



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: 2022-012120-20

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, 8:00 am to 5:00 pm. 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.

RECEIVED

MAR 30 2022

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 City of Portland Risk Management

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) Bradley L. Dean, Jr. Date of Birth [REDACTED]

a. Address 3206 NE 171st. St. City Ridgefield State WA Zip 98642

b. Home Phone _____ Business Telephone _____ Cell Phone 503.330.3057

c. Occupation N/A d. Marital Status: Single () Married () Divorced or Widowed ()

If married, name of spouse Toni Ann Dean

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2019 Hyundai Sonata Sport

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State WA

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 03.21.22 Time 4:55 A.M Circle AM / PM

b. Place (exact and specific location) 6221 NE 82nd Avenue, going south on 82nd, just past Alderwood, off the spur of the frontage road in front of the hotel.

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): Huge pothole (about 6 - 7" inches deep). Was not visible and in path of the wheels.

d. State how the City of Portland or its employees were at fault: Not sure if the pothole has been reported before; locals say it is a nuisance and are frustrated. If it was reported it should have been repaired immediately due to its size, location and potential for causing serious damage.

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. _____
Front left tire completely damaged. Both front tires had to be replaced.
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** _____
Portland Bureau of Transportation
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: \$ \$275.10
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ \$275.10
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
See attached invoice from Les Schwab
10. **Names, addresses / phone #s of all witnesses** _____
Toni Dean 3206 NE 171st. St. Ridgefield, WA 98646 [REDACTED]
Afton Dean 2487 NE Hidden Meadow McMinnville, OR 541.418.2587
11. **Any additional information that might be helpful in considering your claim** _____
This is a significant pothole that needs to be fixed/filled immediately. If a motorcyclist hit it, it would likely kill them.

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: 03.30.22

Bradley Dean

Claimant's Signature

Bradley Dean

Print Name

