

## **AUTO LIABILITY**

## **CLAIM AGAINST THE CITY OF PORTLAND**

\* for auto accidents involving a City vehicle \*

File Number: 2022-012133-22



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. Fifth Suite 1040, Portland, OR 97204-1912 Ph: 503-823-5101, Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov

1. C	laimant (Circle: Mr. Mrs. Ms. Miss) Ms. Nicolette Hall Venegas	Date of Birth _			
a.	Address 7826 SW Barnard Dr. City Beaverton	State OR Zip 97007			
b.	Home Phone Business Telephone	Cell Phone 9712042537			
c.	Occupation Shelter staff d. Marital Status: Single ( ) M	arried ( ) Divorced / Widowed ( )			
	If married, name of spouse				
d.	E-mail address _				
2. If	claim involves a vehicle: a. Year, make and model2004 Cadillac CT	<u>S</u>			
b.	License Plate Number Driver's License Number	State			
c.	At time of accident, were you (check all that apply): Owner X 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 in	icident			
		RECEIVED			
3. In	surance: a. What company insures the damaged vehicle?	APR -4 2022			
b.	Policy Number Claim Number:	City of Portland-Risk Management			
c.	Name and address of your insurance agent or adjuster	ony or tordana mon managomone			
	Type of Coverage				
4. O	ccurrence or event from which the claim arises:				
a.	Date of incident 03/15/22 b. Exact location N Farragut St. Portland Oregon				
c.	Were you injured? Yes No X Was anyone else injured? Ye	s No X			
	(If there was no injury, please state "No Injuries")				
d.	Nature and extent of any injuries				

We are required to report all claims for injuries to Medicare/Medicaid Services *			
If you were injured please provide	the following: Social Sec	urity #:	
Medicare/Medicaid Beneficiary?	Yes No		
Were you on the job at the time of	the incident? Yes	No	
If yes, what is the name / phone / a	address of your employer?		
Name of City of Portland Driver_	Hayden	City vehicle licen	se#
Names / Addresses / Phone Number			
_		ار ودا	
			20
>		( <u>E</u> )	
		Tra	ick
		\ \	
Your Car	1 Other Cars		
<b>Description of Incident:</b> What he each car was traveling. Please use	* *	unt, including the speed	of each car and the direction
— My car was parked on N. Far		ck driver tried to turn	from N Montana Ave. and
The front driver side fender	and bumper on my ca	r	
Damages claimed:			
Amount claimed as of this da	te		_
. Estimated amount of future co	osts		_
Total amount claimed			
<u>VARNING:</u> IT IS A CRIMINA I have carefully read the statemen and acknowledge that all statemen the statements are in connection v	its made in this claim, incluints made in this claim are n	ding any attached sheets nade to a public servant	s, and they are true. I understand of the City of Portland, and that
	^^	ALOGO HORON	/ 102
04/03/2022		may W Har R	
DATE		CLAIMANT'S SIGNA	TURE