

Village of



MAYWOOD

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

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

AUTOMOBILE ACCIDENTS

CLAIMANT: _____

DATE COMPLETED: _____ DEPARTMENT: _____

DEPARTMENT CONTACT: _____
(Name and phone number)

ADDRESS/LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

POLICE DEPARTMENT: _____ REPORT #: _____

INSURED VEHICLE: YES _____ NO _____ PERSONAL VEHICLE: YES _____ NO _____

INSURANCE COMPANY: _____

VEHICLE DESCRIPTION: _____
(Type of vehicle i.e., vehicle number, year, make model)

INSURED DRIVER: _____

OTHER PARTY OWNER: _____
(Name, address, phone number)

OTHER DRIVER: _____
(If other than driver: name, address, phone number)

OTHER PARTY VEHICLE: _____
(Type of vehicle, i.e. year, make and model)

INSURED PARTY: _____

TYPE OF INJURY: _____

WITNESSES/PASSENGERS: _____

DESCRIBE IN DETAIL WHAT HAPPENED: _____

PERSON COMPLETING FORM: _____

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