

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND**** for damages to persons or property **File Number: 2023-013135-20

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, 8:00 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. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Ms. Carrie Williams Date of Birth [REDACTED]

a. Address 2627 NE Rocky Butte RD City Portland State OR Zip 97220

b. Home Phone 503-453-0437 Business Telephone _____ Cell Phone _____

c. Occupation Non-profit supervisor d. Marital Status: Single () Married () Divorced or Widowed ()

If married, name of spouse Co-owner David Narlock

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 1/1/2023 Time 10:30 AM Circle AM / PM

b. Place (exact and specific location) Home basement/back of property

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): _____

Sewer behind property (on downward slope hill) backed up and pooled behind our property, soaking into our rear wall, and flooding our basement with raw sewage. Rear drywall and insulation, and carpet flooring damaged and needs removal and repair.

d. State how the City of Portland or its employees were at fault: Called City to alert of problem. They verified cause of flooding and used a vac system to remove clog in main sewer line and stop overflow and flooding. Advised us to file claim with city as they are responsible.

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. Biohazard- no health problems yet but family exposed to raw sewage; had been trying to remove water before figuring out the source of the flood. Property damage to drywall, carpet flooring, and insulation- needs biohazard removal and replacement. Needs professional cleaning to return to habitable conditions.
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** _____

PB0T

7. **Name and address of any other person injured** Unknown as of 1/2/2023- exposure to biohazard

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

Carrie Williams & David Narlock 2627 NE Rocky Butte RD 97220

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 10,000

b. Estimated amount of future costs: \$ 10,000

c. Total amount claimed: \$ 20,000

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Due to recent freeze we cannot get an estimate in writing until damage can be viewed and estimate provided. Amount claimed subject to change based on professional estimate.

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

David Narlock 503-679-9765

Carrie Williams 503-453-0437

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

Pictures and video available as proof of incident

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: 1/2/2023

Carrie Williams

Claimant's Signature

Carrie Williams

Print Name