



AUTO LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number: **2025000390GL**



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. 5th 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) **Kalem Lay** Date of Birth **0**

a. Address **5918 SE 122ND AVE,** City **Portland** State **OR** Zip **97236**

b. Home Phone _____ Business Telephone _____ Cell Phone **(503)420-2451**

c. Occupation **Auto Detailing** d. Marital Status: Single ☒ Married () Divorced / Widowed ()

If married, name of spouse _____

d. E-mail address _____

2. If claim involves a vehicle: a. Year, make and model **1985 Chevy Fleet Wood Tioga**

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) _____

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? _____

b. Policy Number _____ Claim Number: _____

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 **02/14/2025** b. Exact location **5918 SE 122ND AVE, Portland OR 97236**

c. Were you injured? Yes _____ No ☒ Was anyone else injured? Yes _____ No ☒

(If there was no injury, please state "No Injuries") **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 _____

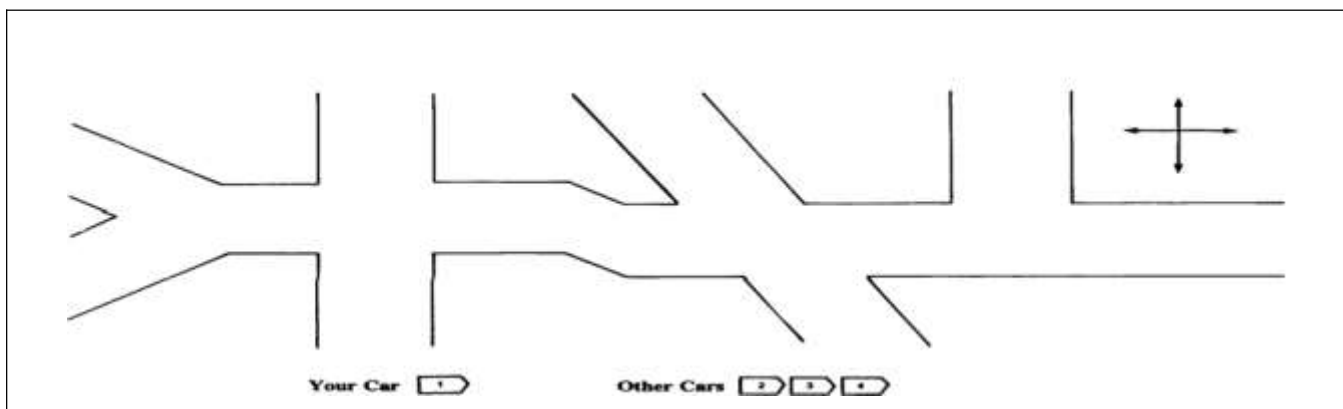
g. Were you on the job at the time of the incident? Yes _____ No **X**

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

h. Name of City of Portland Driver _____ City vehicle license# _____

Names / Addresses / Phone Numbers of any witnesses to the incident: **Witnesses #1 Trista Blang 3218 SE 122AVE**

[626]648-8403, Witnesses #2 Taila Bling 12534 SE Harold ST [971]207-9427



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.

Car #2 would be my chevy fleetwood which is park along the side of 122nd, so right around 11:18 am, me and the 2 witness trista blang and talia blang where awoke by a loud crashing, and class braking when we realized what had happend i ran outside to investagete thats when i seen that the back windows where broke and the tv that was mounted inside had been broken as well.

6. **Damages claimed:**

a. Amount claimed as of this date _____

b. Estimated amount of future costs _____

c. Total amount claimed **3,200**

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.

02/15/2025

DATE

CLAIMANT'S SIGNATURE