



Illinois Department of Transportation

Region 1 Claims Office
201 West Center Court / Schaumburg, Illinois 60196
Telephone 847/705-4061

INSTRUCTIONS FOR FILING DAMAGE CLAIMS

In order to file a claim it is necessary for you to return the following documents:

- 1) Completed Claimant's Report of Accident Form. The form is enclosed. Please complete all sections. A specific date, time and exact location are required. Incomplete forms will be returned and will result in a delayed investigation.
- 2) Body Damage. Two estimates to repair or a paid bill if repairs were completed prior to receipt of this letter.
- 3) Photo of Damages. (desired, but optional).
- 4) Proof of Ownership. Copy of Title or Registration for vehicles; Deed or Tax Bill for damage to real estate.

Upon receipt of these documents in our office, a claim number will be assigned and our investigation will begin. Acceptance of the claim form is not a guarantee that the claim will be paid. Each claim is reviewed individually and is accepted or denied based upon the facts and circumstances related to that claim. While every effort will be made to expedite the processing of your claim, due to heavy volume, it will likely take **approximately 180 days** to issue a final written determination. During that time, you are welcome to contact our office via e-mail at claim.submittal@dot.il.gov to receive your assigned claim number or to check on the status of your claim.

Please contact your auto insurance agent if your damage requires urgent consideration. The insurance company can arrange for repairs and present a claim to the Department for damages, including deductibles.

The Department cannot assume liability for damage claims created by circumstances outside our control, including but not limited to the following:

- Unreported road conditions or debris
- Weather related events/conditions (ice, snow, flooding, etc.)
- Damage caused by other motorists/vehicles

Thank you for your patience during the investigation and review of your claim.

Enclosure



IDOT FILE # _____

Driver's Name: _____

Home Phone: () _____

Driver's Address: _____

Business Phone: () _____

City: _____

State & Zip: _____

Owner's Name(s): _____

Home Phone: () _____

Owner's Address: _____

Bus. Phone: () _____

City: _____

State & Zip: _____

Owner's Soc. Sec. No.: _____

Date of Birth: _____

Make & Model of Vehicle: _____

Year: _____ Mileage: _____

Date of Accident: _____

Time of Accident: A.M. P.M.

Exact Location: _____

Was your property damaged? Yes No

Were you injured? Yes No

If yes, describe the cause of damage/injuries and the damage/injuries sustained: _____

Was medical treatment required? Yes No

If yes, name of facility where treatment was received: _____

Address: _____ City: _____ Phone no.: () _____

If state vehicle/equipment involved: License No.: _____

Driver's name: _____

Witnesses: _____
Name Street Address

City State Zip

_____ Name Street Address

City State Zip

Has this claim been submitted to your insurance company? Yes No Date Reported: _____

What is your deductible? \$ _____ Time reported _____ A.M. P.M.

Name of company: _____ Policy no. _____

Has this claim been submitted to any other party? Yes No

Name: _____ Address: _____

Was accident reported to the police? Yes No Date reported: _____

Time reported: _____ A.M. P.M.

Which police department? _____ Report No.: _____

Have you ever traveled this route before? Yes No

How often? _____ How long ago? _____

Have you observed this condition before? Yes No

Was it reported? Yes No

To whom: _____ When: _____

Was any construction or repair work in progress? Yes No

If so, who was performing the work? _____

Describe fully and completely how the accident occurred:

The undersigned certifies and affirms that I am/we are over the age of eighteen, am/are the owner(s) of this claim, and that the facts and matters contained herein, as well as damage costs/estimates submitted herewith, are true, correct and complete to the best of my/our knowledge and belief. I/We further understand that any knowing or intentional submission of false or misleading information may be cause for denial of my/our claim and that I/we may be subject to such civil or criminal prosecution as provided by law.

Signature Date

Signature Date