



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2024-015982-20*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) Small Parts Manufacturing Date of Birth _____
- a. Address 4401 NE MLK JR City Portland State OR Zip 97211
- b. Home Phone 503-287-1181 Business Telephone 503-287-1181 Cell Phone _____
- c. Occupation _____ d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse _____
- d. E-mail address _____
- 2. If claim involves a vehicle:** a. Year, make and model N/A
- 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 9/27 + 10/23 2024 Time ALL DAY Circle AM / PM
- b. Place (exact and specific location) Inside machineshp
- 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): See Attached
- d. State how the City of Portland or its employees were at fault: Failing to maintain a Free Flowing Lateral Storm Drain
- 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. Labor For Cleanup, Rooter Service Bills, hoses, pump Absorbant mats etc to reroute water
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** NA
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** Public Works?
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** Merton G Rockney JR
9. **Damages claimed:**
- Amount claimed as of this date: \$ _____
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ _____
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** Attach Pro Drain receipts, examples of Absorbent costs, receipts for Pump & Hoses

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: 11/05/24Claimant's Signature Print Name Merton Rockney Jr.

We are requesting reimbursement for costs incurred due to a complete blockage by tree roots of the City of Portland's storm lateral drain.

These losses happened over the course of several months, most notably September 2024 & October 2024.

I'm attaching a copy of the email from Rob Eichler for the Portland Bureau of transportation regarding this issue.

Also attached are copies of the bill from a rooter company we had out twice to help diagnose this issue.

Below is what we think the compensation should be based on :

Labor to clean standing water	\$ 1,104.00
ProDrain	\$ 1,370.00
ProDrain	\$ 185.00
Absorbant Materials	\$ 1,244.50
Hose & Pump	\$ 189.97
	\$ 4,093.47