

City of Portland Risk Management 6/26/2025



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: CLAIM # 290550 2025000964GL

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) ARROW SANITARY SERVICE Date of Birth \_\_\_\_\_a. Address 5455 NE 109TH AVE City PORTLAND State OR Zip 97220b. Home Phone \_\_\_\_\_ Business Telephone 503 542 3420 Cell Phone \_\_\_\_\_c. Occupation GARBAGE HAULER 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 PETERBILT, 2015 320b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State ORc. At time of accident, were you (check all that apply) Owner: X 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 6/16/25 Time 7:38AM Circle AM PMb. Place (exact and specific location) 9486 N TRUMBULL AVE PORTLANDc. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): SINK HOLE IN STREETd. State how the City of Portland or its employees were at fault: PRIOR UTILITY WORK CAUSING VOID UNDER ASPHALTe. Were you on the job at the time of the accident? Yes X No \_\_\_\_\_If yes, what is the name / phone number of employer ARROW SANITARY 503 542 3420

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
TOW BILL TO REMOVE TRUCK FROM SINK HOLE TO SOLID GROUND.
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** \_\_\_\_\_  
CITY OF PORTLAND
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:**
- Amount claimed as of this date: \$ 605.00
  - Estimated amount of future costs: \$ 0
  - Total amount claimed: \$ 605.00
  - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
\*INVOICE ATTACHED\* PHOTOS AVAILABLE IF NEEDED
10. **Names, addresses / phone #s of all witnesses** JOHN BAUSCH (503) 823-4587 (C.O.P.)
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_

**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: 6/26/25

A Bailey  
 Claimant's Signature

AARON BAILEY OPERATIONS  
 Print Name MANAGER