



CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 2022-011921-20

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) Ida Malmquist Date of Birth [redacted]
a. Address 4412 SW Shattuck Road City Portland State OR Zip 97221
b. Home Phone Business Telephone Cell Phone 2146736540
c. Occupation Dentist d. Marital Status: Single ( ) Married (x) Divorced or Widowed ( )
If married, name of spouse Michael Malmquist
d. E-mail address [redacted]

- 2. If claim involves a vehicle: a. Year, make and model
b. License Plate Number Driver's License Number State
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 February 3, 2022 Time 10:25 Circle AM / PM
b. Place (exact and specific location) North side of the home entire length of the property
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): The city of Portland approved setback permits based off A plans given to them by a contractor that was not a boundary survey and no property markers Placed. The inspector has no records of the property being properly marked in any way and the Contractor has no documents verifying the property lines or boundary and we are now being sued And can't sell our home and are having to move our electrical meter, planter box and storm drain.
d. State how the City of Portland or its employees were at fault: The city is at fault by approving several permits with no boundary survey or verification of the Property lines and allowing an extensive remodel of a home to take place on another person's Property which has now become a huge problem for us as the innocent buyers of this home.
e. Were you on the job at the time of the accident? Yes No (x)
If yes, what is the name / phone number of employer

4. **Description:** Describe the injury ~~Property damage loss on 02/09/2022~~ Property damage loss on 02/09/2022 \_\_\_\_\_  
Lost two buyers for the home and thousands of dollars in lawyers fees and assessments not to mention  
~~The unknown costs of moving the electrical meter, storm drain and planter box~~ \_\_\_\_\_

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** \_\_\_\_\_  
Steve Pierce

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: \$ 15,000

b. Estimated amount of future costs: \$ 20,

c. Total amount claimed: \$ 35000

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

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: 02-08-2022



Claimant's Signature

Ida Malmquist

Print Name