



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 area's 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:

CLAIM FORM

Mail To:
City of Germantown
Procurement Dept.
1930 S. Germantown Rd. 38138
Email To: risk@germantown-tn.gov
Fax To: 901-757-7258

RISK MANAGEMENT USE ONLY		
Date Received	TML Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	TML Claim #
Adjuster Assigned		Claim Closed <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PRINT

Date of Loss	Approximate Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Exact Location of Incident:	Department (if known)
Last Name	First Name	Address City State Zip	Cell Phone Home Phone
Email Address	Date of Birth	SSN: (Only for injury claim)	IMPORTANT: Date of birth and social security number are required only due to mandatory Medicare insurer reporting requirements for any medical expense claim

Description of Incident:

State the Facts of Your Claim and Why You Feel the City of Germantown is Responsible:

Describe Property Damage (include estimated dollar amounts)

Dollar Amount of Medical (Include Copies of Receipts and Estimates) \$	Describe Injuries (include exact body part and type of injury – use additional paper if needed.) <input type="checkbox"/> Does Not Apply
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Type of Incident <input type="checkbox"/> Personal Injury <input type="checkbox"/> Private Property Damage <input type="checkbox"/> City Property Damage <input type="checkbox"/> Other	List Witness Names and Phone Numbers (use additional paper if needed)
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Weather Conditions: <input type="checkbox"/> Sun/Daylight <input type="checkbox"/> Dark/Night <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Snow/Ice	Other Contributing Factors:	Road/Ground Conditions: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Slick <input type="checkbox"/> Normal <input type="checkbox"/> In Doors
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PLEASE ATTACH COPIES OF INVOICES, PROOF OF PURCHASE OR SUPPORTING DOCUMENTS. (Include photos, if you have them)

I UNDERSTAND THERE IS NO CLAIM UNLESS THIS FORM IS FILLED OUT COMPLETELY. I hereby certify that the above statements and information are true and correct to the best of my knowledge. I also understand making a false claim with the intention of deceiving the City of Germantown is punishable by law. I understand by filling out a claim form does not automatically entitle me to a settlement. I understand the City will review all documentation and testimony that is presented in this declaration. An *Accident Questionnaire* must also be completed and submitted with this *Claim Form*. Thank You.

Printed Name

Signature

Date of Report

TO ATTACH SUPPORTING DOCUMENTS AND PICUTRES, OPEN THE COMMENTS TOOL & CLICK ON THE PAPER CLIP ICON