

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND**** for damages to persons or property **File Number: 2023-013691-20*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) MRS. Date of Birth [REDACTED]a. Address 930 NE SUMNER STREET City PORTLAND State OR Zip 97211b. Home Phone 503 894-4763 Business Telephone _____ Cell Phone _____c. Occupation SHOP OWNER / DESIGNER d. Marital Status: Single (☒) Married (☐) Divorced or Widowed (☐)If married, name of spouse JOHN McPHERSONd. 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 3/4/2023 Time APPROX 1:30 Circle AM / (PM)b. Place (exact and specific location) ON EAST BURNSIDE, IN FRONT OF 375 EAST BURNSIDE STREETc. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): A STREET PARKING SIGN HAD BECOME DETACHED FROM ITS RAISED FOOTING. IT HAD BEEN BUNGEE-CORDED TO A STREETLIGHT, LEAVING THE RAISED FOOTING (APPROX. 4" HIGH) EXPOSED ON THE SIDEWALK. I TRIPPED OVER IT AND FELL INTO A BIKE RACKd. State how the City of Portland or its employees were at fault: THE SIGN HAD A TEMPORARY "NO PARKING" BAG ATTACHED TO IT (DATED 2/27). THE BAG APPEARS TO HAVE BEEN INSTALLED ON THE SIGN WHILE IT WAS BUNGEE-CORDED.e. Were you on the job at the time of the accident? (Yes) No _____ IT WAS NOT FIXED BY 3AIf yes, what is the name / phone number of employer MYSELF

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim IMMEDIATELY. LOSS OF ABILITY TO WORK AS NORMAL FOR ~ 3 DAYS, 2 MONTHS LATER, STILL PROBLEMS WITH
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** PBOT
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: \$ 0
 - Estimated amount of future costs: \$ UNKNOWN
 - Total amount claimed: \$ UNKNOWN
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): I THOUGHT THE PROBLEMS WOULD HEAL. I AM GOING TO SCHEDULE AN APPOINTMENT WITH A DOCTOR
10. **Names, addresses / phone #s of all witnesses** JOHN MCPHERSON 503 858 7643
1 UNKNOWN FEMALE
11. **Any additional information that might be helpful in considering your claim** I HAVE PHOTOGRAPHS OF SIGN AND INJURIES FROM THAT DAY. I CALLED PBOT TO ALERT THEM OF SIGN REPAIR + MY INJURY. THE SIGN WAS FIXED PROMPTLY.

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: 5/8/23Claimant's Signature Angela GarvinPrint Name ANGELA GARVIN