



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND



JJ PKPR 2840 / 2844 ✓

* for damages to persons or property *

File Number: 2022-013339-28

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

Travis Nagels/Austyn Eng [redacted] and [redacted]

1. Claimant (Circle: Mr. Mrs. Ms. Miss)_Date of Birth a. Address City_State_Zip

51 NE Tillamook Portland OR 97212 971-331-0687 971-303-3087

b. Home Phone_Business Telephone_Cell Phone Self-employed x

c. Occupation d. Marital Status: Single () Married () Divorced or Widowed () If married, name of spouse

d. E-mail address [redacted] [redacted]

2. If claim involves a vehicle: a. Year, Ranger 33 sailboat

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:

10/12/22 9

a. Date_Time_Circle AM / PM

b. Place (exact and specific location) Riverplace marina break dock

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): Parks and Rec illegally towed and destroyed the vessel Portland Police caused trauma by falsely identifying me and illegally detaining me

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

The Hearing officer ruled that park n rec illegally towed and ordered to return my boat and belongings. The city allowed my boat to be destroyed and property stolen. Example: My Nintendo Switch is being actively

used.

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

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4. Description: Describe the injury, property damage or loss so far as is known at the time of this claim.

Traumatized by being pulled off my boat at gunpoint; falsely identified and ignored me having proof of my identity on the boat and proof of ownership of the boat; detained for 2.5 days without charge loss of my boat, my home, and all my personal effects and irreplaceable family pictures and heirlooms resulting in homelessness.

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 X

6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury

They would not tell me their names.

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: \$175,000

b. Estimated amount of future costs: \$120,000

c. Total amount claimed: \$295,000

d. 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

To this day parks and rec still will not disclose any information about the contractors used to steal and destroy my boat.

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:

2/17/23

Travis Nagels & Austyn Eng

Claimant's Signature Print Name

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[City of Portland Risk Management 2/21/2023](#)