

Village of



MAYWOOD

40 MADISON STREET • MAYWOOD, ILLINOIS 60153 • (708) 450-6351

**INCIDENT REPORT FOR ALL CLAIMS OTHER THAN
WORKERS COMPENSATION**

LIABILITY

CLAIMANT: _____

DATE COMPLETED: _____ DEPARTMENT: _____

DEPARTMENT CONTACT: _____
(Name and phone number)

ADDRESS/LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

POLICE DEPARTMENT: _____ REPORT #: _____

INSURED PROPERTY: _____
(Other than auto i.e. building, street light, traffic light, etc.)

AT-FAULT PARTY: _____
(Name, address and telephone number)

INSURED PARTY: _____
(Name, address and telephone number)

TYPE OF INJURY: _____

WITNESSES: _____

DESCRIPTION OF INCIDENT: _____

PERSON COMPLETING FORM: _____

**This form should be sent with any other related information on
Non-workers compensation related claim reporting**