

# Potential Liability Incident Report

**INSTRUCTIONS:**

State Agency should use this form to report **potential** liability claims against the State



This "Incident Report" should be sent **ASAP** to:

**Claims Manager, Office of the Attorney General**

- Interdepartmental Mail, or
- Via fax to 775-684-4601, or
- DMV Legal/Tort Claims, 555 Wright Way, Carson City, NV 89711



If an individual wishes to make a formal claim against the State, the individual should contact the Office of the Attorney General at TEL: 775-684-1252 or 775-684-1263; FAX 775-684-4601. The Attorney General's office will send the appropriate form to the injured/damaged party

**PLEASE NOTE:**

***Do not use this form to report injuries of State employees.  
A Worker's Compensation injury report must be filed in those instances.***

***Please type or print clearly***

Name of Injured/Damaged Party: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location where incident occurred (include street address):  
\_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_ Budget Account: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**TC-1 Claim form provided to injured/damaged party?    Yes    No**

[https://ag.nv.gov/uploadedFiles/agnv.gov/Content/Complaints/2019-08-01\\_TC1\\_Claim\\_Form\\_Type.pdf](https://ag.nv.gov/uploadedFiles/agnv.gov/Content/Complaints/2019-08-01_TC1_Claim_Form_Type.pdf)

Please provide a detailed description of what happened and attach all supporting documentation you may have. (Attach additional pages/photographs, if necessary):

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_