



Larry Matkaitis
State Fire Marshal

Illinois Office of the State Fire Marshal
Elevator Safety Division
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Robert Capuani
Director, Elevator Safety

INCIDENT REPORT

Name & Address of Person Reporting Incident		Date & Time Reported	
Telephone Number of Person Reporting	Date & Time of Incident	Address of Incident	
Exact Location of Incident (Floor/Landing)	Type of Conveyance (if known)	Conveyance # (if known)	

Injuries (If Applicable)

Name of Injured	Age	Address, City, State & Zip Code	Telephone

Witnesses (If Applicable)

Name of Witness	Age	Address, City, State & Zip Code	Telephone

Detailed Description of Incident

Signature of Incident Reporter