



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: 2024-015566-20

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

- 1. Claimant** (Circle: Mr. Mrs. Ms. Miss) Anna Shiman Date of Birth REDACT
- a. Address PO Box 15215 City Portland State OR Zip 97293
- b. Home Phone _____ Business Telephone _____ Cell Phone (503) 901-9762
- c. Occupation business owner d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse _____
- d. E-mail address REDACT

- 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 4/28/24 and 5/4/24 Time _____ Circle AM / PM
- b. Place (exact and specific location) 8635 N Leonard Street, Portland OR 97203

- 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): _____

On 4/28/24 sewage backed up into apartment units at 8635 N Leonard Street. DeTemple Mechanical & Plumbing was called and found a large obstructing root intrusion 30-35 feet from the clean-out, putting the problem in the street/on the city side of the sewer line. The problem occurred again on 5/4/24. On 5/6/24 the city began the process of digging up the line in the street and fixing the break.

- d. State how the City of Portland or its employees were at fault: _____

The break in the sewer line occurred on the city side of the line. My understanding is that the city also did not respond when first notified of the problem, hence the second back-up occurrence.

- e. Were you on the job at the time of the accident? Yes _____ No _____ The property management company (Capital Property Management) called DeTemple Mechanical & Plumbing on 4/28 and 5/4. I arrived after they were called and began the work.
- 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. _____

Two bills from DeTemple Mechanical & Plumbing totaling \$4,812.50 (enclosed) that I am requesting the city reimburse.

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** _____

City of Portland Water Bureau

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: \$ 4,812.50

b. Estimated amount of future costs: \$ 0

c. Total amount claimed: \$ 4,812.50

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

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

DeTemple Mechanical & Plumbing (DeTemple Company, Inc.): 5636 NE Hassalo St., Portland, OR 97213/(503) 227-2641 (see two bills for names of on-site technicians)

Capital Property Management Services, Inc.: 1539 NW 19th Ave., Portland OR 97209/Contact manager Kaitlyn Bates at (503) 342-1694

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: 7/23/24



Claimant's Signature

Anna Shiman

Print Name

Before & After Photos

1

Before Photos

IMG_3197.jpg



Added by: Nick Wolfe Apr 28, 2024 4:47 PM

IMG_3198.jpg



Added by: Nick Wolfe Apr 28, 2024 4:47 PM

IMG_3199.jpg



Added by: Nick Wolfe Apr 28, 2024 4:47 PM

IMG_3200.jpg



Added by: Nick Wolfe Apr 28, 2024 4:47 PM

IMG_3201.jpg



Added by: Nick Wolfe Apr 28, 2024 4:47 PM

After Photos

IMG_3203.jpg



Added by: Nick Wolfe Apr 28, 2024 4:47 PM

IMG_3202.jpg



Added by: Nick Wolfe Apr 28, 2024 4:47 PM

Before & After Photos

1

Before Photos

IMG_6906.jpg



Added by: Glenn Vance May 4, 2024 6:26 PM

IMG_6905.jpg



Added by: Glenn Vance May 4, 2024 6:26 PM

IMG_6904.jpg



Added by: Glenn Vance May 4, 2024 6:26 PM

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Added by: Glenn Vance May 4, 2024 6:26 PM

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Added by: Glenn Vance May 4, 2024 6:26 PM

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Added by: Glenn Vance May 4, 2024 6:26 PM

IMG_6891.jpg



Added by: Glenn Vance May 4, 2024 6:26 PM

After Photos

IMG_6904.jpg



Added by: Glenn Vance May 4, 2024 6:27 PM