



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025000431GL

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) Regina Sun Date of Birth 1

a. Address 2836 NW Grace Terrace City Portland State OR Zip 97229

b. Home Phone 503-706-9127 Business Telephone _____ Cell Phone _____

c. Occupation Assistant Principal d. Marital Status: Single () Married (x) Divorced or Widowed ()

If married, name of spouse Andrew Sun

d. E-mail address

2. If claim involves a vehicle: a. Year, make and model 2018 Tesla Model 3

b. License Plate Number Driver's License Number State OR

c. At time of accident, were you (check all that apply) Owner: x Driver x 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 2/25/2025 Time 7:25 Circle (AM) / PM

b. Place (exact and specific location) NW Burnside Rd & NW Barnes Rd

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): Drove over pot hole that could not be seen

d. State how the City of Portland or its employees were at fault: Pot hole was not reported, not repaired with no signs or cones around it to alert drivers to avoid that particular area of the road

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. _____
 Rear-passenger wheel/rim was dented to the point beyond repair. Cost was \$259 to replace the wheel/rim.
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** _____
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: | \$ 259.00 |
| b. Estimated amount of future costs: | \$ Unknown |
| c. Total amount claimed: | \$ 259.00 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
| | Invoice from Discount Tire |
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** _____
 This happened very close to Mt. Calvalry Catholic Cemetary. There were 2 additional cars in the parking lot, including another Tesla, that had visible damage to the exact same tire (rear-passenger). The other Tesla clearly had a flat tire. The other vehicle has the tire missing completely and was propped up on a block. A friend also mentioned his tire was ~~damaged at the exact same location~~

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: 2/25/2025



Claimant's Signature

Regina Sun

Print Name

