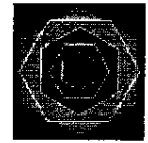




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2022-011955-20



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) JARELL LAMBERT Date of Birth [REDACTED]
- a. Address 5024 SW SLAVIN RD #23 City PORTLAND State OR Zip 97239
- b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone 971-222-5917
- c. Occupation CONSTRUCTION d. Marital Status: Single ☒ Married ☐ Divorced or Widowed ☐
- If married, name of spouse WANDICE NYMAN
- d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2018 Toyota Camry
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED]
- c. At time of accident, were you (check all that apply) Owner: ☒ Driver ☒ Passenger ☐
- d. Name and address of owner if different from claimant (1. Above) [REDACTED]

RECEIVED

FEB 17 2022

City of Portland-Risk Management

3. Occurrence or event from which the claim arises:

- a. Date 1-13-2022 Time 5:30 Circle AM / ☒ PM
- b. Place (exact and specific location) 3550 SE 92nd ave portland, OR 97246
- 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): I was headed south bound on 92nd ave, ~~at the intersection~~ there was a huge pot hole that I wasn't able to avoid and ran over it and it blew out my tire.
- d. State how the City of Portland or its employees were at fault: its the city's job to maintain the quality of the roads in portland, there are many pot holes, but this one was deeper than Normal
- e. Were you on the job at the time of the accident? Yes ☐ No ☒
- If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. drivers Side passenger tire blew out no injuries
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** Portland
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: \$ 117.98
b. Estimated amount of future costs: \$ 0.
c. Total amount claimed: \$ 117.98
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): I had to buy a new tire for my vehicle
10. **Names, addresses / phone #s of all witnesses** NA,
11. **Any additional information that might be helpful in considering your claim** I'm sure there were other drivers who had similar accidents in the same spot, I seen someone else but never spoke to them.

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: 1-21-2022
Claimant's SignatureJarell Lambert
Print Name