



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-011872-22

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 LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. Ms. Miss) Thomas Ferrin Date of Birth [REDACTED]

a. Address 6710 NE Mallory Ave City Portland State OR Zip 97211

b. Home Phone 503-752-2140 Business Telephone Cell Phone 503-752-2140

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

If married, name of spouse

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2011 Subaru Forester

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR

c. At time of accident, were you (check all that apply) Owner: X Driver X **RECEIVED**

d. Name and address of owner if different from claimant (1. Above) **JAN 31 2022**

City of Portland-Risk Management

3. Occurrence or event from which the claim arises:

a. Date 1/19/2022 Time 10:45 Circle AM / PM

b. Place (exact and specific location) Eastbound on Halsey just before 100th intersection

Traveling in right lane and passing off-ramp from 84 on the right and city truck made sudden left turn into Subaru

c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): City truck failed to yield right of way to motorist in the lane next to them

when they were entering the roadway from off-ramp. Photo of the truck involved was Vehicle No. 154908 Ram 5500 heavy duty.

License plate E266871. Photos attached. Progressive insurance claim number 22-3855114. Adjuster is Michele Harding

Contact number is 503-403-5303 michele_harding@progressive.com

d. State how the City of Portland or its employees were at fault: Daniel Fisher failed to yield right of way to traffic
and made sudden left turn and hit the subaru forester traveling in the lane.

e. Were you on the job at the time of the accident? Yes No X

If yes, what is the name / phone number of employer

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
No injury reported. Damage to the 2011 Subaru Forester is to the passenger side front of the vehicle. Photos attached.
5. ***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 ____
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____
Daniel Fisher
7. **Name and address of any other person injured** N/A
8. **Name and address of the owner of any damaged property if different from claimant** _____
9. **Damages claimed:**
a. Amount claimed as of this date: \$ _____
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ _____
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
2011 Subaru Forester is a possible total loss. Estimating is not finalized at this time.
10. **Names, addresses / phone #s of all witnesses** N/A
11. **Any additional information that might be helpful in considering your claim** Please see the attached photos

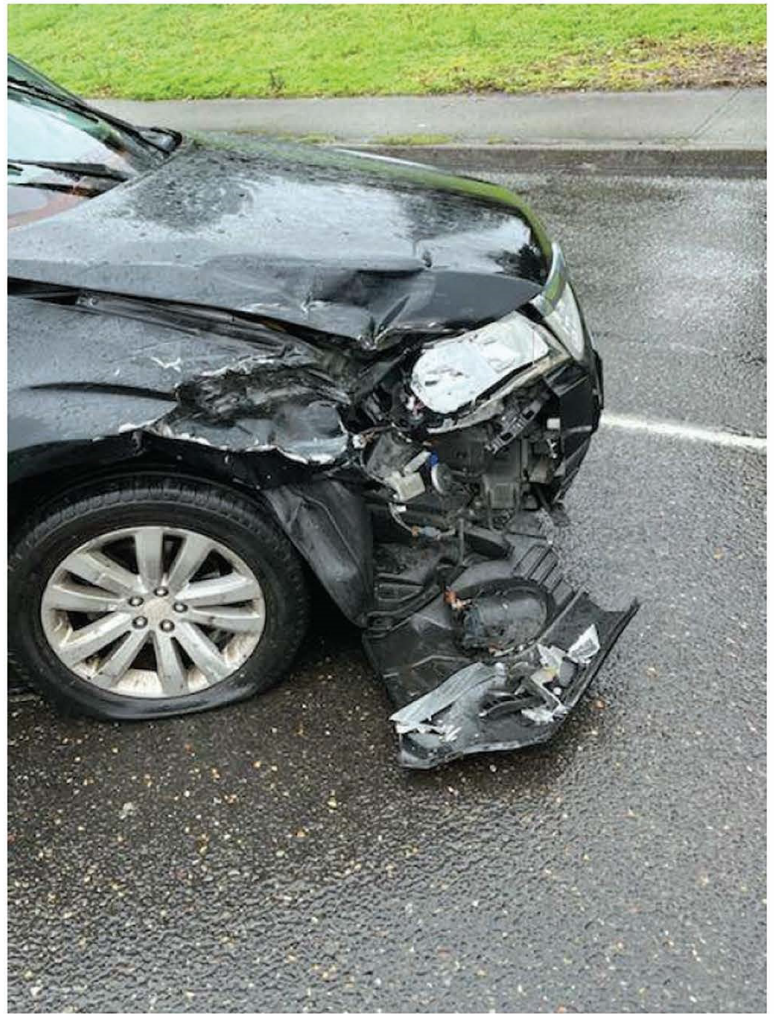
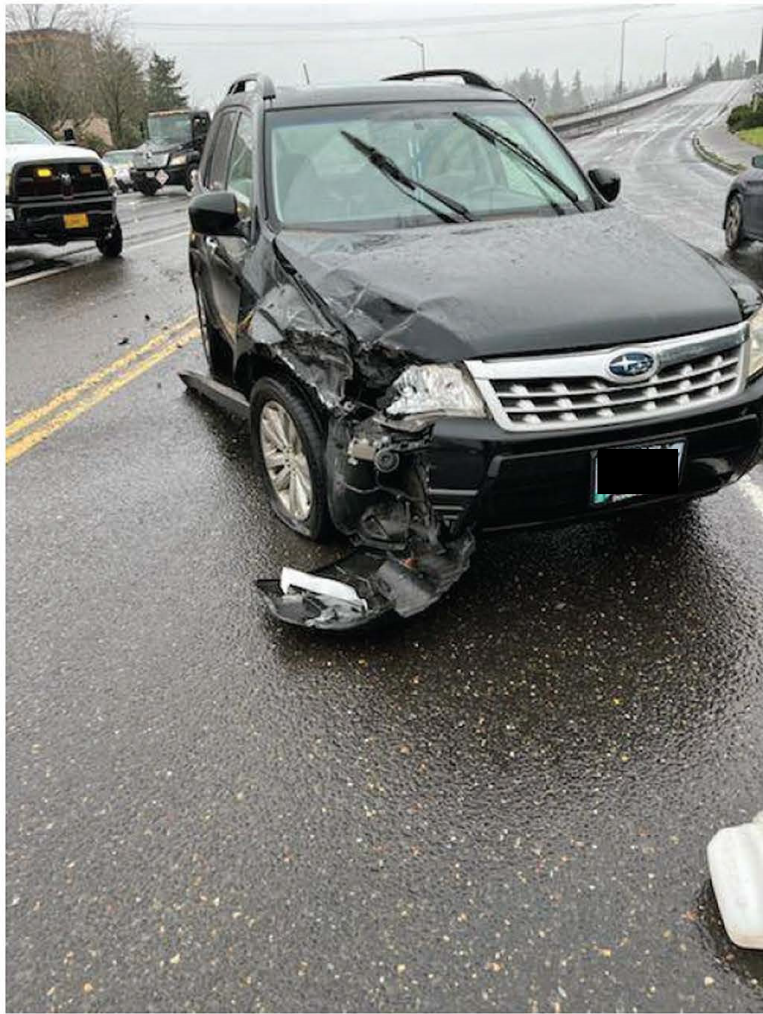
WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)

I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be 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.

Date: 1/31/22

Progressive Insurance on behalf of Thomas Ferrin
Claimant's Signature

Progressive Insurance on behalf of Thomas Ferrin
Print Name





City of Portland
The City That Works
🌀 Call 823-4000 🌀
Bureau of Transportation
Vehicle No. 4154908

