



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: _____

2022-012085-20

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CITY OF PORTLAND
RISK MGMTA 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. Fifth, Room 106/1040, Portland, OR 97204-1912, Ph: 503-823-5101, Fax:
503-823-6120

LiabilityClaims@portlandoregon.gov

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) _____ Date of Birth _____
- a. Address 14117 S.E. Sennie Ln City Milwaukie State OR Zip 97269
- b. Home Phone 503/733-4420 Business Telephone 503/235-5990 Cell Phone 503/320-0530
- c. Occupation antique dealer d. Marital Status: Single () Married () Divorced or Widowed (x)
- If married, name of spouse N/A
- d. E-mail address _____
2. **If claim involves a vehicle:** a. Year, make and model 2017 CLS 550 mercedes
- b. License Plate Number _____ Driver's License Number OR _____ 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) N/A
3. **Occurrence or event from which the claim arises:**
- a. Date 3/5/20 Time 5:30 Circle AM / PM
- b. Place (exact and specific location) S.E. 17th Portland 97202
(Street behind U.S. Bank)
- 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): Large pothole in logistical middle of road & difficult to avoid as cars parked on right & cars coming from left
- d. State how the City of Portland or its employees were at fault: not repaired, or attended to.
- e. Were you on the job at the time of the accident? Yes _____ No just got off work
If yes, what is the name / phone number of employer N/A

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____

See enclosure

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** _____

Northomah Ct

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: \$ 1599.86

b. Estimated amount of future costs: \$ 0

c. Total amount claimed: \$ 1599.86

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

See bill of repair enclosed

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

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

Several Low workers the next day viewed the hole and concurred it was a disaster

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: 3/15/22

Cheryl Grail

Claimant's Signature

Cheryl Grail

Print Name