



AUTO LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number: 2025000412AL



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) Lily John Date of Birth

a. Address 85114 Kensington Dr. City Eugene State OR Zip 97455

b. Home Phone Business Telephone Cell Phone 626-674-1397

c. Occupation Venue Assistant 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 2016 Hyundai Santa Fe

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

Cruz Soto, 5000 N Willamette Blvd, Portland, OR 97203, 323-747-4421

3. Insurance: a. What company insures the damaged vehicle? AllState

b. Policy Number Claim Number: 0784871188

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 2/21/2025 b. Exact location I-5 S Exit to OR-99E S toward US-26 E

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 _____

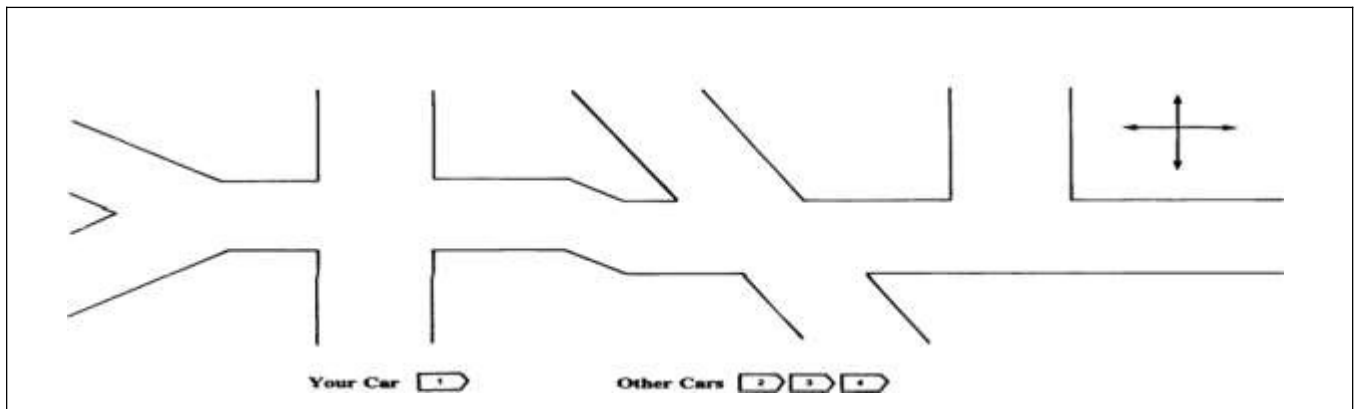
g. Were you on the job at the time of the incident? Yes _____ No ✓

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

h. Name of City of Portland Driver _____ City vehicle license# E 272956

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

Cruz Soto, 5000 N Willamette Blvd, Portland, OR 97203, 323-747-4421



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.

Right before the exit to the 99 cars stopped very suddenly, so I did the same to avoid hitting the car in front of me. After I came to a stop

I heard the car behind me get hit from behind by the police officer, and after a delay of a few seconds the car behind me (Honda) hit my car.

All vehicles were traveling south. I slowed from a speed of about 40mph, the person behind me was going a similar speed but the officer was likely going closer to 55mph

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.

2/24/2025

DATE

Lily John

CLAIMANT'S SIGNATURE

