



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-011856-20

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

1. Claimant (Circle: Mr Mrs. Ms. Miss) Joseph Salas Date of Birth [REDACTED]
- a. Address 12828 SE Sunnyview Drive City Clackamas State OR Zip 97015
- b. Home Phone (310) 487-9460 Business Telephone _____ Cell Phone (310) 487-9460
- c. Occupation Director of Operations for Smart Art Box d. Marital Status: Single () Married (X) Divorced or Widowed ()
- If married, name of spouse Sarah Salas
- d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2022 Nissan Leaf
- 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: ☒ **RECEIVED**
- d. Name and address of owner if different from claimant (1. Above) _____ **JAN 27 2022**

3. Occurrence or event from which the claim arises:

City of Portland-Risk Management

- a. Date 1/16/2022 Time 11:00 Circle (AM) PM
- b. Place (exact and specific location) SE 12th Ave, north of SE Division Street, right lane. There are 2 large potholes within the first few intersections, prior to SE Hawthorne Blvd.
- 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): I was heading north on SE 12th Ave. in the right lane. There were cars to the left of me, in the left lane. There were cars to the right of me, parked. Ahead of me, there were 2 large potholes, that I could not avoid with the right tires of my vehicle. I slowed down to go over them (10-15 mph under speed limit). After going over them, my 2 right tires and alignment were damaged.
- d. State how the City of Portland or its employees were at fault: Series of oversized potholes were located in the right lane, where the right tires of a vehicle would drive. There is no way around them, especially if there are vehicles in the left lane and parked cars to the right of right lane.
- 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. _____

2 tires and wheel alignment of my vehicle

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** _____

Portland Bureau of Transportation (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: \$ 347.79

b. Estimated amount of future costs: \$ 0

c. Total amount claimed: \$ 347.79

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

Replaced 2 tires & fixed wheel alignment

10. **Names, addresses / phone #s of all witnesses** Sarah Salas & River Salas

12828 SE Sunnyview Drive Clackamas, OR 97015

(562)619-1964

11. **Any additional information that might be helpful in considering your claim** We bought this car brand new

2 weeks before encountering these potholes. Going the speed limit and slowing down for them,
these potholes destroyed two tires and required the vehicle to have a realignment.

This shouldn't be an extra expense for my family.

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: 1/27/2022

Joseph P. Salas
Claimant's Signature

Joseph Salas
Print Name