

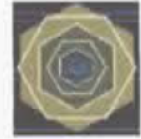


# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

2022-011931-20

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. 5<sup>th</sup> 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) David W. Neerman Date of Birth [REDACTED]
- a. Address 3126 NE 21<sup>st</sup> Ave City Portland State OR Zip 97212
- b. Home Phone — Business Telephone — Cell Phone 703 635 9024
- c. Occupation retired d. Marital Status: Single ( ) Married ( ) Divorced or Widowed ( )
- If married, name of spouse Margaret B Neerman
- 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 January 2/3 2022 Time \_\_\_\_\_ Circle AM / PM
- b. Place (exact and specific location) basement flooded overnight due to clogged sewer line
- 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): \_\_\_\_\_
- failure to maintain city owned portion of sewer line
- d. State how the City of Portland or its employees were at fault: \_\_\_\_\_
- failure to maintain city owned portion of sewer line
- 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. \_\_\_\_\_

See attached

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** \_\_\_\_\_

Bureau of Environmental Services

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: \$ 5763.<sup>71</sup>

b. Estimated amount of future costs: \$ unknown

c. Total amount claimed: \$ \_\_\_\_\_

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

invoices and estimate

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: 2/10/2022

[Signature]

Claimant's Signature

DAVID W NEERMAN

Print Name

Claim Against the City of Portland, Item 4

Our basement flooded the night of January 2/3, 2022. Not knowing the source of the flood, we purchased a RIGID wet/dry vacuum and a dehumidifier at Home Depot to help clean up the water.

After cleaning up the flood, we tried to relight the water heater. Unable to relight the water heater, we called D and H Plumbing for assistance. They determined that the heater was too damaged to relight, and we purchased a new water heater from them to be installed January 5<sup>th</sup>.

Before the water heater could be installed, the basement flooded again and we were finally able to determine the source of the water, which was coming from a floor drain in the basement. We called D and H Plumbing again and they spent January 5<sup>th</sup> trying to clean the line from the floor drain through the sewer line. On the morning of the 6<sup>th</sup>, they were able to determine that the problem was a clogged sewer line, and that the clog was in the city owned portion of the line. D and H Plumbing contacted the Bureau of Environmental Services, an emergency crew was dispatched, and the city agreed that their portion of the line was clogged and proceeded to open up the street and the line.

Charges for which we are seeking reimbursement are:

1. Rigid 16 galloon Wet Dry Vacuum purchased from Home Depot on January 3, 2022, [REDACTED]
2. GE Dehumidifier purchased from Home Depot on January 3, 2022, [REDACTED]
3. Invoice from D and H Plumbing dated January 6, 2022 for attempt to clean the line from the floor drain to the sewer line, and for attempt to clean the sewer line, [REDACTED]
4. Invoice from D and H Plumbing for installation of 50 gallon gas Hot Water Heater, [REDACTED]
5. Cleaning products for Bissell floor cleaner purchased from Amazon on January 8, 2022, for [REDACTED]