



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

** for damages to persons or property **



File Number: 2023-013219-22

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

Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr Mrs. Ms. Miss) STEVEN DUANE CAMERON Date of Birth

a. Address 2625 SE HAWTHORNE BLVD, UNIT 221 City PORTLAND State OREGON Zip 97214

b. Home Phone Business Telephone Cell Phone 913 6 709 6 2023

c. Occupation d. Marital Status: Single (X) Married () Divorced or Widowed ()

If married, name of spouse

d. E-mail address

2. If claim involves a vehicle: a. Year, make and model 2019 HONDA CIVIC HATCHBACK

b. License Plate Number Driver's License Number State OR

c. At time of accident, were you (check all that apply) Owner X Driver Passenger N/A

d. Name and address of owner if different from claimant (1.Above)

3. Occurrence or event from which the claim arises:

a. Date 1/15/2023 Time UNKNOWN Circle AM / PM

b. Place (exact and specific location) 2700 BLOCK OF SE HAWTHORNE BLVD

c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): **MY LEGALLY PARKED VEHICLE WAS STRUCK BY A CITY OF PORTLAND VEHICLE.**

d. State how the City of Portland or its employees were at fault: **AS DESCRIBED IN CITY OF PORTLAND POLICE TRAFFIC CRASH EXCHANGE FORM #23 13519, A CITY OF PORTLAND VEHICLE STRUCK MY PARKED VEHICLE. THERE WERE NO OCCUPANTS INSIDE MY VEHICLE AT THE TIME.**

e. Were you on the job at the time of the accident? Yes No X
If yes, what is the name / phone number of the employer

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim
MY VEHICLE HAD THE DRIVER SIDE MIRROR DESTROYED, THERE IS PAINT AND DENT DAMAGE FROM REAR TO FRONT OF DRIVER-SIDE OF THE VEHICLE. ALL VEHICLE PANELS ON THE DRIVER SIDE WERE AFFECTED.

5. *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 _____

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** UNKNOWN, NOT ON POLICE REPORT. I WAS NOT IN THE VEHICLE AT THE TIME OF THE INCIDENT. CITY OF PORTLAND POLICE RESPONDED.

7. **Name and address of any other person injured** UNKNOWN, NOT ON POLICE REPORT. I WAS NOT IN THE VEHICLE AT THE TIME OF THE INCIDENT. CITY OF PORTLAND POLICE RESPONDED

8. **Name and address of the owner of any damaged property if different from claimant** UNKNOWN, NOT ON POLICE REPORT. I ANOTHER VEHICLE PARKED BEHIND MINE WAS BADLY DAMAGED, AS WELL

9. **Damages claimed:**

- a. Amount claimed as of this date: \$ 4,686.10
- b. Estimated amount of future costs: \$ _____
- c. Total amount claimed: \$ 4,686.10
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):

10. **Names, addresses / phone #s of all witnesses**

11. **Any additional information that might be helpful in considering your claim** CITY OF PORTLAND DRIVER ADMITTED FAULT TO POLICE. CITY OF PORTLAND TRAFFIC CRASH EXCHANGE FORM #23 13159.

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 I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be 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.

Date: 1/19/2023

Claimant Signature



Print Name STEVEN DUANE CAMERON

City of Portland Risk Management 1/23/2023



City of Portland Risk Management 1/23/2023

123 13517 TRAFFIC CRASH EXCHANGE FORM

1/1

This is not a police investigation - Please read the information on the back of this form

Please retain for your records and insurance purposes. The Portland Police Bureau will not retain a copy of this form.

| | | |
|-----------------------------|---|--------|
| CRASH DATE/TIME 01/15/23 | LOCATION OF CRASH 2700 SE HAUTHORNE BL | N ⊕ |
|-----------------------------|---|--------|

| | | |
|---|--|--|
| NAME (LAST, FIRST, MI) ANDERSON ERIC K | | |
|---|--|--|

| | | |
|----------------------------|----------------------|-------|
| ADDRESS 1111 SW 2ND AV. | OPERATOR LICENSE NO. | STATE |
|----------------------------|----------------------|-------|

| |
|---------------------------------|
| PHONE: HM BU CL 503-823-0097 |
|---------------------------------|

| | |
|---|-------------------------|
| INSURANCE COMPANY (NOT AGENT) SELF INSURED INSURED CITY OF PORTLAND | INSURANCE POLICY NUMBER |
|---|-------------------------|

| | | | |
|-------------|-------|--------|---------------|
| LICENSE NO. | STATE | VEH YR | MAKE CHEV. |
|-------------|-------|--------|---------------|

| | | | |
|------------------|-------------|--------------|--|
| MODEL CRONICK | STYLE 4S | COLOR BLU | PROPERTY DAMAGED (HOUSE, FENCE, SIGN, ETC) |
|------------------|-------------|--------------|--|

| | | |
|------------------------|--|--|
| NAME (LAST, FIRST, MI) | | |
|------------------------|--|--|

| | | |
|---|----------------------|-------|
| ADDRESS YOUR CAR WAS STRUCK BY A CITY VEHICLE PLEASE CALL | OPERATOR LICENSE NO. | STATE |
|---|----------------------|-------|

| | | |
|-----------------|--|--|
| PHONE: HM BU CL | | |
|-----------------|--|--|

| | |
|--|-------------------------|
| INSURANCE COMPANY (NOT AGENT) CITY OF PORTLAND RISK MANAGEMENT | INSURANCE POLICY NUMBER |
|--|-------------------------|

| | | | |
|-------------|-------|-------------------|-----------------|
| LICENSE NO. | STATE | VEH YR 503 823 | MAKE 5101 X3 |
|-------------|-------|-------------------|-----------------|

| | | | |
|-------|-------|-------|--|
| MODEL | STYLE | COLOR | PROPERTY DAMAGED (HOUSE, FENCE, SIGN, ETC) |
|-------|-------|-------|--|

| | | |
|------------------------|--|--|
| NAME (LAST, FIRST, MI) | | |
|------------------------|--|--|

| | | |
|---------|----------------------|-------|
| ADDRESS | OPERATOR LICENSE NO. | STATE |
|---------|----------------------|-------|

| | | |
|-----------------|--|--|
| PHONE: HM BU CL | | |
|-----------------|--|--|

| | |
|-------------------------------|-------------------------|
| INSURANCE COMPANY (NOT AGENT) | INSURANCE POLICY NUMBER |
|-------------------------------|-------------------------|

| | | | |
|-------------|-------|--------|------|
| LICENSE NO. | STATE | VEH YR | MAKE |
|-------------|-------|--------|------|

| | | | |
|-------|-------|-------|--|
| MODEL | STYLE | COLOR | PROPERTY DAMAGED (HOUSE, FENCE, SIGN, ETC) |
|-------|-------|-------|--|

| | |
|---|-----------------|
| <input type="checkbox"/> PASSENGER NAME | PHONE: HM BU CL |
|---|-----------------|

| | |
|---------------------------------------|-----------------|
| <input type="checkbox"/> WITNESS NAME | PHONE: HM BU CL |
|---------------------------------------|-----------------|

| | |
|---------|-----------------|
| ADDRESS | PHONE: HM BU CL |
|---------|-----------------|

| | |
|---|-----------------|
| <input type="checkbox"/> PASSENGER NAME | PHONE: HM BU CL |
|---|-----------------|

| | |
|---------------------------------------|-----------------|
| <input type="checkbox"/> WITNESS NAME | PHONE: HM BU CL |
|---------------------------------------|-----------------|

| | |
|---------|-----------------|
| ADDRESS | PHONE: HM BU CL |
|---------|-----------------|

| | |
|---|-----------------|
| <input type="checkbox"/> PASSENGER NAME | PHONE: HM BU CL |
|---|-----------------|

| | |
|---------------------------------------|-----------------|
| <input type="checkbox"/> WITNESS NAME | PHONE: HM BU CL |
|---------------------------------------|-----------------|

| | |
|-------------------------------|----------------|
| ASSISTING OFFICER ANDERSON | PRECINCT CE |
|-------------------------------|----------------|