RR TRMN 2730 / 2734 +2735 + 2736 ✓

RECEIVED
FEB 15 2022
CITY OF PORTLAND
RISK MGMT

GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2022-011948-20

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) Uta Fehlhaber-Smith Date of B[redacted]

a. Address 4718 NE 14th Place City Portland State OR Zip 97211

b. Home Phone ~~503~~503 528 0151 Business Telephone _____ Cell Phone 503 568 5847

c. Occupation Artist d. Marital Status: Single ( ) Married (x) Divorced or Widowed ( )

If married, name of spouse Joseph c. Smith

d. E-mail address [redacted]

2. If claim involves a vehicle: a. Year, make and model 2 03 S b r ouotabk

b. License Plate Number [redacted] 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 26 2022 Time 7 PM Circle AM / PM

b. Place (exact and specific location) Killingsworth, between 42 and 33

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 city failed to put up a warning sign that would have alerted the driver about the narrowing of the street

d. State how the City of Portland or its employees were at fault: the city omitted to put up a sign that warned of the curb jetting into the street.Also there was not enough lighting

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. _____
The right front tire was completely distroyed

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: $ 250 + $ 25 for tire exchange

b. Estimated amount of future costs: $ _____

c. Total amount claimed: $ 275.00

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** _____

I hit the curb with my right tire and the tire was completely damaged . So I had to ask a Garage employee near by to change the tire with our reserve tire It was very rainy and dark!

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

Uta Fehlhaber-Smith
Claimant's Signature

Uta Fehlhaber-Smith
Print Name