

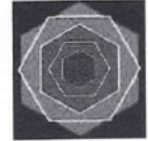


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2025000501GL

File Number: _____



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) KIW Sky 3 Venture LLC Date of Birth N/A
 - a. Address 1221 SW 11th Ave City Portland State OR Zip 97229
 - b. Home Phone N/A Business Telephone 503-384-2987 Cell Phone 775-432-8959
 - c. Occupation Property Management d. Marital Status: Single (☒) Married () Divorced or Widowed ()


If married, name of spouse _____

 - d. E-mail address _____
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 03/11/2025 Time 6:00 Circle AM / PM
 - b. Place (exact and specific location) Lobby corridor, Retail Bathrooms,
 - 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): While installing C.I.P.P. on the sewer line, our lateral was blocked. The pumps used were not sufficient for our facility's waste water.
 - d. State how the City of Portland or its employees were at fault: Oxbow Construction, contracted by the City of Portland, blocked our building's lateral sewer line.
 - e. Were you on the job at the time of the accident? Yes ☒ No _____
If yes, what is the name / phone number of employer Heather Pichel - Avenue 5 (503) 880-9475

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Category 3 water flooded 3 bathrooms, store room, corridor, and parking garage below. Affected drywall, tile, concrete, insulation.
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** PBOT, Bureau of Environmental Services, Oxbow Construction
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:**
- Amount claimed as of this date: \$ 2,000.00
 - Estimated amount of future costs: \$ 76,000.00
 - Total amount claimed: \$ 78,000.00
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Estimate from restoration company, Finnmark
10. **Names, addresses / phone #s of all witnesses** Nolan (971) 506-2828
Jose Gonzalez (323) 705-7997
11. **Any additional information that might be helpful in considering your claim** I have photos and videos for the incident available upon request.

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: 03/13/2025

 Claimant's Signature

Zachary James
 Print Name