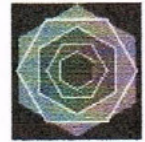




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: **2022-011819-20**

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) Karen MAY Date of Birth [REDACTED]
 - a. Address 1001 N Marine Dr #205 City Portland State OR Zip 97217
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503-475-8583
 - c. Occupation Salon Owner d. Marital Status: Single (☒) 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 2015 GS 350 Lexus
 - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR
 - c. At time of accident, were you (check all that apply) Owner: ☒ 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 2/13/2022 Time 10:00 Circle AM PM
 - b. Place (exact and specific location) 6th + Marine Drive
 - 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): There was a huge pothole that caused my tire to go flat almost immediately
 - d. State how the City of Portland or its employees were at fault: negligence
 - e. Were you on the job at the time of the accident? Yes _____ No ☒

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

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

I was Driving on My way home and unexpectedly ran into this pothole. My driver side left tire went flat as a result.

5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***

If you were injured please provide the following: Social Security #: N/A

Medicare/Medicaid Beneficiary? Yes ___ No ___

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** N/A

7. **Name and address of any other person injured** N/A

8. **Name and address of the owner of any damaged property if different from claimant** _____

N/A

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 260

b. Estimated amount of future costs: \$ 0

c. Total amount claimed: \$ 260

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

10. **Names, addresses / phone #s of all witnesses** N/A

11. **Any additional information that might be helpful in considering your claim** N/A

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: 2/14/2022

Karen May
Claimant's Signature

Karen MAY
Print Name