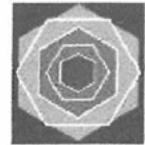




AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number: 2022-012045-22



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, email: LiabilityClaims@portlandoregon.gov

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

a. Address 1207 NE Going Str. City Portland State OR Zip 97211

b. Home Phone N/A Business Telephone _____ Cell Phone 503-475-7723

c. Occupation Parks planner d. Marital Status: Single ☒ Married () Divorced / Widowed ()

If married, name of spouse Deek Heykamp

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2018 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 _____

d. Name and address of owner if different from claimant: (1. Above) n/a

e. Name & address of driver if different from claimant: (1. Above) n/a City of Portland-Risk Management

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 no one else in car besides me.

3. Insurance: a. What company insures the damaged vehicle? Farmer's Insurance.

b. Policy Number [REDACTED] Claim Number: none as I was not at fault.

c. Name and address of your insurance agent or adjuster Mike Hotchkiss

Type of Coverage _____

4. Occurrence or event from which the claim arises:

a. Date of incident 2/27/2022 b. Exact location Portland Tennis Center, parking lot

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 No injuries

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MAR 10 2022

e. If you were injured, name / phone / address of your treating doctor n/a

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

If you were injured please provide the following: Social Security #: _____

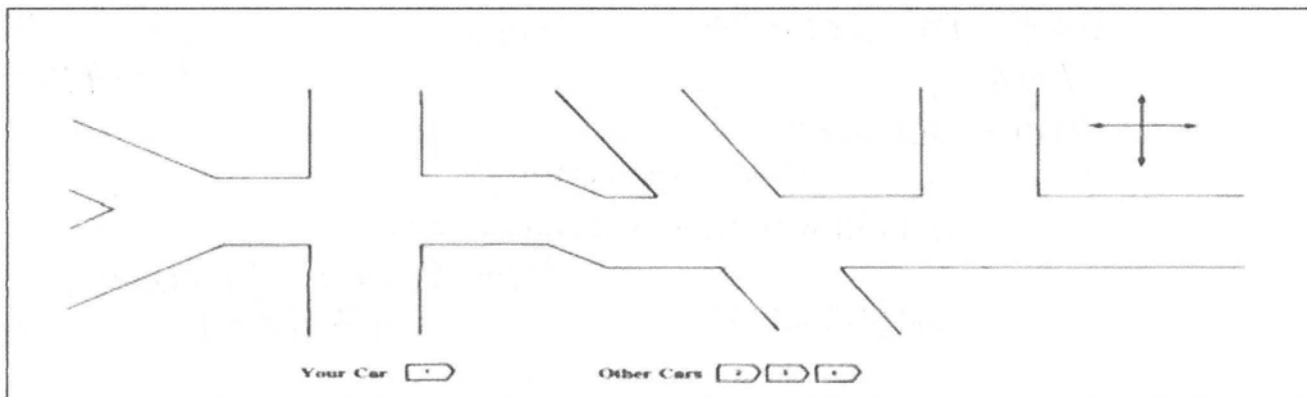
Medicare/Medicaid Beneficiary? Yes ___ No ___

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 n/a 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.

I was sitting in my car in the Portland Tennis Center parking lot, Car not running. Johannes had his City of Portland truck parked next to me. When he opened his driver's door he hit ~~my~~ the back door panel of my

6. **Damages claimed:**

a. Amount claimed as of this date

\$2,080.05 (see estimate)

b. Estimated amount of future costs

c. Total amount claimed

\$2080.05

car, denting and scratching the paint.

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.

3/7/2022
DATE

Christine Egan
CLAIMANT'S SIGNATURE

