

**MONTGOMERY COUNTY GOVERNMENT, RISK MANAGEMENT
1 MILLENNIUM PLAZA, SUITE 111, CLARKSVILLE, TN 37040
Telephone Number: (931) 648-5715 Fax Number: 920-1816**

**LIABILITY ACCIDENT REPORT
(NON-EMPLOYEE)**

Loss/Occurrence
Report Number

Date of Incident ___/___/___ **Time of Incident** _____ **AM** ___ **PM** ___

Location of Incident _____

Contact:

Name and Address

Business Phone (No. & Ext.) **Fax Number**

() _____

Name _____

Address _____

Birth Date _____

Social Security Number _____

Description of Incident (Use separate sheet if necessary)

Witness Information

Name _____

Address _____

Phone Number _____