



# AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for auto accidents involving a City vehicle \**



File Number: 2024-015866-22

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. 5<sup>th</sup> 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)

Robert Beckelheimer

Date of Birth



a. Address



City

Portland

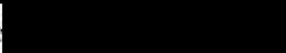
State

OR

Zip

97203

b. Home Phone



Business Telephone

Cell Phone

c. Occupation

Seasonal Worker

d. Marital Status: Single (X) Married ( ) Divorced / Widowed ( )

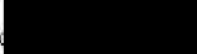
If married, name of spouse

d. E-mail address



2. If claim involves a vehicle: a. Year, make and model 2019 Nissan Frontier

b. License Plate Number



Driver's License Number



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)

Patricia Manning

7625 N Willamette Blvd Portland OR 97203

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

3. Insurance: a. What company insures the damaged vehicle? Geico

b. Policy Number



Claim Number:



c. Name and address of your insurance agent or adjuster

Brittany 023760

P.O. Box 35 Macon Georgia 31208 Type of Coverage Full coverage

4. Occurrence or event from which the claim arises:

a. Date of incident

9/27/24

b. Exact location

Parked in Chimney Park parking lot

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 \_\_\_\_\_

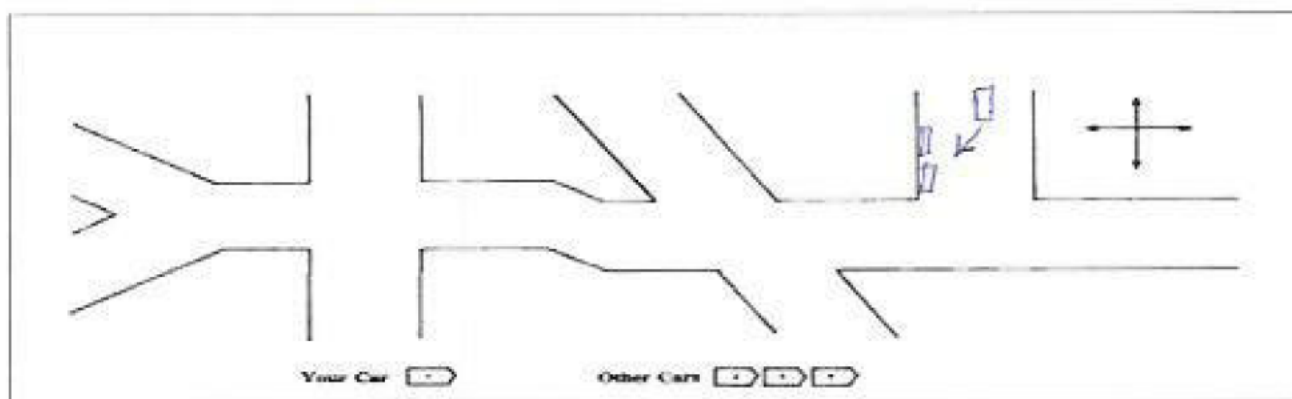
g. Were you on the job at the time of the incident? Yes ☒ No \_\_\_\_\_

If yes, what is the name / phone / address of your employer? \_\_\_\_\_

h. Name of City of Portland Driver Richard Blado City vehicle license# \_\_\_\_\_

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

10105 N Tiaga St. Portland



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.

I drove my work truck into the employee parking area to get something out of my car. I backed out and hit a the car behind me.

6. **Damages claimed:**

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.

10/1/24  
DATE

Robert Beckelheimer  
CLAIMANT'S SIGNATURE