

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

http://ag.nv.gov/uploadedFiles/agnv.gov/Content/Complaints/2018-10_TC1_Claim_Form.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: _____