



Toll Free: (800) 435-7764
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Email Delivery:

From: myclaim@farmersinsurance.com
Date: Mon, Jul 22, 2024 @ 11:56 AM
Subject: Farmers Property and Casualty Insurance Company 5029022726-1-0 City Of Portland Risk Management
To: LiabilityClaims@portlandoregon.gov;

07/22/2024

City Of Portland Me Risk Management
Attn: Laurie Smith
1120 Sw 5th Ave, 10th Floor
Portland, OR 97204

Our Insured:	Christopher Halloran
Our Claim #:	099 SUB 5029022726-1
Date of Loss:	03/24/2024
Your Insured:	City Of Portland Officer: Lincoln Jones
Your Claim #:	
Deductible Amount:	\$450.00
Total Amount Owed:	\$7,330.00

Dear City Of Portland Me Risk Management :

Our investigation has established that the above loss was caused by your negligence or someone employed by you. It has been determined that you are responsible for all or part of the material damage, bodily injury, property damage, medical, and/or related expense payments paid on our insured's behalf. The current amount we have paid on our insured's behalf may increase or decrease due to additional bodily injury, property damage, medical and/or other related expense payments. The amount for which we are seeking reimbursement for property damage is \$7,330.00.

Our theory of liability is as follows: The IV was heading WB on Congress Street at the intersection of Washington/Congress. He stopped at the stop sign. Lincoln Jones was behind the IV and also braking for the stop sign slid into Insured. Rear ending them

You have the right to dispute any or all of our claim. If you do not dispute it within seven (7) days of receiving this letter, Farmers Insurance Exchange will assume that it is valid. Be advised that no partial payment, which is less than the full amount, will be considered in any way an acceptance of

benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you.

If you need additional support for our claim or require further information, please contact me. Please send payment to:

National Document Center
PO Box 268992
Oklahoma City, Ok 73126

Thank you,

Jeanette Hild
Litigation Claims Representative
Farmers Property and Casualty
Insurance Company
616-803-7667