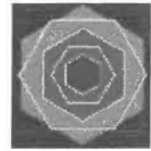




AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number: **2022-013038-22**



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) RANDY ARCHER Date of Birth [REDACTED]
 - a. Address 14047 SE STEELE ST City PORTLAND State OR Zip 97236
 - b. Home Phone _____ Business Telephone _____ Cell Phone 971-235-8266
 - c. Occupation AQUATIC DEPT. DDHS d. Marital Status: Single () Married ☒ Divorced / Widowed ()
 - If married, name of spouse ALISHA ARCHER
 - d. E-mail address [REDACTED]
 2. **If claim involves a vehicle:** a. Year, make and model 2000 CHEVY MALIBU LS
 - 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) _____
- RECEIVED
- e. Name & address of driver if different from claimant: (1. Above) _____
 - Phone number of Driver _____ Date of Birth of Driver DEC 9 2022
 - f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident _____
- CITY OF PORTLAND
RISK MANAGEMENT
3. **Insurance:** a. What company insures the damaged vehicle? STATE FARM
 - b. Policy Number [REDACTED] Claim Number: _____
 - c. Name and address of your insurance agent or adjuster JULIA BODINE
 - 16521 SE POWELL BLVD Type of Coverage FULL
 4. **Occurrence or event from which the claim arises:**
 - a. Date of incident 11/29/2022 b. Exact location 14047 SE STEELE ST PDX 97236
 - 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 ___

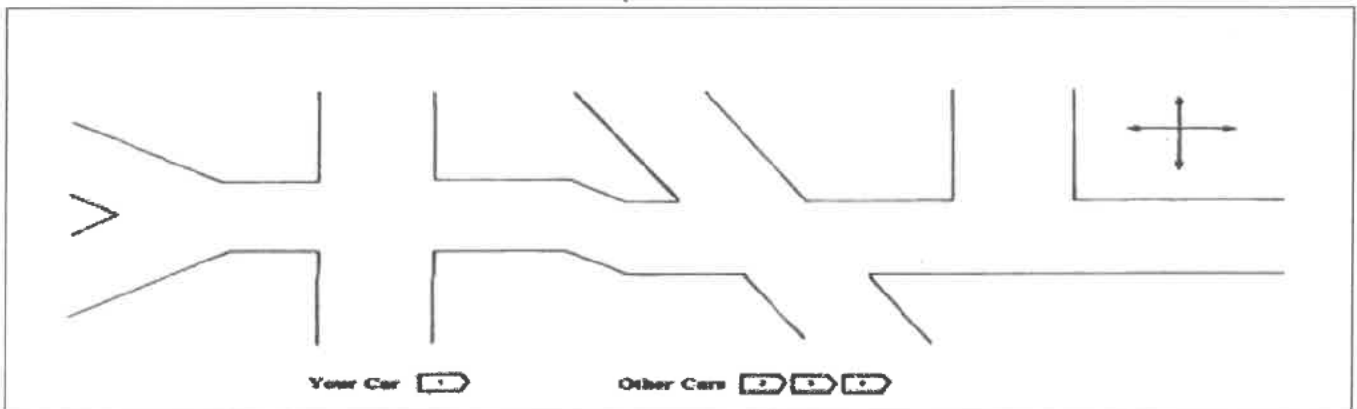
g. Were you on the job at the time of the incident? Yes ___ No X

If yes, what is the name / phone / address of your employer? _____

h. Name of City of Portland Driver P4Z BLACK-LAZO City vehicle license# E282 756

Names / Addresses / Phone Numbers of any witnesses to the incident: ARMON AFENEGUIS

URBAN FORESTRY EMPLOYEE



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 in front of my house, across the street.
The city truck, backing out of my driveway, backed in to
the side of my car. The driver, P4Z, came to get me.

6. **Damages claimed:**

a. Amount claimed as of this date _____

b. Estimated amount of future costs _____

c. Total amount claimed \$2,729.53 (A MASTER TOUCH BODY & PAINT Estimate)

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.

12/08/2022
DATE

[Signature]
CLAIMANT'S SIGNATURE