

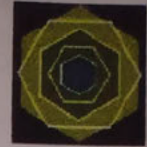


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2022-011832-20

File Number: _____



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 LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. ☒ Ms. ☐ Miss) Julie Waite Date of Birth [REDACTED]

a. Address 5302 NE 72nd AVE City Vancouver State WA Zip 98661

b. Home Phone 360-635-1698 Business Telephone 360-635-1698 Cell Phone 360-635-1698

c. Occupation Caregiver d. Marital Status: Single () Married ☒ Divorced or Widowed ()

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2013 Toyota Avalon

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 ☒ Passenger _____ N/A _____

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

3. Occurrence or event from which the claim arises:

a. Date January 11, 2022 Time 7:45pm Circle AM / ☒ PM

b. Place (exact and specific location) SE 92nd AVE - Pothole is located on 92nd directly in front of King Pins Bowling @ 3550 SE 92nd AVE Portland

c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or 97206 damage (use additional paper if necessary): I was on Powell in the left turn

lane turning south onto 92nd. It was 7:45 @ night and it was dark so I wasn't able to see the pothole that was right in line with my driver side tires. I hit the pothole and my tire immediately popped, leaving me on the side of the road. The city should have taken care of it before getting to be so dangerous.

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

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. Popped my driver side front tire.
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
If you were injured please provide the following: Social Security #: NONE
Medicare/Medicaid Beneficiary? Yes ___ No ___
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** City of Portland
7. **Name and address of any other person injured** NONE
8. **Name and address of the owner of any damaged property if different from claimant** NONE
9. **Damages claimed:**
- a. Amount claimed as of this date: \$ 221.92
 - b. Estimated amount of future costs: \$ _____
 - c. Total amount claimed: \$ 221.92
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
Tow Truck \$80 (Wasn't given a receipt. I paid cash.)
Replacement Tire \$141.92
10. **Names, addresses / phone #s of all witnesses** NONE
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: 1/18/2022

Julie Waite
Claimant's Signature

Julie Waite
Print Name