



# AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for auto accidents involving a City vehicle \*

File Number: **2023-013870-22**



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. 5<sup>th</sup> Ave., Suite 1040, Portland, OR 97204-1912, Ph: 503-823-5101,

Fax: 503-823-6120, email: [LiabilityClaims@portlandoregon.gov](mailto:LiabilityClaims@portlandoregon.gov)

1. **Claimant** (Circle: Mr. (Mrs.) Ms. Miss) NANCY SEIDA Date of Birth [REDACTED]
    - a. Address 25641 SE YENWOOD DR. City BORING State OR Zip 97009
    - b. Home Phone Ø Business Telephone Ø Cell Phone 503-969-1633
    - c. Occupation SALES d. Marital Status: Single ( ) Married ( ) Divorced / Widowed ( )

If married, name of spouse KENT SEIDA

  - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2020 CHEV. COLORADO PU
  - 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 X Passenger      N/A
  - d. Name and address of owner if different from claimant: (1. Above) H.D. FOWLER CO.  
13440 SE 30TH ST BELLEVUE WA 98005
  - 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 DRIVER ONLY
3. **Insurance:** a. What company insures the damaged vehicle? TRAVELERS INDEMNITY CO.
  - b. Policy Number [REDACTED] Claim Number:
  - c. Name and address of your insurance agent or adjuster ANCHOR INSURANCE + SURETY INC.  
1201 SW 12TH AVE SUITE 500 PORTLAND Type of Coverage
4. **Occurrence or event from which the claim arises:**
  - a. Date of incident 6-7-23 b. Exact location 6437 SE DIVISION ST. PORTLAND 97206
  - c. Were you injured? Yes      No X Was anyone else injured? Yes      No X  
(If there was no injury, please state "No Injuries")
  - d. Nature and extent of any injuries NO PERSONAL INJURY, JUST VEHICLE DAMAGE.

e. If you were injured, name / phone / address of your treating doctor Ø

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

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

Medicare/Medicaid Beneficiary? Yes      No     

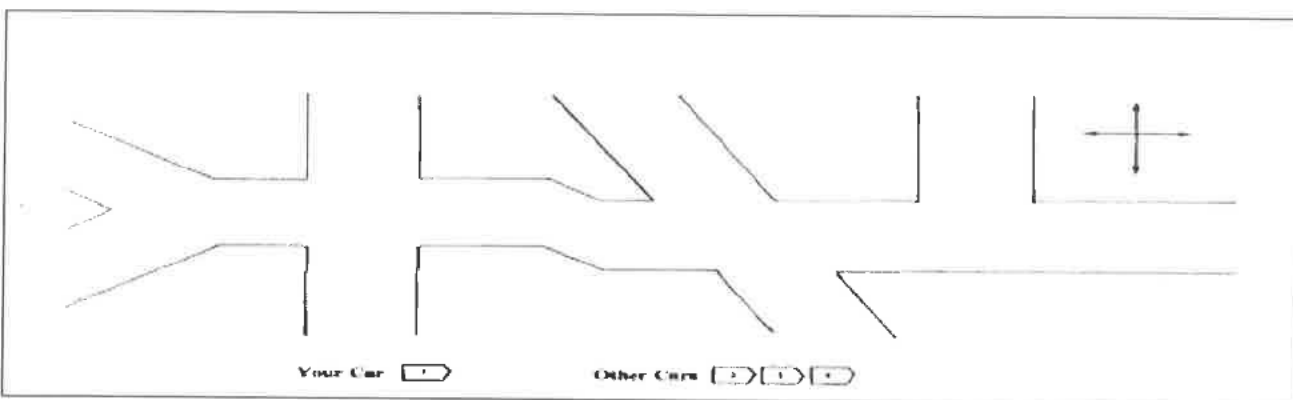
g. Were you on the job at the time of the incident? Yes X No     

If yes, what is the name / phone / address of your employer? H.D. FOWLER COMPANY

28800 SW BOBERG RD WILSONVILLE OR 97070

h. Name of City of Portland Driver FRANK TARR City vehicle license# Ø

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



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.

I WAS TRAVELING NORTH THROUGH THE C/O PORTLAND MT. TABOR  
MAINTENANCE PARKING LOT GOING 5-7 MPH, WHEN A  
C/O PORTLAND VEHICLE BACKED OUT OF A PARKING SPACE AND HIT  
ME IN THE FRONT PASSENGER DOOR.

6. **Damages claimed:**

a. Amount claimed as of this date ESTIMATE TO FOLLOW

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.

6-14-2023

DATE

[Signature]  
CLAIMANT'S SIGNATURE