



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2022-011844-20

File Number: _____



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) Miss. Heidi Alexander Date of Birth [REDACTED]
- a. Address 5439 SE 89th AVE City Portland State OR Zip 97266
- b. Home Phone (541) 650-1343 Business Telephone _____ Cell Phone (541) 650-1343
- c. Occupation College Student 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 2002 Honda Accord
- 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 1-18-22 Time 8:30 Circle AM / ☒ PM
- b. Place (exact and specific location) 88th Schiller
- 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): On my way to Walmart I hit a very large pothole, 6-7 inches deep. I live two blocks away from this location. This pothole is like the city dug it up and did not fill it or place a sign. I reported it on the pothole web page immediately. I had to have my car towed to Schuylkill. Attached is a copy of the bill. I replaced two tires. I
- d. State how the City of Portland or its employees were at fault: reported it on the pothole web page immediately. I had to have my car towed to Schuylkill. Attached is a copy of the bill. I replaced two tires. I
- e. Were you on the job at the time of the accident? Yes ☐ No ☒
- If yes, what is the name / phone number of employer want the tire affected by the pothole paid for.

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Front right tire completely ruined. very large pothole. See attached photos. A sign should be placed the road should be
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** never been left that way.
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 whoever tore up the road and left it that way.
7. Name and address of any other person injured HEIDI Alexander
Front right tire.
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: \$ \$191.95
- b. Estimated amount of future costs: \$ _____
- c. Total amount claimed: \$ \$191.95
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Receipt Attached
10. Names, addresses / phone #s of all witnesses Dustin Pfenning
5439 SE 89th Ave Portland OR, 97266
(503) 860-1661
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: 1-24-22

Heidi Alexander
Claimant's Signature

Heidi Alexander
Print Name

