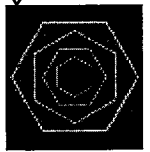




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-011922-20

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 City of Portland-Risk Management

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

RECEIVED

FEB - 8 2022

1. **Claimant** (Circle: Mr. Ms. Ms. Miss) Julia Saephan Date of Birth [REDACTED]
 - a. Address 8437 SE 134th Dr. City Portland State OR Zip 97236
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503-706-4882
 - c. Occupation Admin Asst d. Marital Status: Single () Married ☒ Divorced or Widowed ()
 - If married, name of spouse Jack Saechao
 - e. E-mail address [REDACTED]
2. **If claim involves a vehicle:**
 - a. Year, make and model 2021 Tesla Model S
 - 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 1/15/2022 Time exact unknown - About 6pm Circle AM / PM
 - b. Place (exact and specific location) SE Foster Rd, between SE 103rd place and SE 103rd Ave.
 - 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 and lots of potholes that were never fixed or paved for years. Worsening through time. Damaged tire and almost popped. Replacement required before it pops.
 - d. State how the City of Portland or its employees were at fault: never fixed, got worse and bigger, more potholes kept showing up.
 - e. Were you on the job at the time of the accident? Yes _____ No ☒

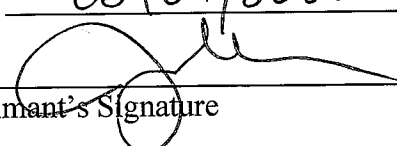
If yes, what is the name / phone number of employer _____

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. One damaged tire on front passenger side
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** _____
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: \$ 420.00
 - b. Estimated amount of future costs: \$ _____
 - c. Total amount claimed: \$ 420.00
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Bill included.
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** large potholes have since patched but there is still quite a bit of small potholes, the stretch of foster rd between 134th and 92nd needs a new pave.

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: 02/07/2022


Claimant's Signature

Julia Saephan
Print Name