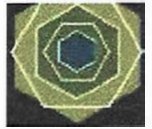




## CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number:

2023-013161-28

Occurrence 202-20704

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) Richard J. Fitzgerald Date of Birth [REDACTED]
- a. Address 434 Kirkland Way 306 City Kirkland State WA Zip 98033
- b. Home Phone n/a Business Telephone n/a Cell Phone 425-979-9532
- c. Occupation n/a d. Marital Status: Single ☒ Married ( ) Divorced or Widowed ( )
- If married, name of spouse n/a
- d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model n/a
- b. License Plate Number n/a Driver's License Number n/a State n/a
- 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 1/6/23 Time 8:08 Circle AM / ☒ PM
- b. Place (exact and specific location) Phone Call - Recorded as evidence
- 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): Negligence - I called the Portland Police to report "unsworn falsification." ORS 162.085 I have video evidence & a police report to support my claim. Officer [REDACTED] still refused.
- d. State how the City of Portland or its employees were at fault: Officer [REDACTED] was offered evidence to support my claim. He refused to let me e-mail him evidence and would not take the report.
- e. Were you on the job at the time of the accident? Yes ☐ No ☒
- If yes, what is the name / phone number of employer n/a

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

If you were injured please provide the following: Social Security #: [REDACTED]

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 Police - Officer [REDACTED]

**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: \$ \_\_\_\_\_
- b. Estimated amount of future costs: \$ Unknown
- c. Total amount claimed: \$ \_\_\_\_\_
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

- 10. Names, addresses / phone #s of all witnesses** Recorded Phone Call  
Officer [REDACTED] of the Lake Oswego Police  
can testify that the statements I wanted to report are false
- 11. Any additional information that might be helpful in considering your claim** In an investigation  
done on me, there was no foundation that supported  
the false written statements about me. I have Officer  
[REDACTED] of Lake Oswego as a witness

**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: 1/6/23Richard Fitzgerald  
Claimant's SignatureRichard Fitzgerald  
Print Name