



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

for damages to persons or property

File Number: 2022-011912-20

DF WACS 2710 / 2714 ✓

RECEIVED

FEB 08 2022



CITY OF PORTLAND
RISK MGMT

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. Fifth, Room 106/1040, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr ☒ Mrs ☐ Ms ☐ Miss) JANET DEVOE Date of Birth [REDACTED]
a. Address 15741 SE BYBEE DRIVE City PORTLAND State ORE Zip 97236
b. Home Phone 503-762-4612 Business Telephone N/A Cell Phone 971-404-6499
c. Occupation RETIRED d. Marital Status: Single () Married ☒ Divorced or Widowed ()
If married, name of spouse DAVID DEVOE
d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model N/A
b. License Plate Number _____ Driver's License Number _____ State _____
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 1-25-2022 Time 6 Circle AM / ☒ PM
b. Place (exact and specific location) OUR HOUSE -
15741 SE BYBEE DR - PTLD - 97236
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): N/A
(SEE ATTACHED DOCUMENTATION)

d. State how the City of Portland or its employees were at fault: THE WATER BUREAU ENGINEER

SHOULD HAVE DONE A MORE THOROUGH INVESTIGATION BEFORE SAYING IT WASN'T
THE WATER BUREAU'S RESPONSIBILITY AND ADVISING US TO CALL A PLUMBER

e. Were you on the job at the time of the accident? Yes _____ No _____ (PLEASE SEE ALL ATTACHED DOCUMENTATION)
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. _____

5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** NA

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: \$ 480.00

b. Estimated amount of future costs: \$ - NONE -

c. Total amount claimed: \$ 480.00

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

PLEASE REFER TO ATTACHED DOCUMENTATION

① MY WRITTEN EXPLANATION ② PLUMBERS EXPLANATION & CHARGES

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

11. **Any additional information that might be helpful in considering your 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: 2-2-2022

Janet DeVoe
Claimant's Signature

JANET DEVOE
Print Name

FEBRUARY 1ST, 2022

ON TUESDAY, JANUARY 25TH, 2022, WE HAD
A MAJOR WATER LEAK AT THE METER
ON OUR PROPERTY LOCATED AT:
15741 SE BYBEE DRIVE
PORTLAND, ORE 97236

EMERGENCY WATER BUREAU ENGINEER
ARRIVED AT OUR PROPERTY — BY THE
TIME OF HIS ARRIVAL WE HAD TURNED
THE WATER OFF. THE ENGINEER TURNED
THE WATER BACK ON TO VERIFY WHERE
THE LEAK WAS COMING FROM. HE SAID
BECAUSE HE WAS ABLE TO TURN THE WATER
OFF THE LEAK WOULD NOT BE THE CITIES
RESPONSIBILITY TO REPAIR. HE ADVISED US
TO CALL A PLUMBER.

ON THE MORNING OF WEDNESDAY, JANUARY 26, 2022
THE PLUMBER ARRIVES — UPON INSPECTION HE
DISCOVERS A LARGE CRACK ON THE BOTTOM
OF THE METER. THE PLUMBER SAYS HE
CAN'T REPLACE THE METER — THE WATER
BUREAU HAS TO BE RESPONSIBLE — PLEASE
REFER TO THE PLUMBERS DOCUMENTATION AND
THE BILL FOR \$480.00 — THE WATER
BUREAU DID RETURN THAT SAME DAY AND REPLACED
THE METER

WE ARE REQUESTING REIMBURSEMENT
FROM THE CITY OF PORTLAND-WATER
BUREAU IN THE AMOUNT OF \$480.00
BECAUSE THE ENGINEER DIDN'T
DO A THOROUGH INVESTIGATION
RESULTING IN OUR HAVING TO
PAY \$480.00 IN PLUMBERS CHARGES

YOUR EARLIEST CONSIDERATION
WILL BE APPRECIATED

WE CAN BE CONTACTED AT:

DAVID & JANET DEVOE

15741 SE BYBEE DRIVE

PORTLAND, OREGON 97236

HOME PHONE: 503-762-4212

CELL PHONE: 971-404-6499