



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012865-20

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

Jessyka Etter

1. Claimant (Circle: Mr. Mrs. Ms. Miss) _____ Date of Birth _____

a. Address 1310 NW Naito Pkwy City Portland State Oregon Zip 97209

b. Home Phone _____ Business Telephone (503)488-2008 Cell Phone (503)421-2497

c. Occupation Facility Manager d. Marital Status: Single (☒) Married () Divorced or Widowed ()

If married, name of spouse _____

d. E-mail address _____

2. If claim involves a vehicle: a. Year, make and model _____

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 09/28/2022 Time 3:00 Circle AM / ☒ PM

b. Place (exact and specific location) Waterfront Pearl Condominiums Garage level P1 Azure tower.

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): A blockage in the mainline on the city side of the piping caused a back up in the pipes and a sewage leak in our garage.

d. State how the City of Portland or its employees were at fault: This area of piping is up to the city to maintain and these types of issues are preventable.

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

If yes, what is the name / phone number of employer Cwd group (206)706-8000

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
Raw sewage leaked down into our garage and seeped down 2 levels.

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** _____
City of Portland Sewage Supervisor Chad

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: \$ 7,215.61

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ 7,215.61

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

Invoices attached.

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

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: 10/25/22

Jessyka Etter

Claimant's Signature

Print Name