



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

Occurrence 202-20638

File Number:

2022-012079-20



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) Letha Winsto Date of Birth 7/1/1966
  - a. Address 11136 Southeast Holgate City Portland State ore Zip 97266
  - b. Home Phone — Business Telephone — Cell Phone 503 449-3069
  - c. Occupation Manager d. Marital Status: Single ( ) Married ( ) Divorced or Widowed X
  - If married, name of spouse —
  - d. E-mail address —
2. If claim involves a vehicle: a. Year, make and model 2014 Brown Mercedes benz 2300  
b. License Plate Number — Driver's License Number — State ore  
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 March 2 Time 7:33 pm Circle AM / PM
  - b. Place (exact and specific location) Between 85<sup>th</sup> & 87<sup>th</sup> Killingsworth going towards 205
  - 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): I was Driving Down the Right Lane going down Killingsworth Between 85<sup>th</sup> & 87<sup>th</sup> Killingsworth heading to 205 freeway As I was driving I felt boom boom and then my Head Rest Safety popped out and hit me in the head my car started wobbling I pulled over and my tire was Blew out
  - d. State how the City of Portland or its employees were at fault: Because that pot Hole in that Street was very dangerous Very deep and the City of Portland Should Have fixed it
  - 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. Right front tire busted Right front Rim Dented  
Both Head Rest busted open
5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***  
 If you were injured please provide the following: Social Security #: [REDACTED]  
 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:**
- Amount claimed as of this date: \$ 50<sup>for</sup> tow on sight
  - Estimated amount of future costs: \$ 300 to fix Head Rest
  - Total amount claimed: \$ 200 fix tire and Rim
  - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): 971-369-3614 van mentioned got hit for  
some reason I put it under witness no name but Hee
10. **Names, addresses / phone #s of all witnesses** Car was Damaged as well.
11. **Any additional information that might be helpful in considering your claim** NO

**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 16 2022  
[Signature]  
 Claimant's Signature

Letha B Winston  
 Print Name