

Illinois Counties Risk Management Trust

Incident Reporting for All Claims Other than Workers Compensation

GENERAL LIABILITY

DATE COMPLETED: _____ DEPARTMENT _____

DEPARTMENT CONTACT _____

(Name and phone #)

ADDRESS/LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

POLICE DEPARTMENT: _____ REPORT #: _____

COUNTY PROPERTY: _____

(Other than auto i.e. building, street light, traffic light, etc.)

AT-FAULT PARTY: _____

(Name address & Telephone #)

INJURED PARTY: _____

(Name, Address & Telephone #)

TYPE OF INJURY: _____

WITNESSES: _____

DISCRIPTION OF INCIDENT: _____

PERSON COMPLETING: _____

**Send this form and any other related information to Insurance
Specialist, Administrative Services Department**