SS TRMN 3000 / 3012 ✓

AUTO LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND
** for auto accidents involving a City vehicle **

File Number: 2023-014412-22

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, email: LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. Ms. Miss) JUSTIN NUZIALE Date of Birth [redacted]

a. Address 19025 YAMHILL ST City GRESHAM State OR Zip 97233

b. Home Phone 631-662-6176 Business Telephone _____ Cell Phone _____

c. Occupation EDUCATOR 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 HONDA CIVIC

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 _____

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? PROGRESSIVE

b. Policy Number [redacted] Claim Number: [redacted]

c. Name and address of your insurance agent or adjuster MARISA DARLING 1500 VALLEY RIVER LOOP SUITE 260 EUGENE,OR,97401 Type of Coverage AUTO

4. Occurrence or event from which the claim arises:

a. Date of incident 10/24/2023 b. Exact location SE 16TH AVE AND SE DIVISION ST PORTLAND, OR 97202

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 _____

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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 _____

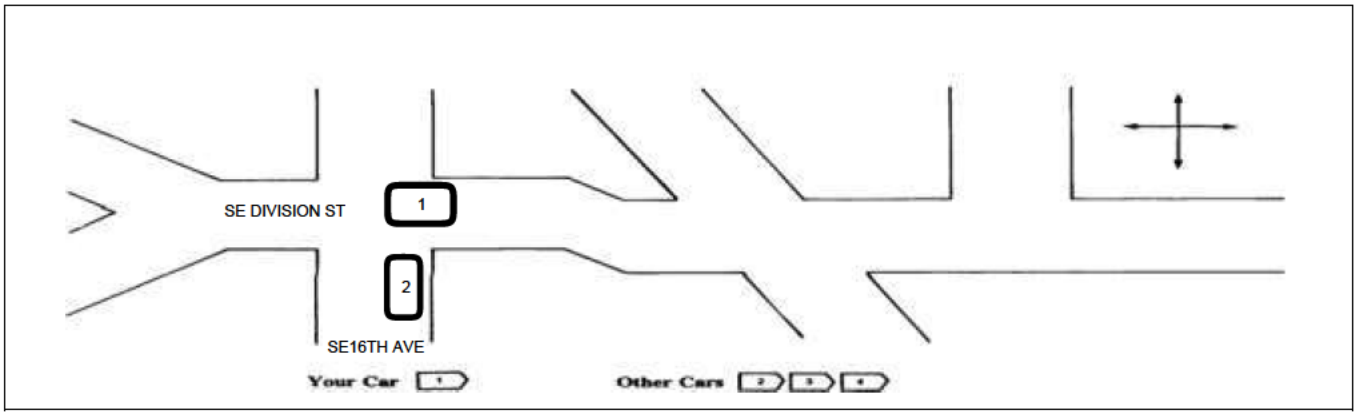
If yes, what is the name / phone / address of your employer? _____

_____

h. Name of City of Portland Driver UNKNOWN City vehicle license# [redacted]

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.

JUST N WAS TRAVELLING DOWN SE DIVISION STREET WHEN A VEHICLE WITH PLATE# E269972 PULLED FROM SIDE STREET (SE 16TH AVE) THAT HAD A STOP SIGN AND COLL DED NTO JUST N'S VEHICLE. THE IMPACT WAS TO THE LEFT S DE FRONT END OF JUSTIN'S CAR. HE WAS PUSHED INTO A CURB AND HIS RIGHT S DE TIRE WAS POPPED. THE OTHER DRIVER DID NOT PROVIDE NSURANCE OR CONTACT INFORMATION.

6. **Damages claimed:**

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.

11/7/2023 _____

DATE CLAIMANT'S SIGNATURE

City of Portland Risk Management 11/07/2023