



CITY OF MILWAUKIE

10501 SE Main St., Milwaukie, Oregon 97222

503.786.7555

RiskMgmt@milwaukieoregon.gov

Liability Incident Report Form *(for reporting non-vehicular related claims)*

- *Claimant's Contact Information:*

Today's Date: ____/____/____

Name of Claimant: _____

Mailing Address: _____

Phone: _____

Email: _____

If a Minor, Parent's Name and Age of Claimant: _____

Name of Medical Insurance Company _____

- *Incident Information:*

Date Incident Occurred: ____/____/____

Location of Incident: _____

Approximate Time Incident Occurred: _____ † a.m. † p.m.

Description of Incident: † Injury † Property Damage (Loss or Damage to Personal Property)

Description of Incident *(attach any supporting documents and/or available photos further supporting claim):*

List any witnesses:

Name	Address	Phone
------	---------	-------

† **INJURY OR ILLNESS**

† **Slip & Fall**

<u>Location on Property</u>	<u>Lighting Conditions</u>	<u>Surface Type</u>	<u>Type of Footwear</u>
† Entry Way	† Light † Dark	† Carpet	† Flat Heels
† Stairs (going up)		† Wood	† Open Sandals
† Stairs (going down)		† Linoleum	† High Heels
† Parking Lot	<u>Weather conditions</u>	† Marble/Ceramic	Heel Height _____
† Other (describe) _____	† Wet † Dry	† Concrete	† Rubber Heels
		† Blacktop	† Leather Heels
		† Other (describe) _____	† Rubber Soles

† **Other Incidents (be specific)**

† Assault † Arrest † Eviction † Death † Other (describe)

INJURY - Nature of Injury (be specific)

First Aid – Actions Taken

Was first aid given? † Yes † No Describe _____
Ambulance called? † Yes † No Ambulance Company _____
Hospital/Clinic Name and Location _____
Injured Party's Physician Name & Contact Info.: _____

† **PROPERTY DAMAGE (Loss or Damage to Personal Property)**

Describe: _____

For additional information, contact: _____
Phone No. and email address: _____

Report prepared by: _____
Date prepared: ____/____/____