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2023-014484-20

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-ADMITTED IN MONTANA

December 4, 2023

Via Email: LiabilityClaims@portlandoregon.gov

City of Portland Risk Management
1120 SW 5th Ave., Suite 1040
Portland, OR 97204-1912

Re: *Collins v. City of Portland*
Date of Incident : June 22, 2023
Incident Location : 2738 SW English Ct., Portland
Our File No : G-3610

Dear Sir or Ms.:

Michael and Mary Collins have retained my office to investigate and pursue a claim against the City of Portland for damages. Attached is the tort claim notice required by ORS 30.275. In sum, Mr. and Mrs. Collins' home was destroyed by a fire. In addition, the Collinses lost essentially all of their possessions. They are still tallying their total damages.

I will be back in touch with the City of Portland when my clients' damages are finalized. In the meantime, please ensure all efforts to communicate with Mr. and Mrs. Collins are made through my office. Please also feel free to contact me with any questions.

Very Truly Yours,

John R. MacMillan

JRM:jm
Attachment

CLR: SIJ
cc: Corvel Corporation Claim/Policy# MU-23-300158-01
Enclosures



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



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) Michael Collins Date of Birth

a. Address 2738 SW English Ct. City Portland State OR Zip 97201

b. Home Phone Business Telephone Cell Phone (503) 381-2994

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

If married, name of spouse Mary Bocci-Collins

d. E-mail address

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 June 22, 2023 Time 11:15 Circle AM / PM

b. Place (exact and specific location) 2738 SW English Ct., Portland, OR, 97204

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): There was a fire at Michael Collins' home on June 22, 2023. Due to delays with the 911 call center and the response from firefighting personnel, the fire grew too much to be contained. In addition, when fire personnel did arrive, the closest hydrant wasn't operable, further delaying fire suppression efforts.

d. State how the City of Portland or its employees were at fault: See (c), above.

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

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
 Michael Collins' home and nearly all of his and his wife's belongings are a total loss due to fire, smoke and
 water damage. Final costs are still being calculated.
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 BOEC, Portland Fire & Rescue, City of Portland
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: \$ TBD
 - Estimated amount of future costs: \$ TBD
 - Total amount claimed: \$ TBD
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
 Mr. Collins is insured by Safeco Insurance, which is in the process of adjusting a claim submitted
 by Mr. and Mrs. Collins.
10. **Names, addresses / phone #s of all witnesses** _____
 Michael Collins (see above); David Guthrie, 503-750-7197; Charlie Van Rossen, 503-310-9204;
 Adam Garren, 503-407-7097
11. **Any additional information that might be helpful in considering your claim** _____

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: November 29, 2023

Claimant's Signature

Michael Collins

Print Name