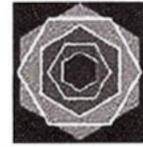




AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *



File Number: 2023-013913-22

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) Paula Quintana (Autobahn Motorwerks) Date of Birth [REDACTED]
- a. Address Home 116322 SW Bridle Hills Dr. City Beaverton State OR Zip 97007
- b. Home Phone — Business Telephone 5036430105 Cell Phone 503-310-9407
- c. Occupation Owner/service advisor d. Marital Status: Single Married Divorced Widowed
- If married, name of spouse Sebastian Quintana
- d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2011 BMW 328xi
- b. License Plate Num [REDACTED] Driver's License Num [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) Autobahn Motorwerks NW (Sebastian & Paula Quintana) 4410 SW 142nd Ave. Beaverton OR 97005
- e. Name & address of driver if different from claimant: (1. Above) Olivia Quintana, 10635 SW Murdock Ln. Tigard 97224
Phone number of Driver 503-858-9460 Date of Birth of Driver 01/16/2004
- f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident Quay Smith 10635 SW Murdock Ln. Unit E7, Tigard, OR 97224
3. **Insurance:** a. What company insures the damaged vehicle? Federated Mutual Insurance Co.
- b. Policy Number [REDACTED] Claim Number: [REDACTED]
- c. Name and address of your insurance agent or adjuster Lily Massey, P.O. Box 486, Owatonna, MN 55060; Type of Coverage Full
4. **Occurrence or event from which the claim arises:**
- a. Date of incident 7/5/23 b. Exact location 3704 S. Bond Ave, Portland OR 97239
- 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 ___

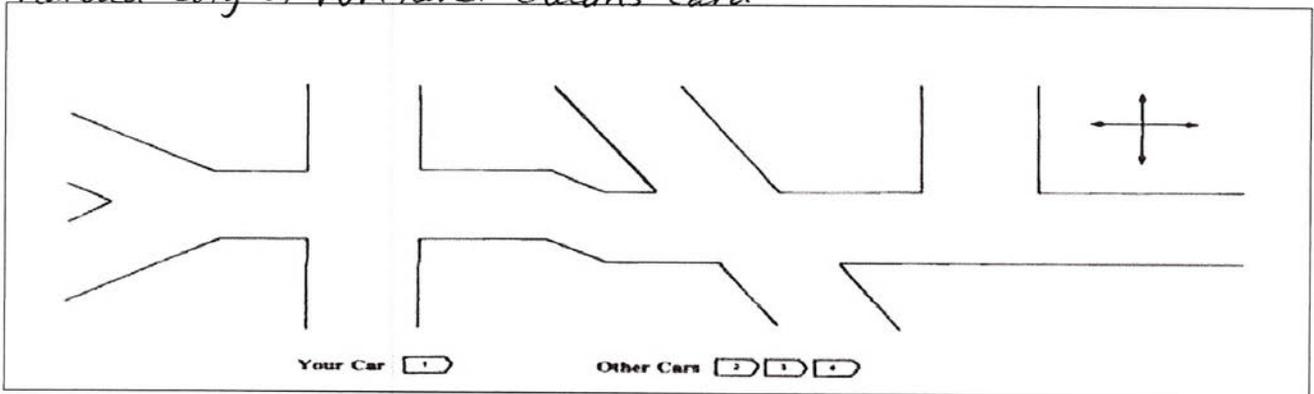
g. Were you on the job at the time of the incident? Yes No ___

If yes, what is the name / phone / address of your employer? Autobahn Motorwerks NW / 503-643-0105 / 4410 SW 142nd Ave. Beaverton OR 97005

h. Name of City of Portland Driver _____ City vehicle license# _____

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

* Driver did not get down from Street car; other city employee handed city of Portland Claims card



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.

Portland Street car and our car were both headed in same direction; we did not see or hear Portland street car and it was in driver's blind spot-when driver made a left(to change lane), collided with street car.

6. **Damages claimed:** unknown at this time; awaiting adjuster

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.

7/7/2023
DATE

[Signature]
CLAIMANT'S SIGNATURE