



CLAIM FOR DAMAGES

STATE OF TENNESSEE
DIVISION OF CLAIMS ADMINISTRATION
9TH FLOOR, ANDREW JACKSON BUILDING
NASHVILLE, TENNESSEE 37243-0243
(615) 741-2734

IMPORTANT: All questions should be answered as completely as possible. Attach two (2) estimates of damages to this form. A copy of the investigating police officer's report should be included for any incidents involving motor vehicles.

Name: _____ Social Security No. _____
Address _____
Address _____ Phone: Home () _____
Address _____ Work () _____
Are you an employee of the State? _____

DESCRIPTION OF INCIDENT

Date of Occurrence: _____ Time _____ A.M. P.M.
Location: _____ State Agency Involved _____

In what county did this Incident occur: _____

Describe the Incident (use additional pages if necessary):

Describe the Damages Incurred: _____

Total amount of damages requested: \$ _____

Witness(s) to the Incident: (if applicable)

Name: _____ Phone Number: () _____
Name: _____ Phone Number: () _____
Name: _____ Phone Number: () _____

State Official Notified: (if applicable) _____
Title _____ Phone Number: _____

I certify that all the statements contained herein and on any attachments hereto are true and that the injuries and/or damages reported were actually incurred. I also acknowledge that it is a misdemeanor to file a false claim with the Division of Claims Administration.

Claimant's Signature

Date

