



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2022-011830-20



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) TAMMEY ZALEWSKI Date of Birth [REDACTED]
  - a. Address 10016 NE Weidler St City Portland State OR Zip 97220
  - b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 971-322-7500
  - c. Occupation Admin Assistant 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 \_\_\_\_\_
  - b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_
  - c. At time of accident, were you (check all that apply) Owner: \_\_\_\_\_ Driver \_\_\_\_\_ City of Portland-Risk Management
  - d. Name and address of owner if different from claimant (1. Above) \_\_\_\_\_
3. **Occurrence or event from which the claim arises:**
  - a. Date 1-9-2022 Time 4:30 AM Circle AM / PM
  - b. Place (exact and specific location) 10016 NE Weidler St Portland, OR 97220  
West side fence on ODOT Burm
  - 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): The homeless camp that you allow to camp on that property started a tent on fire which caused damage to my fence because it caught on fire.
  - d. State how the City of Portland or its employees were at fault: T shouldn't be liable for damage caused by the homeless camp that the city allows to be there and allows them to have fires
  - 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 \_\_\_\_\_

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4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Burnt fence post and 16 burnt 5/8" x 6 Cedar boards
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** Joint office of Homeless Services, City Commissioners
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: \$ 1753.84  
b. Estimated amount of future costs: \$ \_\_\_\_\_  
c. Total amount claimed: \$ 1753.84  
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Estimate (attached) from Rick's Custom Fencing
10. **Names, addresses / phone #s of all witnesses** Mandy & Bryan Borgeit 503-384-8442, 9957 NE Weidler St Portland, OR 97220  
Donald Benfro 360-808-0892, 10016 NE Weidler St Portland, OR 97220
11. **Any additional information that might be helpful in considering your claim** There have been 3 major fires since October 2021 and 2 smaller fires yet the homeless camp is allowed to continue to have fires and live in this space next to my house.

**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: 1-20-2022

Tammy Zalewski  
Claimant's Signature

TAMMY ZALEWSKI  
Print Name