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SHANGAR S. MEMAN
MEGAN JOHNSON
DEENA D. SAJITHARAN
KYLE T. SHARP
RACHEL M. JENNINGS

December 14, 2021

***Via Certified Mail 7018 1130 0000 1015 2008
and Email to robert.taylor@portlandoregon.gov and LiabilityClaims@portlandoregon.gov***

Robert L. Taylor
Portland Office of City Attorney
1221 SW 4th Ave., Ste. 430
Portland, OR 97204

Re: Our Client: Natalie J. King
Date of Injury: June 18, 2021
ORS 30.275 Tort Claim Notice & Request to Preserve Evidence

Dear Mr. Taylor:

This office has been retained by Natalie King with respect to injuries she suffered on Friday, June 18, 2021. On that day, in the afternoon, Ms. King was riding a Biketown ebike northbound on NW 15th Avenue, having turned left off NW Glisan Street. While riding northbound on NW 15th Avenue, the front wheel of Ms. King's ebike suddenly became wedged into the area directly on or adjacent to an abandoned trolley track that runs parallel to the roadway, causing Ms. King to crash onto the roadway. As a result of this crash, Ms. King sustained [REDACTED]

[REDACTED]

Notice of claim against the City of Portland ("City") is hereby given pursuant to the provisions of ORS 30.275. Ms. King will make a claim against the City, its officers, employees or agents for damages resulting from this crash. The claim is based upon the negligence of the City, and/or its agents and employees, as it pertains to the roadway where the incident injury occurred. The City's negligence relates to the unreasonably dangerous condition created and/or maintained by the City. This created a foreseeable hazard to vehicular traffic in general, and to bicyclists. The City also failed to warn bicyclists and vehicular traffic about the dangers associated with this roadway when they knew, or should have known, of the foreseeable hazard.

Additionally, this letter shall serve as a formal request to the City to preserve any and all evidence in its possession relating to the above described incident or injuries, including, but not limited to, photographs or video footage relating to the incident date of June 18, 2021.

Robert L. Taylor, Portland Office of City Attorney
December 14, 2021
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All correspondence regarding this claim should be forwarded to this office at the address indicated on this letterhead. We would appreciate written confirmation of receipt of this notice, claim, and request to preserve evidence. Please forward the enclosed copy of this letter to your insurance agent or carrier.

Very truly yours,



Christopher A. Larsen
Attorney at Law
chris@pdm.legal

c: Risk Management/Liability (via email only)
CAL:bas

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>Robert L. Taylor Portland Office of City Attorney 1221 SW 4th Ave. Ste. 430 Portland, OR 97204</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 1130 0000 1015 2008</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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<p>Postmark Here</p>	