



Received by Risk Management 3/1/2022

# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2022-011999-20



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. 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) Kristen Golden Date of Birth [REDACTED]
  - a. Address 13314 SE 19th St Apt. F4 City Vancouver State WA Zip 98683
  - b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone (503) 891-7246
  - c. Occupation Independent Contractor Marital Status: Single ☒ Married ☐ Divorced ☐ or Widowed ☐  
If married, name of spouse \_\_\_\_\_
  - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:**
  - a. Year, make and model 2020 Acura ILX
  - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State WA
  - 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 2/28/2022 Time 12:06 Circle AM / ☒ PM
  - b. Place (exact and specific location) Ambassador Place and NE Cascades Pkwy, Portland OR 97220 (on corner before turning right onto Ambassador Pl.)
  - 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): Negligence to repair or mark pothole in road which is very hard to see when driving.
  - d. State how the City of Portland or its employees were at fault: Negligence, failure to repair or properly mark pothole which caused my tire to bust.
  - e. Were you on the job at the time of the accident? Yes ☒ No ☐  
If yes, what is the name / phone number of employer DoorDash (855) 973-1040

4. **Description:** Describe the injury, property damage, or loss so far as known at the time of this claim. Received by Risk Management 3/1/2022

Front driver tire busted, needed to replace

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

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: \$ 116.99

b. Estimated amount of future costs: \$ \_\_\_\_\_

c. Total amount claimed: \$ 116.99

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

Invoice from Les Schwab tires

10. **Names, addresses / phone #s of all witnesses** N/A

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: 3/1/22

[Signature]

Claimant's Signature

Kristen Golden

Print Name