



CITY OF West Linn

Liability Incident Report Form *(for reporting 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 Auto 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):*

Police at scene? Yes No

Citations/Violations _____

Police Agency: State City County

Road conditions: Wet Dry

Weather Conditions: Wet Dry

YOUR VEHICLE

Vehicle Year, Make, and Model: _____

VIN No. _____ License Plate No. _____

Owner's Name & Address: _____ + _____

Owner's Phone & Email: _____

Driver's Name & Address: _____

Driver's Phone & Email: _____

Relation to Insured: _____

Date of birth _____ Driver's License No. _____

Purpose of Use _____ use with Permission? Yes No

Describe Damage: _____

Insurance Company _____

Insurance Policy No. _____

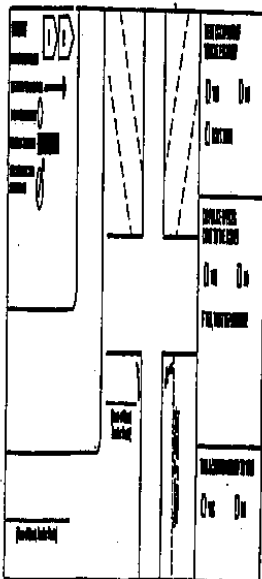
INJURED

Name & Address _____

Contact Information: _____

WITNESS OR PASSENGERS (either vehicle)

Name	Address	Phone
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On diagram, indicate what happened:

- Highway Two-Lane Three Lane Four Lane Gravel
- Narrow Road One-Way

Report prepared by: _____

Date prepared: ____/____/____