



# CITY OF West Linn

## 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
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**INJURY OR ILLNESS**

**Slip & Fall**

Location on Property

- Entry Way
- Stairs (going up)
- Stairs (going down)
- Parking Lot
- Other (describe) \_\_\_\_\_

Lighting Conditions

- Light
- Dark

Weather conditions

- Wet
- Dry

Surface Type

- Carpet
- Wood
- Linoleum
- Marble/Ceramic
- Concrete
- Blacktop
- Other (describe) \_\_\_\_\_

Type of Footwear

- Flat Heels
- Open Sandals
- High Heels
- Heel Height \_\_\_\_\_
- Rubber Heels
- Leather Heels
- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_