



International Towing & Recovery Hall of Fame and Museum
3315 Broad Street
Chattanooga, TN 37408
Phone: 423-267-3132
Fax: 423-267-0867

REQUEST FOR INCLUSION ON THE WALL OF THE FALLEN
*******No Fees Required*******

Date of Submission: _____
Deceased Legal Name: _____
Driver's License Class: _____ Driver's License State: _____ Expiration: _____
Physical Address of the Deceased: _____
City: _____ State: _____ Zip: _____ Country: _____

Sex: Male Female Date of Birth: _____ Date of Death: _____
Race/Ethnicity: White African American American Indian Asian Pacific Islander Other
Years in Towing Industry: Less than 2 years 2 – 5 years 5-10 years Greater than 10 years

Name of Company: _____
Company Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____ E-mail: _____
Position of deceased with the company: _____

Type of vehicle (if applicable):
Choose One: Light Duty Medium Duty Heavy Duty N/A
Choose One: Wrecker Carrier Service Truck Other _____

Incident Details
Date of Incident: _____
Location of Incident: _____ City: _____ State: _____
Road type: Interstate Hwy State Hwy County Rd State Rd City Street Other _____
Detailed circumstances surrounding death should be attached to this form on a separate sheet
Death MUST have occurred while the deceased was on the job

Name of person submitting request: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____ E-mail: _____
Relationship to the deceased: _____

Name of deceased's spouse: _____
Name(s) and age(s) of deceased's children: _____

Related documents:

- Obituary
- Police report of incident
- Name and phone number for police department
- News articles
- State association information
- Other _____

All pertinent documents should be attached to this form for submission.

A copy of the police report must be submitted with this request to start the review process.

I certify that the above information is true and correct to the best of my knowledge at the time of submission.

Signature of Submitter

Date

Privacy Information: Submitting information is strictly voluntary. By doing so, you are giving the ITRHFM your permission to use the information for the intended purpose. If you do not want to give the ITRHFM permission to use your information, simply do not provide it. However, not providing certain information may result in the ITRHFM 's inability to provide you with the services you desire.