

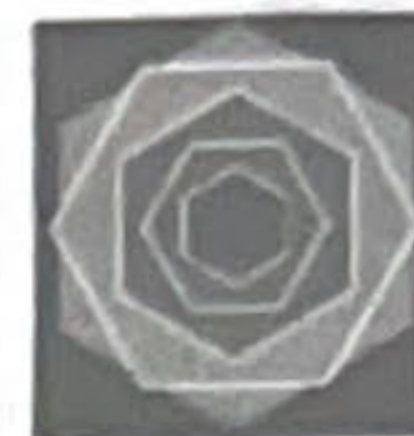


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2024-014673-20

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) YVONNE MIRELES-GARCIA Date of Birth [REDACTED]
 - a. Address 5512 NE 43RD WAY City VANCOUVER State WA Zip 98661
 - b. Home Phone _____ Business Telephone _____ Cell Phone 971-716-9660
 - c. Occupation BANKER d. Marital Status: Single ☒ Married ☐ Divorced or Widowed ☐
 - If married, name of spouse _____
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2020 HONDA ACCORD
 - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] 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) 5512 NE 43RD WAY, VANCOUVER WASHINGTON, 98661
3. Occurrence or event from which the claim arises:
 - a. Date 01/20/24 Time 8:30 Circle AM / ☒ PM
 - b. Place (exact and specific location) 5613 82ND AVE OR - 213, PORTLAND, OR 97266. RIGHT ACROSS STREET FROM MCDONALD'S.
 - 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): HUGE POT HOLE.
 - d. State how the City of Portland or its employees were at fault: THE STREET'S ARE MEANT TO BE SAFE TO DRIVE IN. THIS IS A CITY ISSUE.
 - e. Were you on the job at the time of the accident? Yes _____ No ☒

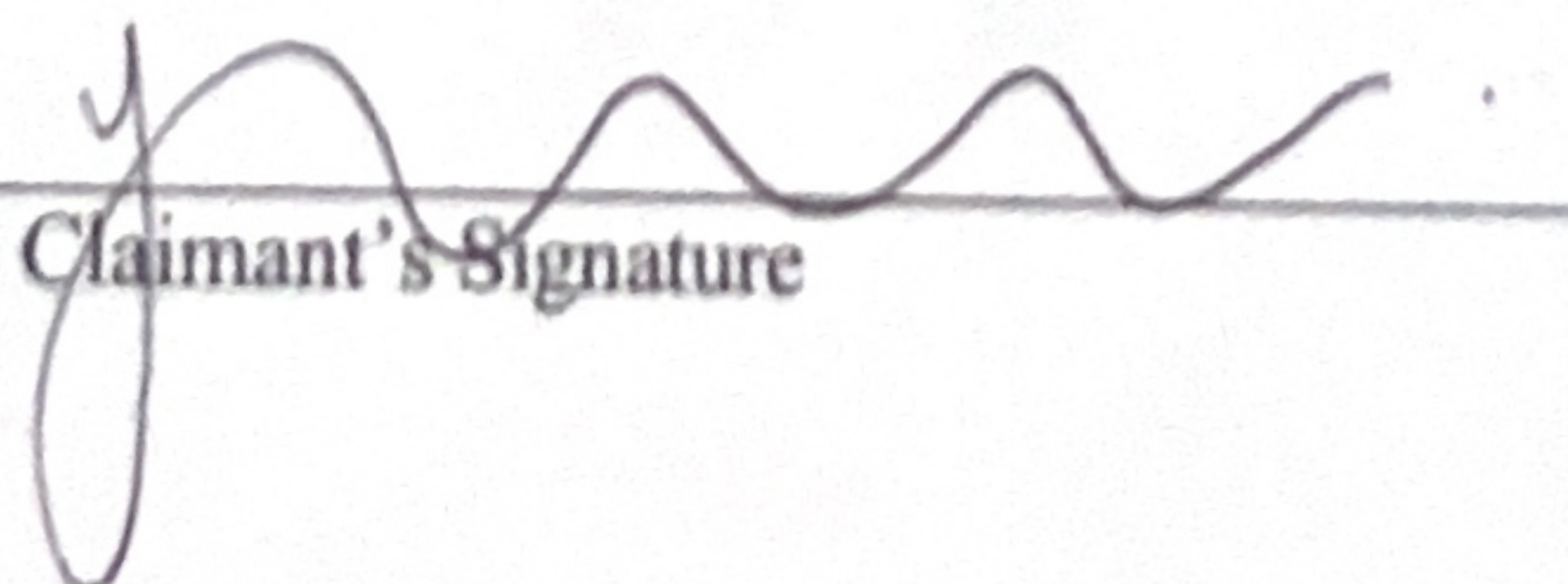
If yes, what is the name / phone number of employer _____

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim.
MY NEW TIRE THAT I HAD JUST BOUGHT NOT TO LONG
AND WAS DESTROYED BY THE ~~PROBLEM~~ POTHOLE.
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 X
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:**
- Amount claimed as of this date: \$ 376.⁷¹
 - Estimated amount of future costs: \$ 476.⁷¹
 - Total amount claimed: \$ 476.⁷¹ TOTAL
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
TOW TRUCK COMPANY = \$291.⁷¹ NEW TIRE \$85.
HAVING CAR INSPECTED \$100.
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: 01/22/2024


 Claimant's Signature

YVONNE MIRELES - G.
 Print Name

\$294.71

Custom Amount \$294.71

114774

Total \$294.71

[Handwritten signature]

Elite Towing & Recovery

(503) 724-5305



Visa 2143 (Keyed)

Jan 20 2024 at 10:02 PM

VISA

#tWm9

Auth code: 234294

Return Policy: All sales and services are final and 100% non refundable.

We always appreciate feedback from our customers.

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US A GOOGLE REVIEW

