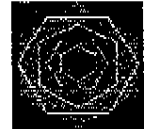




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012023-20

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. 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) Thomas Morgana Date of Birth [REDACTED]
- a. Address 1730 SE 80th Ave City Portland State OR Zip 97216
- b. Home Phone N/A Business Telephone 503-771-5400 Cell Phone 503-896-9573
- c. Occupation Business Owner d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse Bev Morgana
- d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model _____
- b. License Plate Number _____ Driver's License Number _____
- c. At time of accident, were you (check all that apply) Owner: _____ Driver: _____
- d. Name and address of owner if different from claimant (1. Above) _____ City of Portland-Risk Management

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3. Occurrence or event from which the claim arises:

- a. Date Feb. 7th 2022 Time 10:30 Circle (AM) PM
- b. Place (exact and specific location) 1730 SE 80th Ave Portland OR 97216
and SE Mill St. (main 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): Gravel in main sewer line caused sewer blockage to our building. We were unable to use toilets. We had to have the line pumped twice & had a portable toilet rental dropped off.
- d. State how the City of Portland or its employees were at fault: Gravel in the main sewer line in SE Mill St. was clogging our sewer from entering the city sewer main line.
- e. Were you on the job at the time of the accident? Yes X No _____
- If yes, what is the name / phone number of employer Autolane LLC 503-771-5400

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Loss is financial. We had to pay to have the line pumped twice. Scoped & paid for a porta potty.
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** City Sewer
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: \$ 1120.⁰⁰
b. Estimated amount of future costs: \$ 0
c. Total amount claimed: \$ 1120.⁰⁰
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Actual Costs of Pumping & Out-house Services.
10. **Names, addresses / phone #s of all witnesses** Angela Cate, Don Matt, Anne Nadine
all employees of Autolane LLC. 503-771-5400
Lannie ELLIS 503-823-1748 (City of Portland)
11. **Any additional information that might be helpful in considering your claim** Lannie ELLIS from the City of Portland viewed the pipe
scope video & Disp. the City to inspect. He told my office
Manager that the City solved the problem.

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: 3-7-22
[Signature]
Claimant's Signature

Thomas Morgana
Print Name