



CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

PPB # 22-60135



File Number: \_\_\_\_\_

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) Shawn Johnson-Riley Date of Birth \_\_\_\_\_

a. Address 911 NE 122nd Ave #4 City Portland State OR Zip 97230

b. Home Phone \_\_\_\_\_ Business Telephone 971-323-8823 Cell Phone 971-323-8823

c. Occupation Driver d. Marital Status: Single () Married ( ) Divorced or Widowed ( )

If married, name of spouse \_\_\_\_\_

d. E-mail address \_\_\_\_\_

2. If claim involves a vehicle: a. Year, make and model 2009 BMW 328i

b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State OR

c. At time of accident, were you (check all that apply) Owner:  Driver

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

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MAR 28 2022

3. Occurrence or event from which the claim arises: 9:00am City of Portland-Risk Management

a. Date 03/05/22 Time \_\_\_\_\_ Circle AM / PM

b. Place (exact and specific location) 520 NE 122nd Ave Portland, OR 97230

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): \_\_\_\_\_

Car was stolen and found same day. I provided the officer with the instructions

d. State how the City of Portland or its employees were at fault: \_\_\_\_\_  
I should have been notified when the car was found and wasn't until 3 o

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. \_\_\_\_\_  
My car was stolen from 76 gas station on  
03/05/22. The vehicle was towed and I wasnt  
contacted until 3 days after police found it.
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** \_\_\_\_\_  
Shawn Johnson-Riley 911 NE 122nd Ave Unit 4  
Portland, OR 97230
9. **Damages claimed:**
- |   |    |                 |
|---|----|-----------------|
| a. Amount claimed as of this date:  | \$ | <u>1,200.00</u> |
| b. Estimated amount of future costs:  | \$ | _____           |
| c. Total amount claimed:  | \$ | <u>8,000.00</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): |    | _____           |
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
Thomas Kleinhaus 503-253-2122 [520 NE 122nd  
Ave Portland, OR 97230
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
This could have been avoided as I told the  
officer I didnt want the car towed and it took  
them 4 days to inform me. I provided them with  
my roommates contact info.

**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: 03/28/22

  
 \_\_\_\_\_  
 Claimant's Signature

Shawn Johnson-Riley  
 \_\_\_\_\_  
 Print Name