



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012077-20

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, 8:00 am to 5:00 pm. 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) Peter Wilberding Date of Birth [REDACTED]

a. Address 5516 SE 66th Ave City Portland State OR Zip 97206

b. Home Phone 503-956-9240 Business Telephone _____ Cell Phone _____

c. Occupation Engineer d. 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 N/A

b. License Plate Number _____ Driver's License Number _____

c. At time of accident, were you (check all that apply) Owner: _____ Driver: _____ City of Portland-Risk Management

d. Name and address of owner if different from claimant (1. Above) _____

3. Occurrence or event from which the claim arises:

a. Date Mar 3 2022 Time Afternoon Circle AM / PM

b. Place (exact and specific location) The street in front of my house 5516 SE 66th Ave

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 crew had a small trailered backhoe. When leaving, the backhoe caught the cable line extending from the utility pole to my house. The line pulled out of my house and did some damage to my window.

d. State how the City of Portland or its employees were at fault: _____

They did not inspect their surroundings prior to moving heavy machinery, which did direct damage to my property.

e. Were you on the job at the time of the accident? Yes _____ No No


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. _____
Damage to window where cable caught. The exterior trim around the window will need to be replaced and re-painted.
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 _____
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____
Bruce Chartis? (He left a note and the handwriting is not great)
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: \$ 800
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ _____
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Verbal estimate from neighbor handyman
10. **Names, addresses / phone #s of all witnesses** _____
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: 3-16-2022



Claimant's Signature

Peter Wilberding

Print Name