

NOTICE OF OCCURRENCE/CLAIM FORM

EMAIL REPORT TO: safety.oji@rutherfordcountyttn.gov		TODAY'S DATE:
PHONE: 615-898-7715 FAX: 615-713-3441		DATE AND TIME OF OCCURRENCE:
MAILING ADDRESS: Rutherford County Government Insurance & Risk Management Department 303 N Church Street, Suite 100 Murfreesboro, TN 37130		Please check the appropriate box and provide in the space below the department/school within the County or Board of Education. <input type="checkbox"/> COUNTY <input type="checkbox"/> BOARD OF EDUCATION DEPARTMENT/SCHOOL:
SPECIFIC LOCATION OF OCCURRENCE:		
DESCRIPTION OF OCCURRENCE:		
INJURY/PROPERTY DAMAGED:		
NAME & ADDRESS:	PHONE NUMBER:	EMAIL ADDRESS:
ADDITIONAL INFORMATION:		
WITNESS NAME & ADDRESS:	WITNESS PHONE #:	WITNESS EMAIL ADDRESS:
REPORTED TO:	DATE & TIME REPORTED:	
Please provide pictures and any other documentation related to the occurrence when submitting this form.		
SIGNATURE:		DATE: