

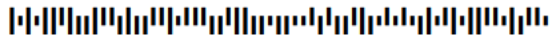


Allstate
You're in good hands.

City of Portland Risk Management 1/16/2025
Allstate Vehicle and Property Insurance Company
P.O. BOX 660636
DALLAS TX 75266

KB PKCN

2025000272GL



PORTLAND POLICE BUREAU RISK MANAGEMENT
1120 SW 5TH AVE STE 790
PORTLAND OR 972041912

January 16, 2025

OUR INSURED: GREG LIGHTNER
OUR CLAIM NUMBER: [REDACTED]

LOSS DATE: October 27, 2024
AMOUNT OF LOSS: \$21,702.51

Dear PORTLAND POLICE BUREAU RISK MANAGEMENT,

Please accept this letter as notice of our intent to pursue our subrogation rights. Subrogation is an insurance carrier's right to recover payment from a party, other than the named insured, that is responsible for causing the loss.

Our investigation has determined that on the above date, our insured's property sustained damage as result of your actions which are detailed below.

CAUSE OF LOSS: a tree property of the city of Portland fell and caused damages to our insured fence and personal property

To assist you in processing your claim, we have included the following information:

- Photos
- Other : proof of payment, invoice, liability claim form

Our payment on the claim totals \$21,702.51. Should any supplements become necessary, they will be forwarded to you. Upon review of the attached information, please forward payment for the above loss amount to Allstate Payment Processing Center, PO Box 650271, Dallas TX 75265-0271. Please include our claim number on your payment

If you would like us to work with your insurance carrier, please provide us with the following information: company name, claim number, phone number, and adjuster name.

0774081277 SAL

Thank you for your cooperation and immediate attention to this request.
Sincerely,

Ashley Lopez

Ashley Lopez
727-556-2027
Allstate Vehicle and Property Insurance Company

SUBP023

0774081277 SAL

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____

We had to hire a private contractor to remove the tree (\$18,000), and also suffered damage to our fence (\$3,263) and other personal property.

5. ***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 _____

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____

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: \$ 20,801

b. Estimated amount of future costs: \$ 1,000

c. Total amount claimed: \$ 21,801

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

Tree: \$18,000 invoice for removal; Fence: \$3,263 invoice; Lights: \$233.58 receipt;

Halloween decorations & steel pipes: \$254 estimated via Amazon; Electrician: \$300 estimated; tree removal permit: \$100; replacement tree: \$700 estimate

10. **Names, addresses / phone #s of all witnesses** _____

Whole neighborhood: Drortcsaks 2476 NW Kearney; Smiths 827 NW 25th;

Hamiltons 839 NW 25th 503-475-8555

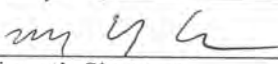
11. **Any additional information that might be helpful in considering your claim** _____

The damages would have been significantly less and there would have been far less danger to the public if the city acted when we first informed them on Oct. 28. Instead, they refused and we ultimately had to pay for this ourselves after additional damages were caused.

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: 1/5/2025


Claimant's Signature

Greg Lightner
Print Name