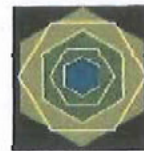




AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *



File Number: 2025000497AL

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) Jeremy BARNICLE Date of Birth [REDACTED]
 - a. Address 6607 SE 42nd Ave City PDX State OR Zip 97206
 - b. Home Phone - Business Telephone - Cell Phone 503-367-7738
 - c. Occupation CONSULTANT d. Marital Status: Single () Married (X) Divorced / Widowed ()
 - If married, name of spouse BRIDGET GERAGHTY
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2005 SUBARU LEGACY 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 N/A
3. **Insurance:** a. What company insures the damaged vehicle? PROGRESSIVE
 - b. Policy Number [REDACTED] Claim Number: 25-774929064
 - c. Name and address of your insurance agent or adjuster VICTORIA BUZMAN
 - Victoria A. Buzman progressive. Type of Coverage LIABILITY
4. **Occurrence or event from which the claim arises:** COM
 - a. Date of incident 1/29/25 b. Exact location SE MARTIN LUTHER KING + SE
 - c. Were you injured? Yes ☐ No ☒ Was anyone else injured? Yes ☐ No ☒ MILL ST.
 - (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 _____

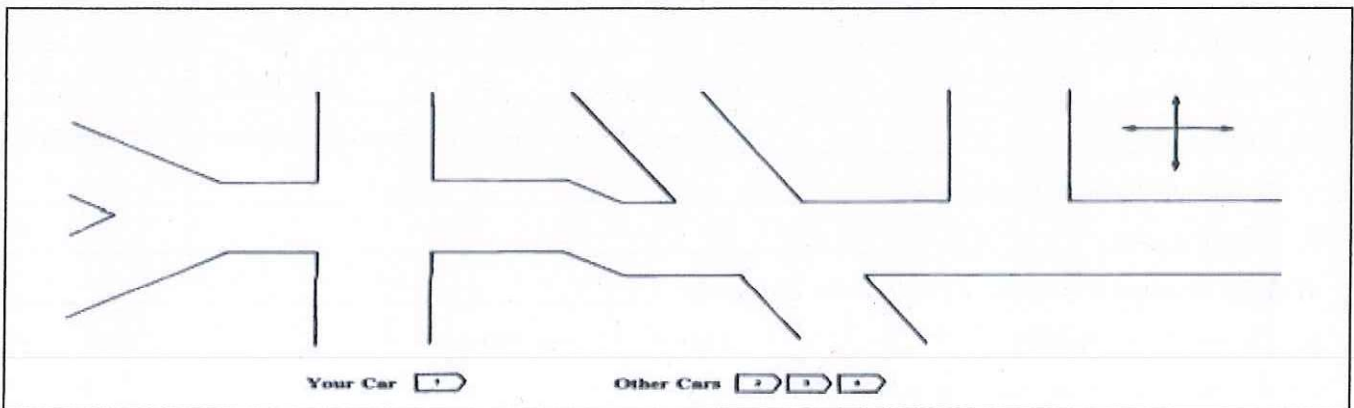
g. Were you on the job at the time of the incident? Yes _____ No X

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

h. Name of City of Portland Driver N/A City vehicle license# _____

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

PBot Street car Supervisor ANDREW MOREX @ 503-865-6460



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 south bound and merged in front of a street car. The car in front of me stopped abruptly, I braked, and the street car struck me from behind.

6. **Damages claimed:**

- a. Amount claimed as of this date \$ 2,342.06 (attached)
- b. Estimated amount of future costs Car is totaled - Blue Book is \$5,380
- c. Total amount claimed \$5,380

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.

DATE

CLAIMANT'S SIGNATURE