



## CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 2022-011852-20

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) Frederick M Fitzer Date of Birth [REDACTED]
- a. Address 7428 N Charleston Ave, Apt 206 City Portland State OR Zip 97203
- b. Home Phone  Business Telephone  Cell Phone 253-753-4749
- c. Occupation  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 2010 Toyota Highlander
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OIR
- 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 1/7/2022 Time 8:00 Circle AM / PM
- b. Place (exact and specific location) Intersection of N Charleston Ave and N Olympia St. The corner next to 8307 N Olympia St.
- 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 curb at this corner has a metal lip on it. I was turning from N Charleston Ave onto N Olympia St. to pull up to the curb in front of 8307 N Olympia when my right front tire struck the curb and hit the edge of this metal lip. This caused a sidewall blowout of a brand new tire. The sharp corner of this lip presents a puncture danger for not only cars, but bikes, pedestrians, and other users.
- d. State how the City of Portland or its employees were at fault: City of Portland should have taken steps to mitigate this danger by either grinding down the sharp corner edge, or removing the lip all together.
- 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 as far as is known at the time of this claim. \_\_\_\_\_  
Complete loss of one tire due to sidewall puncture.
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** Portland  
Bureau of Transportation
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: \$ \$308.92  
b. Estimated amount of future costs: \$ \$0  
c. Total amount claimed: \$ \$308.92  
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Receipt of  
Sale from Brown's Point S, Invoice #2021323
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_
11. **Any additional information that might be helpful in considering your claim** The tire in question was  
purchased new and installed on 12/27/21.

**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: 1/25/2022

Frederick M Fitzer  
Claimant's Signature

Frederick M Fitzer  
Print Name







