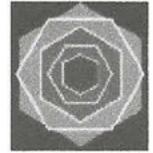


**CLAIM AGAINST THE CITY OF PORTLAND***\* for damages to persons or property \**File Number: 2022-012031-20

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) Jadelyn Tsukamoto Eaton Date of Birth [REDACTED]

a. Address 2858 SE 49th Ave City Hillsboro State OR Zip 97123

b. Home Phone 503.681.7907 Business Telephone \_\_\_\_\_ Cell Phone 503.998.2377

c. Occupation A/R Representative d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )

If married, name of spouse Jeffery Eaton

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2011 Chevrolet Silverado

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR

c. At time of accident, were you (check all that apply) Owner: XX 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 01/27/2022 Time \_\_\_\_\_ Circle AM / PM

b. Place (exact and specific location) 6455 NE 82nd Ave Portland, Oregon 97220

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): See attached letter from the business property manager.

I was not present at the time of damage. My vehicle was parked in the lot while I was away on a trip. I returned on January 31st 2022 to the damage the trees had done to my truck. Knocked off my drivers side mirror, dents and scrapes to the body in various places on the vehicle.

d. State how the City of Portland or its employees were at fault: Restricting business property to maintain the trees surrounding the property to avoid damage to the vehicles within their lot.

e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No XX

If yes, what is the name / phone number of employer \_\_\_\_\_

4. **Description:** Describe the injury, property damage or loss known at the time of this claim. Received by Risk Management 3/8/2022  
damage to my vehicle from poor maintenance of trees on the City of Portland property

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

If you were injured please provide the following: Social Security #: n/a

Medicare/Medicaid Beneficiary? Yes \_\_\_ No XX

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** \_\_\_\_\_  
City of Portland

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

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 952.80

b. Estimated amount of future costs: \$ -0-

c. Total amount claimed: \$ 952.80 (my deductible and Rental)

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

The damage has been repaired and completed. Bill is attached. I want to claim the cost of my deductible and cost of rental car.

10. **Names, addresses / phone #s of all witnesses** Shawn (general manager) 503-255-6374

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

I had to rent a car from 2/3/2022 to 02/12/2022 while my vehicle was in the shop. i do not have rental coverage through my insurance. The pictures that are included is not all the damage to the vehicle. Estimator found more in their inspection.

We arrived back from trip in the dark and did not see all the damage in pics until the next day in daylight.

**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: March 8<sup>th</sup>, 2022

Jadeyn Tsukamoto Edton  
Claimant's Signature

Jadeyn Tsukamoto Edton  
Print Name

E-17-N



To Whom It May Concern:

A tree from the City of Portland's Property fell on your truck Thursday January 27<sup>th</sup>, during a very windy day. I'm very sorry this happened to your vehicle. We will comp your parking.

Unfortunately, since the tree came from the City of Portland's property, we are not liable. We are unable to cut tree's on their side of the property.

I can help your insurance with any questions they may have.

Again, I'm very sorry this happened. If you have any questions, please contact me Monday-Friday 10-3:30. 503-255-6374

Thank you,  
Shawn  
General Manager

