

Appendix A

**A Call to Corvel, 866-245-8588, MUST BE MADE IMMEDIATELY
(THIS IS NOT AN OPTIONAL ACTION)**

**Tennessee Military Department
Accident and Injury Report**

To Be Completed by the Supervisor and Employee:

1. Date Accident/Injury Occurred _____
MM/DD/YYYY
2. Employee's Job Title _____
3. Employee's Name _____
Last First M.I.
4. Is the employee a regular full-time State employee with the Military Department? _____
5. Is the employee a State Active Duty (SAD) employee on orders? _____
- 5a. If SAD employee, is a copy of the SAD Orders attached? _____
6. Employee's Edison ID _____ Department ID _____
7. Date of Birth _____ Home Phone _____
8. Home Address _____
City _____ State _____ Zip _____
9. Supervisor's Name _____
10. Who notified Supervisor _____
11. Time and Date Supervisor was Notified _____
12. **Was the accident/Injury reported to the State of Tennessee Workplace Injury Hotline?** _____
If answer to # 12 is No, please call the Workplace Injury and First Notice of Loss Call Center at 1-866-245-8588, selecting Option #1, immediately.
13. **What is the Claim Number from CorVel?** _____
14. Employee Work Address _____
City _____ State _____ Zip _____

15. Work Phone () _____ Date of Hire _____

16. Exact Location Where Accident Occurred _____

17. Did the accident involve a state vehicle, rental vehicle, or personal vehicle while in the course of employment? (Y or N) _____ **Check one** state rental personal

18. If Yes to question 18, did it involve a citizen's **occupied** or **unoccupied** vehicle? (Y or N) _____
Check one occupied unoccupied

19. **Did employee or employee's supervisor contact the State of TN Auto Accident Call Center at 866-245-8588 within 12 hours? (Y or N)** _____

20. Was the Employee at the Location because of Assigned Duties? (Y or N) _____

21. Describe the Accident/Injury in **Detail** and **State how it Occurred**. (Attach additional sheets, if necessary)

Employee's Printed Name

Employee's Signature

Supervisor's Printed Name

Supervisor's Signature

Date _____

This two page report **must be completed and sent** to the Military Department Fleet Coordinator **by email** to **jackie.l.harmon@tn.gov** or **military.vehicles@tn.gov** within **12 - 24 hours** of the accident or incident occurring for all incidents involving Military Department State Employees, or employees on State Active Duty.