



# WINNEBAGO COUNTY

— ILLINOIS —

## CLAIM FORM

Claimant's Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Claimant's email address (optional): \_\_\_\_\_

Date and time of Incident: \_\_\_\_\_

Claimant's vehicle (make, model year): \_\_\_\_\_

(License plate number, state of issuance): \_\_\_\_\_

Location of incident

(Include nearest address or mile marker): \_\_\_\_\_

Cause of incident: (Be as specific as possible. If a County owned-vehicle was involved, provide truck number or license plate number. If a road hazard was involved, give the specific location.)

**(Photos preferred)**

Police Report Number: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_

Claimant's Insurance Company: \_\_\_\_\_

**(Include a copy of your insurance card)**

Policy Holder's Name, Policy Number and Policy Period

**(Include a copy of your insurance)**

Did you file a claim with your insurance company? Yes \_\_\_ No \_\_\_

(If yes, please list the claim number) \_\_\_\_\_

General nature of your injuries or damages: (photos preferred) \_\_\_\_\_

\_\_\_\_\_

Amount of money sought from Winnebago County for your claim. If claim is for vehicle damage, attach two estimates itemized on company letterhead or itemized bill with proof of payment.

\$ \_\_\_\_\_.

Name(s), address and telephone number(s) of any witnesses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you believe that Winnebago County is responsible for your injuries or damages?

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

After receipt of this claim form and supporting documentation, the Winnebago County Highway Department will review it and may forward it to our insurance representative. You may be contacted for further information.