



**Illinois State Toll Highway Authority**  
2700 Ogden Avenue  
Downers Grove, Illinois 60515  
TELEPHONE (630) 241-6800 ext. 4288 FAX (630) 241-6101

***Please complete this Vehicle Claim Form and return it to Risk Management at the above-stated address.***

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_ DL#: \_\_\_\_\_

Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Mileage: \_\_\_\_\_ License Plate: \_\_\_\_\_

Vehicle owner's name: \_\_\_\_\_

Owner's address (if different from yours): \_\_\_\_\_

Vehicle's insurance company's name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance agent's name and address: \_\_\_\_\_

Please indicate the coverage you have: \_\_\_\_\_ Liability \_\_\_\_\_ Collision \_\_\_\_\_ Other than collision

Is your insurance company currently processing a claim for this incident? \_\_\_\_\_ Yes \_\_\_\_\_ No Claim #: \_\_\_\_\_

**A REPORT MUST BE FILED WITH THE ILLINOIS STATE POLICE FOR ALL INCIDENTS -- NO EXCEPTIONS  
A TELEPHONE INCIDENT REPORT CAN BE MADE BY CALLING (630) 241-6800 EXT. 5042**

Crash Report/Incident Report #: \_\_\_\_\_ Date report filed: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m. p.m. Your approximate speed? \_\_\_\_\_ m.p.h.

Exact Location: (road, direction, and mile post) \_\_\_\_\_

How often do you travel this route? \_\_\_\_\_

Was there construction in this area? \_\_\_\_\_ Y \_\_\_\_\_ N Barricades in place? \_\_\_\_\_ Y \_\_\_\_\_ N Workers present? \_\_\_\_\_ Y \_\_\_\_\_ N

If this incident involved road debris, what was the debris? \_\_\_\_\_

Describe damage to vehicle: \_\_\_\_\_

Was a Tollway employee involved in this incident? \_\_\_\_\_ Y \_\_\_\_\_ N If yes, please list the employee's name: \_\_\_\_\_

What was the employee doing at the time of the incident: \_\_\_\_\_

Was anyone in your vehicle injured? \_\_\_\_\_ Y \_\_\_\_\_ N If yes, please list their name and injury: \_\_\_\_\_

Name \_\_\_\_\_ Address (if different from yours) \_\_\_\_\_ Age \_\_\_\_\_ Injury \_\_\_\_\_

\*\*\*\*\*PLEASE COMPLETE PAGE 2\*\*\*\*\*

Page 1 of 2

