



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2024-015854-20

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 1040, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. Ms. Miss) ACME CONSTRUCTION SUPPLY Date of Birth N/A
- a. Address 330 SE SALMON ST City PORTLAND State OR Zip 97214
- b. Home Phone N/A Business Telephone 503-239-5230 Cell Phone 503-572-1627
- c. Occupation BRANCH MANAGER d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse N/A
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model N/A
- b. License Plate Number N/A Driver's License Number N/A State N/A
- 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) N/A
3. Occurrence or event from which the claim arises: PBOT PROJECT / BROWN CONTRACTING
- a. Date EARLIER PART OF 2024 Time Circle AM / PM
- b. Place (exact and specific location) INTERSECTION OF MUIR BLVD & SE SALMON
ON PROPERTY OF ACME CONSTRUCTION SUPPLY SIDEWALK
- 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): BROWN CONTRACTING TORE UP SIDEWALK
FOR PROJECT WHICH LEAD TO DAMAGING SPRINKLER SYSTEM,
DUMPING OF GRAVEL ON PROPERTY AND OTHER MISC ISSUES.
WAS BILLED BY LANDSCAPER THAT MAINTAINS ACME PROPERTY
- d. State how the City of Portland or its employees were at fault: DIDN'T DO WHAT THEY WERE ASKED
TO DO WITH SPRINKLER SYSTEM, DIDN'T MOVE BUSHES & TREES
THEY UPROOTED AND LEFT WOOD AND GRAVEL ON PROPERTY THAT
- e. Were you on the job at the time of the accident? Yes No N/A LANDSCAPER HAD TO REMOVE
- If yes, what is the name / phone number of employer

5. *We are required to report all claims for injuries to Medicare/Medicaid Services*

Medicare/Medicaid Beneficiary? Yes _____ No _____

BROWN CONTRACTING & P&OT

8. Name and address of the owner of any damaged property if different from claimant _____

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

10. Names, addresses / phone #s of all witnesses CAN BE PROVIDED LATER

BROWN CONTRACTING & PLOT ARE RESPONSIBLE FOR THIS TRAFFIC LIGHT PROJECT

Date: 10/1/24

Print Name _____