



PROPERTY DAMAGE INCIDENT REPORT

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To be completed by the County Officer/Department Head, Insurance Liaison, or other individual involved with property damage and filed within 24 hours or as soon as possible following the property damage with Insurance Liaison, Chris Henkel, 112 E. Second Street, Dixon, Il 61021.

Name of person filing the report: _____

Department Head Insurance Liaison Other _____

Home Phone #: _____ Alternate Phone #: _____

Date of Incident: _____ Time of Incident: _____ am pm

Property/Equipment damaged in the incident: _____

Specific location of the Incident: _____

Description of the Incident: _____

Was anyone injured? Yes No If yes, what is the name of the injured party and describe the injury to the best of your knowledge: _____

Witnesses to the Incident:

Name: _____ Phone #: (_____) _____ - _____

Name: _____ Phone #: (_____) _____ - _____

Note: Witness Statements need to be completed by each witness present.

Preparer's Signature

Date