



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025000227GL

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) DAVID SEWARD Date of Birth [REDACTED]
 - a. Address 17263 SW TERRAPIN DR City SHERWOOD State OR Zip 97140
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503-801-8884
 - c. Occupation SELF/UBER d. Marital Status: Single () Married ☒ Divorced or Widowed ()
 - If married, name of spouse ERICA SEWARD
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2015 FORD C-MAX
 - 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 1/06/2025 Time 6:40 Circle AM / PM
 - b. Place (exact and specific location) SE 79TH AVE. & SE CLINTON ST.
 - 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): I'M A UBER DRIVER, ON MY WAY TO PICK UP RIDERS ON SE 78TH AVE, NEAR SE WOODWARD AVE. I WAS TRAVELING WEST ON CLINTON TOWARD 78TH AVE & ON 79TH, MY RT FRONT TIRE HIT A POTHOLE, THAT IS APPROX-
 - d. State how the City of Portland or its employees were at fault: THIS POTHOLE IS APPROX 25" IN DIAMETER & MORE THAN 6" DEEP, PAIRED W/ANOTHER POTHOLE ABOUT 20' AWAY. HOW IS THIS MY FAULT? LACK OF CITY RESOURCES,
 - e. Were you on the job at the time of the accident? Yes ☒ No _____
 - If yes, what is the name / phone number of employer SEWARD RIDESHARE SERVICE
503-801-8884

3C LDNT.

25" IN DIAMETER, FILLED WITH WATER, & AND IT WAS DARK.

AS SOON AS I HIT THE POTHOLE, MY TIRE PRESSURE LIGHT CAME

DN. I GOT OUT OF MY CAR, CHECKED TIRE, & WAS LOSSING

AIR. I CANCELED MY RIDER & DROVE TO LES SCHWAB. THE

PUNCTURE IS ON THE SIDE OF TIRE. LES SCHWAB CAN'T REPAIR

& HAS NO USED TIRES, SO I HAD

PURCHASE 2 NEW FRONT TIRES,

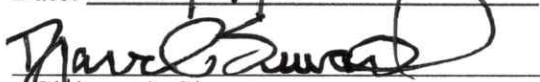
FDR \$369.92.

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
2 NEW TIRES HAD TO BE PURCHASED FOR THE PUNCTURED
TIRE ON RT FRONT. \$369.92 -
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** _____
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:**
- Amount claimed as of this date: \$ **369.92**
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ **369.92**
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
INVOICE FROM LES SCHWAB.
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** _____

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: 1/7/2025


 Claimant's Signature

DAVID SEWARD
 Print Name







