



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number:

2022-011847-20

Occurrence 202-20623

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

RECEIVED

JAN 24 2022

CITY OF PORTLAND  
RISK MGMT

1. Claimant (Circle: Mr ☐ Mrs ☒ Miss) OLIVIA MORGAN LAMPERT Date of Birth [REDACTED]
- a. Address 6841 SE RAMONA STREET City PORTLAND State OR Zip 97206
- b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone (503) 819-3886
- c. Occupation AGM. <sup>HOTEL</sup> HOSPITALITY d. Marital Status: Single ( ) Married ☒ Divorced or Widowed ( )
- If married, name of spouse JARROD LAMPERT
- d. E-mail address [REDACTED] letter [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2020 NISSAN ALTIMA
- 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) [REDACTED]

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

- a. Date JANUARY 5, 2022 Time 9:15 Circle AM / ☒ PM
- b. Place (exact and specific location) BETWEEN 89<sup>TH</sup> + 90<sup>TH</sup> ON SE WOODSTOCK  
EAST BOUND LANE
- 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): NEGLECT OF A CITY STREET - POT  
HOLE VERY DEEP CREATING A HAZARD. ESTIMATED 6" DEEP
- d. State how the City of Portland or its employees were at fault: NOT FILLING THE POT HOLE:  
NOT MAINTAINING A CITY STREET
- e. Were you on the job at the time of the accident? Yes ☐ No ☒
- If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. POPPED TIRE AND DAMAGE TO THE WHEEL RIM.
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** PBOT
7. **Name and address of any other person injured** \_\_\_\_\_
8. **Name and address of the owner of any damaged property if different from claimant** \_\_\_\_\_
9. **Damages claimed:**  
a. Amount claimed as of this date: \$ 218.91  
b. Estimated amount of future costs: \$ 0  
c. Total amount claimed: \$ 218.91  
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
NISSAN OF PORTLAND RECEIPT FOR PAYMENT OF REPLACED TIRE
10. **Names, addresses / phone #s of all witnesses** FAY MORGAN, 4905 SE 104TH AVE  
PORTLAND, OR 97266 (971) 701-7685
11. **Any additional information that might be helpful in considering your claim** THE EVENING  
OF THE INCIDENT, THE POT HOLE WAS FILLED WITH RAIN WATER.

**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.

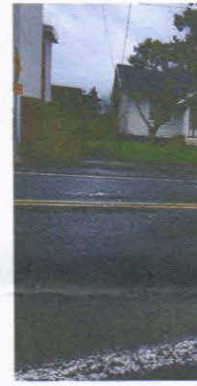
Date: 1-13-22

Olivia Morgan Lampert  
Claimant's Signature

OLIVIA MORGAN LAMPERT  
Print Name



POT HOLE  
ON SE  
WOODSTOCK



← EAST  
BOUND  
LANE

DAMAGE  
TO  
WHEEL  
RIM



FLAT  
TIRE



JANUARY 5, 2022  
9:15 PM