



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number: INC8885 2022-012427-22



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) Nicole Kelley Date of Birth [REDACTED]
 a. Address 2010 NW Front Ave APT 209 City Portland State OR Zip 97209
 b. Home Phone _____ Business Telephone _____ Cell Phone 954-444-3492
 c. Occupation Finance d. Marital Status: Single ☒ Married () Divorced / Widowed ()
 If married, name of spouse _____
 d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model Ford Escape 2005
 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) _____
Jensen Walcott, 1378 NW 18th Ave, Apt 308, Portland OR 97209
 e. Name & address of driver if different from claimant: (1. Above) _____
 Phone number of Driver 954-444-3492 Date of Birth of Driver [REDACTED]
 f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident ____
Nicole Kelley & Jensen Walcott (phone # & address information above)

RECEIVED

JUN 21 2022

3. Insurance: a. What company insures the damaged vehicle? Safeco Insurance Company City of Portland-Risk Management
 b. Policy Number P928033 Claim Number: INC8885
 c. Name and address of your insurance agent or adjuster They informed me to call your claims department
 _____ Type of Coverage _____

4. Occurrence or event from which the claim arises:
 a. Date of incident 06/17/2022 b. Exact location NW 9th & Lovejoy
 c. Were you injured? Yes ____ No ☒ Was anyone else injured? Yes ____ No ☒
 (If there was no injury, please state "No Injuries") No injuries
 d. Nature and extent of any injuries _____

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 ***

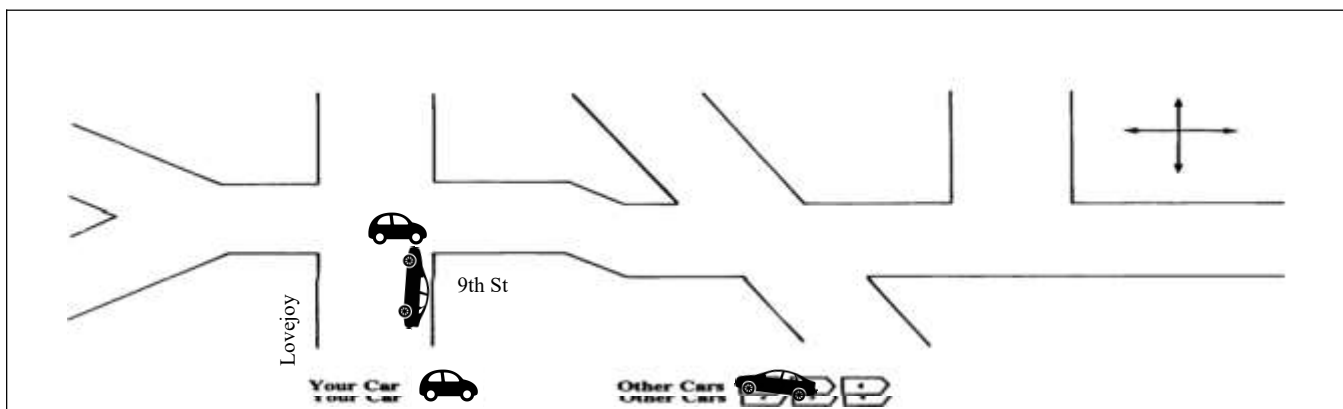
If you were injured please provide the following: Social Security #: _____

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 _____ Provided Liability card, no _____ City vehicle license# _____ Supervisor informed me _____
name indicated _____ bus #006, but the pictures I
Names / Addresses / Phone Numbers of any witnesses to the _____ have indicates it is bus #004
incident: Jensen Walcott is a witness. Address indicated above _____



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.

At stop light on intersection. Portland Max had hazards on & people getting on public transportation. I yielded around

Max north bound Lovejoy street, making a right. In the interim, light turned green and Max moved forward northbound, T-boning vehicle. Have pictures of incident as well as pictures of Max having their hazards on. My insurance instructed me to go through here.

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.

06/17/2022

DATE

Nicole Kelley

CLAIMANT'S SIGNATURE