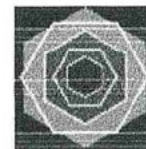




AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *



File Number: PPB case #: 25-58775 2025000478AL

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.

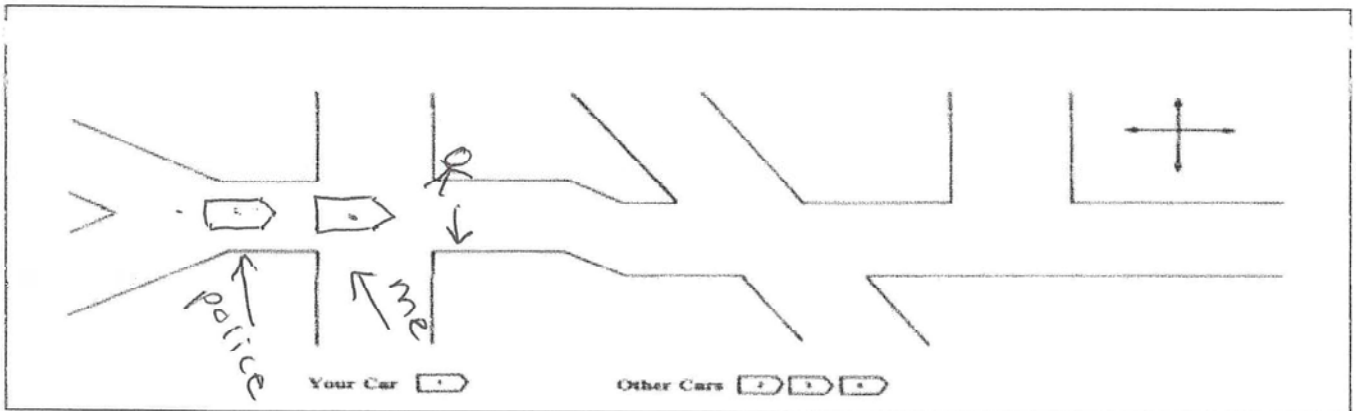
Completed forms may be mailed, emailed, faxed, or hand-delivered to:

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) Emma Goldsmith Date of Birth [REDACTED]
 - a. Address 7714 SE Martins Street city Portland State OR Zip 97206
 - b. Home Phone _____ Business Telephone _____ Cell Phone 971-235-7120
 - c. Occupation Teacher 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 2019 Subaru Outback
 - b. License Plate Number [REDACTED] 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 _____
3. **Insurance:** a. What company insures the damaged vehicle? GEICO
 - b. Policy Number [REDACTED] Claim Number: 0590749990101036
 - c. Name and address of your insurance agent or adjuster Claim Service Team
GEICO PO Box 35 Macon, GA 31204 Type of Coverage Auto
4. **Occurrence or event from which the claim arises:**
 - a. Date of incident 3/6/2025 b. Exact location SE 57th and SE Woodstock Ave.
 - 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 no 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 David Kemple City vehicle license# 265488
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.
I was driving East on SE Woodstock Ave at the speed limit. David was driving behind me. I stopped at the intersection to let a pedestrian and her dog cross at a clearly marked crosswalk. David didn't come to a full stop and rear-ended me.
6. **Damages claimed:**
- a. Amount claimed as of this date _____
- b. Estimated amount of future costs _____
- c. Total amount claimed _____

I haven't gotten to that step yet.

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.

03/11/2025
DATE

[Signature]
CLAIMANT'S SIGNATURE



