



February 27, 2024

2023-014864-22

Attn: City of Portland Risk Management
1120 SW 5th Ave, 10th Floor
Portland, OR 97204

RE: Loss Date: 10/05/2023
Geico Insured: Melvin Ray Farris
Geico Claim#: REDACTED
Subro Claims#: REDACTED

Dear **Risk Management**,

Our office has been retained by Geico Insurance to help expedite payment on the above claim. Geico Insurance has already concluded their investigation of the accident and has found your insured liable for our damages.

Payment for repairs has been made. Documentation is attached. Please honor our claim.

Property Damage:	\$ 530.40
Deductible:	\$ 500.00
Rental:	\$ 280.00
Total:	\$1,310.40

Please make your check payable to Geico and mail it to us at the following address.

28150 N Alma School Parkway #103-642, Scottsdale, AZ 85262

Should you require any assistance in resolving this matter, please contact us at 800-949-5655 or REDACTED. Please refer to the Subro Claims number when calling about this claim.

Sincerely,

Insurance Department
On Behalf of Geico

Please be advised that any payment in an amount less than that set forth in this letter that is forwarded to SubroClaims without its prior authorization as described below will not constitute a full and final settlement and will be accepted as partial payment only. Since payments received in the mail are processed by clerical staff and deposited as a matter of course without examination, unauthorized payments for less than the full amount demanded may be processed inadvertently. Although such payments may be demarked as "payment in full" or have other words of similar meaning written on them, their processing will not constitute an accord and satisfaction, as SubroClaims/Geico has not agreed to acceptance of such payments.



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for auto accidents involving a City vehicle **



File Number: _____

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

Subro Claims, Inc o/b/o Geico Ins a/s/o Melvin Ray Farris

1. Claimant (Circle: Mr. Mrs. Ms. Miss) _____ Date of Birth _____

a. Address 28150 N Alma School Pkwy #103-642 City Scottsdale, State AZ Zip 85262

b. Home Phone (800) 949-5655 Business Telephone _____ Cell Phone _____

c. Occupation _____ d. Marital Status: Single () Married () Divorced / Widowed ()

If married, name of spouse _____

d. E-mail address _____

2. If claim involves a vehicle: a. Year, make and model 2000 MERC SABLE LS

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

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 Ins

b. Policy Number _____ Claim Number: REDACTED

c. Name and address of your insurance agent or adjuster Subro Claims, Inc

28150 N Alma School Pkwy #103-642 Scottsdale AZ 85262 Type of Coverage property damage

4. Occurrence or event from which the claim arises:

a. Date of incident 10/05/2023 b. Exact location SW Bancroft, OR

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 N/A

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 #: _____

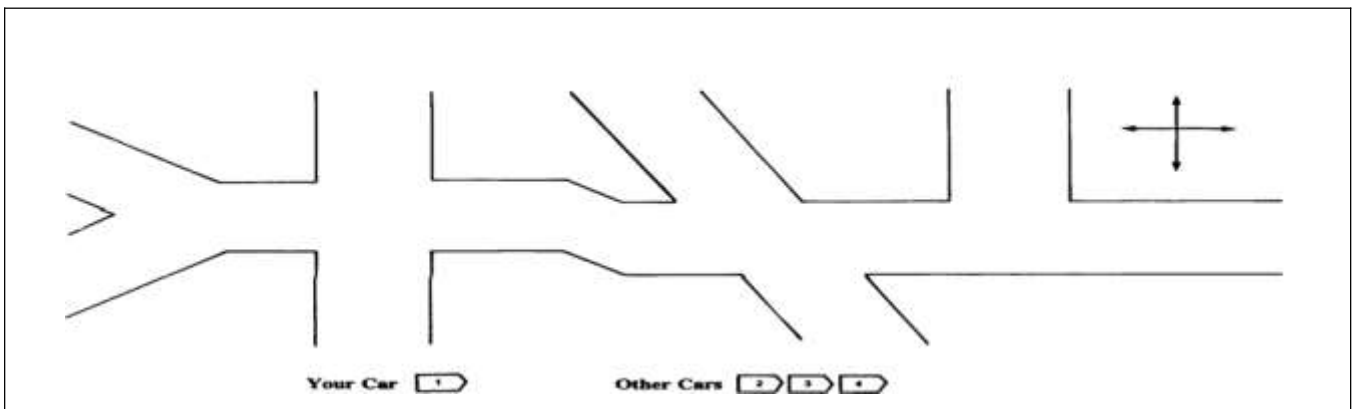
Medicare/Medicaid Beneficiary? Yes _____ No _____

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 unknown City vehicle license# WASTE MGMT TRUCK

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.
Garbage truck struck insured's parked vehicle.

6. **Damages claimed:**

a. Amount claimed as of this date \$1,310.40

b. Estimated amount of future costs _____

c. Total amount claimed \$1,310.40

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.

02/27/2024

DATE

Noemi Ibarra o/b/o Geico Ins

CLAIMANT'S SIGNATURE