

City of Portland Risk Management 10/1/2024 JJ GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



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				
	Address 330 SE SALMON ST City PORTAND State DR Zip 97214			
b.	Home Phone NA Business Telephone 503-239-523° Cell Phone 503-572-1627			
с.	Occupation BILANCH MANAGEN d. Marital Status: Single () Married () Divorced or Widowed ()			
	If married, name of spouse NIA			
d.	E-mail address			
2. If	claim involves a vehicle: a. Year, make and model			
b.	License Plate Number NA Driver's License Number NA State NA			
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)			
	Do - Orobre / Providente a fil			
	Decurrence or event from which the claim arises: PBOT PRODET / BROWN CONSTRACTING			
a.	Date EANLIEN ANT OF ZOZY Time Circle AM / PM			
b.				
	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): BLOWN CONTRACTINE TOLE UP SIDEWAUC			
	FOR PROJECT WHICH LEAD TO DAMAGING SPRINKED STREM,			
	DUMPING OF FRANKE ON PROPERTY AND OTHER MISC ISSUES.			
	WAS BILLED BY LANDSCAPER THAT MAINTAINS ACHE PROPERTY			
d.	State how the City of Portland or its employees were at fault: DIDNTDOWHAT THET WENE AL VED			
	TO DO WITH SPRINKLER SYSTEM, DON'T MOVE BUSHES & TREES			
	HET UPRUTED AND LEFT WOUD AND GRAVEL ON PROPERTY THAT			
e.	Were you on the job at the time of the accident? Yes No NA LAUSCAPER HAD THE			
	If yes, what is the name / phone number of employer			

4. 1	City of Portland Risk Management 10/1/2024 Description: Describe the injury, property damage or loss so far as is known at the time of this claim.		
	PLOPERTY DAMAGE TO SPRINKLER STSTER AND		
-			
-	LEFT BEHIND MATZNIAK FHAT WE HAD TO REAR We are required to report all claims for injuries to Medicare/Medicaid Somicos* AND PUSPOSES		
we are required to report an claims for injuries to infedicate/infedicate set vices			
	f you were injured please provide the following: Social Security #:		
1	Medicare/Medicaid Beneficiary? Yes No		
5. (Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury		
50	BROWN CONTRACTING & PBOT		
. N	ame and address of any other person injured		
-			
. N	ame and address of the owner of any damaged property if different from claimant		
. D	amages claimed:		
a.	Amount claimed as of this date: \$ 25 90, 50		
b.	Estimated amount of future costs: \$		
c.			
d.	Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):		
N	ames, addresses / phone #s of all witnesses CAN BE PROVIDED LATER		
A	ny additional information that might be helpful in considering your claim		
	BROWN CONTRACTING & PBOT ARE		
	RESTONSIBLE FOR THIS TRAFFIC / 1447		
	PROTET		
RNI	NG: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)		
	carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own dge, except as to those matters stated upon information or belief and to such matters I believe the same to be true.		
iderst	and and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and		

understand and acknowledge that all statements made in this claim	
that the statements are in connection with an application for a benefit	from the City of Portland.
Date: 10/1/24	HANNY WEIKER
Claimant's Signature	Print Name

City of Portland Risk Management 10/1/2024 H:\Projects\Web Pages\Liability Documents\2012 GENERAL LIABILITY CLAIM form rev1.doc