

# Cook County Incident Report

## 1. Claimant Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Day Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State ZIP \_\_\_\_\_ Evening Phone \_\_\_\_\_

## II. Injury Information

Nature of Injury \_\_\_\_\_ Ambulance Company and No. *if applicable* \_\_\_\_\_ Hospital \_\_\_\_\_  
Date \_\_\_\_\_ Time (AM/PM) \_\_\_\_\_ Weather \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Exact Location \_\_\_\_\_

## III. Description of Occurrence

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## IV. Property Description

Vehicle Model: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_ Plate: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. Investigating Agency/ Witness Information

Responding Police Department: \_\_\_\_\_ Police Report No.: \_\_\_\_\_

A. \_\_\_\_\_  
Witness Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_

B. \_\_\_\_\_  
Witness Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_