



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2023-015171-20

*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. 5<sup>th</sup> 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) Daniel Silvey, DBS Group LLC Date of Birth \_\_\_\_\_

a. Address PO Box 96 City Tualatin State OR Zip 97062

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-201-8532

c. Occupation Developer d. Marital Status: Single ( ) Married (x) Divorced or Widowed ( )

If married, name of spouse \_\_\_\_\_

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 03-08-2023 to Present Time \_\_\_\_\_ Circle AM / PM

b. Place (exact and specific location) 404 NE 55th Ave Portland, Corner of NE 55th and Flanders

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): See attached

d. State how the City of Portland or its employees were at fault: See attached

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

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** \_\_\_\_\_  
PBOT review staff

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: \$ 0  
b. Estimated amount of future costs: \$ \$21,900  
c. Total amount claimed: \$ \$21,900  
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** \_\_\_\_\_

**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.

4/24/2024 | 11:06 AM PDT

Date: \_\_\_\_\_

DocuSigned by:  
*Daniel Silvey*

Daniel Silvey

Claimant's Signature

Print Name

## 3C.

On 3/8/2023 30% Concept Plans were submitted for the ADA corner ramp. No mid-block ramp was part of the design. 4/10/2023 The 30% Concept Plans were approved with no mid-block ramp required. On 8/22/23 & 8/23/2023 Steve Hansen, PE had discussions with Vu Mai about complications with design. Chris Weir was brought into the conversation. There was no mention of mid-block ramp being required. On 8/24/2023 the ramp design at the corner was given the go ahead to proceed to 60% design. The 60% design plans for the corner ramp were submitted on 2/14/2024. On 4/3/2024 the 60% design meeting was held and our team was informed we now need to design mid-block ramps.

The cost of the delays in this project due to PBOT not stating the mid-block requirements on the front end, as well as the additional engineering and construction costs are significant. We had a PW Inquiry meeting on 8/10/2021 during the due diligence period and the mid-block ramp was mentioned by not a definitive requirement. After being denied a PW Alternative Review on 2/13/2023, Wayne Close said a mid-block ramp would be determined as part of the PW review process, yet the 30% concept plans were approved for design with no mention of it.

## 3D.

From initial submittal of the PW Inquiry in 2021 through to the 60% design meeting for the corner ramp engineering in April of 2024 the City failed to mention the requirement of the mid-block ramp.

## 4.

Damages include the time lost during permitting due to change in scope after the concept was approved, the additional engineering costs to revise the plans, as well as the added construction costs for the mid-block ramp.

- a. 3-month delay in permitting. \$800,000 holding cost of project at Federal Funds Rate of 5.5% = \$11,000
- b. Additional Engineering cost for revision to plans - \$1,900
- c. Estimated Construction costs for two ramps - \$9,000

Total cost: \$21,900