

Illinois Counties Risk Management Trust
Preliminary Property/Casualty Claim Report

Report Date: _____ Insured's Name: _____

What Are You Reporting (please circle one)? **Claim** **Report Only**

Coverage Type (please circle applicable coverage):

Auto Accident General Liability Law Enforcement
Public Officials Property/Inland Marine Other: _____

Date of Occurrence: _____ Time of Occurrence: _____

County's Contact Name: _____ Phone Number: _____

Address/Location of Occurrence: _____

What Department Was Involved in Occurrence? _____

Description of Occurrence: _____

Type of Injury: _____

Injured Party's Name: _____ Phone Number: _____

Injured Party's Address: _____

County's Property Damaged: _____

Police Report Filed At: _____ Report Number: _____

Witnesses: _____

Additional Information for an Auto Loss:

County Vehicle? Yes No Personal Vehicle? Yes No

Insurance Company: _____

County Vehicle: Make: _____ Model: _____

Year: _____ VIN: _____

County Driver: _____

Other Vehicle: Make: _____ Model: _____

Year: _____ VIN: _____

Other Party Owner: _____ Phone Number: _____

Other Party Owner Address: _____

Other Property Damaged: _____

Additional Information or Specific Instructions: _____

Reported By: _____ Title: _____