



## Lawsuit or Claim Involving Park District Vehicles

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: