

## **Guidelines for Completing Claim Form**

1. Please give the date of the accident or damage occurred. Include the time of day, if possible.
2. Please give all the contact information for the person making the claim. Name, address, and phone number are required. Please let us know the number that is best to reach you during regular business hours.
3. Let us know if the Police or any other city departments were called or arrived on scene. Please provide a copy of any Police report related to the incident.
4. Let us know where the accident or damage occurred. Be as specific as possible.
5. Describe what happened to cause the damage. Include why you feel the City of Franklin is responsible. For example, what did we do that caused the damage? Or what could we have done to prevent what happened? Include any correspondence that you may have sent the City that a problem was developing. Let us know whom you may have talked to prior to when the damage actually occurred.
6. Let us know who was injured (if anyone) and how we can contact them. Let us know the nature of their injuries.
7. Let us know what property was damaged. Please be specific as you can.
8. Let us know any repair costs or estimates you have received by attaching copies of written estimates or invoices. These documents should be submitted no later than thirty (30) days after filing a claim.
9. Let us know if any City Employees or Vehicles were involved with the incident either prior to it happening or after it happened.
10. Let us know if there are witnesses that could give us information and their contact information, if known.
11. Please sign and date.

### **Return to:**

109 3<sup>rd</sup> Avenue South

Franklin, TN 37064

Phone: (615) 791-3277

Fax: (615) 791-3278

You may mail, fax, E-mail, or hand deliver your claim. The Risk Manager is located in City Hall Mall in the Human Resources Department.

Once I receive your claim, I will investigate it to the greatest extent possible with the information that you provide. I may contact you if

any additional information is needed. A letter of explanation will be sent to you for payment or denial.

### **Additional Information in Making a Claim**

In general, **YOU** will need to show why the City of Franklin is at fault for the incident. We are only responsible for those areas we maintain or can control. This means all claims for incidents that occur on a State highway will need to be sent to the State of Tennessee. Also, be aware that there are notice requirements for many things. Until we know a problem needs to be corrected, we generally are not responsible for any incidents that arise from it. After we have been informed of a problem the law gives us a "reasonable" time to correct it. The time limit depends on what has to be fixed and the conditions or factors involved at the time. We are not responsible for unforeseeable events, acts of God, nor for the fault of third parties we do not control.

We process all claims equally. We are giving you the above information only to assist you in making sure you include all the pertinent information for your claim and to help you understand why a denial may be given to your claim. Please contact the Risk Manager, Rodney Escobar if you have any concerns or questions at (615) 791-3277 or at [rodney.escobar@franklin.tn.gov](mailto:rodney.escobar@franklin.tn.gov).



HISTORIC  
FRANKLIN  
TENNESSEE

**INCIDENT REPORT**

**Contact:** Rodney Escobar  
P.O. Box 305  
Franklin, TN 37065  
**Phone:** (615) 791-3277  
**Facsimile:** (615) 791-3278

**Loss Information**

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_  
City Department Contacted: \_\_\_\_\_ Violations Issued? \_\_\_\_ Yes \_\_\_\_ No  
To Whom: \_\_\_\_\_ What were they charged with : \_\_\_\_\_  
Witness: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Witness: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Description of Incident** (If vehicle incident, use diagram on next page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vehicles Involved**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_

**Injured**

Transported to Hospital    yes    no

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Property Damage**

Item Damaged: \_\_\_\_\_ Estimated Value: \_\_\_\_\_  
Location: \_\_\_\_\_ Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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**ANY PERSON, WHO, WITH INTENT TO DEFRAUD OF KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE CITY OF FRANKLIN, TN OR ANY OF ITS AGENTS OR CARRIERS, SUBMITS AN APPLICATION OR FILES A CLAIM REPORT WHICH CONTAINS A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.**

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Report Date: \_\_\_\_\_ Reported by: \_\_\_\_\_  
Signature: \_\_\_\_\_

\*Attach any corresponding documents, such as police reports, damage estimates, etc.