



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number:

2024-015751-20

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. 5th 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) Ivette Walker Date of Birth [REDACTED]
 - a. Address 1387.5 SW Allen Blvd Unit 3B City Beaverton State OR Zip 97005
 - b. Home Phone 971-331-5902 Business Telephone _____ Cell Phone 971-331-5902
 - c. Occupation ESS Subdesk d. Marital Status: Single (☒ Married (☐ Divorced or Widowed (☐)
 - If married, name of spouse Timothy Walker
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle accident, provide the following information:
 - 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 8/30/2024 Time 6:45-7:00 Circle AM / (PM)
 - b. Place (exact and specific location) mt. Tabor Park attending a jazz concert
 - 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): walking up a flight of stairs and slipped and fell face forward, my left hands and arm caught me.
 - d. State how the City of Portland or its employees were at fault: Uneven steps, something made me lose my balance and fall
 - 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. _____
Got scraps and bruising, bleeding, also my jaw on my right side hurts where my crown is. Body hurts and out of alignment
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
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: \$ _____
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. Names, addresses / phone #s of all witnesses Timothy Walker 503-804-8437
Courtney Walker 971-246-2699
11. Any additional information that might be helpful in considering your claim _____
Hopefully there are camera's that can be seen to see what happened, I sent in photos of my injuries.

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: 9-4-2024Alette Walker
Claimant's SignatureIvette Walker
Print Name





