



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 2025000392GL

*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) Ms. Julie Van Amerongen Date of Birth [REDACTED]

a. Address 3945 NE Stanton Street City Portland State OR Zip 97212

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 541.228.4099

c. Occupation Exec. Director d. Marital Status: Single ( ☒ ) Married ( ) Divorced or Widowed ( )

If married, name of spouse Matt Butler

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 2/16/2025 Time 8pm Circle AM / PM

b. Place (exact and specific location) 3903 N Michigan Avenue

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 am the building owner at 3903 N Michigan Ave.

The tenant notified me that water was seeping into the basement directly underneath the standing water around the fire hydrant work on the street level. The hydrant was surrounded by six cones that were submerged in water.

d. State how the City of Portland or its employees were at fault: The curb on the street has been removed forcing all the water to collect in a pile of gravel. The city came and sucked out water and gravel that had accumulated but it is piling up again.

e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ 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. Water  
has never seeped into this basement previously. It is coming in now and puddling in the basement.  
The extent of the damage is unknown right now.
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** \_\_\_\_\_  
Portland Water Bureau
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:**
- a. Amount claimed as of this date: \$ TBD
- b. Estimated amount of future costs: \$ TBD
- c. Total amount claimed: \$ TBD
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_
10. **Names, addresses / phone #s of all witnesses** Julie van Amerongen, 3945 NE Stanton Street. 541  
228. 4099. Jordan Gregory, 3903 N Michigan Ave. 832 474 9721. Jill Lee, 3354 NE US Grant Pl-  
503 477 3015
11. **Any additional information that might be helpful in considering your claim** Up until last night this has  
been a dry basement. The construction on the street has been creating a severe standing water  
situation that has still not been remedied.

**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: 2/17/2025

Julie van Amerongen  
 Claimant's Signature

Julie van Amerongen  
 Print Name

