



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 22-30372 2022-011962-28

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

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

FEB 21 2022

City of Portland-Risk Management

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Tom Spitznagel Date of Birth [REDACTED]
 - a. Address PO Box 25058 City Portland State OR Zip 97298
 - b. Home Phone - Business Telephone 503-445-0054 Cell Phone 503-380-5010
 - c. Occupation Contractor d. Marital Status: Single () Married (☒) Divorced or Widowed ()
 - If married, name of spouse Kelli Spitznagel
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2004 Ford F15 Pickup
 - b. License Plate Number [REDACTED] (OR) Driver's License Number [REDACTED] (ID) State OR (^{truck})
 - 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) PTR Homes LLC P.O. Box 25058 Portland, OR 97298
3. **Occurrence or event from which the claim arises:**
 - a. Date 02/01/2022 Time 11:00 Circle AM / (PM)
 - b. Place (exact and specific location) SE Holgate
 - 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): City of Portland police errantly took stripped road & subsequently popped tires of my work truck. My truck was deemed not to be the vehicle sought and had nothing to do with the vehicle theft the police were searching for.
 - d. State how the City of Portland or its employees were at fault: City of Portland police admitted fault at the scene, were very apologetic, and closed SE Holgate until the site could be cleared.
 - 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. _____

Damaged snow tires

5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** n/a

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** _____

names of Portland police officers were not provided

7. **Name and address of any other person injured** n/a

8. **Name and address of the owner of any damaged property if different from claimant** n/a

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 831.92

b. Estimated amount of future costs: \$ 80.00

c. Total amount claimed: \$ 911.92

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

Les Schwab estimate \$771.92 (attached)

employee payroll to obtain estimate & repairs \$140

10. **Names, addresses / phone #s of all witnesses** Tim Haines (employee)

971-322-7270 1830 N. Kilpatrick, Portland 97217

11. **Any additional information that might be helpful in considering your claim** _____

I am a residential home builder and this truck is used on a
constant basis and travels over the mountain passes frequently
so new/replacement snow tires are needed ASAP.

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: 02/12/2022

Claimant's Signature

Thomas A. Spitznagel

Print Name