



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: 2025000387GL

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) Laura Hopkins Date of Birth REDACT
 a. Address 1821 se main st City portland State or Zip 97214
 b. Home Phone 541-543-9685 Business Telephone _____ Cell Phone _____
 c. Occupation _____ d. Marital Status: Single () Married () Divorced or Widowed ()
 If married, name of spouse _____
 d. E-mail address REDACT
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:** 2:30 pm
 a. Date 1/30/2025 Time 2:30 pm Circle AM / PM
 b. Place (exact and specific location) se madison and se water st,
the empty parking lot
 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): PBOTs and PPBs tow truck driver broke
off a wheel of the tiny house
when it was being forcefully removed.
 d. State how the City of Portland or its employees were at fault: _____

The officer would not let us tow the home to a private property, insuring us that we could just pick it up from the yard. We had the means to removed the home on our own, calling in our own tow truck, and the officer would not let us take our own property, saying he wouldn't call off the tow truck that was supposedly on its way, leading to the damage by forced seizure of property. He also caused emotional distress. When we got to the yard, the wheel was broken off of the tiny home, leading to us not being able to remove it from the lot.

 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. _____
The front right wheel of the tiny home is broken off, making it unmovable from the police storage yard.
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** _____
PBOT officer on duty, supervisor Adam REDACT
PPB officers working that day.
7. **Name and address of any other person injured** _____
8. **Name and address of the owner of any damaged property if different from claimant** Bagman
9. **Damages claimed:**
- | | |
|---|---------------|
| a. Amount claimed as of this date: | \$ 515 |
| b. Estimated amount of future costs: | \$ _____ |
| c. Total amount claimed: | \$ 515 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
- To fix the damage of the wheel, cost of a jack to prop it up is \$321, a new wheel is \$145 , plus tools to put it back on \$59**
10. **Names, addresses / phone #s of all witnesses** Maurquesha 753384618
11. **Any additional information that might be helpful in considering your claim** _____
The emotional distress caused to the man who lives in the tiny home in unable to be measured. This man has slept outside in below freezing temps waiting to get his home back. The lack of care from PBOT of the many people who live outside through the winter is dehumanizing and will lead to sickness and death because of taking peoples homes away in this weather.

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: 2/13/2025
Laura Hopkins
 Claimant's Signature

Laura Hopkins
 Print Name