

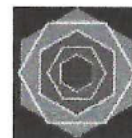


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2023-013264-20

File Number: _____



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

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Adam J. Sanford Date of Birth [REDACTED]
 - a. Address 1037 N Mason St. City Portland State OR Zip 97217
 - b. Home Phone / Business Telephone / Cell Phone 360-739-6743
 - c. Occupation Artist d. Marital Status: Single () Married () Divorced or Widowed ()
If married, name of spouse /
 - 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 01/06/2023 Time 11:00 Circle AM / PM
 - b. Place (exact and specific location) 1037 N Mason St. - Unit A Portland - Basement
 - 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): Multiple dropped joint on city side of service lateral of main sewer line - causing sewage to back up into the basement of the home. Plumbing service (emergency) was needed to help drain line - further repairs pending.
 - d. State how the City of Portland or its employees were at fault: City failed to maintain their portion of sewer line causing sewage to back up into home.
 - 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. _____
Emergency plumbing services were able to get sewer line to
partially drain. Major repairs by city to occur this week.
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: \$ 1,266.00
 b. Estimated amount of future costs: \$ /
 c. Total amount claimed: \$ 1,266.00
 d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
See attached receipt from plumbing service.
10. **Names, addresses / phone #s of all witnesses** _____
Trynna BlueEyes - 541-821-5028
John Baisch - [REDACTED] (city of Portland)
11. **Any additional information that might be helpful in considering your claim** John Baisch
of city of Portland had his team investigate the sewer
line & found that the city portion has collapsed & failed.
We would like to be reimbursed for emergency plumbing service.

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: 1/31/2023

ASL
 Claimant's Signature

Adam Sanford
 Print Name



Adam Sanford [REDACTED]

Collapsed sewer line on city side - 1037 N Mason St

Baisch, John <[REDACTED]>
To: Adam Sanford <[REDACTED]>

Mon, Jan 30 at 7:50 AM

Good Morning Adam,

I had our invest team take a look and found multiple dropped joint on the city side of the service lateral. I have passed on to repairs and they have scheduled it for repair. With staffing issues, we are hoping to have it repaired this week.

Thank you John

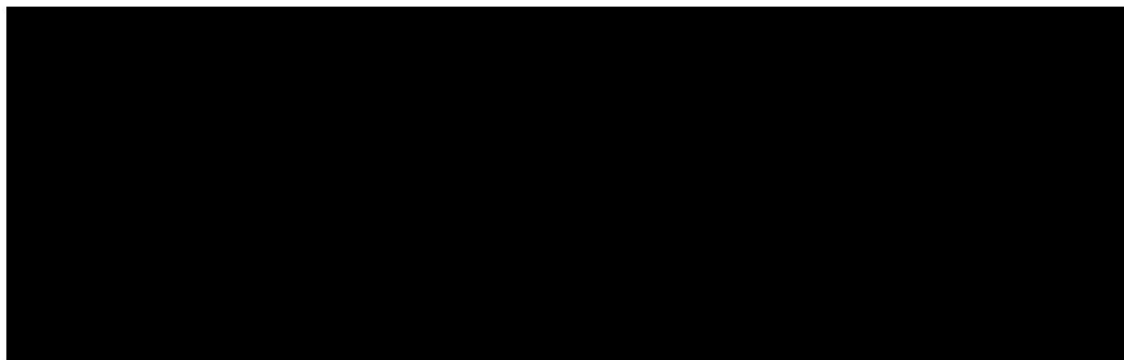
[Quoted text hidden]

From: Roto-Rooter [REDACTED]
Subject: Receipt 512-24703855
Date: Jan 6, 2023 at 5:49:38 PM



Service Guarantee: 30 Days

Comment: Main line clogged mini jetted through cleanout in basement about 75ft clearing blockage. Tested and draining well.



Payments: