

Recieved by Risk Management 2/15/2022



CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number:

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) JASON ALLEN VAN CAMP Date of Birth [REDACTED]
- a. Address 4804 NE 103RD AVE City PORTLAND State OR Zip 97220
- b. Home Phone 360-609-2911 Business Telephone 360-817-3121 Cell Phone 360-609-2911
- c. Occupation IT WINDOWS ADMINISTRATOR d. Marital Status: Single () Married (☒) Divorced or Widowed ()
- If married, name of spouse PRINCESS NATALIE BREE VAN CAMP
- d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model _____
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 2/4/2022 Time ~ 4:22 PM Circle AM / PM
- b. Place (exact and specific location) NE 103RD AVE, BETWEEN NE WYGANT + NE SANDY BLVD,
IN FRONT OF OUR NEIGHBOR'S HOUSE (4746 NE 103RD AVE, PORTLAND, OR 97220), IN THE ROAD.
- 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): PORTLAND FIRE DEPARTMENT TRUCK USED OUR NARROW
STREET AS A SHORTCUT WHEN RESPONDING TO A CALL, SPEEDING THRU A RESIDENTIAL STREET,
SIRENS BLARING, THEN TURNED AROUND + USED THE STREET AGAIN WHEN THEIR CALL WAS
REDIRECTED. OUR DOG WAS SCARED BY THE SIREN, JUMPED THE FENCE, RAN INTO THE ROAD + WAS STRUCK BY THE TRUCK.
- d. State how the City of Portland or its employees were at fault: PDX FIRE DEPARTMENT SPEEDING ON
A RESIDENTIAL STREET, WHERE KIDS ARE OFTEN PLAYING. FAILED TO STOP + PERFORM DUTIES OF
DRIVER WHEN AN ANIMAL IS INJURED / KILLED. (ORS 811.710), MADE NO ATTEMPT TO CONTACT US.
- e. Were you on the job at the time of the accident? Yes ☐ No ☒
- If yes, what is the name / phone number of employer

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

THE WAR

THE FIRST PET.

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. THE DRIVER +

CREW NAMES HAVE NOT BEEN SHARED WITH US. BUT JOHN DEER (503-823-2061) IS OUR F.D. CONTACT

FOR THE
INCLUDE

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: \$ _____
- 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 _____

LOWELL BASS (503) 793 6803 4732 NE 103RD AVE, PORTLAND, OR 97220

JAMES JEROME (503) 935-9030 4716 NE 103RD AVE PORTLAND OR 97222

11. Any additional information that might be helpful in considering your claim _____

P.P.B. CASE NO: 22 - 33144

JAMES JEROME (WITNESS ABOVE) HAS VIDEO FOOTAGE OF THE INCIDENT

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:

2/15/2022

Claimant's Signature

JASON VAN CAMP

Print Name