

**CITY OF OREGON CITY**  
**General Damage Incident Report**

*Please read the entire Damage Incident Report before completing. This form should be filed with the City of Oregon City as soon as possible after the date of the incident. Cooperation in completing this form will expedite claim processing. Return completed form to:*

**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 the Risk Manager at [risk@orcity.org](mailto:risk@orcity.org) or 503-657-0891.

Name of Claimant \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
What was the damage or injury? \_\_\_\_\_  
\_\_\_\_\_

Where did the injury or damage occur? \_\_\_\_\_  
What was the day and date? \_\_\_\_\_  
What was the time of day? \_\_\_\_\_  
If this involved an injury, where was the injured person(s) taken for medical assistance? \_\_\_\_\_  
\_\_\_\_\_

Who transported the injured person(s)? \_\_\_\_\_  
How did the incident occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate conditions at the time of the incident (for example: dark or light, wet or dry). \_\_\_\_\_  
\_\_\_\_\_

Was this accident caused by a City employee? \_\_\_ Yes \_\_\_ No If yes, please give that employee's name \_\_\_\_\_

What damage and/or injury do you claim resulted from this incident? \_\_\_\_\_  
\_\_\_\_\_

What City Department Director investigated this claim? \_\_\_\_\_  
Please name any other City employees involved in investigating this claim. \_\_\_\_\_  
\_\_\_\_\_

Have any insurance payments been made as a result of this incident? \_\_\_ Yes \_\_\_ No If yes, please give the name of the insurance company. \_\_\_\_\_

If signer of this claim is not the claimant, please explain your relationship. \_\_\_\_\_

**TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_**

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 \_\_\_\_\_