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