

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

for damages to persons or property

2024-014649-20

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. 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) Maria Kali Date of Birth
- a. Address 7920 n Syracuse st City Portland State Or Zip 97203
- b. Home Phone 5038108527 Business Telephone _____ Cell Phone _____
- c. Occupation Disabled d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse Lannette Kali
- d. E-mail address
- 2. If claim involves a vehicle:** a. Year, make and model 2019 Nissan leaf
- b. License Plate Number Driver's License Number State Or
- 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) Spouse above
- 3. Occurrence or event from which the claim arises:**
- a. Date 01/11/2024 Time 5 or 6pm Circle AM / PM
- b. Place (exact and specific location) N Willamette and N Chautauqua Blvd
Pothole is on the corner
- 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):
Turned right and front right front tire hit the deep large pothole destroying it. Called for Les Schwab for assistance and when we told them our situation we were told that they have been getting calls about the pothole issue since 12/26. We had dogs and kids and couldn't get help so left the car and took Lyft home. Came back the following day to 7212 n Chautauqua, where car was parked to tow
- d. State how the City of Portland or its employees were at fault: _____
Pothole was not fixed since December.
- 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. _____

See attached bills in email. True replaced and rides home and back to car

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** _____

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: \$ 167.00

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ 167.00

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

See attached bills in email.

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

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: 01/18/2024

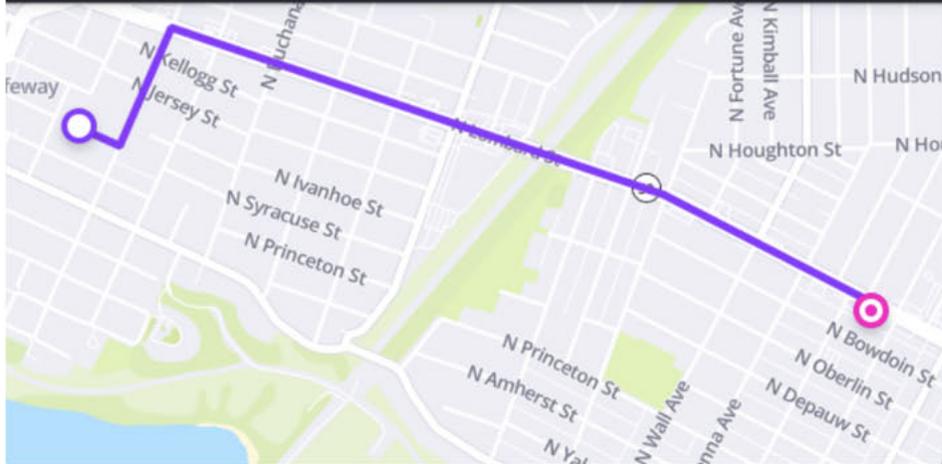


Claimant's Signature

Maria Kali

Print Name

← Ride on 1/11/24, 7:16 PM



 **7920 N Syracuse St** Pickup
Portland, OR 97203 7:16 PM

 **Les Schwab Tire Center** Drop-off
Portland, OR 97203 7:21 PM

Payment

Lyft Standard fare (1.3 mi, 5m)	\$8.49
City Of Portland Surcharge	\$0.50
Tip	\$4.00

 **PayPal** **\$12.99**
Total charge

 **Personal** >
PayPal

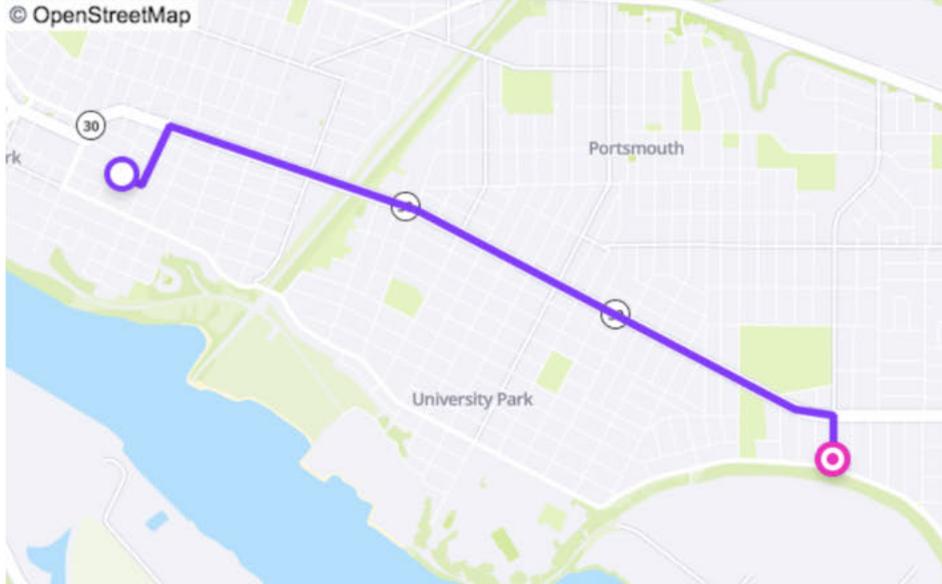
Your payment method has already been charged. Changing profiles will not affect the payment method used.

Resend receipt to email >



Trip

Jan 11, 2024, 11:03 AM • 2.4 miles • 7 min



	7920 N Syracuse St Portland, OR 97203	Pickup 11:03 AM
	7212 N Chautauqua Blvd Portland, OR 97217	Drop-off 11:11 AM

Payment

Lyft Standard fare (2.4 mi, 7m)	\$10.15
City Of Portland Surcharge	\$0.50
Tip	\$4.00

 Visa *9930	\$14.65
Total charge	

 Personal	
Visa *9930	

← **Ride history**



ALL

PERSONAL

BUSINESS

January 11, 2024



Standard Lyft ride • Personal

7:16 PM • 5m

\$12.99



Standard Lyft ride • Personal

11:03 AM • 7m

\$14.65