



AUTO LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for auto accidents involving a City vehicle *

File Number:

2025001127AL



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.

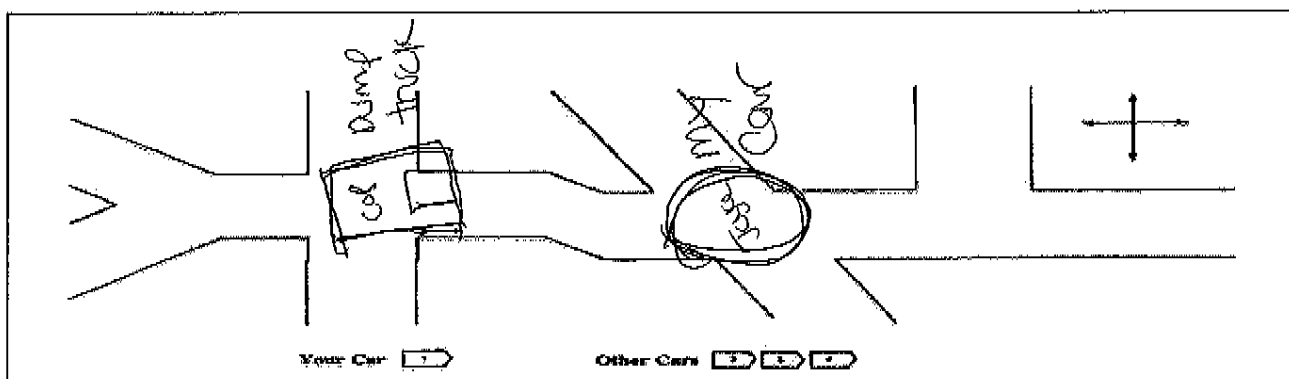
Completed forms may be mailed, emailed, faxed, or hand-delivered to:

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. Mr. Ms. Miss) Joyce Huckaby Date of Birth [REDACTED]
 - a. Address 304 S. High St. City Oregon city State OR Zip 97045
 - b. Home Phone 503 732 9503 Business Telephone _____ Cell Phone 503 732 9563
 - c. Occupation operations d. Marital Status: Single () Married (X) Divorced / Widowed ()
 - If married, name of spouse Robbie Huckaby
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2020 Toyota Highlander
 - 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) Same as above
 - e. Name & address of driver if different from claimant: (1. Above) [REDACTED]
 - Phone number of Driver [REDACTED] Date of Birth of Driver [REDACTED]
 - 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? State farm
 - b. Policy Number [REDACTED] Claim Number: _____
 - c. Name and address of your insurance agent or adjuster Gustavo Soares
4515 NE Fremont St. Portland OR 97213 Type of Coverage full coverage
4. **Occurrence or event from which the claim arises:**
 - a. Date of incident 08/18/2025 b. Exact location _____
 - c. Were you injured? Yes _____ No X Was anyone else injured? Yes _____ No X
(If there was no injury, please state "No Injuries") NIA
 - d. Nature and extent of any injuries NIA

- e. If you were injured, name / phone / address of your treating doctor N/A
- f. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
 If you were injured please provide the following: Social Security #: N/A
 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? N/A
- h. Name of City of Portland Driver UNKNOWN City vehicle license# E 102 302
 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.
Getting off I 405 to highway 30, big rock flew off dump truck
hit my windshield on driver side top left put a crack in my
windshield, license plate of car dump truck was (E 102 302) he was
getting off on Vaughn Street I was continuing up the 30
6. **Damages claimed:** happened at 7:20 am roughly
- a. Amount claimed as of this date I haven't
- b. Estimated amount of future costs filed a claim yet
- c. Total amount claimed wanted to let you know
first just happened
this morning

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.

8/18/2025
 DATE

Jayce Hukaby
 CLAIMANT'S SIGNATURE