

File Number:

## GENERAL LIABILITY

## CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

2022-012152-28



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.

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. Cl	<b>aimant</b> (Circle: M	lr. Mrs. Ms. Miss)	Stephen McNulty			_Date of	Birtl	n		
a.	Address	5411 SE 89th Ave		_City	Portland	State_	OR	_Zip	97266	
b.	Home Phone_		_Business Teleph	one		Cell P	hone		201-841-9889	
c.	Occupation	Te ac her	d. Marital Sta	atus: Sing	gle (x) Marri e	d()Divo	orced	or Wi	dowed()	
	If married, name of spouse									
d.	E-mail address									
2. If	claim involves	a vehicle: a. Yea	r, make and mode	l199	7 Honda Accord	d	8	<b>^</b> ~~	rall straight	
b.			Driver's License Number				RECEIVED			
C.	At time of accident, were you (check all that apply) Owner:Driver APR -6 2022							-6 2022		
d.	Name and add	ress of owner if d	ifferent from clair	nant (1.A)	bove)		City of	Portiand	-Risk Management	
							8.50		35.4	
3. C	ccurrence or e	vent from which	the claim arises:							
a.				ne	9	Cir	cle A	M P:	M	
	a. Date 3-24-2022 Time 9 Circle AMY PM b. Place (exact and specific location) 9938 SE Ramona Street									
.0,	Trace (oxact a	na spoeme rocano	····)							
C.	Specify the na	rti cul ar occurrenc	e, event, act, or on	nieeinn h	v the City the	nt vou hel	ieve (	ranged	the injury or	
u.			necessary):							
	damage (use a	ddinonai papei ii	necessary).	Inches of the second		1 20.30 <b>F</b> 0/34 00.01 22 00 5			1000 <b>- 1</b> 000 - 1000 -	
	28									
-04		martin when he had	nen se	256 7	in transmi	1 11 11	escaration		OC'	
d.	State how the City of Portland or its employees were at fault: Ignored wishes directed to the officer who									
	took the stolen vehicle report and acknowledged by the voicemail I received from the officer who found the vehicle									
e.	Were you on the	he job at the time	of the accident?	Yes	_No _X	28				
	If yes, what is	the name / phone	number of employ	ver						

*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  Portland Police Bureau									
								Name and address of any other person injured	
								Name and address of the owner of any damage	ed property if different from claimant
								Damages claimed:	
a. Amount claimed as of this date:	\$ <u>197</u>								
b. Estimated amount of future costs:	\$								
c. Total amount claimed:	\$								
d. Basis for computation of amounts claimed (inc  Copy of invoice from 21st Century towing	clude copies of all bills, invoices, estimates, etc.):								
Names, addresses / phone #s of all witnesses _									
Any additional information that might be help									
Spoke to city ombudsman office (Tony Green), have cop	by of email from reporting officer and voicemail from responding officer								
RNING: IT IS A CRIMINAL OFFENSE TO FILE A FAL	SE CLAIM! (ORS 162.085)								
ve carefully read the statements made in this claim, in	acluding any attached sheets, and I know them to be true of my onation or belief and to such matters I believe the same to be tru								
whedge, except as to those matters stated upon informal lerstand and acknowledge that all statements made in the statements are in connection with an application for									
lerstand and acknowledge that all statements made in the statements are in connection with an application for									
erstand and acknowledge that all statements made in									

## ---- Original Message ----n Sunday, March 20th, 2022 at 11:20 AM, Plumb, Michelle wrote:

In regards to Portland Police Bureau Case #22-74738:

I will list your Beige Honda Accord stolen, I just need this form signed by you & returned.

Attached is the PPB Tow Election, over the phone you chose option B (leave at scene) with no delegate.

If you locate your vehicle with anyone inside it call 9-1-1 and let the dispatcher know the vehicle is occupied, with your location and any descriptions. Please don't approach the suspect(s).

If unoccupied and safe, in Portland, call non-emergency at <u>503-823-3333</u>. If you have any other questions, let us know.

Michelle Plumb 92111
Portland Police Bureau
East Precinct PS3
503.260-3228