

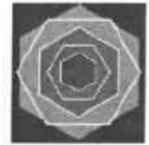


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2022-014189-20

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) Sellwood Senior Living Date of Birth _____

a. Address 8517 SE 17th Ave City Portland State OR Zip 97202

b. Home Phone _____ Business Telephone 503-542-4800 Cell Phone Sherry Summerville 503-240-6562

c. Occupation Executive Director d. Marital Status: Single ☒ Married () Divorced or Widowed ()

If married, name of spouse Duane Summerville

d. E-mail address _____

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 May 2022 Time _____ Circle AM / PM

b. Place (exact and specific location) Sellwood

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): Water Bureau touchpad to read meters was calibrated incorrectly which resulted in reading the full 6 digits on the dial instead of just the first four. This resulted in a \$10,000 fine of our Fireline usage w/ an addition request for two costly leak inspections

d. State how the City of Portland or its employees were at fault: The meter was read incorrectly - See supporting material. We were told by all of the Water Bureau representatives that we needed to find the leak to avoid \$5,000. leak.

e. Were you on the job at the time of the accident? Yes ☒ No _____

If yes, what is the name / phone number of employer Sellwood Senior Living

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

Just a financial loss of

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** No Injuries

8. **Name and address of the owner of any damaged property if different from claimant** _____

Sellwood Senior Living - 8517 SE

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 675⁰⁰ + 782.16 = 1,457.16

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ 1,457.16

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

Please see invoices of leak detection that we were require to run to avoid another \$5,000 fine -

10. **Names, addresses / phone #s of all witnesses** _____

11. **Any additional information that might be helpful in considering your claim** Please

see supporting material.

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: 9/18/23

Sherry Summerville
Claimant's Signature

Sherry Summerville
Print Name