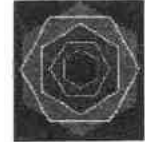


City of Portland Risk Management 2/10/2025



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2025000371GL

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) Marcy Young Date of Birth [REDACTED]
  - a. Address 5115 NE Alberta Court City Portland State OR Zip 97218
  - b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-475-4986
  - c. Occupation Hair Stylist 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 \_\_\_\_\_
  - 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 September 22, 2024 Time 10:30 AM Circle AM / PM
  - b. Place (exact and specific location) Basement of the home at 5115 NE Alberta Court
  - 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: See attached
  - 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 \_\_\_\_\_

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CITY OF PORTLAND  
RISK MANAGEMENT

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
See attached \_\_\_\_\_
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** \_\_\_\_\_  
Unknown employees but probably 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** \_\_\_\_\_  
My Partner Raithon Clay, 5115 NE Alberta Court, Portland, OR 97218
9. **Damages claimed:**
  - a. Amount claimed as of this date: \$47,099
  - b. Estimated amount of future costs: \$ 34,641
  - c. Total amount claimed: \$ 81,740
  - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
Damage and loss of personal property, demo and rebuild of basement. Invoices and estimates are attached
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
My partner, Raithon Clay, 5115 NE Alberta Court, Portland, OR 97218 971-279-0918
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: 02/07/25  
\_\_\_\_\_  
Claimant's Signature

MARCY YOUNG  
\_\_\_\_\_  
Print Name

Marcy Young  
5115 NE Alberta Court  
Portland Oregon

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RISK MANAGEMENT

General Liability Claim Against the City of Portland

**3.(c) Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage:**

On September 22, 2024 our 616 square foot basement flooded with nearly a foot of raw sewage. We contacted the City of Portland Water Bureau who sent out two investigators. The investigators determined there were two clogs on the main line, one in front of our house on NE Alberta Court and one on 52<sup>nd</sup> Avenue. In order to unclog the blockages they had to access a manhole on NE Alberta Street. They dispatched a crew to clear out the blockages. Once the crew began their work, one of the investigators said it appeared the blockages were caused by asphalt. NE Alberta Street was in the process of being repaved.

It is obvious that this sewer backup was caused by a clog in the main sewer line, because once the main line was cleared, our basement began to drain.

**3.(d) State how the City of Portland or its employees were at fault:**

The City of Portland is at fault because its employees allowed asphalt to enter the sewer system, thereby causing the blockages which resulted in our basement being filled with a foot of raw sewage.

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

Our entire finished basement, including the bathroom, was gutted. All carpet, rugs, tile, paneling and insulation were removed. Nearly all personal belongings in the basement were removed and disposed of by a remediation crew. Belongings included a nearly new washer and dryer set and our hot water heater. A more comprehensive list of belongings can be provided.

In addition to the replacement of personal belongings and appliances, our basement will need to be totally rebuilt.

Servpro provided cleanup, demo, and removal of contaminated items at a cost of \$23,941. Our home insurance paid Servpro \$17,042. Oregon Abatement charged \$3,745 to remove asbestos tiles discovered after the carpet was removed. Home insurance paid \$2,745, leaving us to pay \$1,000 out of pocket.

Marcy Young  
5015 NE Alberta Court

Our total out-of-pocket expenses for the cleanup, demo, removal, and abatement is currently near \$8,000. This amount does not include the replacement of our belongings or the rebuilding of the basement.

Our estimated cost for the loss of personal items, appliances, furniture, musical instruments, workout gear, a model train collection, and many other items is \$37,945.

The estimate to rebuild the basement is \$34,641.