

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND**** for damages to persons or property **File Number: **2022-013165-20** Occurrence 202-20708

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) Jerome Wallach Date of Birth [REDACTED]

a. Address 3441 NE Oregon St City Portland State OR Zip 97232

b. Home Phone 503-784-3786 Business Telephone _____ Cell Phone _____

c. Occupation Realtor d. Marital Status: Single ☒ Married ☐ Divorced or Widowed ☐

If married, name of spouse Lilah Wallach

d. E-mail address [REDACTED]

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 Dec 26, 2022 Time 600 Circle AM / PM

b. Place (exact and specific location) 4422-4428 SE 15th Ave. Portland, OR

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): _____

The city main sewer was clogged and caused the sewer backup into apartment units I own.

A sewer video was conducted by ProDrain. The clog was marked in the main line on SE 15th Ave. Additional video was taken by the city who also determined the clog was on city property. A emergency was declared

and a city crew came out and cleared the line on 12-30-22

d. State how the City of Portland or its employees were at fault: _____

Sewer failure on city property

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

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. _____
 Invoice from prodrain who was called to clear the clog and who initially determined the clog was on city property.

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** _____

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: \$ 941.25

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ 914.25

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

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

Claudie Fisher, 4424 SE 15th Ave, Portland. 503-887-8072

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: 1-9-2023

Jerome Wallach

Claimant's Signature

Print Name