

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND**** for damages to persons or property **File Number: **2023-013530-20***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: 503-823-6120 LiabilityClaims@portlandoregon.gov

- 1. Claimant** (Circle: Mr. Mrs. Ms. Miss) Mavia Burke Date of Birth [REDACTED]
- a. Address 2545 E Burnside St City Portland State OR Zip 97214
- b. Home Phone _____ Business Telephone _____ Cell Phone (503) 519-7275
- c. Occupation Paralegal d. Marital Status: Single (Y) 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 2013 VW Passat
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State WA
- c. At time of accident, were you (check all that apply) Owner: _____ Driver Y Passenger _____ N/A _____
- d. Name and address of owner if different from claimant (1. Above) Kevin Burke
1000 Key St, Bellingham, WA 98225
- 3. Occurrence or event from which the claim arises:**
- a. Date 3/20/23 Time 9:30 Circle AM / PM
- b. Place (exact and specific location) 3998-3924 W Burnside Rd, Portland, OR 97210
- 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): Very large deep unavoidable pothole in the roadway caused immediate flat tire on front passenger side tire and broke screw holding front brakes in place. While waiting for a tow truck to a tire shop, a second car pulled up behind us with a flat tire in the same spot. Neighbor driving by said he has seen 12 people have flat tires from this pothole.
- d. State how the City of Portland or its employees were at fault: The City of Portland was negligent in allowing this pothole to cause danger to not only myself but 12 other individuals who drove over it.
- e. Were you on the job at the time of the accident? Yes _____ No No but I was on my way to work
If yes, what is the name / phone number of employer Crispin Hannon LLC, (503) 293-5770

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
I had to purchase a new tire which cost me \$190.
-
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** _____
Portland Bureau of Transportation
-
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: | \$ | \$190.00 |
| b. Estimated amount of future costs: | \$ | _____ |
| c. Total amount claimed: | \$ | \$190.00 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ | |
| | Copy of Invoice for new tire from Discount Tire | |
-
10. **Names, addresses / phone #s of all witnesses** _____ Gilmore Dejoie
2545 E Burnside St, Portland, OR 97214 484-619-8246
-
11. **Any additional information that might be helpful in considering your claim** _____
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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: 4/5/23

Claimant's Signature

Mavia Burke
Print Name

VIEW SALES INVOICE
DISCOUNT TIRE3/21/2023
3:07 PMMAVIA BURKE
5990 SE 92ND AVE
208
PORTLAND, OR 97266
360.820.4731 (H)2013 VW
PASSAT
17"BASE SEMileage Unknown
Torque Specs: 105

Carry Out W/Vehicle

ORP 04
8380 SE SUNNYSIDE RD
CLACKAMAS, OR 97015
503.652.4353Invoice #
2330725Salesperson 889
SILAS J L

Estimated Completion Time: 05:30 PM

Article	Qty	Description	FET	Price	Amount
39219	1	215 /55 R17 94V SL BSW		165.00	165.00
NRM		CON CONTROL CONTACT TOUR A/S PLUS			
TIRE MILEAGE WARRANTY: 70000					
BOLT PATTERN: 5-112					
INFLATION F:30 R:30					
80017	0	CERTIFICATES FOR		27.14	.00
NRM		REFUND, REPLACEMENT			
80224	1	WASTE TIRE		3.00	3.00
NRM		DISPOSAL FEE			
80219	1	INSTALLATION &		22.00	22.00
NRM		LIFE OF TIRE MAINTENANCE			

Terms and Conditions can be found at

www.discounttire.com/customer-service/invoice-terms

The tire and/or wheel you have chosen is different from the original equipment provided with your vehicle and may change its handling or stability characteristics.

Further information is available from your Discount Tire salesperson.

	Sub Total:	190.00	
	Sales Tax:	.00	
	Sales Total:	190.00	
	Tendered:	190.00	(DBT)
Tkn# XXXXXXXX0387	Ath# 816287	Tendered Today:	190.00
		Tendered Total:	190.00