

CITY OF OAK RIDGE, TENNESSEE
Liability Claim Form

Injured Person or Property Owner _____ Minor? [] yes [] no
Address _____ Phone (H) _____ (W) _____
Insurance Company/Agent _____ Phone _____

For Bodily Injury:

Part of body injured _____ Type of injury _____
Medical treatment received _____
Date treatment first received _____ Provider _____

For Property Damage:

Describe property _____
Describe damage _____
Estimated cost to repair _____ or replace _____

Date of incident _____ Location of incident _____
Describe how the incident occurred _____

Do you feel the damage or injury resulted from the City having failed to act in the manner it should have either before or after the incident? [] yes [] no

Explain _____

Signature

Attach estimates, bills or other information and forward to: Risk Manager
City of Oak Ridge
P.O. Box 1
Oak Ridge, TN 37831-0001