

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND***\* for damages to persons or property \**File Number: 2024-015528-20*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) Shawnee Hinman Date of Birth [REDACTED]a. Address 2512 Young Rd City Colville State WA Zip 99114b. Home Phone (206) 920-0795 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_c. Occupation USDA Program Manager d. Marital Status: Single ( ) Married (x) Divorced or Widowed ( )If married, name of spouse Judy Suingd. 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 7/10/2024 Time 0845 Circle AM / PM

b. Place (exact and specific location) \_\_\_\_\_

5207 NE 25th Ave & 2461 NE Sumners St, Portland, OR 97211(Duplex)

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

The Fire Department, while responding to a smoke alarm malfunction, forced entry into the 5207 unit, which broke the door threshold, moulding, trim, light switch, and caused damage to the door. There was no fire or emergency inside, and the lieutenant advised me that I should file a claim for the damage since it wasn't necessary to protect life or property. Since the damage was to the front door, and it was compromised, an Emergency repair had to be performed. There will need to be finish work reperfomed by a drywall/painting contractor to return the door area back to original condition.

d. State how the City of Portland or its employees were at fault: \_\_\_\_\_

The damage was caused by the city employees, and was not necessary. The Lieutenant referred me to this avenue of reconciliation.

e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No X

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. Damage to door, threshold, trim, moulding, light switch, dry wall, and paint, time spent to coordinate with tenants, and contractors, and to review work, and reimburse tenants for payment. I had to emergency-hire a handyman to Resecure the door (\$507.26), and make cosmetic repairs, 5 hours time for property manager at \$100/hr (\$500), plus at least another (\$800) for a professional painter/drywaller.
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** \_\_\_\_\_  
Portland Fire & Rescue, Lt. Sadler 503-823-3841
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:  | \$ <u>\$1007.26</u> |
| b. Estimated amount of future costs:  | \$ <u>\$800.00</u>  |
| c. Total amount claimed:  | \$ <u>\$1807.26</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____               |
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
Cyd Manro, 2461 NE Sumner St. Portland, OR 97211, 503-839-2787  
Nausheen Kaul, 5207 NE 25th Ave, Portland, OR 97211, 202-250-0676
11. **Any additional information that might be helpful in considering your claim** Photos attached

**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: 7/16/2024

  
Claimant's Signature

Shawnee Hinman

Print Name



# Portland Fire & Rescue

Date: 7-10-24

Time: 0845

Address: 24601 NE Sumner St

**PF&R responded to this location.**

Situation Found:

Neighbor reported seeing smoke from  
upstairs window.

Actions Taken:

Forcible entry - front door

Comments:

Contact City of Portland Risk  
management -

Contact person for further information:

Name: Lt. Stadler

Station: 14

Phone: 503-823-3841

Portland Fire & Rescue  
55 SW Ash Street, Portland OR 97204  
503-823-3700







