



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 2022-011928-20

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

**1. Claimant** (Circle: Mr. Mrs. Ms. Miss) Gulsons, LLC dba A-1 Self Storage Date of Birth \_\_\_\_\_

a. Address 918 S. Horton St. #1000 City Seattle State WA Zip 98134

b. Home Phone \_\_\_\_\_ Business Telephone 206-322-4868 Cell Phone 425-213-4000

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 \_\_\_\_\_

b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

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

**RECEIVED**

**FEB 10 2022**

### 3. Occurrence or event from which the claim arises:

a. Date 02-09-2022 Time See Fire Incident Report Circle AM / PM

b. Place (exact and specific location) East side of A1 Storage building exterior located at 615 SE Main St., Portland, OR 97214

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): This is the 3rd time our building has caught fire due to homeless encampments along the sidewalk by our building. There are fire incident reports to back this up. The lack of policing and keeping the ROW clear with known fires being set have posed an imminent danger to our employees, customers and property.

d. State how the City of Portland or its employees were at fault: City of Portland is aware of the encampments and previous fires that have caused damage to our building. This is the third event that could have caused our entire building to burn down and potentially cause serious injury or death to an employee or customer.

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. Severe  
fire damage to exterior of buildings, blown out windows, significant interior smoke damage to building and customer goods.

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: \$ Unknown at this time

b. Estimated amount of future costs: \$ \_\_\_\_\_

c. Total amount claimed: \$ \_\_\_\_\_

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** \_\_\_\_\_

**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: 02-10-2022

Travis Ameche

Claimant's Signature

Travis Ameche

Print Name

