



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *



File Number: 2023-013911-22

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.

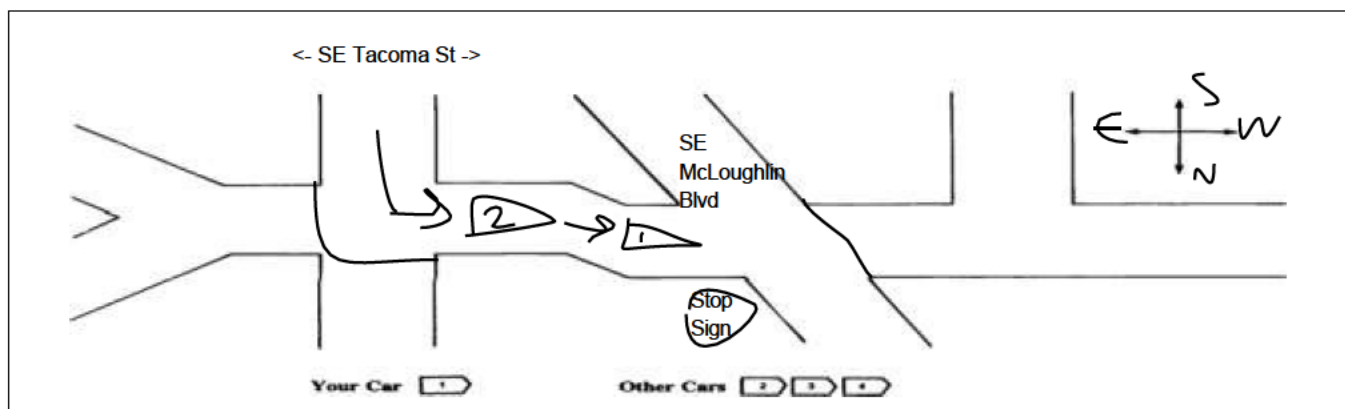
Completed forms may be mailed, emailed, faxed, or hand-delivered to:

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) Madison Johnson Date of Birth [REDACTED]
 - a. Address 6939 NE Grand Ave, Apt 1 City Portland State OR Zip 97211
 - b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone (605)592-0844
 - c. Occupation Security Guard d. Marital Status: Single ☒ Married ☐ Divorced / Widowed ☐
 - If married, name of spouse [REDACTED]
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2009 Toyota Corolla
 - 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) [REDACTED]
 - e. Name & address of driver if different from claimant: (1. Above) [REDACTED]
 - Phone number of Driver [REDACTED] Date of Birth of Driver [REDACTED]
 - f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident [REDACTED]
3. **Insurance:** a. What company insures the damaged vehicle? Geico
 - b. Policy Number [REDACTED] Claim Number: 8703478490000001
 - c. Name and address of your insurance agent or adjuster Tony Morabito/Courtney Cox,
GEICO, PO Box 509119, San Diego, CA 92150 Type of Coverage Auto/Medical
4. **Occurrence or event from which the claim arises:**
 - a. Date of incident 06/08/2023 b. Exact location The stop sign to SE McLoughlin Blvd from SE Tacoma St
 - c. Were you injured? Yes ☒ No ☐ Was anyone else injured? Yes ☐ No ☒
 - (If there was no injury, please state "No Injuries") [REDACTED]
 - d. Nature and extent of any injuries Lower/mid back pain that spread to sides and abdomen, neck pain and stiffness,
headaches, occasional shoulder pain, dizziness and swimming vision that went away by the next day

- e. If you were injured, name / phone / address of your treating doctor Providence Portland Medical Center - 4805 NE Glisan St Portland, OR 97213 Dr Syllas Takamune, 728 NE Dekum St Portland, OR 97211
- 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 Charles D. Perry City vehicle license# DL: 8053134 (Didn't give plate #)
Names / Addresses / Phone Numbers of any witnesses to the incident: Officer Charles Perry's police sergeant,
whose name I do not have



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 stopped at a stop sign on the unnamed road that comes from SE Tacoma St and merges onto SE McLoughlin Blvd. I was facing northwest and preparing to turn right to merge onto the northbound road. I barely started moving forward at around 3mph when Officer Perry rear ended me at what I'd guess was 35mph. I had not yet passed the stop sign and there was no traffic. Perry's emergency lights were not on, nor did I hear a horn or screeching tires. His sergeant arrived to take my info and I went to the ER where they said I probably had whiplash.

6. Damages claimed:

- a. Amount claimed as of this date \$2307.57
- b. Estimated amount of future costs +\$700?
- c. Total amount claimed \$3007.57

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.

07/06/2023

DATE _____

MS Dhoni

CLAIMANT'S SIGNATURE