

## GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2022-012127-20



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@partlandoregon.gov

1. Claimant (Circle: Mr. Mrs Miss) Alina Khabi bova Date of Birth				
a.	Address 16940 SE Market street City portland StateOR Zip 97233			
b.	Home Phone 503-267-2449Business Telephone Cell Phone			
C.	Occupation Darista d. Marital Status: Single () Married () Divorced or Widowed ()			
	If married, name of spouse Single			
d	E-mail address			
	f claim involves a vehicle: a. Year, make and model Audi A3 2016			
	. License Plate Number State O12			
c	c. At time of accident, were you (check all that apply) Owner: Driver Passenger N/A			
d	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	16940 SE Market St portland OR			
3. (	Occurrence or event from which the claim arises:			
a	Date 3/19/2022 Time 8:00 Circle AM (PM			
b	b. Place (exact and specific location) SE 174th Ave and SE Main St.			
1 left Side near floshing red (gilt. (in the right lave)				
c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury				
	damage (use additional paper if necessary): Driving in my lane at night when			
	i hit a big pathole that blew my Tire, and Scratched my rim.			
	. 213			
d	. State how the City of Portland or its employees were at fault: pathale was not fixed, however			
	was reported an portlandigou official metrite. pothole had no paint or			
	comes around it despite being a foot deep and two feet wide.			
e				
If were what is the name I show number of employer				

Left tire on driver side unrepairable which caused me to replace a four tires because which is four wheel drive. Scraped rim as well.  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.):  10. Names, addresses/phone #s of all witnesses Steven Miller 971-227-0692  MIS SE 85 New Portland OR 972264, Erxin habison 503-510-0181 [6990 SE Market Street portland OR Michael Quital 509-994-6273]	If you were injured please provide the following: Social Security #:	Received by Ris	sk Management on 3/31/2022		
Four tires Decate which is four wheel drive samped rim as well.  *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.):  6. Names, addresses/phone #s of all witnesses Steven Miller 971-227-0692  Market Street portland OR 97266, Erkin habitage 503-510-0181 16940 SE	Sour tires because which is four wheel drive samped rim as well.  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  Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury  Name and address of any other person injured  Name and address of the owner of any damaged property if different from claimant  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.):  D. Names, addresses/phone #s of all witnesses  Steven Miller 971-227-0692  WHIS SE 85 we partland OR 97266, Erkin habitant 509-994-6273,	4. Description: Describe the injury, property dama	ge or loss so far as is known at the time of this claim.		
16. *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  16. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury  17. Name and address of any other person injured  18. Name and address of the owner of any damaged property if different from claimant  19. 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.):  10. Names, addresses/phone #s of all witnesses Steven Miller 971-227-0692  10. Names, addresses/phone #s of all witnesses Steven Miller 971-227-0692  11. SE 85 are partland OR 97264, Erkin holdoon 503-510-0181 16990 SE  12. Market Street partland OR, Michael Onnal 509-994-6275	*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  Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury  Name and address of any other person injured  Name and address of the owner of any damaged property if different from claimant  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.):  D. Names, addresses/phone #s of all witnesses	Left tire on driver side unre	pairable which caused me to replace all		
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Any additional information that might be helpful in considering your claim	Any additional information that might be helpful in considering your claim	Market Street portland OR, Mich			
		. Any additional information that might be help	pful in considering your claim		
ARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)					
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Received by Risk Management 03/31/2022





