

2023-015599-20



July 30, 2024

**Attn: Risk Management/Liability,  
1120 S.W. 5th Ave., Suite 1040,  
Portland, OR 97204-1912**

**RE:** Loss Date: 10/27/2023  
Geico Insured: Marisa Parada  
Geico Claim#: [REDACTED]  
Subro Claims#: 1713393

Dear Risk Management,

Our office has been retained by Geico Insurance to help expedite payment on the above claim. Geico Insurance has already concluded their investigation of the accident and has found your insured liable for our damages.

Payment for repairs has been made. Documentation is attached. Please honor our claim.

Property Damage:	\$1,682.71
Deductible:	\$ 500.00
Rental:	\$ 490.00
<b>Total:</b>	<b>\$2,672.71</b>

Please make your check payable to Geico and mail it to us at the following address.

**28150 N Alma School Parkway #103-642, Scottsdale, AZ 85262**

Should you require any assistance in resolving this matter, please contact us at 800-949-5655 or [REDACTED]. Please refer to the Subro Claims number when calling about this claim.

Sincerely,

*Noemi Ibarra*

Insurance Department  
On Behalf of Geico

Please be advised that any payment in an amount less than that set forth in this letter that is forwarded to SubroClaims without its prior authorization as described below will not constitute a full and final settlement and will be accepted as partial payment only. Since payments received in the mail are processed by clerical staff and deposited as a matter of course without examination, unauthorized payments for less than the full amount demanded may be processed inadvertently. Although such payments may be demarked as "payment in full" or have other words of similar meaning written on them, their processing will not constitute an accord and satisfaction, as SubroClaims/Geico has not agreed to acceptance of such payments.



# CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: \_\_\_\_\_

*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. 5<sup>th</sup> Ave., Suite 1040, Portland, OR 97204-1912, Ph: 503-823-5101,

Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov

Subro Claims, Inc o/b/o Geico Ins a/s/o Marisa Parada

**1. Claimant** (Circle: Mr. Mrs. Ms. Miss) \_\_\_\_\_ Date of Birth \_\_\_\_\_

a. Address Scottsdale City AZ State AZ Zip 85262

b. Home Phone (800) 949 -5655 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

c. Occupation \_\_\_\_\_ d. Marital Status: Single ( ) Married ( ) Divorced or Widowed ( )

If married, name of spouse \_\_\_\_\_

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2010 LEXS IS 350

b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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) \_\_\_\_\_

### 3. Occurrence or event from which the claim arises:

a. Date 10/27/2023 Time \_\_\_\_\_ Circle AM / PM

b. Place (exact and specific location) 10th and Washington in Portland, OR

c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): It was around 5pm when I felt something hit my bumper  
A male got off his scooter and asked if he realized he had struck insureds vehicle. The male  
fled the scene and insured was not able to identify him.

d. State how the City of Portland or its employees were at fault: A scooter

e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name / phone number of employer \_\_\_\_\_

4. **Description:** Describe the injury, Ypfup8Fl 'mt lflJ/EC){§Cf3ibwn at the time of this claim.  
Damages to the insureds 2010 Lexus IS 350 - supporting documents attached.
- 
5. **\*We are required to report all claims for injuries to Medicare/Medicaid beneficiaries\***  
If you were injured please provide the following: Social Security #: \_\_\_\_\_  
Medicare/Medicaid Beneficiary? Yes\_\_ o
6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury **unknown**
- 
7. Name and address of any other person injured \_\_\_\_\_
- 
8. Name and address of the owner of any damaged property if different from claimant. \_\_\_\_\_
- 
9. **Damages claimed:**
- a. Amount claimed as of this date: \$ \$2,672.71
- b. Estimated amount of future costs: \$ \_\_\_\_\_
- c. Total amount claimed: \$ \$2,672.71
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates etc.): \_\_\_\_\_  
coll \$1,682.71 + deduc \$500 + rental \$490 = \$2,672.71
- 
10. Names, addresses/ phone #s of all witnesses \_\_\_\_\_
- 
11. Any additional information that might be helpful in considering your claim \_\_\_\_\_
- 
- 

**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 I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be 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.

Date: 07/30/2024

Noemi Ibarra  
Claimant's Signature Or JO fre,,\o

Noemi Ibarra  
Print name