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File Number:

City of Portland Risk Management 12/29/2022 JJ GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property * 2022-013116-20



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 $A \leq C_{IA} \setminus AR$ Date of Birth 1. Claimant (Circle: Mr) Mrs. Ms. Miss) CT City Portland Zip 97232 State OK a. Address b. Home Phone 904-576-9805 Business Telephone Cell Phone 904-576-9805 c. Occupation Software Engineeral. Marital Status: Single () Married () Divorced or Widowed () If married, name of spouse Jenny Masculine d. E-mail address 2017 Taxata Prius V 2. If claim involves a vehicle: a. Year, make and model b. License Plate Number State OR Driver's License Number 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 12/26/2022Time Circle AM / b. Place (exact and specific location) <u>Kight hand</u> NE Cesac highway betare intersection ot c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury of damage (use additional paper if necessary): Lack of lighting Ma al of dramage CAUSES road Ocman pethole Lack of maintenance despite prior Feasts Obsing line with a dozen hubcars OUTS AFER WAS tom d. State how the City of Portland or its employees were at fault: Lack st mantenalle SectOUN e. Were you on the job at the time of the accident? Yes No \smile If yes, what is the name / phone number of employer _____