



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: none yet **2022-01178-20**



*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.~~ ~~XXXX~~ Miss) Peter Reiner Date of Birth [REDACTED]

a. Address 1222 NW 18th Ave Apt 420 City Portland State OR Zip 97209

b. Home Phone ---- Business Telephone ---- Cell Phone 971-413-4541

c. Occupation Self employed d. Marital Status: Single ( ) Married (x) Divorced or Widowed ( )

If married, name of spouse Aniko Kulanda

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2015 Lexus GS350 F Sport

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

c. At time of accident, were you (check all that apply) Owner: X Driver --

d. Name and address of owner if different from claimant (1. Above) ---

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JAN 10 2022

City of Portland-Risk Management

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

a. Date 1/6/2021 Time 10:30-10:40pm Circle AM / PM

b. Place (exact and specific location) US84 (Banfield Expressway) center lane just before Exit 1 toward City Center (Interstate 5)

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): I drove into a huge pothole at the location above.

The front left tire of my vehicle deflated IMMEDIATELY and I had no choice but to slowly drive home

It was dark with low visibility due heavy rain. Maybe an ODOT cam can verify this incident?

I had to drop off my Uber passenger (who had booked to Tigard) early in Portland Center

d. State how the City of Portland or its employees were at fault: very large, unmarked pothole

e. Were you on the job at the time of the accident? Yes X No ---

If yes, what is the name / phone number of employer Uber

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
Property damage only: all four tires had to be replaced at a cost of \$1003.88 next morning (4wheel drive)  
See explanation on invoice                      No personal injury
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** \_\_\_\_\_  
DOT
7. **Name and address of any other person injured** none
8. **Name and address of the owner of any damaged property if different from claimant** none
9. **Damages claimed:**  
a. Amount claimed as of this date: \$ 1003.88  
b. Estimated amount of future costs: \$ none  
c. Total amount claimed: \$ 1003.88  
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
Les Schwab invoice 1/7/2022 attached
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
For privacy reasons, I would contact my Uber passenger only if absolutely necessary for this claim  
Could only complete 1/3 of the tour to Tigard. Please note: I drive nights and this was a significant
11. **Any additional information that might be helpful in considering your claim** loss of a full night's income  
June 2021 purchased 4 brand new tires (\$844)  
July 2021 had to have rear left replaced because of tree damage incurred while driving (\$211)  
Dec 2021 front right had to be patched because of screw damage incurred while driving  
As this NEW damage is not covered by my auto insurance, I am making this claim. The pothole was still

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)**      there on the night of 1/7/2022!!!

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: 1/8/2022

  
\_\_\_\_\_  
Claimant's Signature

Peter Reiner  
\_\_\_\_\_  
Print Name

