



# AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND *\* for auto accidents involving a City vehicle \**



File Number:

2024-014678-22

KB TRMN 3000 / 3027 ✓

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)

JOSEF BARDOCZ

Date of Birth

[REDACTED]

a. Address 8604-NE-SANDY BLVD. City PORTLAND State OR Zip 97220

b. Home Phone 503-539-2335 Business Telephone Cell Phone 503-539-2335

c. Occupation RETIRED d. Marital Status: Single ( ) Married ( ) Divorced (X) Widowed ( )

If married, name of spouse

d. E-mail address

**2. If claim involves a vehicle:** a. Year, make and model 2016-FORD-FOCUS=2007 FORD ESCAPE-2006 SUBARU FORESTER

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)

e. Name &amp; 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

**3. Insurance:** a. What company insures the damaged vehicle? GEICO= DONT COVER - CAR GLASSES

b. Policy Number [REDACTED] Claim Number:

c. Name and address of your insurance agent or adjuster

Type of Coverage

**4. Occurrence or event from which the claim arises:**

a. Date of incident 01-16-24 b. Exact location ON SANDY BLVD. AT 8604 NE SANDY BLVD

c. Were you injured? Yes ☐ No ☒ Was anyone else injured? Yes ☐ No ☒

(If there was no injury, please state "No Injuries") NO INJURIES

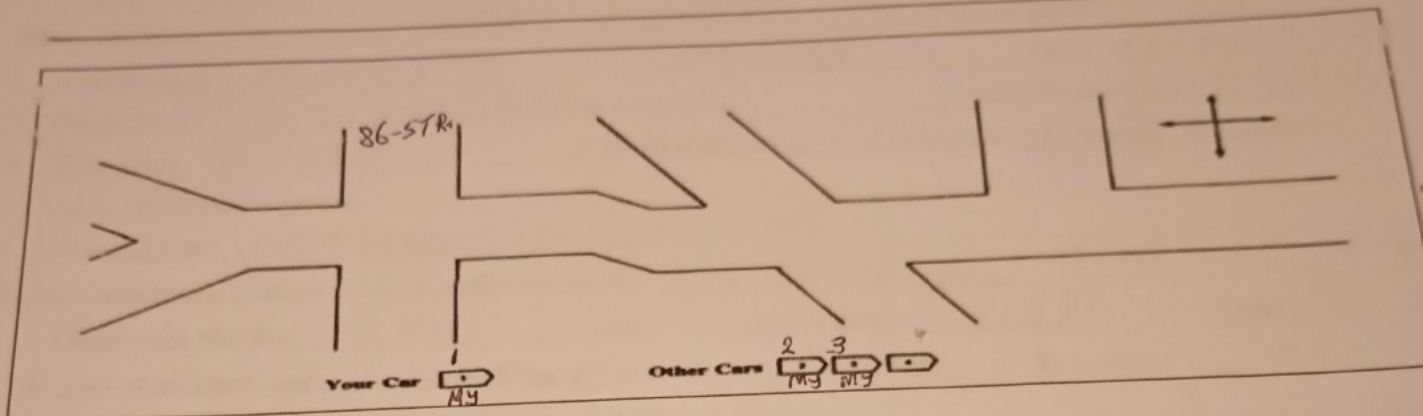
d. Nature and extent of any injuries

c. If you were injured, name / phone / address \_\_\_\_\_  
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 UNKNOWN City vehicle license# UNKNOWN  
Names / Addresses / Phone Numbers of any witnesses to the incident: NONE



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 CARS WERE PARKED THE CITY TRUCKS PLOWING SNOW ON THE MORNING  
OF 01-16-24 SHUTTERED THE DRIVER SIDE REAR DOOR GLASS ON MY 2016 FORD FOCUS  
DRIVER SEDE FRONT DOOR ON 2009 FORD ESCAPE LICENSE PLATE # [REDACTED] ALSO PARKED  
SANDY BLVD IN FRONT OF MY HOME AND THE TRUNK TAILGATE GLASS ON 2006 SUBARU FORESTER  
# [REDACTED] = PARKED ON SANDY BLVD. IN FRONT OF MY HOME - I FILED A POLICE REPORT # T1  
ON-01-17-24

6. **Damages claimed:**

- a. Amount claimed as of this date \$ 332.40  
FOCUS  
b. Estimated amount of future costs 332.40 + \$ 331.05 + \$ 406.49  
ESCAPE FORESTER  
c. Total amount claimed \$ 1069.94 FOR ALL 3 VEHICLE

**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 and acknowledge that all statements made in this claim are made to a public servant of the City of Portland the statements are in connection with an application for a benefit from the City of Portland.

01-22-24

DATE

Josef Pawlowski

CLAIMANT'S SIGNATURE



This incident has been reported to the  
Portland Police Bureau  
and is pending approval

Portland Police Bureau  
1111 SW 2nd Ave  
Portland, OR 97204  
503-823-3333

**General Information**

Incident Type  
Tracking Number  
Original Report Number  
Report Date

Vandalism to a Motor Vehicle (Excluding Arson, Gunfire, Hit & Run)  
T24001512  
t24001053  
01/17/2024 12:37 PM

**Reporting Person Information**

Name  
Home Address  
Mobile Phone  
Email  
Race  
Sex  
DOB

bardocz, josef  
sandy 8604 ne. Boulevard, portland or 97220, US  
503-539-2335  
[REDACTED]  
White  
Male  
07/15/1952

**Incident Information**

Incident Location  
Incident Time (start)  
Incident Time (end)  
Location Type

sandy Northeast 8604 Boulevard, PORTLAND, OR 97220  
01/16/2024 07:30 AM  
01/16/2024 11:30 AM  
Street/Highway/Road/Alley/Sidewalk

**Vehicle Information**

No 1  
Make  
Model  
VIN  
Style  
Year  
Color  
License Plate Type  
License Plate No  
License Year  
Licensing State

Ford  
Focus  
1fado3f29gl380591  
Sedan, 4 Door  
2016  
Red  
Passenger Car  
[REDACTED]  
2025  
OR

**Property Information**

No 1  
Type  
Subtype  
How Many  
Damaged Value (\$)  
Property Description

Other (Incl Money)  
OTHER ITEMS - DESCRIBE IN PROPERTY DESCRIPTION BELOW  
1  
300.00  
left rear door glass broken

**Narrative****Incident Description**

on 01/16/2024 between 7.30 and 11.30 something broke the rear left door glass i found out when i walked out  
start the car, then i looked the 2006 subaru forester the trunk/hatch/tailgate glass was broken also license plate  
[REDACTED] and the left front door glass on 2009 ford escape license plate # [REDACTED] parked on front of 8604 ne sa  
blvd. portland oregon 97220

Print This Report

503-823-5101 CLAIMS  
RICK MANAGEMENT





