



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for auto accidents involving a City vehicle **



File Number: 2025000475AL

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) Nathan White Date of Birth [REDACTED]

a. Address 4716 N Montana Ave City Portland State OR Zip 97217

b. Home Phone 503-548-8157 Business Telephone _____ Cell Phone _____

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

If married, name of spouse _____

d. E-mail address [REDACTED]

2. **If claim involves a vehicle** [REDACTED] and model 2006 Subaru Outback

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? _____

b. Policy Number _____ 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 3/5/25 b. Exact location N. Montana Ave / Blandena 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 _____

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 #: _____

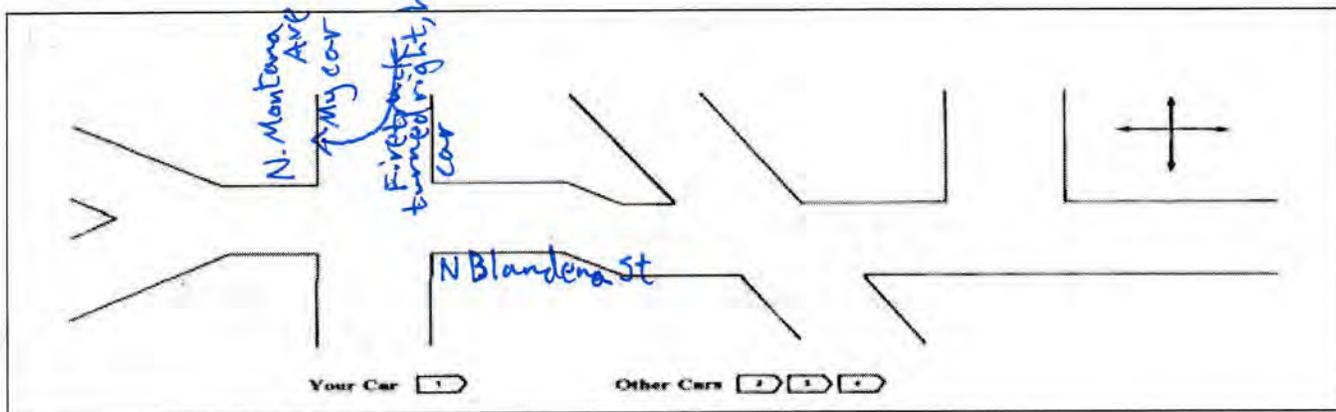
Medicare/Medicaid Beneficiary? Yes ___ No ___

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 Rob Root City vehicle license# Portland Fire + Rescue station 3

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.

A Portland Fire + Rescue firetruck turned right into the rear parking lot of the abandoned school at 4720 N Maryland Ave to put out a fire that had been started on the property. The fire truck hit my car while turning right, damaging the front left of my bumper, near the left headlight.

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)

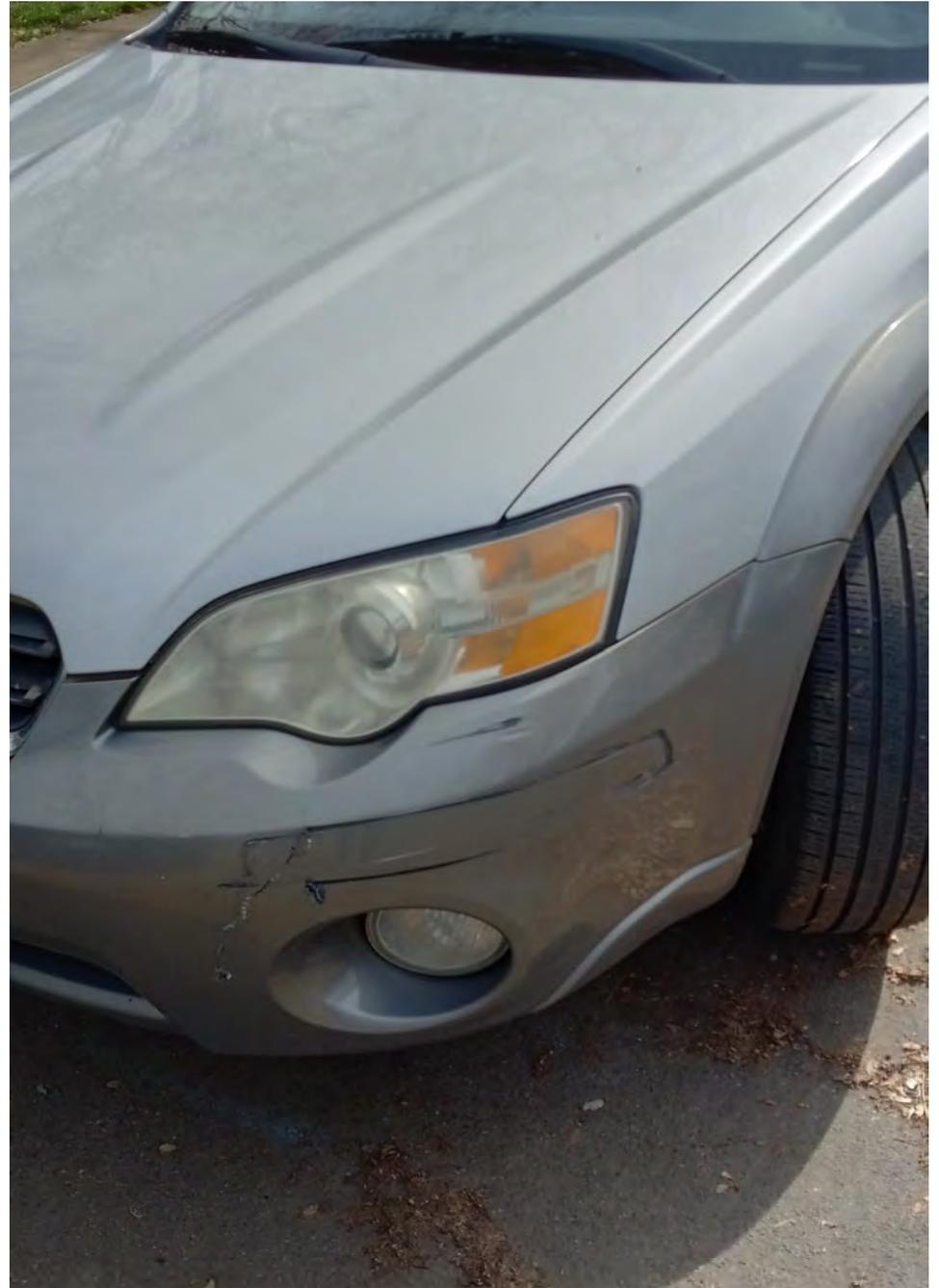
I have carefully read the statements made in this claim, including any attached sheets, and they are true. I understand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and that the statements are in connection with an application for a benefit from the City of Portland.

3/9/25

DATE

Mattia [Signature]

CLAIMANT'S SIGNATURE





Portland Fire & Rescue

Date: 3/5/24
Time: 12:51 AM
Address: _____

N Montana/Blandena

PF&R responded to this location.

Situation Found:
Scratched Bumper
Turning into lot

Actions Taken:

Comments:
File claim w/ city
RISK MGMT.

Contact person for further information:
Name: Rob Root
Station: 3
Pho: [REDACTED]

Portland Fire & Rescue
55 SW Ash Street, Portland OR 97204
503-823-3700