

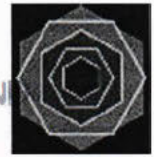
RECEIVED



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

APR 05 2022

CITY OF PORTLAND
RISK MGMTFile Number: 2022-012139-22

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) Long thanh nguyen Date of Birth [REDACTED]
 - a. Address 8010 NE Prescott St City Portland State OR Zip 97218
 - b. Home Phone _____ Business Telephone _____ Cell Phone 971-420-4872
 - c. Occupation Parts Specialist d. Marital Status: Single () Married ☒ Divorced / Widowed ()
 - If married, name of spouse Eliza Kim Le
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2017 Acura TLX
 - 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 _____ 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? Progressive
 - b. Policy Number [REDACTED] Claim Number: [REDACTED]
 - c. Name and address of your insurance agent or adjuster Nick Burgess
1500 Valley River DR Suite 200 Eugene, OR 97401 Type of Coverage Full Auto
4. **Occurrence or event from which the claim arises:**
 - a. Date of incident 3/18/22 b. Exact location Clinton Ct 157th ave
 - 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 [REDACTED]

e. If you were injured, name / phone / address of your treating doctor Rockwood Chiropractic
4322 SE 152nd AVE Gresham OR 97030

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

If you were injured please provide the following: Social Security #: [REDACTED]

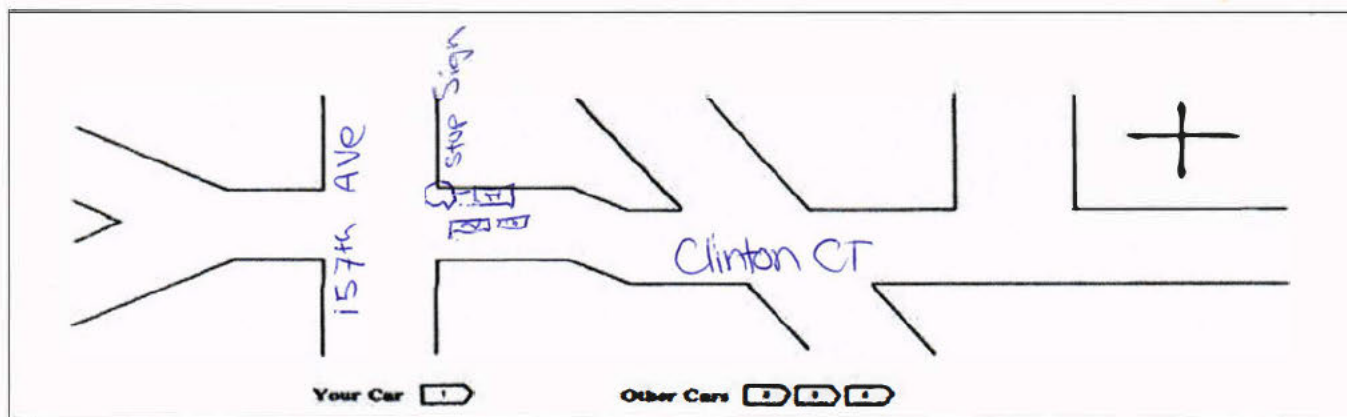
Medicare/Medicaid Beneficiary? Yes _____ No X

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 Brian Russell Potts City vehicle license# E258771

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.

was leaving the house coming out
Clinton ct to 157th ave to make left city of Portland Truck in middle of Street

no Emergency lights or Signal lights on. trying to turn left at the Stop Sign
moved up slowly because truck was blocking my vision looking left

6. **Damages claimed:** and then truck turns Right into me

a. Amount claimed as of this date \$ 7500.00

b. Estimated amount of future costs TBD

c. Total amount claimed TBD

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.

3/29/22

DATE

[Signature]
CLAIMANT'S SIGNATURE