



City of Geneva Public Incident Report

In order to investigate your claim, certain information regarding the incident is required. Please complete this form at your earliest convenience, retain a copy for your records, and return the original form to:

**City of Geneva, Attn: Public Incident Report
22 South First St., Geneva, IL 60134**

Contact Information

Date: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Day _____ Evening _____

Email: _____

Incident Date and Location

Date of Incident: _____ Time: _____ a.m.
p.m.

Address of Incident: _____ City: _____

State: _____ Zip: _____ Was the Police Department Contacted: Yes No

Police Report #: _____ Was Another City Department Contacted: Yes No

If yes, which department: _____

If Applicable, Describe Nature of Injuries (attach additional sheets of paper if necessary)

Name of Injured Person: _____

Address: _____

Where Person was Treated: _____

Type of Injury: _____

Cost of Medical Expenses (attach all bills and/or estimates with form): _____

If Applicable, Describe Nature of Damages (attach additional sheets of paper if necessary)

Property Damaged: _____

Cost to Repair Damages (attach all bills and/or estimates with form): _____

Incident Description

Describe how the incident occurred:

What caused the incident:

If Incident Occurred Indoor:		If Incident Occurred Outdoor:	
Type of Lighting (describe)	Quality of Lighting <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	Weather Conditions (describe)	<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Other
Type of Flooring (describe)	<input type="checkbox"/> Concrete <input type="checkbox"/> Carpet <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Other	Visibility (describe)	<input type="checkbox"/> Daylight <input type="checkbox"/> Dark <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Other
Condition of Flooring (describe)	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Worn/Damaged <input type="checkbox"/> Other	Type of Surface (describe)	<input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Grass/Ground <input type="checkbox"/> Curbing <input type="checkbox"/> Stairs/Ramp <input type="checkbox"/> Other
		Condition of Surface (describe)	<input type="checkbox"/> Dry <input type="checkbox"/> Wet/Standing Water <input type="checkbox"/> Icy/Snowy <input type="checkbox"/> Hole/Damaged Surface <input type="checkbox"/> Other

Completion of this form does not guarantee payment of your losses by the City of Geneva. The City's insurance company will contact you directly with a determination regarding your claim.

Signature of Claimant

For Office Use Only:	
Date Received: _____	Received By: _____
City of Geneva Employee Contact: _____	
Phone: _____	Email: _____
Report Code: _____	