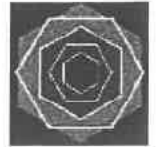




# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



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

**2022-012471-20**

*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. 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) MICHAEL DERESH Date of Birth [REDACTED]

a. Address 4309 SE CESAR CHAVEZ BLVD City PORTLAND State OR Zip 97202

b. Home Phone 503-341-1353 Business Telephone \_\_\_\_\_ Cell Phone 503-341-1353

c. Occupation SELF-EMPLOYED d. Marital Status: Single ☒ Married ☐ Divorced or Widowed ☐

If married, name of spouse PAMELA DERESH

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model \_\_\_\_\_

RECEIVED

b. License Plate Number \_\_\_\_\_ Driver's License Number JUL 01 2022 State \_\_\_\_\_

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) CITY OF PORTLAND

RISK MANAGEMENT

**3. Occurrence or event from which the claim arises:**

a. Date 06/11/2022 Time 9pm Circle AM / ☒ PM

b. Place (exact and specific location) THE BASEMENT OF OUR HOME. SPECIFICALLY, THE FLOOR DRAIN & SHOWER DRAIN.

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): THE CITY'S SEWER BACKED UP THROUGH THE FLOOR DRAIN AND SHOWER DRAIN IN OUR BASEMENT, FLOODING BOTH ROOMS. BOTH ROTO-ROOTER & THE CITY WORKERS DETERMINED THE FAILURE TO BE ON THE CITY'S END, UNDER SE CORA.

d. State how the City of Portland or its employees were at fault: BOTH ROTO-ROOTER AND THE CITY OF PORTLAND WORKERS DETERMINED THE SOURCE OF THE SEWER'S FAILURE TO BE ON THE CITY'S END, UNDER SE CORA

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. \_\_\_\_\_

DIRTY WATER DESTROYED THE CARPETING, THE BATHROOM FLOORING, THE HOT WATER HEATER, THE BASEBOARDS, A BOOKCASE, 12 TOWELS USED TO ATTEMPT TO STOP THE SPREAD AND CAUSED US TO INCUR AN \$1134 BILL FROM ROTO-ROOTER

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 WATER WORKS

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: \$ 1134

b. Estimated amount of future costs: \$ 11,821.89

c. Total amount claimed: \$ 12,955.89

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): WATER

DAMAGE RESTORATION AND WASTE REMOVAL, REPLACEMENT OF ALL DAMAGED MATERIALS AND INSTALLATION SEE ATTACHED DOCUMENTS FOR REPLACEMENT VALUES, QUOTES AND RECEIPTS + PHOTOS

10. Names, addresses / phone #s of all witnesses PAMELA DERESH - 4309 SE BESAR CHAVEZ BLVD  
PDX, OR 97202

11. Any additional information that might be helpful in considering your claim TIMELY RESOLUTION

WOULD BE VERY VALUABLE TO US. WE HAVE A 1 YEAR OLD BABY AND HAVE BEEN ADVISED

AS TO THE HAZARDS OF USING THE HOT WATER + HVAC UNTIL THE WATER HEATER IS REPLACED

AND THE CONTAMINATED MATERIALS ARE REMOVED. WE HAVE ALREADY LAYED OUT \$ FOR THE ROTO ROOTER BILL AND WERE ON A VERY TIGHT BUDGET. THANKS SO MUCH

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: 7.1.2022

Michael Deresh  
Claimant's Signature

MICHAEL DERESH  
Print Name