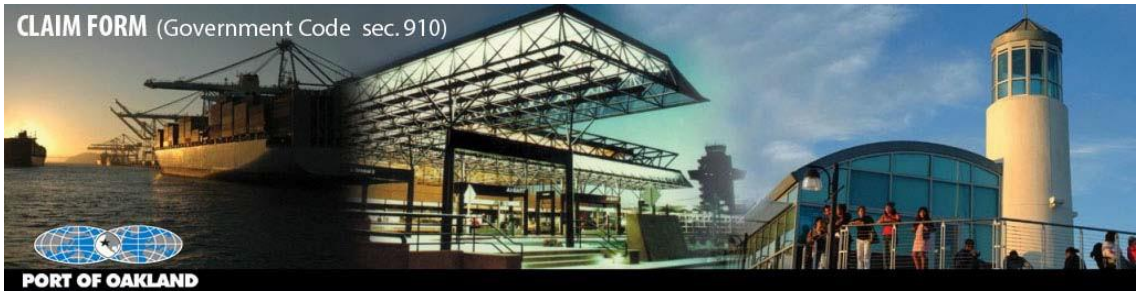

CLAIM FORM FILING INSTRUCTIONS: THE PORT *REQUIRES THAT ALL CLAIM FORMS* BE SERVED ON THE SECRETARY OF THE BOARD OF PORT COMMISSIONERS

CLAIM AGAINST THE PORT OF OAKLAND

Attn: Daria Edgerly
Secretary of the Board of Port Commissioners
530 Water Street, 6th Floor
Oakland, CA 94607
(510) 627-1337

Claimant's Name: _____
(Please print or write legibly)

Claimant's Address: _____
Street City Zip

Home Phone No.: ( ) _____ Work Phone No.: ( ) _____

Claimant's Date of Birth: _____

Address where Notices are to be sent (if different from above): _____
_____

Date of Incident/Accident: _____

Date injuries, damages or losses were discovered: _____

Location of Incident/Accident (please provide as much specificity as possible): _____
_____
_____
_____
_____

Note: The Port of Oakland may seek the recovery of its defense costs, including reasonable attorney's fees, against any party who brings an action in bad faith or maintains a frivolous action against it, in accordance with California Code of Civil Procedure §1038.

What did Entity[1] or Entity's Employee do to cause this loss, damage or injury? _____
_____
_____
_____

(Use a separate sheet if necessary to answer this question in detail.)

What are the names of the Entity's Employee(s) who caused this injury, damage, or loss (if known)? _____
_____

What specific injuries, damages or losses did Claimant receive? _____
_____
_____
_____
_____

(Use a separate sheet if necessary to answer this question in detail.)

What amount of money is Claimant seeking?
_____
_____
_____

How was this amount calculated (please itemize)? _____
_____
_____

_____
Signature

_____
Date Signed

If signed by Representative: _____
(Signature)

Representative's Name: _____

Representative's Address: __
_____

Representative's Phone No.: ( )_____

Relationship to Claimant: _____

[1] Entity refers to Port of Oakland