



CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2022-012132-20

File Number:

MRTRMN 2730 / 2732 ✓

Received by Risk Management 04/01/2022

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) Nolan B. DeLoeff Date of Birth [REDACTED]
- a. Address 13810 SE Fir Grove Loop City Hillsboro State OR Zip 97123
- b. Home Phone (503) 811-7701 Cell Phone [REDACTED]
- c. Occupation Contractor d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse [REDACTED]
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model Enclosed work trailer
- b. License Plate Number N/A Driver's License Number [REDACTED] State OR
- c. At time of accident, were you (check all that apply) Owner: [REDACTED] Driver ✓ Passenger [REDACTED] N/A [REDACTED]
- d. Name and address of owner if different from claimant (1. Above) [REDACTED]

3. Occurrence or event from which the claim arises:

- a. Date Jan 19th 2022 Time 8 Circle AM / (PM)
- b. Place (exact and specific location) 30th & Malmgren in Portland.
- 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 turned onto Malmgren and my trailer hit the pot hole causing it to be unsafe and illegal to drive, due to the axle getting bent and causing the tire to angle into my trailer.
- d. State how the City of Portland or its employees were at fault: I was under the impression that city roads were supposed to be paved and upkept. Also free from big holes like the one I hit.
- e. Were you on the job at the time of the accident? Yes X No [REDACTED]

If yes, what is the name / phone number of employer Self employed (Contractor)

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4. Description: Describe the injury, property damage or loss so far as is known at the time of this claim. trailer tire to Axel are bent out of place, undrivable, and needed for me to work.
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: \$ 1,271
 - c. Total amount claimed: \$ _____
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): trailer city. Estimate provided.
10. Names, addresses / phone #s of all witnesses Alex Alex (503) 509 8796
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: _____

[Signature]
Claimant's Signature

Nolan DeLoFF
Print Name

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