



GENERAL LIABILITY DF ESWW 2720 / 2721 ✓

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-011987-20

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) DAN PUHA Date of Birth _____

a. Address 14450 SE Rust Way City Damascus State Or Zip 97089

b. Home Phone (503) 516-0877 Business Telephone _____ Cell Phone (503) 516-0877

c. Occupation landlord 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 _____

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 2-2-22 Time 7:00 Circle AM PM

b. Place (exact and specific location) 5719 SE Boise St Portland, Or 97206

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): The sewer line had some clogging issues & the issue was in the road past the curb where the City repaired it after we notified them where it was at, they told us that if it's past the curb it's their responsibility & they took care of it. Enclosed is the Invoice from our Contractor.

d. State how the City of Portland or its employees were at fault: _____

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. Please see enclosed Invoice from our contractor, Sewage backed up in the bathroom & spilled on the bathroom floor & we're looking at replacing the bath floor as well.
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** _____
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: \$ 1,855⁰⁰
 - b. Estimated amount of future costs: \$ TBD
 - c. Total amount claimed: \$ 1,855⁰⁰
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
Please see enclosed Invoice & we're waiting for quote for bathroom floor replacement.
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** Just want to clarify that I'm the landlord/owner of property located @ 5719 SE Boise St Portland, Or 97206 where we had the issue occur & that I reside at 14450 SE Rust Way, Damascus, Or 97089

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: 2-25-22

Dan Puha
Claimant's Signature

DAN PUHA
Print Name