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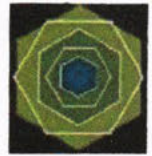
GENERAL LIABILITY

JAN 25 2024

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2024-014682-20

CITY OF PORTLAND
RISK MANAGEMENT

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) RODOLFO SARMIENTO Date of Birth [REDACTED]
- a. Address 9615 SW EAGLE CT City BEAVERTON State OR Zip 97008
- b. Home Phone _____ Business Telephone _____ Cell Phone (503) 799-1811
- c. Occupation RETIRED d. Marital Status: Single ☐ Married ☒ Divorced or Widowed ()
- If married, name of spouse GERMELINA SARMIENTO
- 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 JANUARY 13, 2024 Time Sometime in the afternoon Circle AM ☐ PM ☒
- b. Place (exact and specific location) RED TAIL GOLF COURSE. 3 BIG FIR TREES ON THE GOLF COURSE FELL ON MY BACKYARD DAMAGING MY FENCE AND DEBRIS ON MY BACKYARD
- 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): _____
- d. State how the City of Portland or its employees were at fault: _____
- 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 PICTURES

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: \$ NOT AVAILABLE AT THIS TIME

b. Estimated amount of future costs: \$ NOT AVAILABLE AT THIS TIME

c. Total amount claimed: \$ NOT AVAILABLE AT THIS TIME

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

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

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

YOU HAVE TO SEND YOUR RISK EMPLOYEE TO ASSESS THE DAMAGE

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: JANUARY 22, 2024

Claimant's Signature

RODOLFO SARMIENTO
Print Name



THE UPROOTED TREES FROM PORTLAND RED TAIL GOLF COURSE



DAMAGED TO MY BACKYARD & FENCE
NEED PORTLAND TO CLEAN UP

ADDRESS:

9615 SW EAGLE CT
BEZUERTON, OREGON 97008

A photograph of a yard with a wooden fence and trees. The foreground is covered in dry grass and mulch. The background features a wooden fence and dense foliage. Handwritten text is overlaid on the image.

PICTURE BEFORE THE
TREES FELL DOWN

R SARNIEN
9615 SW Eagle Ct
Beaverton, OR 97008

PORTLAND OR 972

22 JAN 2024 PM 6 L



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JAN 25 2024

CITY OF PORTLAND
RISK MANAGEMENT

RISK MANAGEMENT LIABILITY
1120 S.W. 5th AVENUE, SUITE 1040
PORTLAND, OREGON 97204-1912

97204-191220

