



MR TRMN 2730 / 2732

✓ GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

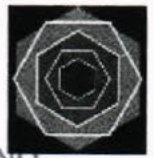
* for damages to persons or property *

2022-012089-20

File Number: _____

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CITY OF PORTLAND
RISK MGMT

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) Anthony Edward Alder Jr Date of Birth [REDACTED]
- a. Address 1600 S E Burnside St City Portland State OR Zip 97233
- b. Home Phone 971 212-1997 Business Telephone 971 212-1997 Cell Phone 971 212-1997
- c. Occupation Painter d. Marital Status: Single () Married () Divorced or Widowed (X)
- If married, name of spouse _____
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2008 Lexus LS 460
- b. License Plate Number California [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) _____
3. Occurrence or event from which the claim arises:
- a. Date 2-10-22 Time 1:30 P.M. Circle AM / (PM)
- b. Place (exact and specific location) 118th n.e. Sandy Portland, OR
118th n.e. Sandy Portland, OR
- 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 coming home from a paint job on Swan Island driving down Sandy Blvd and 118th and went into a pot hole and it flattened my tire and cracked my ASARA S19 Black machined rim on my car.
- d. State how the City of Portland or its employees were at fault: Because it was a big whole in the road that should of been fixed, and it wasn't, and it broke my rim and tire on my car.
- e. Were you on the job at the time of the accident? Yes ☐ 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. _____

runid the size 255-305-22 and cracked ASARAS19
size 22 inch run, will not hold air anymore

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

If you were injured please provide the following: Social Security #: was not injured
Medicare/Medicaid Beneficiary? Yes _____ No ☒

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

City of Portland, Oregon

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: \$ 426.86

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ 426.86

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

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: _____

Claimant's Signature

Print Name

