AG Office use ONLY:
Date TC-1 sent _____

State of Nevada

Potential Liability Incident Report

INSTRUCTIONS:

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

✉ **Original of this "Incident Report" should be sent ASAP to:**

Claims Manager, Office of the Attorney General,
100 North Carson Street, Carson City NV 89701-4717

☎ If an individual wishes to make a formal claim against the State, the individual should notify the Office of the Attorney General at TEL: 775/684-1263; FAX. 775/684-1275. 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 Inured/Damaged Party: _____

Mailing Address: _____

Telephone No. _____ Date of Incident: _____ Time: _____

Location where incident occurred (include street address): _____

_____

Department: _____ Division: _____ Budget Account: _____

Contact Person: _____ Title: _____ Telephone No.: _____

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

_____

_____

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Form completed by:_____ Date: _____