

**Illinois Counties Risk Management Trust**

Incident Reporting for All Claims Other than Workers Compensation

**PROPERTY**

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.)

WITNESSES: \_\_\_\_\_

DISCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON COMPLETING: \_\_\_\_\_

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