



AUTO LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *



File Number: 2024-000064-AL

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-865-3297

LiabilityClaims@portlandoregon.gov

- 1. Claimant** (Circle: Mr. Mrs. Ms. Miss) Kacie Wende Date of Birth [REDACTED]
- a. Address 4422 SE 49th Ave City Portland State OR Zip 97206
- b. Home Phone _____ Business Telephone _____ Cell Phone 503.734.6319
- c. Occupation Compliance Specialist 2 d. Marital Status: Single () Married (X) Divorced / Widowed ()
- If married, name of spouse Charles Wende
- d. E-mail address [REDACTED]

- 2. If claim involves a vehicle:** a. Year, make and model 2021 Toyota Highlander Limited
- 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
- b. Policy Number [REDACTED] Claim Number: [REDACTED]
- c. Name and address of your insurance agent or adjuster _____
- _____ Type of Coverage Full

- 4. Occurrence or event from which the claim arises:**
- a. Date of incident 11/13/2024 b. Exact location Parking lot of the East Portland Community Center
- 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 _____
- _____

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 #: _____

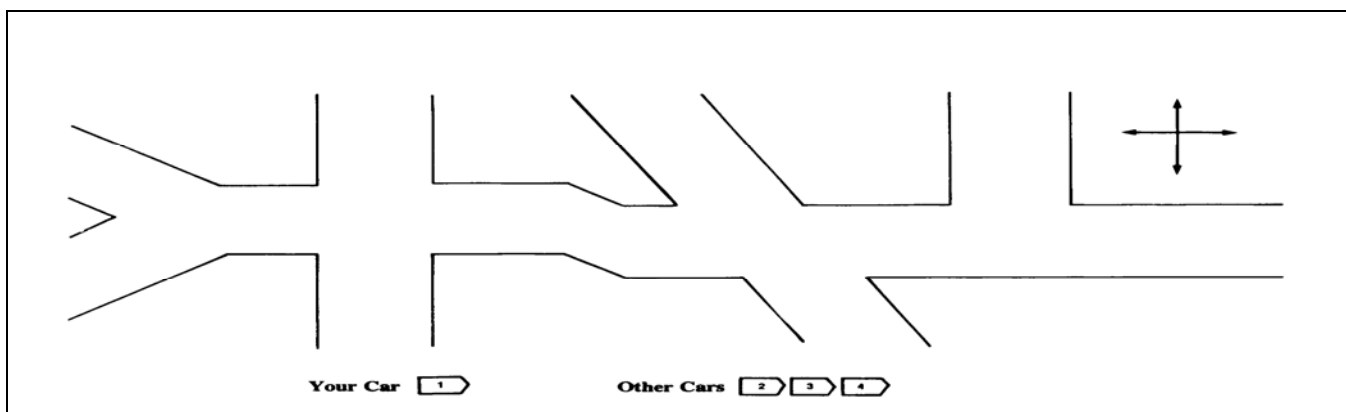
Medicare/Medicaid Beneficiary? Yes ___ No ___

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 Lee William Stevonne 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. My car was parked in the East Portland Community

Center parking lot. I was in the community center taking a class. When I left the building to return

to my car, I saw the bus had hit my vehicle while trying to pull into the parking spot next to mine. The driver

was still in the vehicle and we exchanged information. My vehicle is damaged on very back of the passenger

6. **Damages claimed:** _____ side of the SUV.

a. Amount claimed as of this date unknown

b. Estimated amount of future costs unknown

c. Total amount claimed unknown

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.

11/15/2024
DATE

Kacie Wende
CLAIMANT'S SIGNATURE

