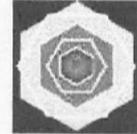




**GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND**

** for damages to persons or property **



File Number: 2025000415GL

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. Miss) Michelle Stratton Date of Birth [REDACTED]
- a. Address 2919 N. Willamette Blvd City Portland State OR Zip 97217
- b. Home Phone - Business Telephone - Cell Phone 603-969-6985
- c. Occupation Social Worker d. Marital Status: Single (Married) (Divorced or Widowed) (
If married, name of spouse John Nimmo
- d. E-mail address [REDACTED]
- 2. If claim involves a vehicle:** a. Year, make and model 2024 Volvo XC40 recharge
- 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 2/5/2025 Time 6:30 Circle AM / PM
- b. Place (exact and specific location) Just west of Omaha + N. Killingsworth
- 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): There are many huge potholes along Killingsworth. This large pothole left a large gash and unreparable hole in brand new tires. There was less than 2,000 miles on the tires. It was just after dusk and I had just turned →
- d. State how the City of Portland or its employees were at fault: ODOT
- 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. _____

A large gash and irreparable hole in the front passenger tire. Both front tires had to be replaced to keep the wear even.

5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** We have video of Air coming out of the hole.
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:**

a. Amount claimed as of this date: ^{Correct amount} \$ 1044.74 \$ 1044.74

b. Estimated amount of future costs: \$ -

c. Total amount claimed: \$ 1044.74

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
Both front tires needed to be replaced to maintain even wear & tear

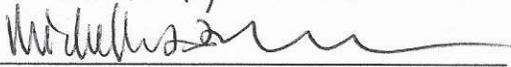
10. Names, addresses / phone #s of all witnesses _____

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: 2/24/2025


Claimant's Signature

Michelle Stratton
Print Name



The hole. We also have a video of air blowing out.

Appears to be the scraping from the length of the pothole

The closest street corner



The Pothole

