



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-011988-20

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, 8:00 am to 5:00 pm. 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

Twenty One Thirty Three

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Condominium Homeowner's Association Date of Birth _____
- a. Address Parking Lot near 2145 NE Weidler St City Portland State OR Zip 97232
- b. Home Phone _____ Business Telephone 503.718.5204 Cell Phone _____
- c. Occupation _____ 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 1/8/2021 Time After 7 PM Circle AM / PM
- b. Place (exact and specific location) The parking lot of the complex.
- 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): Two sink holes opened up in the parking lot very close to where the city is doing work on NE Weidler. The sink holes were caused by a burst in the water pipes and caused flooding in the basement.
- d. State how the City of Portland or its employees were at fault: We would like to know if the work on NE Weidler was partly to blame for the sink hole or if it was lack of maintenance to the pipes from the city that caused it to burst.
- e. Were you on the job at the time of the accident? Yes _____ No X
- 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 basement of the building flooded from the sink holes, the parking lot has to be repaired and emergency services had to be dispatched when the holes opened up which cost the association extra money.
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** _____
Possibly the Water Bureau
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: | \$ 8,940.54 |
| b. Estimated amount of future costs: | \$ 22,397.39 |
| c. Total amount claimed: | \$ 31,337.93 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
| | 2 Water bills, four invoices from River City Environmental |
10. **Names, addresses / phone #s of all witnesses** Tracey Murphy/2147 NE Wediler/ 503.502.9207
David Estrin/ 2145 NE Weidler/503.820.9647
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: 2/8/2022

Bri McNeil

Digitally signed by Bri McNeil
DN: cn=Bri McNeil, o=US, o=The
Management Trust,
email=bri.mcneil@managementtrust.com
Date: 2022.02.08 14:35:36 -0800

Claimant's Signature

Bri McNeil

Print Name