

**PROPERTY DAMAGE CLAIM FORM**

**CLAIMANT'S NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**CLAIMANT'S VEHICLE:** \_\_\_\_\_

(MAKE, MODEL, YEAR)

\_\_\_\_\_  
(LICENSE PLATE NUMBER, STATE OF LICENSE)

**WHEN DID THE DAMAGE OCCUR? (DATE & TIME)** \_\_\_\_\_

**WHERE DID THE DAMAGE OCCUR?** \_\_\_\_\_

(STREET, AVENUE, BOULEVARD/NUMBER OR NAME OF CLOSEST INTERSECTING STREET)

**DESCRIBE IN DETAIL HOW DAMAGE OCCURRED:**

**POLICE REPORT NUMBER:** \_\_\_\_\_

**REPORTING AGENCY:** \_\_\_\_\_

**RELATED PHOTOGRAPHS ATTACHED:** YES  NO

**WRITTEN ESTIMATES ATTACHED:** YES  NO

**PAID BILL ATTACHED:** YES  NO

**SIGNATURE OF CLAIMANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MAIL THE COMPLETED FORM ALONG WITH ANY REQUIRED SUPPORTING EVIDENCE TO:**

Menard County Highway Dept.  
P.O. Box 497  
Petersburg IL 62675-0497