

NOTICE OF INCIDENT
Print or Type All Information

Mr. / Ms. / Mrs. _____
Name

Mailing Address (include street, apartment no., city, state and zip code)

Home Phone Cell Phone Work Phone

Location of Incident (street address or intersection)

Date of Incident Time of Incident

Weather Conditions

How did incident happen (use additional sheets of necessary):

Describe any injury or property damage:

Names, addresses and phone numbers of any witnesses:

Name, address and phone number of any insurance company which has paid or may pay any bills from this incident:

Name, address and phone number of any other person or company from which you have made a claim for any damages from this incident:

ATTACH COPIES OF ALL BILLS, ESTIMATES, MEDICAL REPORTS, POLICE REPORTS OR OTHER DOCUMENTATION TO SUPPORT YOUR CLAIM FOR DAMAGES.

Mail this completed and signed form and all other attachments to:

Risk Management Department
City of Springfield
800 East Monroe, 313 MCE
Springfield, IL 62701

Signature

Date