

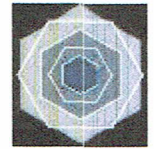


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2022-011983-20

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) Horton Cete Date of Birth [REDACTED]
- a. Address 4107 SW Margold St. City Portland State OR Zip 97219
- b. Home Phone — Business Telephone — Cell Phone 503.713.1896
- c. Occupation Architecture d. Marital Status: Single () Married ☒ Divorced or Widowed ()
- If married, name of spouse Horton Duan Cete
- 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 (1.Above) _____ City of Portland-Risk Management

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3. Occurrence or event from which the claim arises:

- a. Date 01/24/2022 Time 12.30pm Circle AM / PM
- b. Place (exact and specific location) South side of my house foundation wall.
- 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 is side walk construction, on Capitol Hwy, by my house, and they are compacting the road with heavy machinery while they were compacting they continuously shook the ground, we felt very much and my foundation cracked also small crack became larger.
- d. State how the City of Portland or its employees were at fault: The contractor that works for the city's project supposed to use lighter compacting equipment with less force and city employee supposed to assure that.
- 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. The foundation of my house cracked because of excessive shaking and even my door got out of alignment, also old crack got larger.
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 Bureau of Public Transportation
7. **Name and address of any other person injured** Mr. Igmes.
8. **Name and address of the owner of any damaged property if different from claimant** _____
Same
9. **Damages claimed:**
- | | |
|---|---|
| a. Amount claimed as of this date: | \$ 7,000.00 <u>2,250.00</u> |
| b. Estimated amount of future costs: | \$ 3,000.00 <u>250.00</u> |
| c. Total amount claimed: | \$ 10,000.00 <u>2,500.00</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
10. **Names, addresses / phone #s of all witnesses** _____
No witnesses.
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: 02/24/2022

[Signature]
Claimant's Signature

Hector Cete
Print Name