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