



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012101-20

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. 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) Juan Moreago Date of Birth [REDACTED]
 - a. Address 1440 SW Skyline Blvd City Portland State OR Zip 97221
 - b. Home Phone 310 654 2453 Business Telephone _____ Cell Phone _____
 - c. Occupation Retire d. Marital Status: Single () Married () Divorced () Widowed ()
 - If married, name of spouse Vincenzo Maldonado
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model _____
 - b. License Plate Number _____ Driver's License Number _____ State _____
 - 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 Feb. 11 - 2022 Time _____ Circle AM / PM
 - b. Place (exact and specific location) At my driveway at 1440 SW Skyline Blvd.
 - 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): See attached letter for 3. C and D
 - d. State how the City of Portland or its employees were at fault: _____
 - 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. _____

DRAIN clog

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 ___

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:**

a. Amount claimed as of this date: \$ _____

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.): _____

I need a plumber to drain and clear out debris.

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: March 23/2022

Juan Mercado
Claimant's Signature

Juan Mercado
Print Name

3. C and D.

After City repaired broken valve, cut and patched asphalt on my driveway, the city workers failed to remove ALL the small rock and asphalt debris from the top of my sloped driveway.

Next day I called to report and complain about the mess that was left behind. Few days later rain washed all the residual debris into my small drain causing a back up and flood.

Note: Attached Pictures are of a current cleaned driveway.



