

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:D	aytime Phone #:		DL#:	
Vehicle: Make:	Model:	Yea	nr:	Mileage:	LicensePlate: _	
Vehicle owner's name:						
Owner's address (if differen	t from yours):					
Vehicle's insurance compan	y's name:			Policy #:		
Insurance agent's name and	address:					
Please indicate the coverage	you have:	Liab	ility	Collision	Other	than collision
Is your insurance company	currently processin	g a claim for this inci	dent? Ye	es	No Claim #:	
					TIDENTS NO EXCE 241-6800 EXT. 5042	PTIONS
Crash Report/Incident Repo	rt #:		Date repo	ort filed:		
Date and Time of Incident: _			a.m. p.m.	Your ap	pproximate speed?	m.p.h.
Exact Location: (road, direc	tion, and mile post)				
How often do you travel this	s route?					
Was there construction in the	is area?Y	N Barricae	des in place?	YN	N Workers present?	Y N
If this incident involved road	debris, what was th	e debris?				
Describe damage to vehicle	:					
Was a Tollway employee in	volved in this incid	lent?Y	N If y	ves, please list t	he employee's name:	
What was the employee doi	ng at the time of th	e incident:				
Was anyone in your vehicle	injured?	YN	If y	ves, please list t	heir name and injury:	
Name	Address (i	f different from yours)		Age Injur	y
	*****	*PLEASE COMPLE	ΓΕ PAGE 2****	*****		Page 1 of 2

Were there any independent witne	sses (someone not in either vehicle)?	YN If yes, please identify then	1:
Witness Name	Address	Phone Number	
Please describe <u>in detail</u> how the	incident occurred (use additional paper if neede	d):	
	HAS A POLICE REPORT OR INCIDENT REF		
Plea	ase read the statement belo	w before signing:	
form does \overline{NOT} indicate that the	page claim form are true and correct to the best of ILLINOIS STATE TOLL HIGHWAY AUTHORITHM and investigation of the facts of the incident	ORITY has accepted responsibility for thi	
Driver's Signature		Date	
To expedite processing, ple	ease include the following documentat	tion in support of your claim:	
Proof of ownershipAll vehicle owners n	in the form of a copy of Title, Registr nust sign below	ation, or Insurance Card	
• Two competitive est	timates from licensed repair facilities.		n completed
 <u>Photographs reflect</u> 	ing damage to your vehicle (preferre	<u>d)</u>	
Compliance is mandatory. No cl	aim will be processed without the aforemention	ed documentation.	
Owner's	Signature ——	Co-Owner's Signature.	
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