



Damage to Park District Vehicles Claim Report

Date:
Member Name: Telephone #:
Address:
Claim Contact: Telephone #:
Certificate #: Effective Date:
Loss Location: Date & Time of Loss:
Accident Facts:

Vehicle Information

Member Vehicle

Claimant Vehicle

Year/Make/Model

VIN #

Vehicle Location

Name of Driver

Driver License #

Lein Holder/Owner

Is Vehicle Drivable?

Location Code:	1 - Administration	2 - Police	3 - Fire
	4 - Parks/Recreation	5 - Water/Sewer	6 - Streets/Highways

Was the member vehicle used with permission?

Accident witness(es) and phone number(s):

Police Department: Report #:

Claimant(s) address, telephone and injuries:

Please submit two written estimates per vehicle and the police report, if available to:

Illinois Parks Association Risk Services
c/o Public Entity Risk Services (PERS)
Attn: Claims
5701 Greendale Road
Johnston, IA 50131
Phone: (866) 964-6257
Fax: (800) 693-9610
Email: makers@iparks.org

Report completed by: Telephone #:

Email Address: