KB PLOP ✓

AUTO LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND
** for auto accidents involving a City vehicle **

File Number: 2025000576AL

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) MRS. THU THI TANG Date of Birth [redacted]

a. Address 10910 SE ALEXANDER DR City Happy Valley State OR Zip 97086

b. Home Phone _____ Business Telephone _____ Cell Phone 971-335-1160

c. Occupation Accounts Payable d. Marital Status: Single ( ) Married ( ) Divorced / Widowed (X)

If married, name of spouse _____

d. E-mail address [redacted]

2. If claim involves a vehicle: a. Year, make and model 2018 TOYOTA RAV4

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 X Passenger ____ N/A ____

d. Name and address of owner if different from claimant: (1. Above) _____
NHAT HOANG 10910 SE ALEXANDER DR HAPPY VALLEY OR 97086

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? PROGRESSIVE

b. Policy Number [redacted] Claim Number: _____

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 03-19-25 b. Exact location NE GLISAN / NE 102ND, PORTLAND

c. Were you injured? Yes X No ____ Was anyone else injured? Yes ____ No X

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

d. Nature and extent of any injuries [redacted]

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e. If you were injured, name / phone / address of your treating doctor Elizabeth Hatfield, DO; 503-215-6000; 4805 NE GLISAN ST, PORTLAND OR 97213

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 X

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

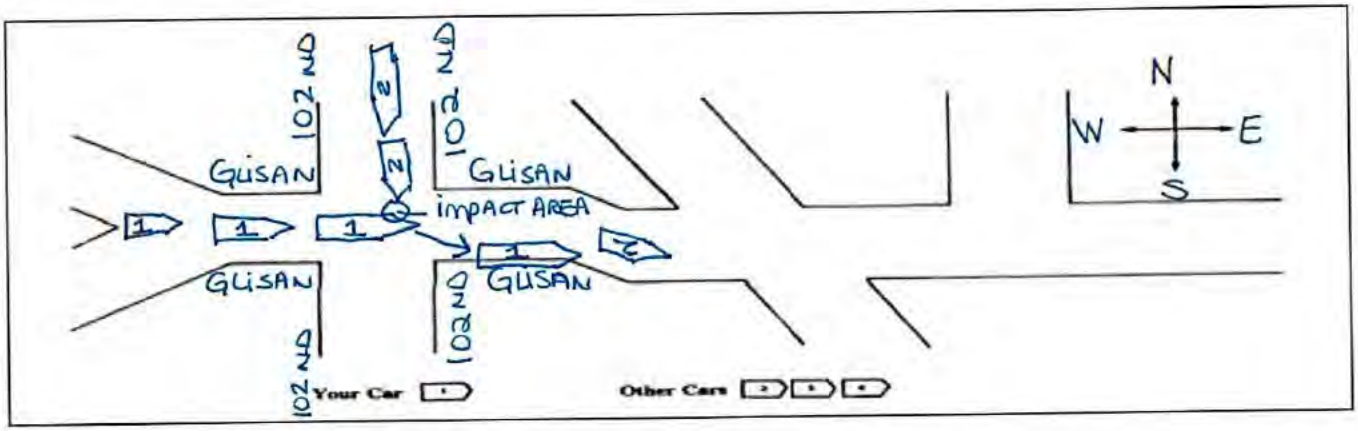
If yes, what is the name / phone / address of your employer? _____

_____

h. Name of City of Portland Driver TYLER SCOTT BRUNELLE City vehicle license [redacted]

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.

SEE ADDITIONAL PAGE

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)

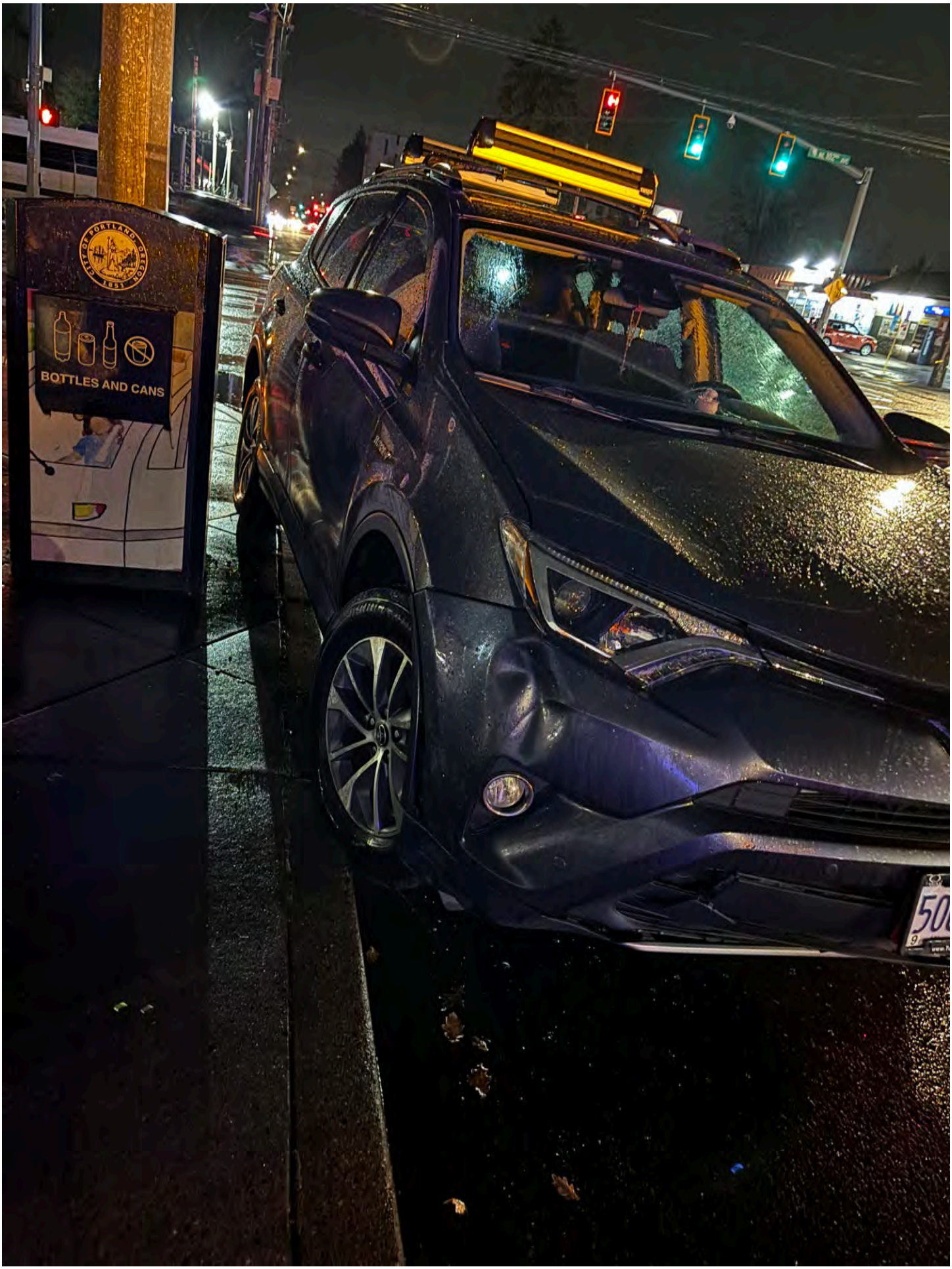
I have carefully read the statements made in this claim, including any attached sheets, and they are true. I understand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and that the statements are in connection with an application for a benefit from the City of Portland.

03-31-25
DATE

CLAIMANT'S SIGNATURE

Section #5

I was traveling Eastbound on NE Glisan in the center Lane. As I was going through the intersection on NE 102ND and NE Glisan, with a green light, I was struck by Vehicle 2. Vehicle 2 was heading Southbound on 102ND. Vehicle 2 collided with my front driver side. This severely damaged my front driver's side and tire. The impact caused my Vehicle to stop on the right side of the street with both of my right tires on the sidewalk.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