

City of West Chicago  
Administrative Services  
475 Main Street  
West Chicago, IL 60185  
630.293.2200 - phone  
630.293.3028 - fax

With reference to your claim, please fill out the attached incident report, related to injury or possible injury on City property, completely and send it with a copy of the police report (if applicable) to the City of West Chicago at the above address.

Please include any other documentation that would be helpful in processing your claim, this may be a photo, witness reports or copies of bills.

The City of West Chicago.



INCIDENT REPORT

(Related to Injury/Possible Injury on City Property)



This report is to be used by any citizen involved in an accident or incident occurring on municipal property which required first-aid or hospital treatment, or resulted in the citizen complaining of discomfort as a result of the incident.

\*\*PLEASE PRINT\*\*

CITIZEN'S NAME \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

EXACT LOCATION OF INCIDENT \_\_\_\_\_

DESCRIBE ACCIDENT/INJURY \_\_\_\_\_

DESCRIBE VEHICLE/PROPERTY INVOLVED \_\_\_\_\_

LIST ALL WITNESSES \_\_\_\_\_

WAS FIRST-AID GIVEN? YES NO TYPE \_\_\_\_\_

WAS MEDICAL EMERGENCY TREATMENT GIVEN? YES NO

GIVEN BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
HOSPITAL/DOCTOR

\_\_\_\_\_  
Citizen's Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO THE ADMINISTRATIVE SERVICES DEPARTMENT:  
HUMAN RESOURCES DIVISION

