



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

2025000407AL



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. 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) Kendall Larson Date of Birth [REDACTED]

a. Address 1224 N Emerson Street City Portland State OR Zip 97217

b. Home Phone _____ Business Telephone _____ Cell Phone (760) 707-8567

c. Occupation Mental Healthcare d. Marital Status: Single (☒) Married () Divorced / Widowed ()

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2008 Chevy Uplander

b. License Plate Number _____ 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) _____

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 _____

No occupants, car was parked

3. Insurance: a. What company insures the damaged vehicle? Have a learner's permit, can not insure until I have a licence, car was bought in preparation

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 I believe January 11th b. Exact location 1224 N Emerson Street, parked in front of house

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 _____

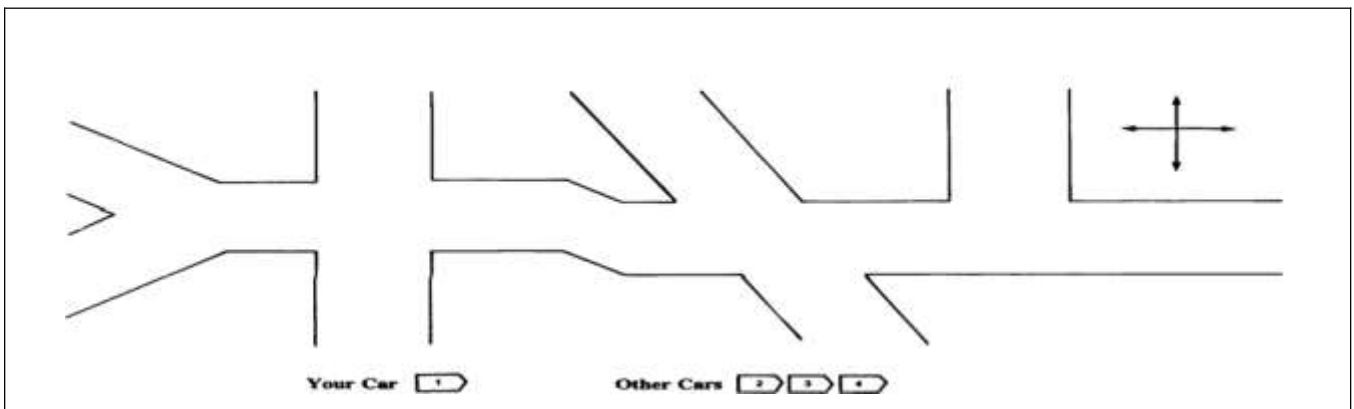
g. Were you on the job at the time of the incident? Yes _____ No X

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

h. Name of City of Portland Driver _____ City vehicle license# _____ I believe it is [REDACTED] this is the correct car

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

I was not provided any of this information, I was given a case number and the city's insurance number.



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 was not home during the incident. I recieved a call from my housemate (Kyle Huber) that our neighbor had knocked on the door and had hit the left

side rear of my car. By the time I returned home, there were approx. 5 police officers outside. I was given a card with the name Michael Abramson, the phone number

[REDACTED] which I called repeatedly before being told it was the wrong number, and two other numbers handwritten 21-321700 and ins-si cert 25, no description of either

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.

2/21/2025

DATE

CLAIMANT'S SIGNATURE