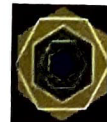




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-011990-20

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) Deke Hopkins Date of Birth [REDACTED]

a. Address 8016 North Tyler Ave City Portland State OR Zip 97203

b. Home Phone _____ Business Telephone _____ Cell Phone 503-819-2811

c. Occupation Commercial Property 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

RECEIVED

FEB 28 2022

City of Portland-Risk Management

3. Occurrence or event from which the claim arises:

a. Date Every Day Time All hours of Day Circle AM / PM

b. Place (exact and specific location) Corner of 3747 NE Sandy Blvd. Portland. 97232

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 City placed a Porta Potty right next to the landscaping of a commercial building. As a result people are walking out of the Porta Potty, creating a trail through the landscaping, that is destroying the corner of the landscaping. See picture for reference.

d. State how the City of Portland or its employees were at fault: The City placed the Porta Potty right next to the landscaping, so people exit the potty through the landscaping. Simply moving the Porta Potty will solve the problem.

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. _____
Due to people exiting a Porta Potty through landscaping due to the City placing the Potty adjacent to landscaping the corner of the landscaping has been damaged. See attached picture.
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: \$ \$2,020
 - b. Estimated amount of future costs: \$ \$2,020 per month
 - c. Total amount claimed: \$ \$24,240 per year
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
See attached estimate to repair the damage.
10. **Names, addresses / phone #s of all 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: 2/28/22

Deke Hopkins
Claimant's Signature

Deke Hopkins
Print Name

