



Claim Against the City of Milwaukie

For Damage to Persons or Property

File Number: _____

A claim must be filed with the City of Milwaukie Risk Management within _____ days after the occurrence of the incident, accident or event.

Please be sure your claim is against the City of Milwaukie, not another public entity.

Where space is insufficient, please use additional paper and identify information by section number and letter.

Complete forms must be mailed, faxed, or delivered to:

Risk Manager * 10722 SE Main ST, Milwaukie, OR 97222 * 503-786-7504 * Fax: 502-653-2444

1. Claimant Information

a. Name _____ Date of Birth _____

b. Address of Claimant _____ City _____ State _____ Zip _____

c. Home Phone _____ Business Phone _____

d. Occupation _____

e. Spouse _____

2. Vehicle Involved (Complete 2 a thru 2 c below) No vehicle Involved (Go to item 3)

a. Name and address of owner if different from driver _____

b. License plate _____ Vehicle make, model and year _____

c. Driver's License Number _____ Expires _____

d. Insurance Contact Name _____ Phone _____

3. Incident, accident or event from which this claim arises

a. Date _____ Time _____

b. Place (exact and specific location) _____

c. Specify the incident, accident, event, act or omission you claim caused the injury or damage.

4. Describe the injury, property damage or loss so far as is known at the time of

this claim. Check this box if there are no injuries involved

a. Description _____

b. Names, phone numbers, and addresses of any other persons injured.

5. Damages Claimed:

a. Amount claimed as of this date: \$ _____
b. Estimated amount of future costs \$ _____
c. Total amount claimed \$ _____
d. Basis of computation of amounts claimed (include copies of all bills, invoices, estimates, etc)

6. Names, Phone Numbers and Addresses of All Witnesses:

7. Any additional information that might be helpful in considering your claim:

Warning: It is a criminal offense to file a false claim. (ORS 162.085)

I hereby certify that this claim is true and correct to the best of my knowledge.

Signed this _____ day of _____, 20____ at

_____ Date Month Year Place

Claimant's Name – Print Please

Claimant's Signature