



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for auto accidents involving a City vehicle **

2025001137AL

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

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) David Greenhill Date of Birth REDACT
 - a. Address 6326 NE 8th Ave City Portland State OR Zip 97211
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503-863-4398
 - c. Occupation Business Owner d. Marital Status: Single () Married (☒) Divorced / Widowed ()
 - If married, name of spouse _____
 - d. E-mail address redact
2. **If claim involves a vehicle:** a. Year, make and model 2020 Ford Transit 250
 - b. License Plate Number redact Driver's License Number redact 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 redact 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 8/1/25 b. Exact location Corner of NE Davis and NE MLK Jr Blvd
 - 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 #: _____

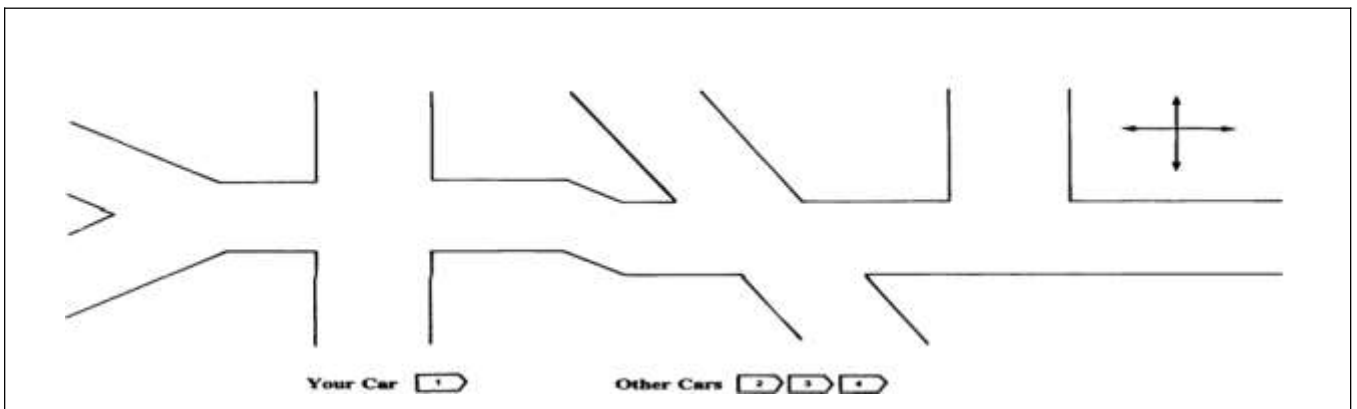
Medicare/Medicaid Beneficiary? Yes ____ No ____

g. Were you on the job at the time of the incident? Yes ____ No ____

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

h. Name of City of Portland Driver Mike Pringle - Portland Fire and Rescue 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.

My car was parked on the north side of NE Davis and the fire truck hit my driver side mirrors. The damage

consisted of the mirrors being broken and the controls were damaged. My car has already been fixed. I've

included the receipt for the repair (Please see page 4, #5 for the mirror repair. Please ignore the other repairs.)

6. **Damages claimed:**

a. Amount claimed as of this date \$515.92

b. Estimated amount of future costs \$0

c. Total amount claimed \$515.92

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.

8/14/25

DATE

CLAIMANT'S SIGNATURE