



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-011860-20

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) Emma Dye Date of Birth [REDACTED]

a. Address 175 Ogden DR, Oregon City 97045 City _____ State _____ Zip _____

b. Home Phone _____ Business Telephone 5037649459 Cell Phone 503-380-5434

c. Occupation Owner d. Marital Status: Single () Married (x) Divorced or Widowed ()

If married, name of spouse Kirt Dye

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model _____

RECEIVED

b. License Plate Number _____ Driver's License Number _____

JAN 26 2022

c. At time of accident, were you (check all that apply) Owner: _____ Driver _____

d. Name and address of owner if different from claimant (1.Above) _____ City of Portland-Risk Management

3. Occurrence or event from which the claim arises:

a. Date 1/10/2022 Time approx. 9am to 2pm Circle AM / PM

b. Place (exact and specific location) Crisp Salad Restaurant - Division location 2045 SE Division 97202

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): Water was shut off with no notice. Someone from the city claimed that they left a notice but my team would have given that to me. And regardless, more effort should have been made to inform us. Lastly, even with notice, we would have had to shut down during that time causing a loss in revenue but at least we could have mitigated the labor & food loss.

d. State how the City of Portland or its employees were at fault: See above.

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. _____
Between the loss of food, labor costs & revenue we are looking at approximately \$1675.81
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 Water Bureau
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: \$ 1675.81
 - b. Estimated amount of future costs: \$ _____
 - c. Total amount claimed: \$ 1675.81
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Labor = \$238 Food = \$300 Lost Revenue = \$1137.81
10. **Names, addresses / phone #s of all witnesses** Can provide employees on site at time of shut down
if needed? _____
11. **Any additional information that might be helpful in considering your claim** As a restaurant we can
not function without water. _____

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: 1/22/2022

Emma Dye

Claimant's Signature

Emma Dye

Print Name