SGTRMN 2730 / 2732 RECEIVED

GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

Claims received during regular business hours will be recorded on the date received.

File Number: 2022-011806-20

CITY OF PORTI PISK MGMT A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or expected to School Closed on official holidays.



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 Portianu, not unotify public entity.

Where space is insufficient, please use additional paper and identify information by section number and leastly OF PORTLAND Please be sure your claim is against the City of Portland, not another public entity. Risk Management/Liability, 1120 S.W. Fifth, Room 709, Portland, OR 97204-1912, Ph. 503-823-5101, Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov Date of Birth 1. Claimant (Circle: Mr. Mrs. Ms. Miss) _ a. Address 12629 SE Where Else Lane City State Or Zip Cell Phone 503-572-52 b. Home Phone **Business Telephone** d. Marital Status: Single () Married (x) Divorced or Widowed () c. Occupation ____ If married, name of spouse d. E-mail address 2. If claim involves a vehicle: a. Year, make and model 2019, Docto b. License Plate Number Driver's License Number State Or c. At time of accident, were you (check all that apply) Owner: X Driver X 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 b. Place (exact and specific location) 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): d. State how the City of Portland or its employees were at fault: Yes ___ No X e. Were you on the job at the time of the accident?

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