



Claim for Damages – Automobile Administrative Policy 2-9

Please read the entire Damage Incident Report before completing it.

This form should be filed with the City of Oregon City within 180 days from the date of the occurrence, giving rise to the claim for damages or relief. Cooperation in completing this form will expedite claim processing.

Please scan and email the form to risk@orcitizen.org OR mail/fax:

**City of Oregon City – Risk Management 625
Center Street / P.O. Box 3040 Oregon City,
OR 97045 - 0304
Fax: 503-496-1576**

If you have any questions, please contact Risk Management at 503-657-0891 or risk@orcitizen.org.

Name of Claimant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

E-mail address _____

WHEN did damage or injury occur? Give full details, date, and time of day:

WHERE did damage or injury occur? Describe fully and locate on diagram on attached sheet.

INDICATE the physical conditions surrounding the occurrence (weather condition, lightness or darkness, condition of the road, traffic, power lines, etc., when applicable.)

HOW did damage or injury occur?

NAMES of any City employees alleged to have caused the injury, damage, or loss, if known.



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WHAT particular ACT or OMISSION on the part of the City or its employees do you claim caused the injury or damage? _____

WHAT DAMAGE OR INJURIES do you claim resulted? Give full extent of injuries or damage claimed. List the sum you claim and an account of each item of injury or damage. _____

TOTAL CLAIMED \$ _____

INSURANCE payments, if any received by you on account of this damage or injury and the name of the insurance company._____

EXPENDITURES made on account of accident or injury:



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Names and addresses of witness, doctors, and hospitals:

READ CAREFULLY

For all accident claims, place on attached diagram the names of streets, indicating North, East, South, and West. Indicate place of accident by "X" and by showing house numbers or distance to street corners.

If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle. Location of City vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagram does not fit this situation, attach a proper diagram signed by claimant.

Was the accident investigated by any Police Department? _____ Yes _____ No. If yes, please furnish name or badge number of officer. _____

If the signer of this claim is not the claimant, explain signer's relationship to the claimant. _____

Please attach additional information that may be helpful in resolving this claim, such as repair estimates and photographs. Thank you.

I declare that the foregoing is true and correct.

Signature _____ Date _____

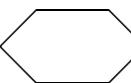
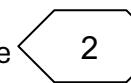


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PLEASE ATTACH ESTIMATES WITH THIS CLAIM FORM

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DIAGRAM

Number Each Vehicle  Use  2

Arrow to Show Path



Show Pedestrian by 

Railroad Tracks By 

Indicate Direction By Arrow As



