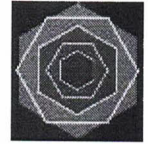




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: _____

2022-011952-20

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) Adibonou, Jerome Date of Birth [REDACTED]
 - a. Address 16115 SE CLAY ST City Portland State OR Zip 97233
 - b. Home Phone _____ Business Telephone 503-841-6298 Cell Phone 503-933-9689
 - c. Occupation Director d. Marital Status: Single () Married ☒ Divorced or Widowed ()
 - If married, name of spouse Modupe Idowe Adibonou
 - 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 _____
 - c. At time of accident, were you (check all that apply) Owner: _____ Driver ☒ RECEIVED
FEB 16 2022
 - d. Name and address of owner if different from claimant (1. Above) _____ City of Portland-Risk Management
N/A
3. **Occurrence or event from which the claim arises:**
 - a. Date 02-08-2022 Time 6:00PM Circle AM / ☒ PM
 - b. Place (exact and specific location) 162nd Between Sherman and Division
 - 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): There was a big Gravel left on the corner of 162nd and Division on the right. Someone may moved that Gravel on the middle of the street. It was 6pm The driver did not see it, and it stuck under the Van.
 - d. State how the City of Portland or its employees were at fault: These big gravels should be removed after the construction tasks is over. The Gravels are still there, including the one in question.
 - e. Were you on the job at the time of the accident? Yes ☒ No _____ She was.
If yes, what is the name / phone number of employer Community based Living care
503-933-9689

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. NO one had injured, but the Van is an Handicap Van. The transmission is broken, including the motor of the lifting
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 _____

N/A

8. Name and address of the owner of any damaged property if different from claimant _____

19849 NE Halsey St, Portland, OR 97233

9. Damages claimed:

a. Amount claimed as of this date:

\$ 7900 + 9000 For motor lifting ^{body damage}

b. Estimated amount of future costs:

\$ 3000

c. Total amount claimed:

\$ 19,900

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

the motor lifting estimated has not been done fully yet.
the collision Shop told me that it will be \$7900.

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

There was no witness, but the van has been towed by AAA that night. See the photos attached.

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: 02/16/2022

[Signature]
Claimant's Signature

Jerome Adibonou
Print Name

