

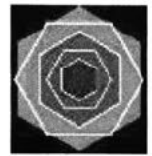


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2022-012052-20

KB TRMN 2730 / 2732 ✓



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) JESUS DORADO Date of Birth [REDACTED]
 - a. Address 17554 NW BERNARD DR City BEAVERTON State OR Zip 97006
 - b. Home Phone N/A Business Telephone N/A Cell Phone (213) 265-4403
 - c. Occupation Manufacturing PM Marital Status: Single ☒ Married ☐ Divorced ☐ Widowed ☐
If married, name of spouse N/A
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:**
 - a. Year, make and model 2019 Volkswagen Golf
 - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR
 - 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) _____

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CITY OF PORTLAND
RISK MANAGEMENT

3. Occurrence or event from which the claim arises:

- a. Date Sunday, February 6, 2022 Time 6:30 Circle AM / PM
- b. Place (exact and specific location) 5311 W Burnside St. Portland, OR 97210
45.51877° N, 122.73213° W
- 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 failed to repair this giant pothole in a timely manner, in a not so well lit area, caused this pothole to not be easily seen leading to this damage.
- d. State how the City of Portland or its employees were at fault: As shown in the photos provided this pothole caused damage to many cars and still the pothole was not repaired.
- 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 _____

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Passenger side rim was badly damaged causing vehicle to shake/remeble becoming nearly undrivable on highways.
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 X

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

Portland Bureau Of Transportation (PBOT)

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: \$ 813.05

b. Estimated amount of future costs: \$ 813.05

c. Total amount claimed: \$ 813.05

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

Three bills/invoices provided.

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

N/A

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

I have provided photos of everything needed! So many cars were damaged by this pothole that someone even took the liberty to put white paint on it so it could be visible.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085) (photos provided)

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: 3/8/2022

[Signature]
Claimant's Signature

Jesus Dorado
Print Name





