

JJ TRMN



# AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for auto accidents involving a City vehicle \*

**2025000365AL**

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, email: [LiabilityClaims@portlandoregon.gov](mailto:LiabilityClaims@portlandoregon.gov)

1. Claimant (Circle Mr) Mrs. Ms. Miss Chi Ann Hui Date of Birth [REDACTED]
  - a. Address 8413 SE 145th Ave City Portland State OR Zip 97236
  - b. Home Phone 970 2049014 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_
  - c. Occupation FIVE GUYS d. Marital Status: Single ( ) Married (X) Divorced / Widowed ( )
  - If married, name of spouse \_\_\_\_\_
  - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2023 Mitsubishi
  - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR
  - c. At time of accident, were you (check all that apply): Owner X Driver X Passenger \_\_\_\_\_ N/A \_\_\_\_\_
  - d. Name and address of owner if different from claimant: (1. Above) \_\_\_\_\_
  - 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? State Farm
  - b. Policy Number [REDACTED] Claim Number: [REDACTED]
  - c. Name and address of your insurance agent or adjuster \_\_\_\_\_
  - \_\_\_\_\_ Type of Coverage \_\_\_\_\_
4. Occurrence or event from which the claim arises:
  - a. Date of incident 1-25-25 b. Exact location SE Foster Rd at 134th Dr, Portland
  - c. Were you injured? Yes X No \_\_\_\_\_ Was anyone else injured? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (If there was no injury, please state "No Injuries") \_\_\_\_\_
  - d. Nature and extent of any injuries neck, back, shoulders, both knees

e. If you were injured, name / phone / address of your treating doctor Derek Tran, D.C.  
14331 SE Division St, Portland, OR 97236

f. **\*We are required to report all claims for injuries to Medicare/Medicaid Services \***

If you were injured please provide the following: Social Security # [REDACTED]

Medicare/Medicaid Beneficiary? Yes ☒ No ☐

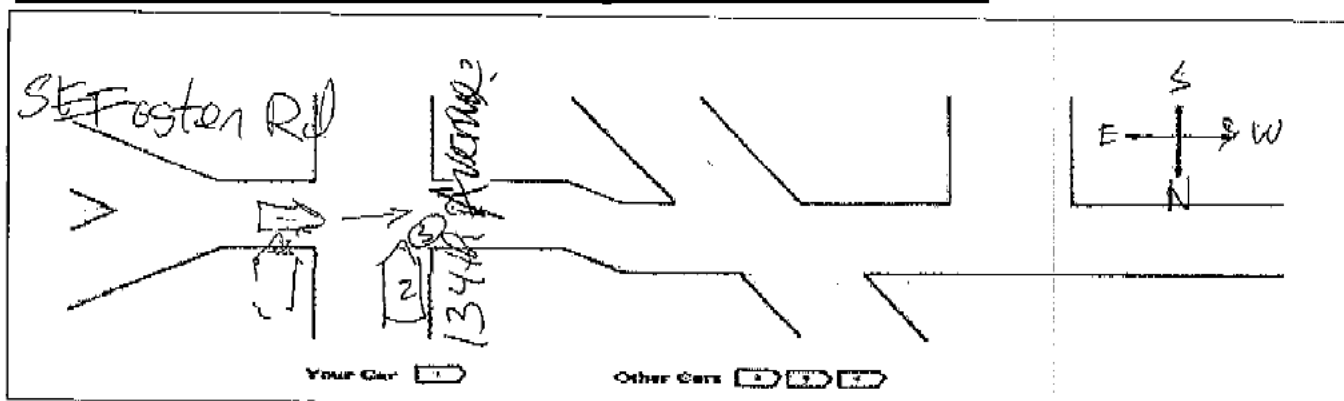
g. Were you on the job at the time of the incident? Yes ☐ No ☒

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

Five Guys 503-305-6410  
17155 SE Sunnyside Rd. Happy Valley, OR 97086

h. Name of City of Portland Driver Troy Adam Hogeland vehicle license # [REDACTED]

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



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.

Going on SE Foster Road near 134th Avenue - Portland  
City of Portland GMC truck suddenly hit the right rear side  
of my vehicle -

6. **Damages claimed:**

a. Amount claimed as of this date unknown at this time

b. Estimated amount of future costs Un Known at this time

c. Total amount claimed unknown at this time

He must yield for  
Stop Sign.

**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.

Feb. 7, 2025

DATE

CLAIMANT'S SIGNATURE

**Law Office of John G. Humphrey**

6329 NE Sandy Blvd.

Portland, Oregon 97213

Tel: (503) 287-8805 Fax: (503) 287-8733

**FACSIMILE TRANSMITTAL**

FACSIMILE NUMBER:

503-823-6120

DATE:

Feb. 7<sup>th</sup> 2025

TO:

City of Portland

COMPANY:

Risk Management

FROM:

Man Ninh

TOTAL PAGES (INCLUDING TRANSMITTAL):

3

IF YOU DO NOT RECEIVE ANY/ALL OF THE PAGES, PLEASE CALL:

Man

AT (503) 287-8805

COMMENTS:

RE: MVA on Jan. 25, 2025

Thank you!

Man

This fax transmission is intended only for use of the person or office to whom it is addressed, and may contain information that is privileged, confidential, or protect by law. All others are hereby notified that the receipt of this fax does not waive any other applicable privilege or exemption from disclosure and that any discrimination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone at the above telephone number and return the documents to us via the U. S. Postal Service. Thank you for your courtesy and cooperation in this matter.