



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number: 25-77433 **2025000556LAW**



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) Blanca Montejo Date of Birth Redact

a. Address 4635 SE 88th ave City Portland State OR Zip 97266

b. Home Phone _____ Business Telephone _____ Cell Phone 5033176849

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

If married, name of spouse _____

d. E-mail address redact

2. If claim involves a vehicle: a. Year, make and model 2012 Honda Civic

b. License Plate Number redact 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 _____

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

b. Policy Number redact Claim Number redact

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 3/26/2025 b. Exact location 232 NE 82nd Ave

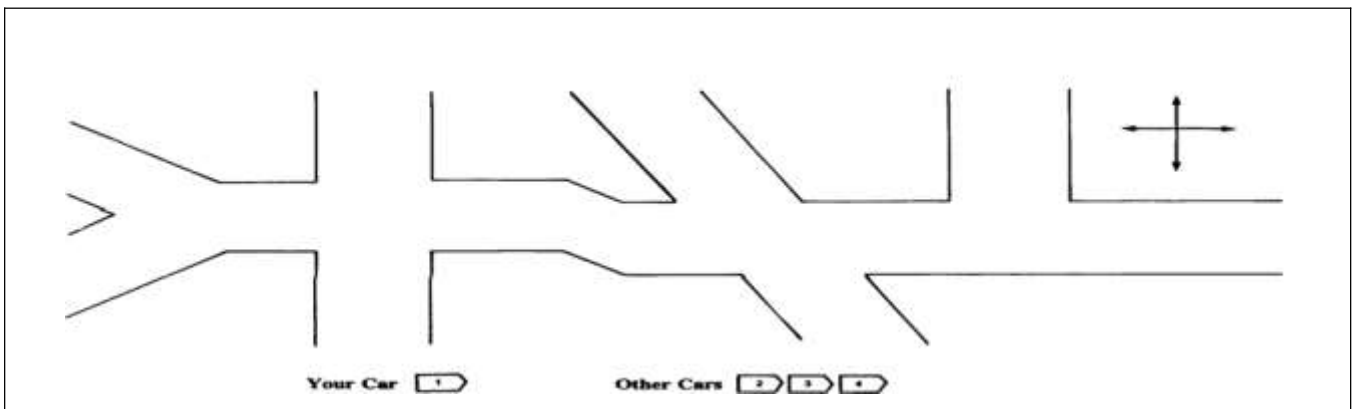
c. Were you injured? Yes ☒ No _____ Was anyone else injured? Yes _____

(If there was no injury, please state "No Injuries") _____

d. Nature and extent of any injuries Head and shoulders hurt and chest busted

BODILY INJURY/
PROPERTY DAMAGE
LIABILITY
PERSONAL INJURY
PROTECTION

- e. If you were injured, name / phone / address of your treating doctor La clinica de buena salud (503)
6736 NE Killingsworth St Rm 53 Portland, OR 97218 988-3991
- 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 x 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# redact
 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.
It was around 3:30ish and we were all going slow because it was traffic time when I was by the Wendy's and I saw a white van
Going in the only way I was say more then 50 mph then I heard sirens and and I closed my eyes and turned my head and
Everything went blank and when I opened it and officer was yelling are you okay are you okay and she got my out my car
6. **Damages claimed:**
- a. Amount claimed as of this date Work miss and total car lost
- b. Estimated amount of future costs 13,790 car and 35 hr lost in one job
And the sent job 40hrs lost 1420
- c. Total amount claimed 15,210

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.

03/30/2025
 DATE

[Signature]
 CLAIMANT'S SIGNATURE