



Received by Risk Management 01/12/2022

# CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: **2022-011791-20**

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. Ms. Miss) Mr, Geoff RInella Date of Birth [REDACTED]

a. Address 3611 SE 158th Ave City Portland State OR Zip 97236

b. Home Phone 503-320-6716 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

c. Occupation IS Manager d. Marital Status: Single (x) Married ( ) Divorced or Widowed ( )

If married, name of spouse \_\_\_\_\_

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2016 Toyota Camry XSE

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 \_\_\_\_\_ 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 January 11, 2022 Time 21:15 Circle AM / PM

b. Place (exact and specific location) Approx 126th and Powell

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 explanation in email

d. State how the City of Portland or its employees were at fault: construction equipment was left in the street.  
Inappropriate traffic enforcement, and no signage while street sweeper was blocking traffic lane,

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

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

4. **Description:** Describe the injury, property damage or loss as follows: \_\_\_\_\_  
Damage to front bumper, grill and undercarriage
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** \_\_\_\_\_
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:**
- |   |           |
|---|-----------|
| a. Amount claimed as of this date:  | \$ 0      |
| b. Estimated amount of future costs:  | \$ 4000.0 |
| c. Total amount claimed:  | \$ 0      |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____     |
- estimate based on approximations of parts cost found on internet and ballpark estimates for labor. No real quote has been received yet.
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_
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: 01/11/22

  
Claimant's Signature

Geoffrey S Rinella  
Print Name

**From:** Geoff Rinella [REDACTED]  
**Sent:** Tuesday, January 11, 2022 11:23 PM  
**To:** Bird, Jessica <[Jessica.Bird@portlandoregon.gov](mailto:Jessica.Bird@portlandoregon.gov)>  
**Subject:** General Liability Claim

Around 9:15pm on Jan 11th, I was driving east in the left lane on Division. There were multiple street sweepers in the area, and they were blocking part of the right lane. I was driving the speed limit, and a vehicle flew around me to get by the street sweepers. At this same time, there was a traffic cone laying down in my lane. The black base was facing me, and I did not see it until too late. With the street sweepers, the curb on the left, and the car speeding around me on the right, I was unable to go anywhere and could not slow down in time to avoid collision. The cone struck my car, and I ended up dragging it several blocks. I pulled over and put the car in reverse, but it still did not come out. I ended up turning down 129th and was able to remove it.

Division has been under construction for months, and cones and other equipment have been left in the area far too long with no apparent progress in completing this work. The introduction of the new curb/divider makes for very dangerous driving conditions. Had the curb not been there, I would have had space to maneuver and avoid collision with the cone.

I suspect there are a couple thousand dollars worth of damage to my vehicle. The front bumper, grill and undercarriage all need to be replaced. My vehicle is in otherwise excellent condition, and this needs to be remedied.

Thank you.

