

Received by Risk Management on 2/10/2022

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AUTO LIABILITY **CLAIM AGAINST THE CITY OF PORTLAND**

** for auto accidents involving a City vehicle **



File Number: **2022-011929-22**

A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or event.

Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays.

Claims received during regular business hours will be recorded on the date received.

Faxed or emailed claims received after business hours will be recorded on the next working day.

Please be sure your claim is against the City of Portland, not another public entity.

Where space is insufficient, please use additional paper and identify information by section number and letter.

Completed forms may be mailed, emailed, faxed, or hand-delivered to:

Risk Management/Liability, 1120 S.W. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr Mrs. Ms. Miss) Bobby Delgado Date of Birth [REDACTED]
- a. Address 501 Tampa Way City Vancouver State Wa Zip 98664
- b. Home Phone 503-753-6476 Business Telephone _____ Cell Phone _____
- c. Occupation Bartender d. Marital Status: Single (☒) Married () Divorced / Widowed ()
- If married, name of spouse _____
- d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2014 Audi S7
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State Wa
- c. At time of accident, were you (check all that apply): Owner ☒ Driver ☒ Passenger _____ N/A _____
- d. Name and address of owner if different from claimant: (1. Above) _____
- e. Name & address of driver if different from claimant: (1. Above) _____
- Phone number of Driver _____ Date of Birth of Driver _____
- f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident _____

3. Insurance: a. What company insures the damaged vehicle? Country Mutual Financial
- b. Policy Number [REDACTED] Claim Number: _____
- c. Name and address of your insurance agent or adjuster Ryan Maddox
- Vancouver, Wa Type of Coverage _____

4. Occurrence or event from which the claim arises:

- a. Date of incident 2-8-22 b. Exact location Cascadia station parking lot
- c. Were you injured? Yes _____ No ☒ Was anyone else injured? Yes _____ No ☒
- (If there was no injury, please state "No Injuries") no injuries
- d. Nature and extent of any injuries _____

e. If you were injured, name / phone / address of your treating doctor _____

f. ***We are required to report all claims for injuries to Medicare/Medicaid Services ***

If you were injured please provide the following: Social Security #: _____

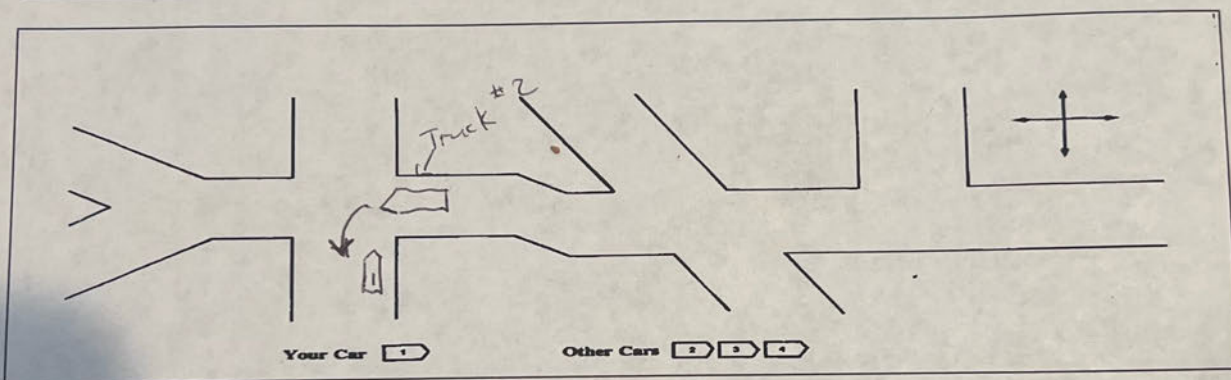
Medicare/Medicaid Beneficiary? Yes ___ No ___

g. Were you on the job at the time of the incident? Yes ___ No ___

If yes, what is the name / phone / address of your employer? _____

h. Name of City of Portland Driver _____ City vehicle license# _____

Names / Addresses / Phone Numbers of any witnesses to the incident: _____



5. **Description of Incident:** What happened? Give a full account, including the speed of each car and the direction each car was traveling. Please use the diagram above.

Fire truck #2 was making a left turn in front of me. It was in front of the xfinity store at cascade station. I tried to stay back to give the truck room to turn and as it was turning I tried to move out of the way but ran out of room between the truck and the curb. I got sandwiched between the truck and curb.

6. **Damages claimed:**

- a. Amount claimed as of this date 3059.10 (12744.10 - Body work + approx. \$315 rental car for 7 days)
- b. Estimated amount of future costs _____
- c. Total amount claimed 3059.10

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)

I have carefully read the statements made in this claim, including any attached sheets, and they are true. I understand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and that the statements are in connection with an application for a benefit from the City of Portland.

2-8-22

DATE

[Signature]
CLAIMANT'S SIGNATURE