Comprehensive Claim Program & Form are: Striking a Tree, Curb, Pothole, Collision with another Vehicle, hit and run incident, tire blow out, incidents where source of damage is unknown, and other non-comprehensive or collision incidents.

State agencies may file this reimbursement form for Comprehensive "non-collision" damage to State Government owned vehicles and motorized equipment only, including State agency leased and rental vehicles.

This Program covers the following: vandalism, flood, fire damage, deer/Animal collision, windshield damage by rock debris or object, and for stolen vehicle. State Agencies will be reimbursed for eligible covered losses minus a \$250.00 deductible per vehicle. Damages resulting from striking a tree, curb, pothole, another vehicle, hit and run incident, tire blow out, or incidents where source of damage is unknown are **not** covered.

Please do not submit this form if the damages are \$250.00 or less, or if your agency has not filed the required digital RM1- State Vehicle Accident & Incident Form. Please check with your agency's fleet vehicle coordinator or the State employee assigned to the subject vehicle to see if they filed the digital RM1. Please refer to our website for an overview of the RM1 filing process [State of NJ - NJ Treasury - Division of Risk Management](#).

While you may submit one digital form for multiple State vehicles or motorized equipment, they must all be involved in the same incident or accident, regardless of where the vehicles were located at the time of the natural disaster, i.e. hurricane. For example, if your State agency suffered flood damage to multiple State vehicles at different facilities or location on the same date, then you may include all the vehicles on one digital claim form. However, if the subject damaged vehicles were involved in different incidents or accidents, then you must file a separate digital Comprehensive Claim form for each vehicle.

**Please note that your comprehensive claim will be denied if there is no record of an RM1 in the Statewide, State Vehicle Accident Reporting System (SVAR). The RM1 must be filed promptly by using the digital form on our website. Lastly, please complete this claim submittal form, and upload the State Intragovernmental Voucher Form, only after confirming that an RM1 was filed.**

Lastly, if the State vehicle(s) in question is leased or rented, and is covered by private insurance, under the agreement or contract, your agency must file a claim with the insurance company first. Once you receive a final determination letter from the insurance company, you may submit a claim with our office to recover any costs or expenses that the insurance company denied.

**Note: Damage to State Vehicles and Motorized Equipment resulting from a Declared Natural Disaster (Hurricane, Flood, Wind Damage, etc.) involving FEMA:** If your Agency's State Vehicle(s) sustained damage due to a declared natural Disaster, please **do not file** a claim or a Project Worksheet (PW) **with FEMA** to recover the damages and costs. Pursuant to a November 5, 2020 agreement between FEMA and the State of New Jersey Division of Risk Management ("DRM"), the only source of recovery for State Agencies is the "Comprehensive Claims Program" administered by DRM, which may be filed using this digital claim form.

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### State Property and Vehicle Equipment Information Section

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

Insurance

Damages

Document Upload

Preview

Signature

WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

How many State Government-owned vehicles (State Leased/Rental) are you claiming  
1

State Vehicle #1

REMOVE STATE VEHICLE

CLEAR DATA

Is this State Vehicle a Rental or is it Leased?  
No

State Vehicle Information:

License Plate Number  
MP3255

Corresponding SG Plate  
SG12345

6/255

Make of Vehicle  
Ford

4/255

Model  
Explorer

8/255

Year  
2010

4/255

☐ Leased Vehicle

☐ Rental Vehicle

State Employee assigned to the vehicle:

First Name  
Robert

4/40

Last Name  
Plant

5/80

Name of party operating or using State Vehicle at the time of the incident:

First Name  
John

4/40

Last Name  
Doe

3/80

Email  
John@gmail.com.com

Phone No

ADD STATE VEHICLE

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### Incident Details and Location

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

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Insurance

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WITHDRAW CLAIM

General Notice to State Departments and Agencies

Claim Incident Categories

Incident Details and Location

Date of Incident, Loss or Discovery:  
12/02/2024

Time  
01:00 PM

Location of Incident:

Street Address

Municipality  
Trenton

State  
New Jersey

County  
Mercer

Zip Code  
08628

Common Name of Facility (Justice Complex, State House, etc.)

Name of business or facility

Route/Highway/Road  
295

Milepost  
11.1

Cross Street

Lane Direction  
S

Description of Incident

While traveling in the right lane a deer came out the woods and crashed into the front of my vehicle and smashing my windshield.

State Vehicle MP3255

Incident Categories (Select all that apply)  
Note: Listed below are the incident categories that are covered under the State's Comprehensive Claims Program for State Vehicles

☒ Door/animal Collision

☐ Stolen Vehicle (Recovered)

☐ Fallen Snow/Ice-Weather Damage

☐ Unoccupied State Vehicle

☐ Fire

☐ Vandalism

☐ Flood-Weather Damage

☐ Wind-Weather Damage

☐ Parked State Vehicle

☒ Windshield Damage

☐ Stolen Vehicle (Not Recovered)

☐ Other

Note: Incident Categories excluded under this Comprehensive Claim Program & Form are: Striking a Tree, Curb, Pothole, Collision with another Vehicle, hit and run incident, tire blow out, incidents where source of damage is unknown, and other non-comprehensive or collision incidents.

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### Police/Investigative Agency Information



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

**CLAIM FORM FOR STATE DEPARTMENTS AND AGENCIES**

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment

State Property and Vehicle-Equipment Information

Incident Details and Location

**Police/Investigative Agency Information**

Responsible/Liable Party

Insurance

Damages

Document Upload

Preview

Signature

**WITHDRAW CLAIM**

▼ General Notice to State Departments and Agencies

▼ Claim Incident Categories

**Police/Investigative Agency Information**

Type of Police or Investigative Agency Report Filed

<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Fire	<input type="checkbox"/> OSHA
<input type="checkbox"/> Unknown/TBD	<input type="checkbox"/> None	<input type="checkbox"/> Other investigative agency report filed

**Police or Investigative Agency Report #1**

REMOVE POLICE OR INVESTIGATIVE AGENCY REPORT

CLEAR DATA

Select Type of Police or Investigative Agency Report Filed (if any)

☐ Internal State Institution Incident or Investigation Report

☒ Police Department Report

☐ Fire Department Report

☐ OSHA Report

☐ Other (Specify)

Name of Responding Police, Fire Department or Investigative Agency, etc.  ☐ N/A

14/255

Case Number for Police, Fire Department, or Investigative Agency, etc.  ☐ N/A

5/255

Were criminal charges or summonses (tickets) issued or filed against anyone?

**ADD POLICE OR INVESTIGATIVE AGENCY REPORT**

General comments on Police/Investigative agency information

0/255

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### Responsible/Liable Party Section



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

### CLAIM FORM FOR STATE DEPARTMENTS AND AGENCIES

State Department and Agency  
Information

Claim & Incident Categories  
(Select which type of claim to  
file)

Comprehensive Claim for  
Damage to State Vehicles  
and Motorized Equipment

State Property and Vehicle-  
Equipment Information

Incident Details and Location

Police/Investigative Agency  
Information

**Responsible/Liable Party**

Insurance

Damages

Document Upload

Preview

Signature

**WITHDRAW CLAIM**

#### General Notice to State Departments and Agencies

#### Claim Incident Categories

#### Responsible/Liable Party

Did an individual, other than a State employee or resident of a State facility contribute to or cause the damage or incident in question?

No

Is the potential responsible/liable individual, entity or business that caused the damage, affiliated with or is an actual governmental agency, a public entity and/or Board of Education?

No

Was the State Vehicle parked or garaged in a private facility, other than the State driver's private residence?

No

Was the State Vehicle parked or garaged on Government Property, other than State-owned property?

No

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### Damages Section

State Department and Agency Information

Claim & Incident Categories  
(Select which type of claim to file)

Comprehensive Claim for Damage to State Vehicles and Motorized Equipment

State Property and Vehicle-Equipment Information

Incident Details and Location

Police/Investigative Agency Information

Responsible/Liable Party

Insurance

**Damages**

Document Upload

Preview

Signature

WITHDRAW CLAIM

▼ General Notice to State Departments and Agencies

▼ Claim Incident Categories

**Note:** You may enter new damage, estimate and costs associated with this claim periodically during the life of the claim by using the "Login" feature on our website, entering your "Username"-- email and Password you entered to begin this claim process, and clicking on "Claim Amendment".

**Damaged Automobiles/Motorized Equipment Estimate for Repair and/or Replacement Costs**

**Note to State Agency Filer:** Please select either "Overall Estimate" or "Itemize" from drop down below, based on the information readily available to you at the time of filing. Please note that if you select "Itemize", the system will automatically calculate and populate the "Overall Estimate" fields.

Overall Estimate or Itemize  
Overall Estimate

**Overall estimate:**

Repair Estimate:

Preliminary  
\$3,000

Final

Replace Estimate:

Preliminary  
\$0.00

Final  
\$0.00

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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

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

CLEARSAVE

BACK

SAVE

SUBMIT