



**Non-Employee Injury Report**

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To be completed by Injured Party within 24 hours or as soon as possible following the incident and filed with the Lee County Insurance Liaison Chris H, 112 E. Second Street, Dixon, IL 61021.

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  am  pm

Location of Incident: \_\_\_\_\_  
(Please describe location in detail.)

Explain what happened, including the reason for being in the area of the incident:  
\_\_\_\_\_  
\_\_\_\_\_

Describe the injury: \_\_\_\_\_

What was the injury or illness? \_\_\_\_\_

Was medical attention sought?  Yes  No

If yes, date you first sought medical attention: \_\_\_\_\_

Medical Facility \_\_\_\_\_ City \_\_\_\_\_

Physician \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe Medical Attention: \_\_\_\_\_  
\_\_\_\_\_

Prior Workers' Compensation claims or major injuries?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I understand that by signing this report, I am verifying that all of the above statements are true and correct.

\_\_\_\_\_  
Signature Date Time