



Accident Questionnaire

(PLEASE PRINT)

Procurement Department
City of Germantown
1930 S. Germantown Road 38138
risk@germantown-tn.gov

In general, the claimant will need to show why the City of Germantown is at fault for the incident. We (the City) are only responsible for those areas we maintain and control. This means all claims for incidents that occur on a State highway will need to be sent to the State of Tennessee. Also, be aware that there are notice requirements for many things. Until we know a problem exists and needs to be corrected, we generally are not responsible for any incidents that arise from it. After we have been informed of a problem the law gives us "reasonable" time to correct it. The time limit depends on what has to be fixed and the conditions or factors involved at the time. We are not responsible for unforeseeable events, act of God, or the fault of third parties we do not control.

First Name _____ Last Name _____ Date of Birth _____

Current Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Email: _____

Best Method to Reach You _____

Best Times to Reach You _____

Date of Injury/Incident _____ Time of Incident _____ a.m. p.m.

Were photographs taken? Yes No

Weather Conditions on Day of Incident: _____

Exact Address and Location Where Incident Occurred: _____

Type of Incident:

Damage to My Personal Property

Damaged City Property

Personal Injury

Other _____

Description of How Incident Occurred:

Did You Receive Medical Treatment? Yes No Not Applicable

First Aid Only – Provided By: _____

Ambulance/Paramedics: _____ Was There a Report Filed? Yes No
(If yes, please provide a copy)

None

List All Doctors and Other Health Care Providers Who Have Treated Your Injuries, Including:
Their Names, Business Addresses, and Phone Numbers

Total medical expenses incurred to date to treat your injuries: \$ _____

Total medical expenses you expect to incur in the future: \$ _____

List the Names, Addresses, and Phone Numbers of Any Possible Witnesses in Your Case:

Notification of Incident to City and/or Police at the time/day Incident Occurred: Yes No

If no, please provide the following:

Date when the notification did occur: _____ Time: _____ a.m. p.m.

Name of Person Contacted: _____

Police Department: _____ Report #: _____

Reason for Filing a Claim:

Provide any Information that Verifies and/or Contributes to the Explanation for the Above Stated Information: (Letters from doctor, photos, invoices, etc.)

Other Information:

BY SIGNING THIS QUESTIONNAIRE, I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Print Name

Signature

Date

For Procurement Department Use Only:

Dated Received by Procurement Director _____

Date of Notification to Insurance Provider _____

Date Reviewed by City Attorney (If needed) _____

Completion Date _____

Comments:
