



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: **2022-011857-20**



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) Karen Whitehurst Date of Birth [REDACTED]
  - a. Address 3800 NE 20th Ave City Fairview State OR Zip 97024
  - b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-621-7169
  - c. Occupation Escrow 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 Acura TLX, 2018
  - b. License Plate Number \_\_\_\_\_ 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 Wednesday January 5<sup>th</sup> Time approx 6:05 Circle AM / ☒ PM
- b. Place (exact and specific location) 110th and Irving - right before stop sign to get on the on ramp to freeway
- 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): Large pothole  
This was not my error - we pay a ton in taxes to maintain the roads.
- d. State how the City of Portland or its employees were at fault: I was on my way home from work and it was dark & raining hard. Never saw this pothole. It hit hard and immediately my tire popped big hole. I have a picture.
- 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. \_\_\_\_\_

Flat tire due to pothole - this hole had to be pretty deep. It hit hard - Not happy - This is not my error. Should be better maintained!

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** \_\_\_\_\_

City of Portland

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** \_\_\_\_\_

Same

9. **Damages claimed:**

a. Amount claimed as of this date:

\$195 (for Tow) & \$351.11

b. Estimated amount of future costs:

\$0

c. Total amount claimed:

\$446.11

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

Tow to Acura Dealership \$95, New Tire & alignment at Acura \$351.11

10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_

Just Me.

11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_

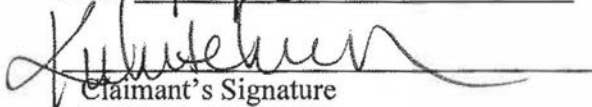
I am single parent that uses pay check to pay check. To have to come out of pocket for this is devastating to my household. I did nothing wrong. The roads are absolutely horrible. I see that the hole was fixed the next day.

**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:

1/20/22

  
Claimant's Signature

Karen Whitehurst  
Print Name