



Jefferson County, Tennessee

David Longmire, Director Facilities / Safety

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JEFFERSON COUNTY FACILITIES AND SAFETY DEPARTMENT

JEFFERSON COUNTY FINANCE DEPARTMENT

CITIZENS REPORT OF ACCIDENT FORM

PERSON FILLING OUT FORM: _____

DEPARTMENT: _____

NAME OF INJURED: _____ [PLEASE PRINT]

ADDRESS: _____

DATE OF BIRTH: _____ SEX: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF INJURY: _____ TIME OF INJURY: _____

DESCRIPTION OF INJURY: BE SPECIFIC. INDICATE THE PART OF THE BODY AFFECTED. (Example: I sprained my right wrist, or I strained my lower back.)

HOW DID THE ACCIDENT OCCUR: Tell what happened and how it happened? (Example: I was walking in the parking lot when I slipped on a patch of ice, lost my balance and fell onto the pavement.)



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DID INJURY OCCUR ON COUNTY PREMISES? _____ YES _____ NO

IF YES, ADDRESS WHERE INJURY OCCURRED: _____

NAME AND ADDRESS OF PHYSICIAN CONSULTED, IF ANY:

EMERGENCY ROOM OR HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL, IF ANY: _____

Signature of Injured-----Date

Signature of Department Head-----Date

A copy of this accident report must be sent or faxed to the county's Finance Office 24 to 48 hours after an accident has taken place

A copy of the accident report must be sent or faxed to the Director of Facilities/Safety Office within 8 hours after accident has taken place