



**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**

Date of Submission: \_\_\_\_\_  
Deceased Legal Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ 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.

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:

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