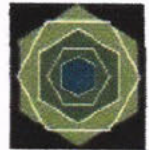




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

RECEIVED



File Number:

2022-011986-28

FEB 25 2022 11

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 **CITY OF PORTLAND RISK MANAGEMENT**

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. 5th 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) Jeff Heath Date of Birth [REDACTED]

Address 15710 SE Taggart St City Portland State OR Zip 97236

b. Home Phone _____ Business Telephone _____ Cell Phone 503-847-7128

c. Occupation retired d. Marital Status: Single ☒ Married ☐ Divorced or Widowed ☐

If married, name of spouse Cindy Heath

d. E-mail address [REDACTED]@com or [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 Feb 14, 2022 Time 2:14 Circle ☒ AM / ☐ PM

b. Place (exact and specific location) 12325 SE Powell & 124th cross street
Our Gate to Back lot

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): there was a shooting on 124th along side of our property. The Police thought there was a shell casing over the fence so called the fire department to come and break our lock on the gate. They did such and left it laying on the ground but never entered because our dog scared them.

d. State how the City of Portland or its employees were at fault: C. explains this one!
Case # 22-41687 Officer Arlene her number 503-964-2735
& Detective Brian Sims # 31128

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 _____

the hit the lock so hard it caused our gate to shift and was almost to hard to get open. We had to replace our lock and get the gate adjusted so we could open it easy again.

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. lock broken on back lot left unsecured until 10:30am
when we got there. Gate knocked out of balance
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 Police Portland & Portland fire department
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: \$ 74.99 for new locks realigning
 - b. Estimated amount of future costs: \$ _____ of gate
 - c. Total amount claimed: \$ 74.99
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** Our camera system at said
property. All officers and firemen at the scene
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: Feb 22, 2022

Jeffery Hiatt
Claimant's Signature

JEFFERY HIATT
Print Name