

ACCIDENT REPORT INFORMATION

Date of Accident	_____	PLEASE PRINT ALL INFORMATION	Council #	_____
Last name of Claimant	_____	Name of Location of Accident	_____	
First Name of Claimant	_____	Address	_____	
Address	_____	City	_____	
City	_____	State & Zip	_____	
State & Zip	_____	Location Contact Name	_____	
Phone # (including Area Code)	_____	Contact Phone	_____	
Email (if available)	_____	Contact Email: (if available)	_____	
Council Affiliation	# _____	Attach a copy of your insurance certificate for this event		
<b>Description of Accident (use extra sheets if necessary)</b>				

Attach any doctor/hospital documents concerning your injuries and diagnosis

Email to [donna@illinoisknights.org](mailto:donna@illinoisknights.org)  
OR  
Mail to: Illinois State Council  
, PO Box 681, Kankakee, IL 60901-0681