



Illinois State Toll Highway Authority

2700 Ogden Avenue

Downers Grove, Illinois 60515

TELEPHONE (630) 241-6800 ext. 4288 FAX (630) 241-6103

EMAIL: risk.insurance@getipass.com

Return to Risk Management via MAIL at above-stated address; FAX or EMAIL

Name: _____ Street Address: _____

City: _____ State: _____ ZIP: _____ Phone #: _____

Your EMAIL: _____ Driver's License #: _____

Vehicle: Make: _____ Model: _____ Year: _____ Mileage: _____ LicensePlate: _____

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(s) you have: _____ Liability _____ Collision _____ Comprehensive (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*****

Were there any independent witnesses (someone not in either vehicle)? _____ Y _____ N If yes, please identify them:

Witness Name

Address

Phone Number

Please describe **in detail** how the incident occurred (use additional paper if needed):

Multiple horizontal lines for writing the incident description.

HAS A POLICE REPORT OR INCIDENT REPORT BEEN FILED?
If not, the Tollway cannot process your claim.

F Please read the statement below before signing:

I state that my answers on this two-page claim form are true and correct to the best of my knowledge. I also understand that submitting this claim form does **NOT** indicate that the ILLINOIS STATE TOLL HIGHWAY AUTHORITY has accepted responsibility for this matter, and that responsibility will be determined after an investigation of the facts of the incident.

Driver's Signature

Date

To expedite processing, please include the following documentation in support of your claim:

- **Proof of ownership in the form of a copy of Title, Registration, or Insurance Card**
- **All vehicle owners must sign below**
- **Two competitive estimates from licensed repair facilities, or a paid bill if repairs have been completed**
- **Photographs reflecting damage to your vehicle (preferred)**

*Compliance is **mandatory**. No claim will be processed without the aforementioned documentation.*

Owner's Signature

Co-Owner's Signature.