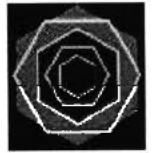




# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 2024-015325-20

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) LAWRENCE FONG Date of Birth [REDACTED]
  - a. Address 8604 SW 41ST AVENUE City PORTLAND State OR Zip 97219
  - b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-729-7044
  - c. Occupation RETIRED d. Marital Status: Single ( ) Married ( ) ☒ Divorced or Widowed ( )
  - If married, name of spouse CHRISTINE
  - 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 MAY 8, 2024 Time MORNING Circle AM PM
  - b. Place (exact and specific location) 8604 SW 41ST AVENUE
  - 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): RENOVATION AND IMPROVEMENTS TO SW CAPITOL (\*) SEE ATTACHED FOR EXPLANATION. (\*)
  - 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 NA  
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. \_\_\_\_\_

RE-STABILIZATION OF BERM AGAINST FENCE ALONG  
SW CAPITOL

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: \$ 3,530.

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.): \_\_\_\_\_

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: MAY 23, 2024

Claimant's Signature

Print Name

LAWRENCE FONG

May 23, 2024

RECEIVED

MAY 30 2024

Risk Management/Liability  
1120 S.W. 5<sup>th</sup> Ave, Suite 1040  
Portland, OR 97204-1912

CITY OF PORTLAND  
RISK MANAGEMENT

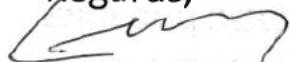
We moved to our new residence, 8604 S.W. 41<sup>st</sup> Ave. January 2023. At the time S.W. Capitol was the midst of a major improvement and renovation. Our first winter and year at this residence was one of adjustments and getting to know our neighbors and community.

Our neighbors informed us about the City of Portland engaging residents about property improvements including preservation of fir trees and replacing fences facing S.W. Capitol.

We are excited about the city's improvements which greatly creates a safer and attractive thorough fare along S.W. Capitol. And recently we removed a lot of unattended growth—ivy and, blackberry vines along our original fence facing S.W. Capitol. For us, it's a small improvement that purposely aligns with the city's goal of improving a neighborhood's safety and appeal.

Another result of this was the need to replace this fence with a more stable and attractive design. (see letter from Daniels Custom Fences) Our hope is that the City of Portland will contribute to this expense as it did for other owner's improvements. I would be happy to meet with you and to send you photographs of the property.

Regards,



Lawrence Fong  
8604 S.W. 41<sup>st</sup> Ave  
Portland, OR 97219