



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 #: \_\_\_\_\_

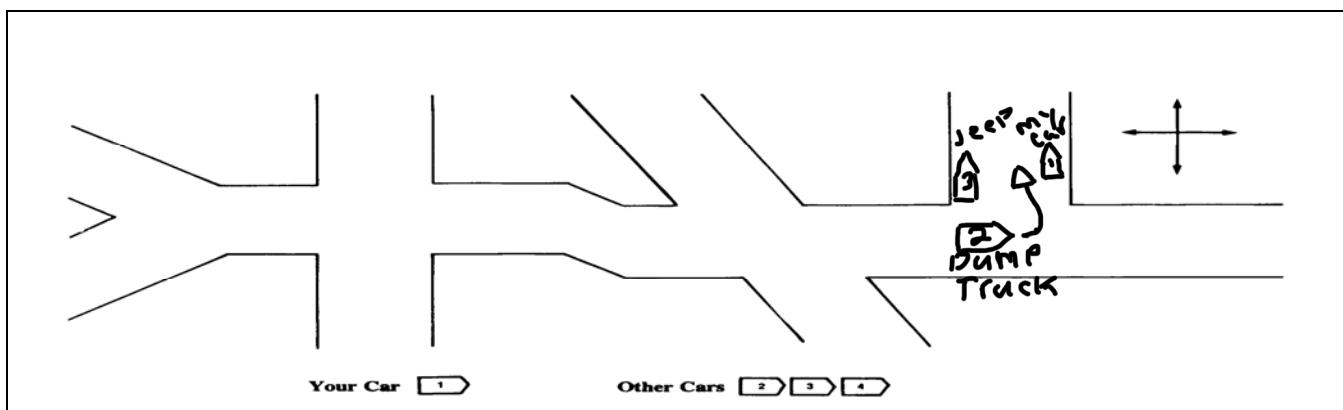
Medicare/Medicaid Beneficiary? Yes \_\_\_\_ No \_\_\_\_

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 Hayden 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 N. Farragut St. and dump truck driver tried to turn from N Montana Ave. and hit

The front driver side fender and bumper on my car

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.

04/03/2022

DATE

CLAIMANT'S SIGNATURE