Received by Risk Management on 1/31/2022

SG TRMN 2730 / 2732 ✓

GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2022-011869-20

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) Alvina Drake Date of Birth [redacted]
   a. Address 5516 SE Redway St City Portland State OR Zip 97206
   b. Home Phone (503) 312-1974 Business Telephone _____ Cell Phone _____
   c. Occupation leasing professional Marital Status: Single (X) 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 2022 Nissan Leaf (electric vehicle)
   b. License Plate Number Dealer Driver's License Number [redacted] State OR
   c. At time of accident, were you (check all that apply) Owner: X Driver X 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 January 20, 2022 Time 8:30 Circle AM / PM
   b. Place (exact and specific location) Near O'Reilly auto parts in SE Portland. Northbound lanes of SE Cesar Chavez, just north of SE Powell Blvd; south of SE Franklin
   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): Two very large potholes (side-by-side in northbound lanes) caused damage to my new car. I was driving 30 mph which is the speed limit. I was unable to avoid either pothole. City is responsible for road maintenance; this is a hazard.
   d. State how the City of Portland or its employees were at fault: Failure to maintain road. It appears that I am not the first person to report these potholes.
   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 _____

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. ____
Damage to left front strut and steering strut mount of 2022 Nissan Leaf (purchased 12/31/21)

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** _____

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: $ _____
   b. Estimated amount of future costs: $ _____
   c. Total amount claimed: $ TBD
   d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

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

11. **Any additional information that might be helpful in considering your claim** This is a financial burden for me. My father passed away on January 15. I have to pay for cremation + burial, plus it's very sad + stressful to have to deal with damage to my car while I'm struggling with the death of my father. Thank you for considering my 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: 1/30/22

Claimant's Signature

Alvina Dreke

Print Name