



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2025000968GL



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) Prof. Nancy Neudauer Date of Birth [REDACTED]

a. Address 2958 NW Upsw St. City Portland State OR Zip 97210

b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone (206) 799 7593

c. Occupation Professor d. Marital Status: Single ☒ Married ( ) Divorced or Widowed ( )

If married, name of spouse [REDACTED]

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model [REDACTED]

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State [REDACTED]

c. At time of accident, were you (check all that apply) Owner: [REDACTED] Driver [REDACTED] Passenger [REDACTED] N/A [REDACTED]

d. Name and address of owner if different from claimant (1. Above) [REDACTED]

3. Occurrence or event from which the claim arises:

a. Date 5 January 2025 Time exact time unknown Circle AM / PM

b. Place (exact and specific location) Large tree in a stand near the Thurman Street Bridge & Stairs. A large piece came down, hit my house, a bench, land seeping

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): See also (b) and (d). After repeated notifications of the tree needing removal, + a large limb falling on the stairs to the park over a year earlier, the tree lost part of the top. It hit our house, crushed a heavy built-in bench, 3 line trees, water feature, and more.

d. State how the City of Portland or its employees were at fault: For more than 2 years we let you know that part of that tree was dead. A large limb fell on the stairs to the park. You had removed 3 trees from that same stand. This tree was not removed,

e. Were you on the job at the time of the accident? Yes [REDACTED] No ☒ + continues to fall apart, from top branches, causing damage.



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

Tree crushed large built-in bench, water feature, 3 olive trees, + other landscaping. It hit the house + caused damage to gutter + roof

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

Reported for over 10 years to Urban Forestry. They passed it (after 18 months) to PBOT,

7. **Name and address of any other person injured** \_\_\_\_\_ who came out to look & talk with me, but did not remove it.

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: \$ 2790

c. Total amount claimed: \$ \_\_\_\_\_

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

Awaiting resolution + removal of the tree to commence work. Clear up tree + landscape. Remove branches + limbs, fix bench, fix water feature. Replace trees and other plants, pay transfer station fees.

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

11. **Any additional information that might be helpful in considering your claim** The city has removed

3 trees from that stand over the last several years and told me that others would need removal. Yet even when a huge limb fell on the stairs, the tree has not been addressed. It fell this time all the way on our house. The limb falling on the stairs was over a year earlier. PBOT never followed up on the tree removal.

**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: 12 June 2025

[Signature]  
Claimant's Signature

Nancy Neudauer  
Print Name