



# AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for auto accidents involving a City vehicle \**



File Number: 2022-011943-22

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. 5<sup>th</sup> Ave., Suite 1040, Portland, OR 97204-1912, Ph: 503-823-5101,

Fax: 503-823-6120, email: [LiabilityClaims@portlandoregon.gov](mailto:LiabilityClaims@portlandoregon.gov)

**1. Claimant** (Circle: Mr. Mrs. Ms. Miss) Margarita Gutierrez Date of Birth [REDACTED]

a. Address 5134 NE 16th ave City Portland State OR Zip 97211

b. Home Phone 415-613-5508 Business Telephone \_\_\_\_\_ Cell Phone 415-613-5508

c. Occupation Exec. Assistant 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 2007 Toyota FJ Cruiser

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR

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 \_\_\_\_\_

**RECEIVED**

f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident \_\_\_\_\_

**FEB 14 2022**

City of Portland-Risk Management

**3. Insurance:** a. What company insures the damaged vehicle? Progressive

b. Policy Number [REDACTED] Claim Number: 22-9260275

c. Name and address of your insurance agent or adjuster \_\_\_\_\_

Type of Coverage \_\_\_\_\_

**4. Occurrence or event from which the claim arises:**

a. Date of incident 2/8/22 b. Exact location Alberta St between N Williams and N Vancouver

c. Were you injured? Yes \_\_\_\_\_ No ☒ Was anyone else injured? Yes \_\_\_\_\_ No ☒

(If there was no injury, please state "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 \_\_\_\_\_

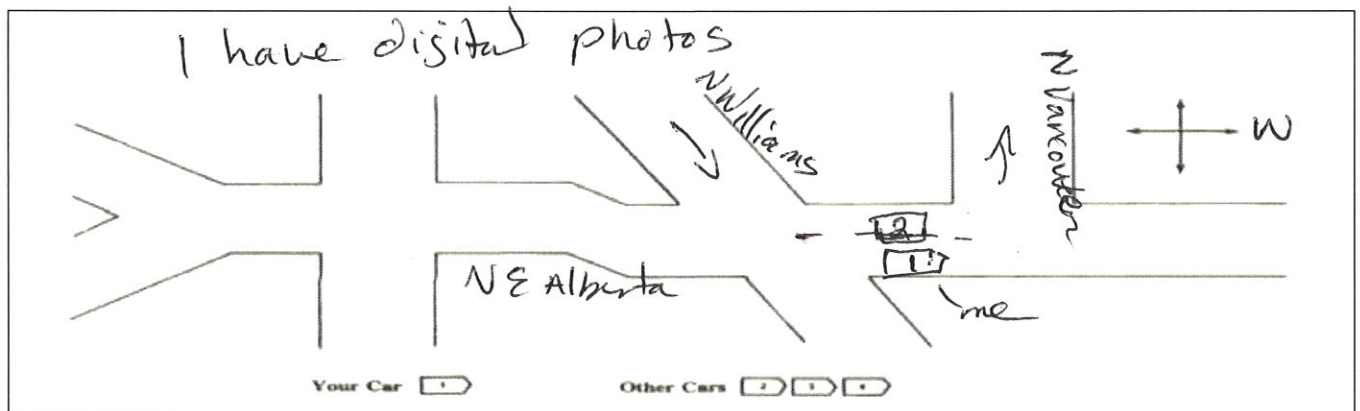
g. Were you on the job at the time of the incident? Yes \_\_\_\_\_ No X

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

h. Name of City of Portland Driver Christopher Eleeing Or Ekleling City vehicle license# 194014

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

CAR behind him (truck 194014) Lic-plate R PA 011



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.

Construction - W bound of NE Alberta @ 11<sup>th</sup> had vs stopped for a bit + line  
of cars traveling in same direction as me because of that  
There was AM traffic both directions so we were going under 20 mpg. Christopher just went over the double yellow line and

swiped my mirror off. The mirror flew off the left side of my vehicle

6. **Damages claimed:** Panel. The PDX water bureau truck has extended mirror.

a. Amount claimed as of this date \_\_\_\_\_

b. Estimated amount of future costs \_\_\_\_\_

c. Total amount claimed \_\_\_\_\_

**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.

2/9/22  
DATE

[Signature]  
CLAIMANT'S SIGNATURE







