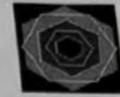




GENERAL LIABILITY SS
CLAIM AGAINST THE CITY OF PORTLAND



File Number: 2025000438GL

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) Dmitriy Beyu Date of Birth [REDACTED]
 a. Address 12403 NE 44th St City Vancouver State WA Zip 98652
 b. Home Phone (360) 843-8883 Business Telephone _____ Cell Phone (360) 369-8130
 c. Occupation _____ d. Marital Status: Single Married Divorced or Widowed ()
 If married, name of spouse Tatiana Beyu
 d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2024 Toyota Camry
 b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State WA
 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 01/2/2025 Time 8:42 PM Circle AM / PM
 b. Place (exact and specific location) N Lombard St and N Gilbert Ave
St. Johns, Portland OR
 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 was Driving at Night working on Uber, It was Dark outside and raining. I have a Dash camera and exact photos and videos of this situation, I popped my tire due to pothole.
 d. State how the City of Portland or its employees were at fault: there at fault for not fixing the pothole, I pay taxes so roads can be fixed.
 e. Were you on the job at the time of the accident? Yes No _____
 If yes, what is the name / phone number of employer Uber Driver

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
The tire was popped, Rim was damaged,
need alignment.

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: \$ _____

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.): _____

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

11. Any additional information that might be helpful in considering your claim _____

My ask is \$ 800 for the damages
to my ~~the~~ vehicle and time.

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: 02/16/2025

Beyu
Claimant's Signature

Beyu
Dmitriy Beyu
Print Name

