



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

2025000445AL

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) KIRTI VIKIRNA LAL Date of Birth [REDACTED]
- a. Address 2303 LYONS AVE NE City RENTON State WA Zip 98059
- b. Home Phone NA Business Telephone NA Cell Phone 206-696-5954
- c. Occupation BUSINESS OWNER d. Marital Status: Single () Married () Divorced () Widowed ()
- If married, name of spouse SUMIT SAHAY
- d. E-mail address [REDACTED]

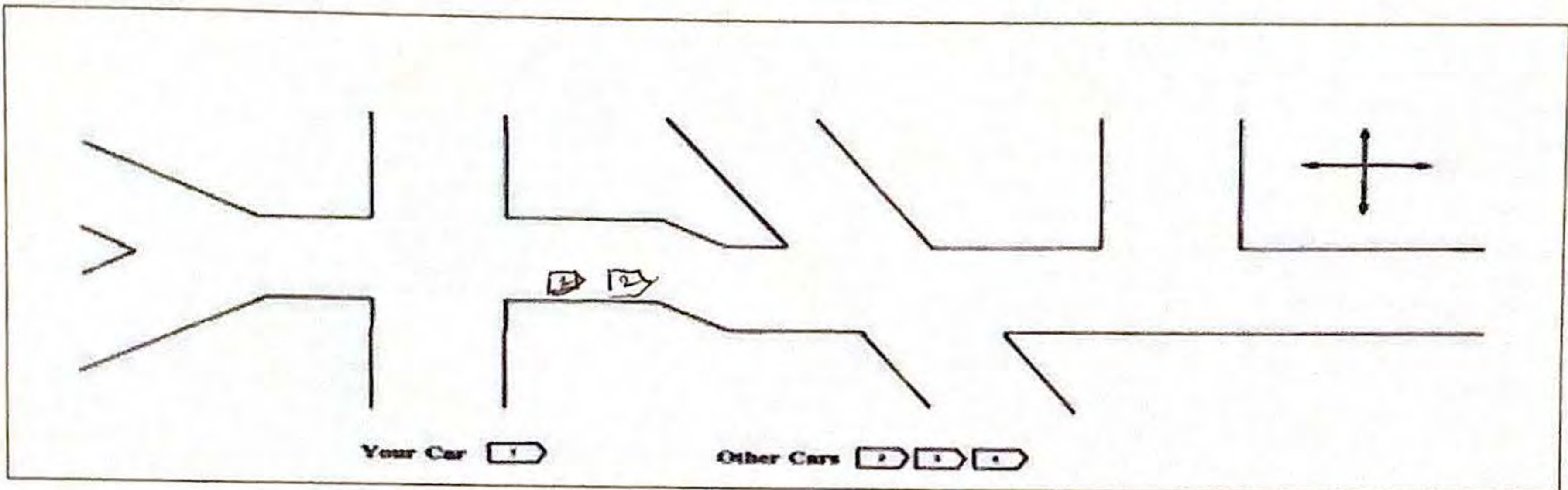
- 2. If claim involves a vehicle:** a. Year, make and model 2014 NISSAN LEAF SV
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] WA
- c. At time of accident, were you (check all that apply): Owner ☒ Driver ☐ Passenger ☐ N/A ☐
- d. Name and address of owner if different from claimant: (1. Above) same as above
- e. Name & address of driver if different from claimant: (1. Above) same as above
- Phone number of Driver 206-696-5954 Date of Birth of Driver 05/20/1977
- f. Names / addresses / phone #s of all occupants of vehicle at the time of the incident NA
- THE VEHICLE WAS PARKED

- 3. Insurance:** a. What company insures the damaged vehicle? PEMCO INSURANCE
- b. Policy Number [REDACTED] Claim Number: [REDACTED]
- c. Name and address of your insurance agent or adjuster RYAN CUSTER
- 1300 DEXTER AVE N, SEATTLE, WA 98109 Type of Coverage COMPREHENSIVE

4. Occurrence or event from which the claim arises:

- a. Date of incident 02/14/2025 b. Exact location SE BYBEE BOULEVARD, PORTLAND,
- c. Were you injured? Yes ☐ No ☒ Was anyone else injured? Yes ☐ No ☒ OREGON 97202
- (If there was no injury, please state "No Injuries") _____
- d. Nature and extent of any injuries NA

- e. If you were injured, name / phone / address of your treating doctor NA
- 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 FIRE STATION 20 City vehicle license# DON'T KNOW
 Names / Addresses / Phone Numbers of any witnesses to the incident: NA



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.
My Car was parked outside my house. The Fire truck hit the Car on the side damaging the front bumper and the driver side rear view mirror. The driver shared station details for us to make the claim.
6. **Damages claimed:**
- a. Amount claimed as of this date \$3212.80
- b. Estimated amount of future costs —
- c. Total amount claimed \$3212.80

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.

3/3/2025

DATE

Kurli Vikarna Lal

CLAIMANT'S SIGNATURE



PEMCO
Insurance

1300 Dexter Avenue N
Seattle, WA 98109-3571

March 4, 2025

CITY OF PORTLAND RISK MANAGEMENT
liabilityclaims@portlandoregon.gov

Your Claim No.: UNKNOWN
Your Insured: Portland Fire & Rescue Station 20
Date of Loss: February 14, 2025
Location of Loss: Portland, OR
Our Claim No.: [REDACTED]
Loss State: OR
Our Insured: Kirti Vikirna Lal

PLEASE ACKNOWLEDGE THIS NOTICE IN WRITING

Dear CITY OF PORTLAND RISK MANAGEMENT:

Please accept this subrogation notice for any damages paid on this claim. Our investigation of this accident indicates you/your insured was responsible for our damage because Portland Fire and Rescue Engine 20 struck our insured parked unoccupied vehicle. We have been unable to reach you to obtain the associated claim number. I have attached the Portland Tort Liability form and Oregon Collision report for your records. .

If you have questions, please contact me at **509-458-8272** or at email below. Please refer to claim number [REDACTED] in your message or subject line. If emailing documents or images to PEMCO, please send them to Claims@pemco.com. Thanks for your help.

Sincerely,

Ryan Coster
Claims Department
PEMCO Mutual Insurance Company