

Tim Burchett
Knox County Mayor



Department of
Parks & Recreation

KNOX COUNTY ACCIDENT REPORT
(GENERAL LIABILITY)

DATE: _____

DATE OF ACCIDENT: _____ TIME OCCURRED: _____ DEPT. INVOLVED _____

PLAYS FOR WHAT ASSOCIATION: _____

LOCATION OF ACCIDENT: _____

DESCRIPTION OF ACCIDENT: _____

_____ DEFECTIVE EQUIPMENT _____

WHAT CAUSED THE ACCIDENT? _____

HOW COULD ACCIDENT BEEN PREVENTED? _____

KNOX CO. EMPLOYEE INVOLVED: _____ SUPERVISOR _____

INJURY=====

NAME: _____ AGE: _____ MALE/FEMALE: _____

ADDRESS: _____ PHONE: _____

OCCUPATION OF INJURED: _____ Business PHONE: _____

IF MINOR, PARENTS: _____ PHONE/ADDRESS: _____

DESCRIBE INJURY: _____

TREATMENT FACILITIES: _____

WHAT DID INJURED SAY? _____

PROPERTY=====

OWNER: _____ ADDRESS/PHONE: _____

LOCATION OF PROPERTY: _____ DAMAGE AMOUNT: _____

WITNESSES=====

NAME: _____ ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NAME: _____ PHONE: _____