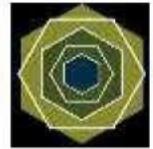




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2021-012595-20

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@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. Ms. Miss) Lumen Technologies C/O JNR Adjustment Company, Inc. ^{N/A} Date of Birth _____

a. Address PO BOX 27070 City Minneapolis State MN Zip 55427

b. Home Phone _____ Business Telephone 800-279-2567 Cell Phone _____

c. Occupation n/a d. Marital Status: Single () Married () Divorced or Widowed ()

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model N/A

b. License Plate Number _____ Driver's License Number _____ 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) _____

3. Occurrence or event from which the claim arises:

a. Date 10/22/2021 Time Unknown Circle AM / PM

b. Place (exact and specific location) 6499 North Campbell Avenue, Portland, OR 97217

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): Lumen's buried cable was damaged during water excavation by

Portland Water Bureau. For further information contact Lumen's third party claims administrator JNR Adjustment,
include JNR reference# 679745-P-345305.

d. State how the City of Portland or its employees were at fault: Lumen's buried cable was damaged during water excavation by

Portland Water Bureau. For further information contact Lumen's third party claims administrator JNR Adjustment,
include JNR reference# 679745-P-345305.

e. Were you on the job at the time of the accident? Yes _____ No x _____

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. _____

Lumen's buried cable was damaged during water excavation by Portland Water Bureau. For further information contact Lumen's

third party claims administrator JNR Adjustment, include JNR reference# 679745-P-345305.

5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***

If you were injured please provide the following: Social Security #: N/A

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 Water Bureau

7. **Name and address of any other person injured** N/A

8. **Name and address of the owner of any damaged property if different from claimant** N/A

9. **Damages claimed:**

a. Amount claimed as of this date: \$ \$14,368.09

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ \$14,368.09

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

Demand

10. **Names, addresses / phone #s of all witnesses** N/A

11. **Any additional information that might be helpful in considering your claim** _____

N/A

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: 08/15/2022



Digitally signed by:
Hailey Sosa
Date: 2022.08.15 10:
03:36 -0500

Claimant's Signature

Hailey Sosa - JNR Adjustment Company, Inc.

Print Name



P.O. Box 27070, Minneapolis, Minnesota 55427-0070
3300 Fernbrook Lane N, Ste. 225, Plymouth, MN 55447
800-279-2567 ~ 763-519-2710 ~ Fax 763-744-1480

08/15/2022

City of Portland Risk Management
1120 SW 5th Ave., Suite 1040
Portland, OR 97204-1912

Dear: City of Portland

JNR Adjustment Company, Inc. is a third party claims administrator for Lumen Technologies, which has assigned our firm to investigate and resolve claims for damages to Lumen Technologies facilities.

This letter should serve as official notice of tort claim submitted with the Portland Water Bureau. If additional information is required to affect official notice of claim, please respond to include any necessary forms, or specific procedure mandated by statute.

Enclosed is a demand for property damage. These damages were discovered or repaired on or about 10/22/2021 at the location of 6499 North Campbell Avenue, Portland, OR 97217.

If you need additional information or have any questions please call 800-279-2567 ext. 2481. Please include our reference number 679745-P-345305 when responding to this letter.

Thank you,

Public Relations
JNR Adjustment Co.
PO Box 27070
Minneapolis, MN 55427
Fax: 763-744-1480

