



INCIDENT INVESTIGATION/CLAIM FORM

Please complete this form and return it to the following address:

Skyway Concession Company LLC

8801 South Anthony Avenue

Chicago, IL 60617

Telephone (773) 356-5555 Facsimile (773) 356-5570

Full and complete responses to all of the requested information will assist in the investigation and processing of your potential claim. Failure to provide all of the requested information may delay or adversely affect the investigation and processing of your potential claim.

*****Claim form must be submitted within 14 days of incident to be considered*****

Name: _____ Street Address: _____

City: _____ State: _____ ZIP: _____ DL#: _____

E-mail Address: _____

Daytime Contact Phone Number: _____

Vehicle Make: _____ Model: _____ Color: _____

Year: _____ Mileage: _____ License Plate: _____

Total amount seeking for reimbursement: \$ _____

I-Pass/i-Zoom/EZ-Pass Transponder ID # (if applicable): _____

Where in your vehicle do you keep your I-Pass/i-Zoom/EZ-Pass Transponder?

Vehicle Owner's Name: _____

Owner's Address (if different from yours): _____

Was a Police/Incident Report Filed? ___Y___N **If yes, please attach copy.**

Police Report/Incident Report # _____ Date Filed: _____

Date and Time of Incident: _____ What was your Speed? _____

Location of Incident (Road, Direction, & Mile Post): _____

Was there construction in this area? ___Y ___N

Barricades in place? ___Y ___N Workers present? ___Y ___N

If this incident involved road debris, what was the debris? _____

Did this incident involve a toll gate? ___Y ___N

Describe vehicle damage: _____

Was anyone in your vehicle injured? ___Y ___N

If so, identify each person who was injured and describe the injury in detail:

Name	Address	Age	Injury
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Name	Address	Age	Injury
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Name	Address	Age	Injury
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Were there any witnesses to the incident? ___Y ___N

If yes, please identify each such witness:

Witness Name	Address	Phone Number
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Witness Name	Address	Phone Number
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Witness Name	Address	Phone Number
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Describe, in detail, how the incident occurred, including whether the incident was road-related; a collision with a barrier; a collision between two or more vehicles; an incident involving a toll gate or some other type of incident:

Your insurance company's name: _____ Policy #: _____

Insurance agent's name and address: _____

Please indicate the insurance you have: ___ Liability ___ Collision ___ Other than collision

Is your insurance company currently processing a claim for this incident? ___Y ___N

Claim # _____

To expedite processing, please include the following documentation in support of your claim:

- Two competitive estimates from licensed repair facilities
- Photographs reflecting damage to your property
- Police Report—if available
- Proof of Skyway Travel (receipt or copy of transponder statement)

Please read and understand the following Certification before signing this form

I state that my answer on this form are true and correct to the best of my knowledge. I also understand that submitting this form does not indicate that Skyway Concession Company has accepted responsibility for this matter, and that responsibility will be determined after further investigation and analysis of the facts and circumstances relating to the incident. I further understand and agree that I am providing the requested information voluntarily in order to assist the Skyway Concession Company to investigate the incident, and that, by completing the claims form, I hereby grant my permission to the Skyway Concession Company to the information contained herein and that this form and any additional information may be sent to Skyway Concession Company's insurer or others investigating the incident

Signature

Date