

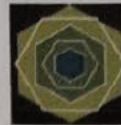


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number:

2022-012012-20



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) MICHAEL C. BROWN Date of Birth [REDACTED]
- a. Address 1626 NB EMERSON ST. City PORTLAND State OR Zip 97211
- b. Home Phone (518) 939 635 Business Telephone 818 593 9635 Cell Phone 818 593 9635
- c. Occupation CONTRACT WORKER 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 2013 FIAT 500C
- b. License Plate Number _____ 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 3/2/2022 Time 10:50 Circle AM / PM PM
- b. Place (exact and specific location) 89TH & COLUMBIA BLVD / KILLINGSWORTH
- 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'S A GIANT POTHOLE ON RIGHT DIRECTLY IN A VEHICLE'S PATH OF TRAVEL. IT WAS UNAVOIDABLE AND UNUSABLE IN RAIN.
- d. State how the City of Portland or its employees were at fault: MAINTENANCE NOT DONE ON ROAD, ALLOWING THIS TO HAPPEN. NOT FILLING HOLE IN TIMELY MANNER.
- 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. 2 POPPER TILES - \$300 BOUGHT 2ND HAND RIM TO BE
DELIVERED - \$170 BUS INSTALLATION & ALIGNMENT NEEDED.

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: \$ _____
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ _____
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

10. Names, addresses / phone #s of all witnesses TANIA MANOU / 1626 NE EMERSON ST /
(504) 442-9783

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: 3/2/22

[Signature]
Claimant's Signature

MICHAEL C BROWN
Print Name

