

**GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND**** for damages to persons or property **File Number: 2025000389GL

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) Gunilla Rohdin-Bibby Date of Birth [REDACTED]

a. Address 2127 NW Irving St., Unit 303 City Portland State OR Zip 97210

b. Home Phone _____ Business Telephone _____ Cell Phone 503.314.4911

c. Occupation On call front desk 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 N/A

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 01.27.2025 Time around 6PM Circle AM / PM

b. Place (exact and specific location) on the northeast side of the sidewalk on NW Flanders street by the adjacent parkinglot between NW 19th and NW 18th street

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): a very raised sidewalk paver caught my left foot and it being as high as it was, there was no way I could catch myself and prevent the fall.

d. State how the City of Portland or its employees were at fault: The unevenness of the sidewalk and no type of warning of this as well as no street light

e. Were you on the job at the time of the accident? Yes _____ No No

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. _____
A _____; _____; _____, my

_____ ruined my glasses

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 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** N/A

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: \$ _____

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

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

I have not yet received all of the medical bills for doctors' visits, X-rays, glasses. I also have follow-up visits and potential physical therapy for my right hand

10. **Names, addresses / phone #s of all witnesses** There were two people who saw me fall. They had no connection to each other and at the time of the fall I wasn't thinking of neither any witnesses nor that I needed some help. However they had both seen the fall and insisted on helping me, which I was very grateful

11. **Any additional information that might be helpful in considering your claim** for. They were actually thinking they should call for an ambulance, but I was convinced I could make it home on foot after I had rested for a while. The woman went on her way and the young man walked with me to my house.

I stopped at one of my neighbor's and got some ice for my hand

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: February 13, 2025

Gunilla Rohdin

Claimant's Signature

Gunilla Rohdin-Bibby

Print Name