CITY CLAIMS NOTIFICATION NOTE: This form is to be used when accidental property damage is caused by the Chicago Police Department business.

DAT	Έ

LOCATION OF INCIDENT	business.	DATE & T	IME OF INCIDENT	R.D. NO.
TYPE OF PROPERTY DAMAGED (Brief description)				
HOW WAS PROPERTY DAMAGED? (Brief description	on)			
NAME OF PROPERTY OWNER		TELEPHONE NO.		NE NO.
HOME ADDRESS OF PROPERTY OWNER				
NAME OF MEMBER INVOLVED		STAR	NO. BEAT NO.	UNIT NO.
NAME OF MEMBER INVOLVED		STAR N	NO. BEAT NO.	UNIT NO.
WAS DEPARTMENT PROPERTY DAMAGED IN TH  ☐ YES ☐ NO	E INCIDENT?			<u> </u>
ADDITIONAL MEMBERS INVOLVED, IF ANY				
ADDITIONAL COMMENTS, IF ANY				
IS THE DISTRICT COMMANDER'S APPROVAL RE	QUIRED ON ANY SUBMIT	TED REPORT	rs? (If yes, fax signed repo Division at (312) 744 -	
NAME OF REPORTING SERGEANT	STAR NO.	UNIT NO.	REPORTING SERGEANT	'S SIGNATURE
DID YOU NOTIFY THE DEPARTMENT OF LAW?	NAME OF PERSON NOT	  FIED		TIME OF NOTIFICATION
NOTIFICATION MADE BY	STAR NO.	UNIT NO.	DESIGNATED SUPERVIS	 SOR'S APPROVAL SIGNATURE