



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025000562GL

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 M) Mrs. Ms. Miss) RODNEY CHIN Date of Birth [REDACTED]
- a. Address 1481 NW MORGAN LN. City PORTLAND State OR Zip 97229
- b. Home Phone (503) 296-0992 Business Telephone _____ Cell Phone (503) 803-9796
- c. Occupation IT MANAGER d. Marital Status: Single () Married Divorced or Widowed ()
- If married, name of spouse CHRISTINA LEE
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2013 HONDA ACCORD EX-L COUPE
- 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 3/30/2025 Time 1:00 PM Circle AM / PM
- b. Place (exact and specific location) W. BURNSIDE ST. BETWEEN SW 12TH AND 13TH
- 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): MY WIFE (DRIVER) RAN OVER A LARGE POTHOLE THAT WAS NOT MAINTAINED. THERE WERE NO WARNING SIGNS AND NO WAY TO MANEUVER AROUND WITHOUT HITTING OTHER CARS WHILE MOVING, AND NO ADVANCED WARNING OR ABILITY TO STOP. THE SIZE OF THE POTHOLE INDICATES
- d. State how the City of Portland or its employees were at fault: IT'S BEEN THERE SOME TIME. NEGLIGENCE FOR NOT REPAIRING IMMEDIATELY GIVEN SIZE OF POTHOLE AND NO WARNING SIGNS AT ALL IF IMMEDIATE REPAIR NOT AVAILABLE. DANGEROUS HAZARD.
- 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. _____
THE POT HOLE CAUSED THE FRONT PASSENGER SIDE TIRE TO TEAR/BLOW. THE ENTIRE TEAR COVERED THE ENTIRE CIRCUMFERENCE OF THE TIRE.
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 X
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____
PORTLAND BUREAU OF TRANSPORTATION (PBOT)
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** _____
9. **Damages claimed:**
 - a. Amount claimed as of this date: \$ 401.20
 - b. Estimated amount of future costs: \$ _____
 - c. Total amount claimed: \$ 401.20
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
INVOICE FROM DEALER FOR REPAIR AND REPLACEMENT.
REPLACEMENT TIRE AND RE-ALIGNMENT. (TIRE \$251.25 + ALIGN \$149.95)
10. **Names, addresses / phone #s of all witnesses** CHRISTINA LEE
1481 NW MORGAN LN., PORTLAND OR 97229
(503) 516-5678
11. **Any additional information that might be helpful in considering your claim** PHOTO OF DAMAGED
TIRE WILL BE INCLUDED. REPAIR REQUIRED BOTH FRONT TIRE
REPLACEMENT, BUT ONLY ASKING REIMBURSEMENT FOR ONE
WHICH I THINK IS FAIR.

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: 3/31/2025


 Claimant's Signature

RODNEY CHIN
 Print Name

