



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2022-014277-20

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

**1. Claimant** (Circle: Mr Mrs. Ms. Miss) Ernie Beasley Date of Birth           

a. Address 2615 NW St. Helens RD City Port State OR Zip 97210

b. Home Phone N/A Business Telephone 503 206 7591 Cell Phone           

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

If married, name of spouse N/A

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 DEC 27 2022 Time 5:00 Circle AM / PM

b. Place (exact and specific location) our warehouse / office parking lot ended up full of mud due to Trash Rack 1D/ABB 702 became clogged and overflowed

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): the overflow caused approx 10 yards of mud that had to be cleaned w/ equipment and hand shoveling in front parking lot & back parking AREA. The mud had to be moved to keep from being spread into the street.

d. State how the City of Portland or its employees were at fault: The Catch Basin / Trash Rack was clogged.

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. \_\_\_\_\_

Business was disrupted to to limited parking lot Access and labor to Clean up was not able to do normal operation, Was told at that time NO

5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***

Help available from City.

If you were injured please provide the following: Social Security #: N/A

Medicare/Medicaid Beneficiary? Yes \_\_\_ No \_\_\_

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

N/A

7. **Name and address of any other person injured** \_\_\_\_\_

N/A

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

N/A

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 9,000<sup>00</sup> LABOR 1,750<sup>00</sup> Equip. = 1,750<sup>00</sup>

b. Estimated amount of future costs: \$ \_\_\_\_\_

c. Total amount claimed: \$ 10,750<sup>00</sup>

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

Video and Receipts Available

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

Joe Riley 503 849-5371

Dr Lapont 608 385 50 95

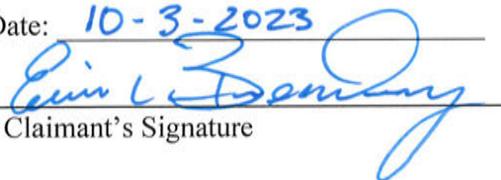
11. **Any additional information that might be helpful in considering your claim** When we originally

were going through the Clean up and Discussed w/ Pbot we were told that the Rack was here longer than the building and we were on our own. We were Informed Defermntly on Sept 27-2023 that the Rack Needed to be Reworked and Pbot came on 10/2/23 it was Reconstructed Temporarily and more work to come soon and That we should put in a Claim Dot to it was supposed to be cleaned up in December  
**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)** By the City by (503 823 1700)

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: 10-3-2023

Claimant's Signature



Print Name

Ernie Beasley