



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

KB TRMN 2730 / 2732 ✓



File Number: 2022-011979-20

A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident.

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 line.

Completed forms may be mailed, emailed, faxed, or hand-delivered to:

Risk Management/Liability, 1120 S.W. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

RECEIVED

FEB 22 2022

**CITY OF PORTLAND
RISK MGMT**

1. Claimant (Circle: Mr. Mrs. (Ms) Miss)

Date of Birth [REDACTED]

a. Address 5040 NE Roselawin Street City Portland

State OR Zip 97218

b. Home Phone 503 249-7649

Business Telephone _____

Cell Phone 503 548-3083

c. Occupation Retired

d. Marital Status: Single () Married () (Divorced) or Widowed ()

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2019 BMW 330i

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR

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 January 10, 2022 Time 8:00 Circle AM / (PM)

b. Place (exact and specific location) near 6020 NE Columbia Blvd
(intersection / traffic light) Driving

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): large pot hole in the road.
Tire went into pot hole. Tire damaged and torn.
There pot holes along NE Columbia Blvd.

d. State how the City of Portland or its employees were at fault: pot hole should not
exist that are big enough for tire to get severe
damage. Potholes cause accidents and damage

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. _____

Severe damaged tire, torn

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** _____

PBot Maintenance

7. **Name and address of any other person injured** no one 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: \$ \$290 - \$300

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ \$290.84

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

Right front tire damaged, not sure cost of rim

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

Jayvin R. Harper (503) 891-4828

5040 NE Roselawn Street 97218

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

I contacted PBot Pot Hole # (503) 823-2867 to report. PBot Maintenance Work order 2200090

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: 2/17/2022

Michelle M. Harper
Claimant's Signature

Michelle M. Harper
Print Name