

**City of Chicago**  
**General Liability - Personal Injury Claim Form**

**Please note:** Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code requires that all claims be printed legibly and neatly.

\* required information

**PLEASE PRINT LEGIBLY AND NEATLY**

<b>Today's Date</b>	
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**CLAIMANT INFORMATION**

<b>Claimant Name*</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Claimant Address*</b>			
<b>Claimant City, State &amp; Zip Code*</b>			
<b>Claimant Telephone Number</b>	<b>Office</b>	<b>Home</b>	<b>Cellular</b>
<b>Claimant Email Address</b>			

**INJURED PERSON INFORMATION**

Injured Person same as claimant

<b>Name of injured person*</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Address of injured person *</b>			
<b>City, State &amp; Zip Code of injured person *</b>			
<b>Telephone Number of injured person</b>	<b>Office</b>	<b>Home</b>	<b>Cellular</b>
<b>Email Address of injured person</b>			

**GENERAL CLAIM INFORMATION**

<b>Date &amp; Time of Incident:*</b>	<b>Date</b>	<b>Time</b>
		am / pm
<b>Describe in Detail How Incident Occurred:*</b>		

<b>Describe injuries:*</b>	
<b>Street Address or Location of Incident: *</b>	
<b>City/State of Incident:</b>	

**WITNESS INFORMATION**

<b>Name of witness to injury*</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Address of witness to injury *</b>			
<b>City, State &amp; Zip Code of witness to injury *</b>			
<b>Telephone Number witness to injury</b>	<b>Office</b>	<b>Home</b>	<b>Cellular</b>
<b>Email Address of witness to injury</b>			
<b>Additional Information:</b>			

**SIGNATURE INFORMATION**

<b>Verification by certification</b>	
<input type="checkbox"/> <b>Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct*</b>	
<b>Preparer's Name</b>	
<b>Claimant Signature</b>	<b>Date</b>
<b>Preparer Signature</b>	<b>Date</b>

**REMEMBER**

- Respond to all questions
- Attach supporting evidence and information

Mail this form to:  
City of Chicago ATTN: CLAIMS  
30 North LaSalle Street, Suite 800  
Chicago, Illinois 60602