

Michael R. Ragsdale
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: _____

Business

OCCUPATION OF INJURED: _____ 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: _____

2447 Sutherland Avenue - Knoxville, TN 37919 – 865.215.6600 – Fax 865.215.6603

The Accident Claim form & The A& B Insurance Claims forms **MUST be submitted within 90 days
from the date of the accident**