

PERSONAL INJURY INFORMATION

Claimant's Name: _____ SS#: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Residence (____) _____ Business (____) _____

Name of Injured Party (If different from Claimant): _____

Relationship of person filing claim: _____

Date of Injury: _____ Time: _____

Location of Accident _____

Description of Injury: _____

Explain how injury occurred: _____

Did injured receive medical care? Yes _____ No _____

If yes, name and address of physician or hospital: _____

Estimated amount of claim: \$ _____ (Attach supporting documents)

Witnesses: _____

I hereby certify the above information is correct to the best of my knowledge.

Signature

Date

Note: The supplying of this form is to obtain information and is not to be construed as an admission of any liability by Sumner County.

**Return To: Sumner County Government
Office of Human Resources
355 North Belvedere Drive, Room 101
Gallatin, Tennessee 37066**

**Phone#: 451-6023
Fax #: 451-6052**

ANY ADDITIONAL INFORMATION SHOULD BE WRITTEN ON A SEPARATE SHEET OF PAPER AND ATTACHED.

(RM-03)