



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *



File Number: 2024-015114-20

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) MARTY LEISURE Date of Birth [REDACTED]
- a. Address 1226 Cramer St City Lafayette State OR Zip 97121
- b. Home Phone N/A Business Telephone 971-235-6477 Cell Phone 503-484-8121
- c. Occupation Multnomah County d. Marital Status: Single () Married () Divorced / Widowed ()
If married, name of spouse Sandra LEISURE
- d. E-mail address [REDACTED]
- 2. If claim involves a vehicle:** a. Year, make and model 2024 Toyota Prius AWD
- 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
Self - Address above.
- 3. Insurance:** a. What company insures the damaged vehicle? Geico INS CO
- b. Policy Number [REDACTED] Claim Number [REDACTED]
- c. Name and address of your insurance agent or adjuster Macon GA 31294-9643
Geico ATTN: Region IV Claims P.O. box 357 Type of Coverage Full
- 4. Occurrence or event from which the claim arises:**
- a. Date of incident 4/9/2024 b. Exact location S Corbett Ave & SW Mitchell St
- c. Were you injured? Yes No Was anyone else injured? Yes No
(If there was no injury, please state "No Injuries") _____
- d. Nature and extent of any injuries Neck, Shoulder, Low back

e. If you were injured, name / phone / address of your treating doctor Kaiser EMERGENCY DR,
primary DR IS. Kelly Probst Mt Scott location

f. ***We are required to report all claims for injuries to Medicare/Medicaid Services ***

If you were injured please provide the following: Social Security #: [REDACTED]

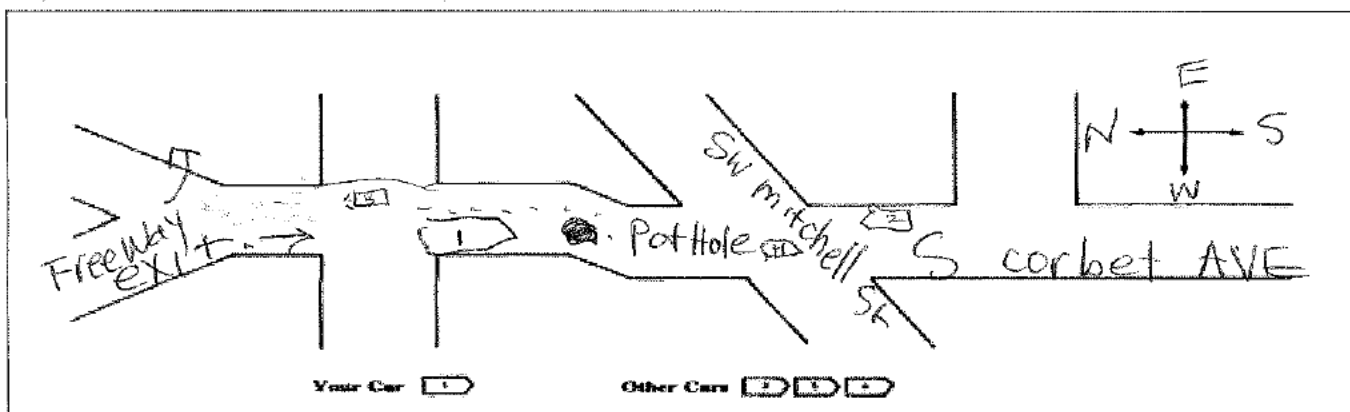
Medicare/Medicaid Beneficiary? Yes ___ No

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 NA City vehicle license# N/A

Names / Addresses / Phone Numbers of any witnesses to the incident: N/A



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.

7:15AM exited Freeway From I-5 to Corbett exit following
Other traffic After Right turn APPROX 1-2 blocks
hit large pothole that damaged flattened 2 tires
and caused injury to Neck, Shoulder & back.

6. **Damages claimed:** towed to tire shop.

a. Amount claimed as of this date Fix a Flat \$17.44 AWD (4) tires \$1247.88

b. Estimated amount of future costs ? injury \$1,265.32

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.

4/11/2024

DATE

CLAIMANT'S SIGNATURE









8:28



Map

Grid

SW VIEW POINT TERR

CORBETT AVE

S CORBETT AVE

SW MITCHELL ST

S CORBETT AVE

S CORBETT AVE

SW MITCHELL ST

SW MITCHELL ST

Modurne

Cha

Elephants on Corbett

S BOUNDARY ST

Show Nearby Photos