

City of Chicago Motor Vehicle Damage 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

	Today's Date:	06/05/2023		
1.	Claimant Name*:	First	Middle Initial	Last Name
		Joseph Wilezynski		
2.	Claimant Address*:			
3.	Claimant City, State & Zip Code:			
4.	Claimant Telephone:	Office	Home	Cellular
5.	Claimant's Email Address:			
6.	Driver's License Information. If you do not have a license please include your State ID (include a copy of your license with your claim submission):	Driver's License No. _____ State of Issuance _____		
7.	Claimant's Insurance Company (include a copy of your insurance card):	Chicago City Clerk-Council Div. 2023 JUN 12 PM 3:14		
8.	Policy Holder's Name, Policy Number and Policy Period (include a copy of your insurance card):	Policy Holder's Name: _____ Policy Number: _____ Policy Period: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Effective Date) (Expiration Date) </div>		
9.	Did you file a claim with your insurance company?:	Yes <input checked="" type="checkbox"/> (Claim Number _____) No <input type="checkbox"/>		
10.	Letter of Experience from Insurance Company (must be provided for all claims over \$500.00):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
11.	Date and Time of Incident*:	Date <u>02</u> / <u>10</u> / <u>2023</u> Time <u>03</u> : <u>30</u> A.M./P.M. <div style="display: flex; justify-content: space-around; width: 100%;"> MM DD YYYY </div>		

(OVER)

12.	Incident Location: (provide specific address, i.e. 1234 W. Main St.):	3947 N Ashland AveChicago, IL 60613		
13.	Witness Name (if applicable):	First	Middle Initial	Last Name
14.	Witness Address:			
15.	Witness City, State & Zip Code:			
16.	Witness Telephone:	Office	Home	Cellular
17.	Description of Incident (give details of how damage occurred)* Use additional sheet if necessary:	I was stopped at a red light and the chicago fire truck changed lanes into my stopped car.		
18.	Police Report Number:	2023	JG 147827	
19.	City Department Report Number:			
20.	Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:	Two Written Estimates _____		Itemized Paid Bill _____
21.	Additional information submitted (i.e. photos, etc.):			
22.	I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim, pursuant to Municipal Code Ch. 1, Sec. 1-22-020*:	_____		_____
		Signature		Date
23.	Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim*	_____		_____
		Signature		Date

REMEMBER

- Respond to all questions
- Attach supporting evidence and information

Mail this form to:
Office of the City Clerk/City of Chicago
121 North LaSalle Street, Room 107
Chicago, Illinois 60602
ATTN: CLAIMS