



### **Forest Preserves of Cook County Public Incident Report**

*In order to investigate your claim, certain information regarding the incident is required. Please complete this form at your earliest convenience, retain a copy for your records, and return the form and any supporting documents to:*

By e-mail: [FPDCC.Claims@cookcountyil.gov](mailto:FPDCC.Claims@cookcountyil.gov)

Or by regular mail: 69 W. Washington, Suite 2010,  
Chicago IL 60602  
Attn: Legal Dept.

Each claim is evaluated on a case-by-case basis. It may take time for said claim to be evaluated. Please also provide a mailing address in the event you submit a claim so that a decision letter can be mailed.

***Submitting a claim does not constitute approval of the claim, it merely triggers the evaluation process.***

### **Contact Information**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone Day: \_\_\_\_\_ Evening (if different) \_\_\_\_\_

Email: \_\_\_\_\_

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### **Incident Date and Location**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Address of Incident: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Incident:                      Tree fall                      Motor Vehicle Accident                      Trail Injury

Other (please describe) \_\_\_\_\_

Was the Police Department Contacted:                      Yes                      No

Town/City if not Forest Preserve Police: \_\_\_\_\_

Police Report #: \_\_\_\_\_

If a motor vehicle accident, was insurance information exchanged:                      Yes                      No

If a treefall, did you contact your homeowners' insurance:                      Yes                      No

Name of Insurance Company: \_\_\_\_\_

Was Another Forest Preserve Department Contacted:                      Yes                      No

If yes, which department: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

If Applicable, Describe Nature of Injuries (attach additional sheets of paper if necessary)

\_\_\_\_\_

Name of Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_

Were there any witnesses? Yes                      No

If so, please list contact information:

\_\_\_\_\_

Where Person was Treated: \_\_\_\_\_

Cost of Medical Expenses (attach all bills and/or estimates with form):

If Applicable, Describe Nature of Property Damage (attach additional sheets of paper if necessary)

\_\_\_\_\_

Property Damaged: \_\_\_\_\_

Cost to Repair Damages (attach all bills and/or estimates with form; provide two (2) estimates for all property damage claims):

\_\_\_\_\_

**Incident Description**

Describe how the incident occurred:

\_\_\_\_\_

What caused the incident:

\_\_\_\_\_

**If Incident Occurred Indoors:**

Type of Lighting (describe) _____	Quality of Lighting Poor Good Excellent
Type of Flooring (describe) _____ _____ _____	Concrete Carpet Tile Wood Other
Condition of Flooring (describe) _____ _____	Dry Wet Damaged Other

**If Incident Occurred Outdoors:**

Weather Conditions (describe) _____ _____ _____	Clear Rain Snow Sleet Wind Other
Visibility (describe) _____ _____ _____	Daylight Dark Clear Fog Other
Type of Surface (describe) _____ _____ _____	Concrete Asphalt Grass/Ground Curbing Stairs/Ramp Other
Condition of Surface (describe) _____ _____ _____	Dry Wet Ice Snow Other

***Completion of this form does not guarantee acceptance of your claim or payment of any losses by the Forest Preserve District of Cook County. FPDCC's Legal Department may contact you directly with a determination regarding your claim.***

Signature of Claimant \_\_\_\_\_

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**For Office Use Only:**

Date Received: \_\_\_\_\_

Response: \_\_\_\_\_

Closed: \_\_\_\_\_