



Cook County Incident Report

I. Claimant Information

Name _____		Home Phone _____	Cell Phone _____
Home Address _____	City _____	State, ZIP _____	E-mail _____

II. Incident Information

Nature of Damage/Injury _____		Ambulance Company and No. <i>if applicable</i> _____	Hospital _____
Date _____	Time (AM/PM) _____	Weather _____	
Street Address _____	City _____	Exact Location _____	

III. Description of Incident – What Happened?

IV. Property Description (if applicable)

Owner's Name _____	Street Address _____	City _____	Home Phone _____
Make _____	Model _____	Year _____	
Description of damage: _____			

V. Witness Information

A.	Witness Name _____	Street Address _____	City _____	Home Phone _____
B.	Witness Name _____	Street Address _____	City _____	Home Phone _____

VI. Other

Claimant Signature _____	Date _____
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Please e-mail or fax this form along with photos and repair estimates:
 e-mail: riskmgmt.genliability@cookcountvil.gov Fax: 1-866-841-0447