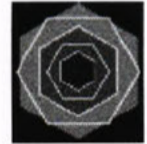


Risk Management Received 09/20/2024



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2024-015808-20

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) Hayley Platt Date of Birth [REDACTED]
- a. Address 14 Hillshire Dr. City Lake Oswego State OR Zip 97034
- b. Home Phone n/a Business Telephone 503.572.0177 Cell Phone 503.360.2155
- c. Occupation Public Relations d. Marital Status: Single ( ) Married ( ) Divorced ( ) Widowed ( )
- If married, name of spouse [REDACTED]
- d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2023 Kia Sportage
- 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 May 2024 Time approx. 4pm Circle AM / PM
- b. Place (exact and specific location) SE 7<sup>th</sup> and Lincoln
- 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): There are numerous, oversized potholes on SE 7<sup>th</sup> between Harrison & Division that I do my best to avoid; however I inadvertently ran over one on my way home (cont. →)
- d. State how the City of Portland or its employees were at fault: I'm a native Oregonian and have worked downtown Portland for years - mostly on the Westside - but now on the Eastside. (cont. →)
- e. Were you on the job at the time of the accident? Yes ☐ No ☒ (cont. →)
- 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. Driving through the oversized/deep pothole resulted in the wheel well being damaged (bent), which caused my alignment to be off. (cont.)
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** n/a
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: \$ 762.25
- b. Estimated amount of future costs: \$ \_\_\_\_\_
- c. Total amount claimed: \$ 762.25
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): replacement and repair costs. Copy of invoice attached.
10. **Names, addresses / phone #s of all witnesses** n/a
11. **Any additional information that might be helpful in considering your claim** I'm a full-time working, single mom of two. I would greatly appreciate some type of reimbursement for the cost to replace/repair my damaged wheel well/tire. Thank you for your time and consideration.

**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: September 16, 2024

Hayley Platt

Claimant's Signature

Hayley Platt

Print Name

Continued:

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3. C. from work. This resulted in my car's wheel being damaged on the INSIDE rim of the tire. I've included a photo of the bent wheel, which needed to be replaced altogether.

3. d. I realize intense weather like ice and snow storms impact our roads. I also understand and appreciate that our city leaders are working hard to clean up and tend to a multitude of issues in our city. This said, I feel that extremely large potholes like the one I drove into should be addressed and repaired more regularly. I was forced to completely replace my car's damaged wheel due to this incident. This was not only time consuming, it was very expensive!

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4. A couple days after the incident, my car was noticeably "pulling" and "veering" to the right. I had to forcibly over-correct the steering wheel to keep the car moving straight. I took my car to Les Schwab, and when they removed the wheel/tire to inspect it, they discovered the wheel well was bent on the INSIDE. Les Schwab's expert opinion was that the only plausible explanation for a wheel well to become bent on the inside: a large or deep pothole. I've included 2 photos of the one I inadvertently drove through, located at SE 7<sup>th</sup> and Lincoln. As I mentioned earlier, there are multiple potholes on SE 7<sup>th</sup> between Harrison & Division - on BOTH the left AND RIGHT sides of the lane I was traveling, making it nearly possible to avoid them all.









