DF TRMN 3000 / 3014 + 3027 ✓

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

File Number: 2024-014942-22

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) Mark Bell Date of Birth [redacted]

a. Address 1111 SE Tenino St Apt 211 City Portland State OR Zip 97202

b. Home Phone _____ Business Telephone _____ Cell Phone 407 873 7958

c. Occupation healthcare d. Marital Status: Single (X) 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 Lexus NX T200

b. License Plate Number [redacted] Driver's License Number [redacted] State FL

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

d. Name and address of owner if different from claimant: (1. Above) _____
Jeany Lyn Bell 1341 Coleman Ave, Santa Clara, CA 95050

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 n/a

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

b. Policy Number [redacted] Claim Number: 1005-54-7991

c. Name and address of your insurance agent or adjuster YARRA KING, PO BOX 24523 OAKLAND, CA. 94623 Type of Coverage Collision

4. Occurrence or event from which the claim arises:

a. Date of incident 1/16/2024 b. Exact location 1111 SE Tenino St, Portland, OR 97202

c. Were you injured? Yes ___ No X Was anyone else injured? Yes ___ No X

(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

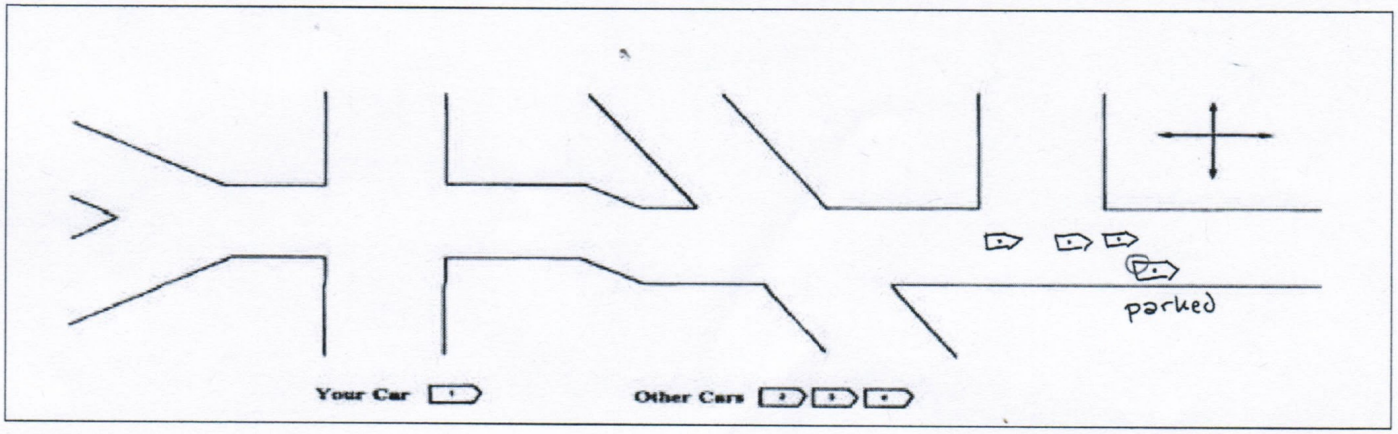
If yes, what is the name / phone / address of your employer? _____

_____

h. Name of City of Portland Driver Snow Plow City vehicle license# _____

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.

The car was parked outside of my home overnight. In the morning there was damage to back left of car and a note on the windshield stating that a snow plow hit the car and to call the city.

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.

1/17/2023
DATE

CLAIMANT'S SIGNATURE