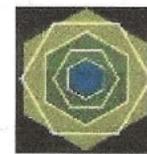




# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2025000468GL



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) Chris Cunningham Date of Birth [REDACTED]  
 a. Address 5407 SW G3rd Ave City Portland State OR Zip 97221  
 b. Home Phone — Business Telephone 503-756-8819 Cell Phone 503-830-5321  
 c. Occupation steamfitter d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )  
 If married, name of spouse Carri J Cunningham  
 d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model N/A  
 b. License Plate Number N/A Driver's License Number N/A 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) N/A

**3. Occurrence or event from which the claim arises:**

- a. Date 03-04-25 Time 6:00 Circle AM / (PM)
- b. Place (exact and specific location) 5407 SW G3rd Ave, Portland, OR 97221  
residence of claimant
- 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): root intrusion in the city's sewer connection causing sewer back-up into our home's toilet resulting in an overflow in the home and pipe damage with water leakage in crawl space of house.
- d. State how the City of Portland or its employees were at fault: confirmation of root intrusion by city employee who responded to the problem on 03-05-25.
- e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the name / phone number of employer N/A

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_

Costs related to sewer back-up include new pipe material and Roto-Rooter services.

5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***

If you were injured please provide the following: Social Security #: N/A

Medicare/Medicaid Beneficiary? Yes \_\_\_ No \_\_\_

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** \_\_\_\_\_

Office of Transportation Maintenance Operations

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** \_\_\_\_\_

same as claimant

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 636.24

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.): \_\_\_\_\_

bill from Roto-Rooter (paid) and receipt from Home Depot for materials need to repair pipes under the home

10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_

claimant and spouse as noted above.

11. **Any additional information that might be helpful in considering your claim** City employee

confirmed root intrusion with borescope camera at the city's connection.

**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: 03-08-2025

[Signature]  
Claimant's Signature

Chris Cunningham  
Print Name