



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

