



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number:

**2022-011957-20**



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. 5<sup>th</sup> 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) Marco Sanchez Date of Birth [REDACTED]
- a. Address 10502 SW 41st Ave City Portland State OR Zip 97219
- b. Home Phone 503-246-0392 Business Telephone \_\_\_\_\_ Cell Phone 503-883-1652
- c. Occupation Staff Scientist d. Marital Status: Single ( ) Married ☒ Divorced or Widowed ( )
- If married, name of spouse Blanca Ayala
- 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 (I. Above) \_\_\_\_\_ City of Portland-Risk Management \_\_\_\_\_

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

- a. Date Feb 2, 2022 Time 1-7 pm Circle AM ☐ PM ☒
- b. Place (exact and specific location) Home front yard affecting landscape, driveway, garage, and heat pump
- 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): A city water pipe line broke because there has not been any maintenance or upgrade for at least 19 years. House was built in 1979
- d. State how the City of Portland or its employees were at fault: Water pipes are too old, never replaced
- e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No ☒
- 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. Damage caused to driveway, front and two sides landscaping, possible heat pump and potentially the foundation.
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** NA
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: \$ 4,200.00  
b. Estimated amount of future costs: \$ 1,000.00  
c. Total amount claimed: \$ 5,200.00  
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Enclosed Guzman Landscape Inc. estimate for \$4,200. Heat pump system and foundation will be performed, \$1000 estimated
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
Jeremy Magee, 10505 SW 41st Ave. Portland OR 97219. Phone (503) 267-1877  
Jake Ashford, 10402 SW 41st Ave. Portland OR 97219. Phone (760) 500-6047
11. **Any additional information that might be helpful in considering your claim** Pictures of damaged areas submitted with this 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: 02/17/2022

[Signature]  
Claimant's Signature

Marco A. Sanchez  
Print Name



