



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number: 2024-014689-22



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.

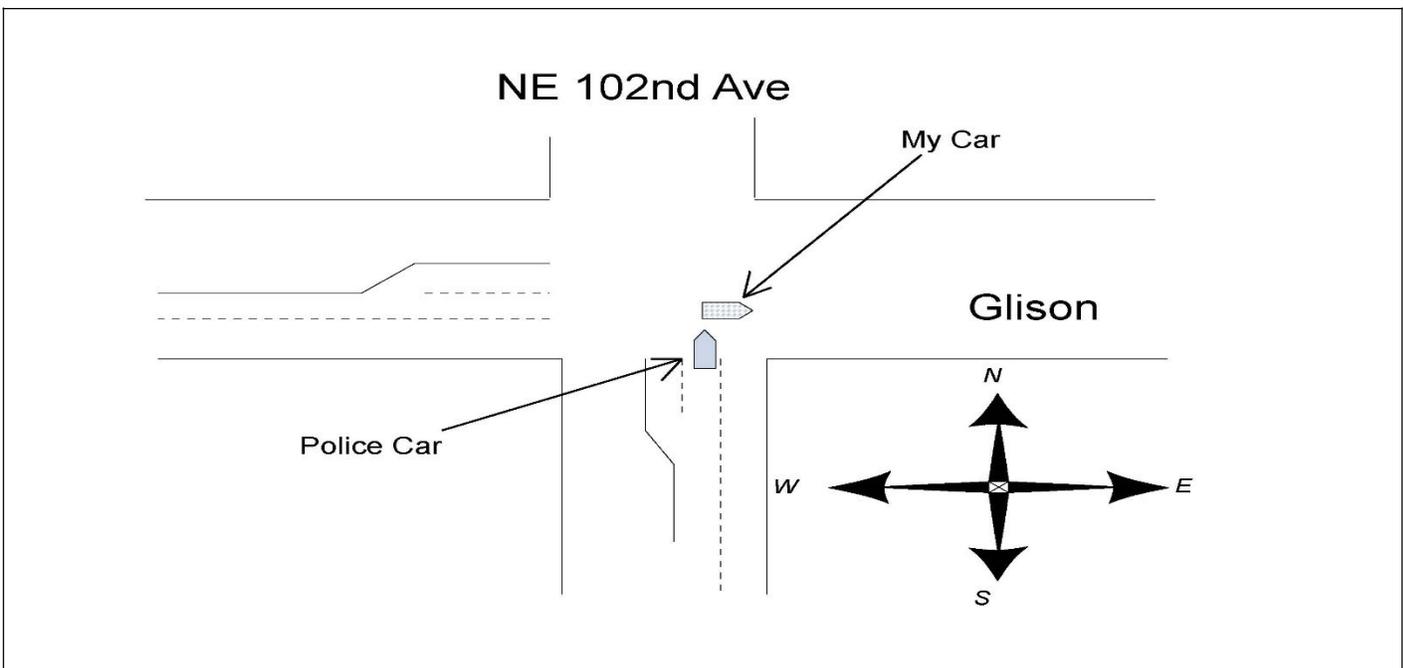
Completed forms may be mailed, emailed, faxed, or hand-delivered to:

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.) Alfredo Rodriguez Suarez Date of Birth
- a. Address 238 SE 188th Ave. Apt 170 City Portland State Or Zip 97233
- b. Home Phone Business Telephone Cell Phone 971-888-2893
- c. Occupation Unemployed d. Marital Status: Single (X) Married () Divorced / Widowed ()
- If married, name of spouse
- d. E-mail address
- 2. If claim involves a vehicle:** a. Year, make and model 2004 Honda CRV 4D Maroon
- b. License Plate Number Driver's License Number State Oregon
- 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)
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- 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
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- 3. Insurance:** a. What company insures the damaged vehicle? The General
- b. Policy Number Claim Number: not filed
- c. Name and address of your insurance agent or adjuster 800-280-1466
- Type of Coverage LIABILITY
- 4. Occurrence or event from which the claim arises:**
- a. Date of incident 1/24/2024 b. Exact location Intersection of 102nd Ave NE Glison
- c. Were you injured? Yes No Was anyone else injured? Yes No
- (If there was no injury, please state "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? _____
- h. Name of City of Portland Driver: Police off. Brian Powell # [REDACTED] City vehicle license# [REDACTED]
 Names / Addresses / Phone Numbers of any witnesses to the incident: _____



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.

- a. **Conditions:** 5:45 A.M +/-; pre-dawn with moderate rain and no other traffic in any direction. **ME:** east bound Glison in #2 lane at about 30 MPH through a green traffic light. **POLICE:** north bound NE 102nd Ave. in #2 lane at a higher rate of speed without sirens and against a red light. Cannot estimate speed except to say that I didn't see him until he hit me so he must have been going at a pretty fast rate.
 Additionally, visibility from east bound Glison traffic to north bound 102nd Ave traffic was hindered by a parking lot COMPLETEY filled by rental cars in the ENTERPRISE CAR RENTAL lot. -All this should be on the police car camera-

6. Damages claimed:

- a. Amount claimed as of this date **AWAITING ESTIMATE FROM BODY SHOP**
- b. Estimated amount of future costs _____
- c. Total amount claimed _____
- d.

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.

1/26/24

DATE

Alfredo Rodriguez

CLAIMANT'S SIGNATURE

NOTES: 1) No accident report was given only a single page and a card (both attached).

2) One of the officers ask (though a translation app on phone) if I had a buddy that could fix it, but I don't.

3) Insurance (#3 above) not in force till 1/25/24.