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			
		WEST	<u>Сні</u>
DESCRIBE ACCIDENT/INJURY			LIN 0
DESCRIBE VEHICLE/PROPERTY INVOLVED			
			(1849)
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