



CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: **2022-011802-20**

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. 5th 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) Angeline Sharma Date of Birth [REDACTED]

a. Address 1470 NW Glisan St Apt 414 City Portland State OR Zip 97209

b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone 503-267-3837

c. Occupation Allocations, adidas 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 2019, Subaru Legacy

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

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

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

1221 SE Ellsworth Rd Apt 160. Vancouver, WA 98664

3. Occurrence or event from which the claim arises:

a. Date 1/12/2022 Time 8:30 Circle AM ☒ PM

b. Place (exact and specific location) Exit 3 for US-30 W toward Vaughn St. In the far right lane to turn right on NW 23rd Ave. The pothole is located on the far right lane coming off the exit.

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 was taking exit 3 for US-30 W toward Vaughn St and in the far right lane there was a massive pothole that caused my front right tire to pop, which required getting the tire completely replaced.

d. State how the City of Portland or its employees were at fault: The pothole was not avoidable. If I tried to maneuver around it I could have caused a car accident.

e. Were you on the job at the time of the accident? Yes [REDACTED] No ☒

If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss on for as of 1/13/2022
Front right tire of the vehicle popped. Needed to be completely replaced. Wheel alignment also needed due to hitting the pothole.
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: | \$ \$207.11 |
| b. Estimated amount of future costs: | \$ \$124.99 |
| c. Total amount claimed: | \$ \$332 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
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: 1/13/2022

Angeline Sharma
Claimant's Signature

Angeline Sharma
Print Name