



# AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for auto accidents involving a City vehicle \*



File Number: 2025000273GL

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](mailto:LiabilityClaims@portlandoregon.gov)

1. **Claimant** (Circle: Mr. Mrs. (Ms.) Miss) Claudia Jones Date of Birth [REDACTED]
  - a. Address 1601 S.E. Division St. #33 City Portland State OR Zip 97236
  - b. Home Phone 503-477-6240 Business Telephone na Cell Phone 503-477-6240
  - c. Occupation retired d. Marital Status: Single ( ) Married ☒ Divorced / Widowed ( )
  - If married, name of spouse na
  - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model no vehicle involved except mine
  - 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) ☒ na
  - e. Name & address of driver if different from claimant: (1. Above) na
  - Phone number of Driver na Date of Birth of Driver na
  - f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident na
3. **Insurance:** a. What company insures the damaged vehicle? Safeco Insurance Company
  - b. Policy Number [REDACTED] Claim Number: [REDACTED]
  - c. Name and address of your insurance agent or adjuster [REDACTED]
  - Type of Coverage [REDACTED]
4. **Occurrence or event from which the claim arises:**
  - a. Date of incident 1-4-25 b. Exact location 89th NE Glisan St.
  - c. Were you injured? Yes ☐ No ☒ Was anyone else injured? Yes ☐ No ☒
  - (If there was no injury, please state "No Injuries") no people injuries just my car.
  - d. Nature and extent of any injuries I hit a pothole around 9:00-9:30pm the pothole was so severe (picture included) that my car was pretty damaged.





1-16-25

To The City of portland,

On 1-4-24 I was driving my daughter home, approximately 9-9:30 pm after a family time at Dave & Busters with my grand children. On the corner of 89<sup>th</sup> and N.E. Division there is a pot-hole which isn't visible at night. It is about 3 ft. x 3 ft. in size and about a foot deep. I've enclosed pictures. My right side of my car fell into this going about 25 mph. It was very loud and scared the heck out of us. I pulled a right on NE 90<sup>th</sup> right by my daughters house and we got out to see what damage we could see. Also my car immediately started shaking after hitting the pot hole. The right front tire was already losing air & my hub cap was missing. They are the original hubcaps. We drove around the







