

**CITY OF OREGON CITY**  
**Claim for Damages – Automobile Administrative Policy 2-9**

***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 occurrence, giving rise to the claim for damages or relief. Cooperation in completing this form will expedite claim processing. Return completed form to:*

**City Recorder's Office  
320 Warner-Milne Road  
Oregon City, OR 97045**

If you have any questions, please call 503-657-0891 and ask for the City Recorder's Office.

Name of Claimant \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

WHEN did damage or injury occur? Give full details, date, 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. \_\_\_\_\_  
\_\_\_\_\_

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:

Date	Item	To Whom Paid	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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Names and addresses of witness, doctors, and hospitals:

Other details:

**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. \_\_\_\_\_

I declare that the foregoing is true and correct.

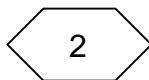
Signature\_\_\_\_\_ Date\_\_\_\_\_

**PLEASE ATTACH ESTIMATES WITH THIS CLAIM FORM**

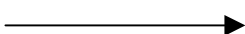
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DIAGRAM

Number Each Vehicle



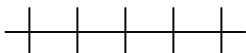
Use Arrow to Show Path



Show Pedestrian by



Railroad Tracks By



Indicate Direction By Arrow As

