



GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2024-015733-20

File Number: _____

RR TRMN 2730 / 2732 ✓



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.

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

RECEIVED
AUG 30 2024

CITY OF PORTLAND
RISK MANAGEMENT

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) ARLENE S. HALVORSON Date of Birth [REDACTED]
- a. Address 11825 NE KNOTT ST City PORTLAND State OR Zip 97220
- b. Home Phone 503 252-0320 Business Telephone _____ Cell Phone 503 680-7703
- c. Occupation RETIRED d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse JOHN E. HALVORSON
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2016 FORD TAURUS
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR
- 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 3/7/2024 Time 9 PM Circle AM / ☒ PM
- b. Place (exact and specific location) NE 60th & HALSEY
- 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): A LARGE POT HOLE CAUSED DAMAGE TO MY FRONT DRIVERS SIDE TIRE UNREPAIRABLE - UNABLE TO PURCHASE ONE TIRE AS IT WOULD CAUSE A PROBLEM WITH THE ABS. NEEDED TO PURCHASE 4 NEW TIRES
- d. State how the City of Portland or its employees were at fault: THIS POT HOLE NEEDS TO BE FILLED - SEE PICTURE
- 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. _____

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: \$ _____

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ 1093.49

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

Replaced all 4 TIRES AND PAID SEE INVOICE
AND RECEIPT

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

JOHN HALVORSON (HUSBAND) 11825 NE KNOTT ST.
PORTLAND, OR 97220-

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: 8/26/24

Arlene S. Halvorson
Claimant's Signature

ARLENE S. HALVORSON
Print Name

March 11, 2024

Arlene S Halvorson
11825 NE Knott St
Portland OR 97220-1737

State Farm Claims
PO Box 52250
Phoenix AZ 85072-2250

RE: Claim Number: [REDACTED]
Date of Loss: March 7, 2024
Our Insured: Arlene S Halvorson

Dear Arlene S Halvorson:

We received your claim and have been unable to reach you by phone. Please call us so we may discuss your loss and any applicable coverage available under your policy. If we have spoken with you since the date of this letter, please disregard our request.

Thank you for choosing State Farm® for your insurance needs. Our goal is to make the claim process go as smoothly as possible. We are committed to providing you with remarkable claim service and look forward to receiving your feedback during the handling of your claim.

If you have questions or need assistance, call us at (844) 292-8615 Ext. 4808699064.

Sincerely,

Clarence Su
Claim Specialist
(844) 292-8615 Ext. 4808699064

statefarmfileclaims@statefarm.com

For your protection, when emailing State Farm, please do not include sensitive personal information such as Social Security Number, credit/debit card number (financial account number), driver's license number, or health/medical information in an email. Please contact us at (844) 292-8615 Ext. 4808699064 to discuss sensitive information.

State Farm Mutual Automobile Insurance Company

Take advantage of our self-service options

Go to my.statefarm.com to easily review claim status, update direct deposit account information for claim payments and many other insurance and banking services.

37-64K3-89V
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March 15, 2024

Sincerely,

Kileen Taylor Digitally signed by Kileen Taylor
Date: 2024.03.18 12:06:24 -07'00'

Kileen Taylor
Team Manager
(844) 292-8615 Ext. 4808699064

For your protection, when emailing State Farm, please do not include sensitive personal information such as Social Security Number, credit/debit card number (financial account number), driver's license number, or health/medical information in an email. Please contact us at (844) 292-8615 Ext. 4808699064 to discuss sensitive information.

State Farm Mutual Automobile Insurance Company

March 15, 2024

John Halvorson & Arlene S Halvorson
11825 NE Knott St
Portland OR 97220-1737

State Farm Claims
PO Box 52250
Phoenix AZ 85072-2250

RE: Claim Number: [REDACTED]
Date of Loss: March 7, 2024
Our Insured: John Halvorson & Arlene S Halvorson
Place of Incident: NE 60th And Halsey Portland OR
Policy Number(s): [REDACTED]

Dear John Halvorson & Arlene S Halvorson:

We have completed our investigation as to whether Policy Number [REDACTED] applies to the incident that occurred on March 7, 2024. The Physical damage coverages are not applicable by reason of exclusionary provisions in the policy as to Tires

Policy#9837B

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Physical Damage coverage

Exclusions

THERE IS NO COVERAGE FOR:

1. ANY COVERED VEHICLE THAT

15. TIRES. This exclusion does not apply if:

a. loss is caused by missiles, falling objects, windstorm, hail, fire, explosion, earth-quake, water, flood, total or partial theft, malicious mischief, vandalism, riot, civil commotion, or hitting or being hit by a bird or an animal; or

b. loss caused by collision to another part of the covered vehicle causes loss to tires;.

We are always willing to consider any new information pertaining to your claim. Please contact us if there is any additional information you wish to submit for consideration or if you have any questions.

If you have questions or need assistance, call us at (844) 292-8615 Ext. 4808699064.







H

Arlene Halvorson
11825 NE Knott St
Portland, OR 97220

PORTLAND OR RPDC 972

26 AUG 2024 PM 4 L



AUG 30 2024

CITY OF PORTLAND
RISK MANAGEMENT

Risk management Liability
1120 S.W. 5th Ave Ste 1040
Portland, Or 97204-1912

97204-191220

