



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2024-000067-GL

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) Garlynn G. Woodsong Date of Birth [REDACTED]

a. Address 5267 NE 29th Ave City Portland State OR Zip 97211

b. Home Phone _____ Business Telephone _____ Cell Phone 503-936-9873

c. Occupation Nonprofit lead d. Marital Status: Single Married () Divorced or Widowed ()

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 1987 Mercedes 300TD

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 October 11th, 2024 Time 2:35 Circle AM / PM

b. Place (exact and specific location) SW 15th Ave, south of W. Burnside St, where the pavement rises, dips suddenly, then rises again.

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): City's Bureau of Transportation knows, or should know, that the pavement conditions in this location have a history of causing repeated damage to vehicles. This is evidenced by the deep, repeated, parallel grooves in the asphalt cut by the undersides of vehicles as they impact the pavement due to its uneven and irregular nature.

d. State how the City of Portland or its employees were at fault: City of Portland has failed to maintain a safe pathway for low-clearance vehicles to travel at the posted speed through this intersection.

The sequence of pavement rises and dips causes vehicle suspension to "bounce," leading to vehicle/pavement contact.

e. Were you on the job at the time of the accident? Yes No _____
If yes, what is the name / phone number of employer Woodsong Associates, LLC

4. Description: Describe the injury, property damage or loss so far as is known at the time of this claim. _____

The vehicle suspension failed, causing the vehicle to dive excessively as it traversed the pavement's rapid, rise, dip, and rise in this location. The oil pan cracked when it pit the pavement. Vehicle rear suspension must be rebuilt, the oil pan replaced, and the window must be replaced that was broken when the car was parked following the rupture of its oil pan and immobilization.

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, Bureau of Transportation

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: \$ 785.20
- b. Estimated amount of future costs: \$ 6,700
- c. Total amount claimed: \$ 7,485.20

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

Estimates: Burbuck Motors, \$6,250 (oil pan & suspension); La Compa, window repair: \$450

Bills: Recharge oil system, repair damage to interior from break-in: \$663; MB Classic Center (parts): \$125.20

10. Names, addresses / phone #s of all witnesses _____

Free Atwood, 253 N Broadway #201, Portland, OR (971)336-3371

11. Any additional information that might be helpful in considering your claim _____

Free Atwood was the driver of the vehicle at the time of the incident.

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: Saturday, November 9th, 2024



Claimant's Signature

Garlynn G. Woodsong

Print Name

Evidence: Road conditions causing the hazard at SW 15th Ave, south of W. Burnside St, where the pavement rises, then dips, then rises again:



