



**GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND**

** for damages to persons or property **

2022-014585-20

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) Deborah Geffrard Date of Birth [REDACTED]

a. Address 402 NW 13th Ave. City Portland State OR Zip 97209

b. Home Phone / Business Telephone 503-226-2146 Cell Phone 503-720-6335

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

If married, name of spouse Christian Geffrard

d. 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 March of 2022 Time _____ Circle AM / PM

b. Place (exact and specific location) On going work by PDOT
8801 N. Lombard Portland, OR 97203

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): city tore up concrete sidewalks & curbing and went right into our base/foundation of the building, severely messed up the entry door to a retail space

d. State how the City of Portland or its employees were at fault: They were the only ones doing the work.

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

If yes, what is the name / phone number of employer Several tenants were

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

concrete needs to be re-done - door threshold
needs to be replaced or repaired - water leak

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

from concrete
breakage,

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 _____

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: \$ _____

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

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

Just want it repaired in a professional
way.

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

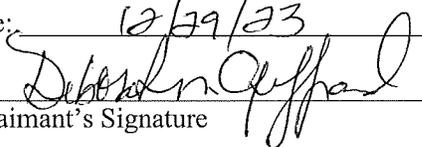
Kevin York - 503-381-2695

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

We just want it repaired properly. They were
supposed to do it many months ago.

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: 12/19/23

Claimant's Signature

Deborah M Geffard
Print Name