



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2023-013190-20



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: 503-823-5120 LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. ☒ Mrs. ☐ Miss) Pilar Gonzalez Date of Birth [REDACTED]

a. Address 3046 SE Salmon City Portland State OR Zip 97214

b. Home Phone 503 239 0262 Business Telephone _____ Cell Phone 503 490 8475

c. Occupation retail d. Marital Status: Single () Married (x) Divorced or Widowed ()

If married, name of spouse Victor Gonzalez

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 1/6/23 - 1/13/23, nohtel waters 1/9 Time _____ Circle AM / PM

b. Place (exact and specific location) Residence @ 3046 SE Salmon; rooms impacted are my living and dining room room (east side) walls/ceiling.

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): While the city was completing sewer repair, the jack hammering of the cement caused my home to shake immensely as though an earthquake was occurring and cracks in my walls appeared. As the jack hammering continued, the cracks grew in length.

d. State how the City of Portland or its employees were at fault: cracks were not on my walls/ceiling prior to me completing sewer work. I went out and spoke to the city workers asking them to stop because the damage was getting worse. They mentioned they

e. Were you on the job at the time of the accident? Yes _____ No ☒ couldn't come in to see the damage & work resumed.

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. multiple cracks along the walls in my living/dining room + along the ceiling. Pictures of the damage, along with the dimensions were provided to Debbie Caselton.
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:**
- Amount claimed as of this date: \$ _____
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ _____
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
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: 1-14-2023

Pilar Gonzalez
 Claimant's Signature

Pilar Gonzalez
 Print Name



