

2025001148AL

PLOP

JJ

**PROGRESSIVE**

Payment Address	Document Address
24344 Network Place	P.O. Box 94639
Chicago, IL 60673-1243	Cleveland, Ohio 44101-9908
	Phone: (877)818-0139
	Fax: (888) 781-6947

8/14/2025 7:39:00 AM

Certified Mail certified number 9489 0090 0027 6567 1744 95 Return Receipt Requested

CITY OF PORTLAND  
Risk Management/Liability  
1120 S.W. 5th Ave., Suite 1040  
Portland, OR 97204-1912

RECEIVED

AUG 22 2025

AND  
RISK MANAGEMENT

Your Client: POTTER, RYAN  
Your Claim Number: NA  
Our Insured: LUCAS, BRAD  
Our Claim Number: [REDACTED]  
Amount Subject to Reimbursement: \$387.26 -OPEN PIP  
Amount of Insured's Deductible: NA

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

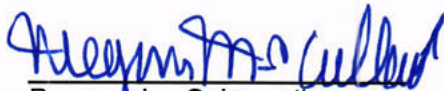
Location of Loss: SE 82ND AVE & SE DIVISION ST PORTLAND, OR USA  
Date and Time of Loss: 05/08/2025, 03:07 PM PT

**Description of Loss:**

Our insured was traveling at the intersection of SE 82nd Ave and SE Division St, in Portland, OR when a City Police vehicle with plate# [REDACTED] operated by Ryan Potter, failed to maintain proper lookout and yield the right of way at the intersection and collided with our insured's vehicle. We are seeking reimbursement for our insured's Personal Injury Protection.

Please make your draft payable to Progressive Universal Insurance Company as subrogee of "LUCAS, BRAD L", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. Thank you for your anticipated, prompt attention to this matter.



Progressive Subrogation  
Progressive Universal Insurance Company  
Tel. 877-818-0139  
Fax. 888-781-6947  
[REDACTED]

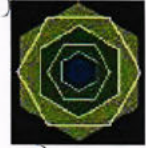


# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**

RECEIVED

AUG 22 2025



File Number: \_\_\_\_\_

INCIDENT

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. 5<sup>th</sup> Ave., Suite 1040, Portland, OR 97204-1912, Ph: 503-823-5101,

Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov

Progressive Universal Insurance Company A/S/O LUCAS, BRAD L

**1. Claimant** (Circle: Mr. Mrs. Ms. Miss) \_\_\_\_\_ Date of Birth \_\_\_\_\_

a. Address PO BOX 94639 \_\_\_\_\_ City CLEVELAND State OH Zip 44101

b. Home Phone 877-818-0139 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

c. Occupation \_\_\_\_\_ d. Marital Status: Single ( ) Married ( ) Divorced or Widowed ( )

If married, name of spouse \_\_\_\_\_

d. E-mail address \_\_\_\_\_

**2. If claim involves a vehicle:** a. Year, make and model 2001 KIA SPORTAGE

b. License Plate Number \_\_\_\_\_ VIN# \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

c. At time of accident, were you (check all that apply) Owner: \_\_\_\_\_ Driver \_\_\_\_\_ Passenger \_\_\_\_\_ N/AX \_\_\_\_\_

d. Name and address of owner if different from claimant (1. Above) \_\_\_\_\_

## 3. Occurrence or event from which the claim arises:

a. Date 05/08/2025 Time 03:07 PM PT Circle AM / PM

b. Place (exact and specific location) SE 82ND AVE & SE DIVISION ST PORTLAND, OR USA

c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): \_\_\_\_\_

Our insured was traveling at the intersection of SE 82nd Ave and SE Division St, in Portland, OR when a City Police vehicle with plate# \_\_\_\_\_ operated by Ryan Potter, failed to maintain proper lookout and yield the right of way at the intersection and collided with our insured's vehicle. We are seeking reimbursement for our insured's Personal Injury Protection.

d. State how the City of Portland or its employees were at fault: \_\_\_\_\_

Ryan Potter, failed to maintain proper lookout and yield the right of way at the intersection and collided with our insured's vehicle.

e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No ☒

If yes, what is the name / phone number of employer \_\_\_\_\_



4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_

\$387.26 -OPEN PIP- LUCAS, JAMIE A

5. **\*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 \_\_\_

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** \_\_\_\_\_

RYAN POTTER-DRIVER/ ANDERSON, GEORGE -PASSENGER

RECEIVED

7. **Name and address of any other person injured** \_\_\_\_\_

AUG 22 2025

8. **Name and address of the owner of any damaged property if different from claimant** \_\_\_\_\_

AND

MANAGEMENT

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 387.26 -OPEN PIP

b. Estimated amount of future costs: \$ \_\_\_\_\_

c. Total amount claimed: \$ \_\_\_\_\_

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

SEE ATTACHED LEDGER

10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_

11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_

**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 I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be 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: 8/15/25

*Megan McCullough*

Claimant's Signature

Progressive Universal Insurance Company  
SUBROGATION SPECIALIST

Megan McCullough

Print Name