Received by Risk Management on 3/7/22

GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

DF 9999 2730 / 2732 ✓

** for damages to persons or property **

File Number: 2022-012015-20

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) Iesha Ash

a. Address 5648 SE 83rd Ave Unit C City Portland State OR Zip 97266 Date of Birth [redacted]

b. Home Phone _____ Business Telephone _____ Cell Phone 971 804 4285

c. Occupation Cashier d. Marital Status: Single (X) Married ( ) Divorced or Widowed ( )

If married, name of spouse _____

d. E-mail address [redacted]@[redacted]

2. If claim involves a vehicle: a. Year, make and model 2019 kia Optima

b. License Plate Number [redacted] Driver's License Number [redacted] State OR

c. At time of accident, were you (check all that apply) Owner: ___ Driver X 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 March 2 2022 Time 6:11e Circle AM / PM

b. Place (exact and specific location) Between 87th and 91st and killingsworth (right before 205 Freeway)

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): A massive pot hole in the ground that was filled with water so you couldnt see it until you felt it. on impact you could feel the whole.

d. State how the City of Portland or its employees were at fault: It is a main road to the entrance of the freeway. If tow company hadnt called Odot there would have been more claims.

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. I had to pay 140 tow. Also a Rim fix and new tire, an a spare in the meantime. Due to worn keeping my Rim Fe / 2 days.

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: $ 475.00

   b. Estimated amount of future costs: $ [redacted]

   c. Total amount claimed: $ 475.00

   d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

10. **Names, addresses / phone #s of all witnesses** ASAP Tow Brandon H 360 809 8935, Letha Winston 503 449 3069 Elicia Sloan 971 369 3614

11. **Any additional information that might be helpful in considering your claim** When Brandon (the tow guy) came out he called odot to come out due to the massive amount of Cons that was on the Side of the road.

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: 3/7/2022

[redacted]
Claimant's Signature

Iesha Ash
Print Name