



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *



File Number: 2024-014678-22 KB TRMN 3000 / 3027 ✓

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) JOSEF BARDOCZ Date of Birth [REDACTED]

a. Address 8604-NE-SANDY BLVD. City PORTLAND State OR Zip 97220

b. Home Phone 503-539-2335 Business Telephone _____ Cell Phone 503-539-2335

c. Occupation RETIRED 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 2016-FORD-FOCUS = 2007 FORD ESCAPE-2006 SUBARU FORESTER

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? GEICO = DONT COVER - CAR GLASSES

b. Policy Number [REDACTED] Claim Number: _____

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 01-16-24 b. Exact location ON SANDY BLVD. AT 8604 NE SANDY BLVD

c. Were you injured? Yes _____ No Was anyone else injured? Yes _____ No

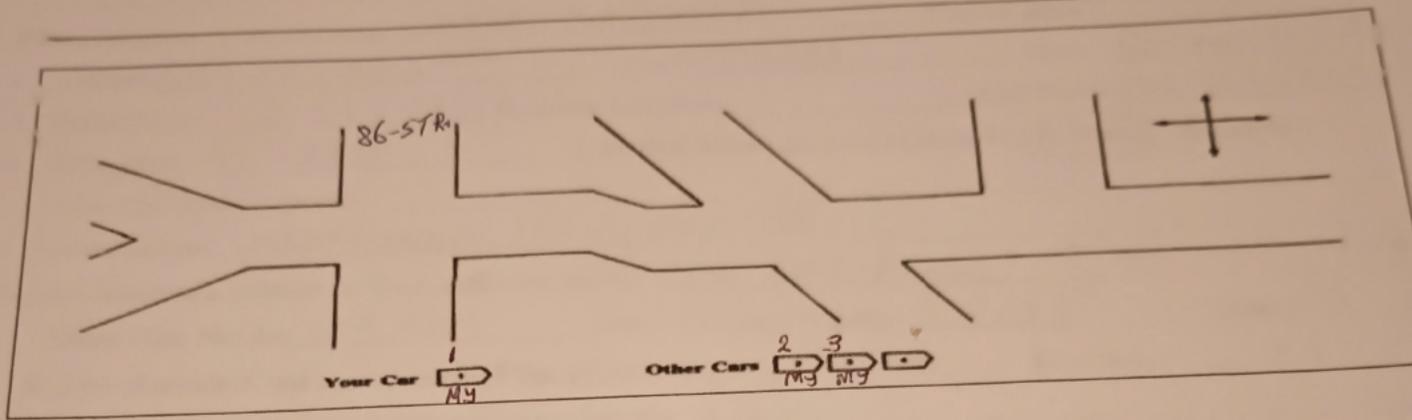
(If there was no injury, please state "No Injuries") NO INJURIES

d. Nature and extent of any injuries _____

c. If you were injured, name / phone / address / Social Security #
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# UNKNOWN
Names / Addresses / Phone Numbers of any witnesses to the incident: NONE



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.

MY CARS WERE PARKED THE CITY TRUCKS PLOWING SNOW ON THE MORNING OF 01-16-24 SHUTTERED THE DRIVER SIDE REAR DOOR GLASS ON MY 2016 FORD FOCUS DRIVER SEDE FRONT DOOR ON 2009 FORD ESCAPE LICENSE PLATE # [REDACTED] ALSO PARKED SANDY BLVD IN FRONT OF MY HOME AND THE TRUNK TAILGATE GLASS ON 2006 SUBARU FORESTER # [REDACTED] = PARKED ON SANDY BLVD. IN FRONT OF MY HOME - I FILED A POLICE REPORT # T1 ON-01-17-24

6. **Damages claimed:**
a. Amount claimed as of this date \$ 332.40
b. Estimated amount of future costs FOCUS 332.40 + ESCAPE \$ 331.05 + FORESTER \$ 406.49
c. Total amount claimed \$ 1069.94 FOR ALL 3 VEHICLE

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 and acknowledge that all statements made in this claim are made to a public servant of the City of Portland the statements are in connection with an application for a benefit from the City of Portland.

01-22-24
DATE

[Signature]
CLAIMANT'S SIGNATURE



This incident has been reported to the Portland Police Bureau and is pending approval

Portland Police Bureau
1111 SW 2nd Ave
Portland, OR 97204
503-823-3333

General Information

Incident Type
Tracking Number
Original Report Number
Report Date

Vandalism to a Motor Vehicle (Excluding Arson, Gunfire, Hit & Run)
T24001512
t24001053
01/17/2024 12:37 PM

Reporting Person Information

Name
Home Address
Mobile Phone
Email
Race
Sex
DOB

bardocz, josef
sandy 8604 ne. Boulevard, portland or 97220, OR 97220, US
503-539-2335
[REDACTED]
White
Male
07/15/1952

Incident Information

Incident Location
Incident Time (start)
Incident Time (end)
Location Type

sandy Northeast 8604 Boulevard, PORTLAND, OR 97220
01/16/2024 07:30 AM
01/16/2024 11:30 AM
Street/Highway/Road/Alley/Sidewalk

Vehicle Information

No 1
Make
Model
VIN
Style
Year
Color
License Plate Type
License Plate No
License Year
Licensing State

Ford
Focus
1fado3f29g1380591
Sedan, 4 Door
2016
Red
Passenger Car
[REDACTED]
2025
OR

Property Information

No 1
Type
Subtype
How Many
Damaged Value (\$)
Property Description

Other (Incl Money)
OTHER ITEMS - DESCRIBE IN PROPERTY DESCRIPTION BELOW
1
300.00
left rear door glass broken

Narrative

Incident Description

on 01/16/2024 between 7.30 and 11.30 something broke the reaar left door glass i found out when i walked out
start the car, then i looked the 2006 subararu forester the trunk/hatch/tailgate glass was broken also license p
[REDACTED] and the left front door glass on 2009 ford escape license plate # [REDACTED] parked on front of 8604 ne sa
blvd. portland oregon 97220

Print This Report

503-823-5101 CLAIMS
RISK MANAGEMENT





