



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2025000223GL

*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

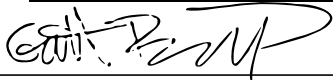
1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Garrett Bishop Date of Birth REDACT
  - a. Address 4300 SW Downs View Ct City Portland State OR Zip 97221
  - b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-459-9019
  - c. Occupation Marketing d. Marital Status: Single ( ) Married (x) Divorced or Widowed ( )  
If married, name of spouse Jennifer Bishop
  - d. E-mail address REDACT
2. **If claim involves a vehicle:** a. Year, make and model 2023 Tesla Model Y
  - b. License Plate Number REDACT Driver's License Number REDAC State OR
  - c. At time of accident, were you (check all that apply) Owner: x Driver x 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 1/4/2025 Time 5:15 Circle AM / PM
  - b. Place (exact and specific location) Headed SE on SW Broadway Dr toward City Center.  
Hit large pothole @ 1838 SW Broadway Dr. Both tires on passenger side blew and went flat
  - 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): The pothole was roughly 18" wide x 30" long and 6 " deep.  
A pothole of this size should not be on a high traffic city street. Fortunately it was only tires that  
I am including pictures of the pothole with a 15" ruler for reference.
  - d. State how the City of Portland or its employees were at fault: The city of Portland and it's employees  
are responsible for maintaining roadways, and keeping them safe. Especially high traffic areas  
like SW Broadway. A pothole of this size is dangerous and could have caused much more damage.
  - e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No x  
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. \_\_\_\_\_  
 Our car had to be towed. Both tires on the passengers side of the car were flat from the pothole. It happened on a Saturday night, the tires could not be replaced until Monday creating more inconvenience.
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 x
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** \_\_\_\_\_  
 PDOT - road maintenance
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** \_\_\_\_\_ N/A
9. **Damages claimed:**
- |                                      |                   |
|--------------------------------------|-------------------|
| a. Amount claimed as of this date:   | \$ _____ \$571.20 |
| b. Estimated amount of future costs: | \$ _____ \$0      |
| c. Total amount claimed:             | \$ _____ \$571.20 |
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
 Reimbursement for the out of pocket cost for two new tires for our car. We are not asking for lost time, tow reimbursement, or reimbursement for the \$200 service credit we used at Tesla.
10. **Names, addresses / phone #s of all witnesses** Jennifer Bishop, 4300 SW Downs View Ct / 503-467-1589  
Carmen Appel, 4140 SW Westdale Dr Portland, 97221 / 503-349-3742  
Kevin Appel, 4140 SW Westdale Dr Portland, 97221 / 503-332-6046
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
The pothole was reported on 1/5. Screen shot included.  
Invoice for new tires from Tesla included

**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: 1/6/2025



Claimant's Signature

Garrett Bishop

Print Name

