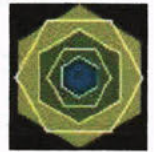




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number:

2022-012022-20

Occurrence 202-20637

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 date.

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

CITY OF PORTLAND
RISK MANAGEMENT

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Karin Mohtadi Date of Birth [REDACTED]
- a. Address 3737 NW Devoto Ln city Portland State OR Zip 97229
- b. Home Phone 503-274-9705 Business Telephone [REDACTED] Cell Phone 503-734-6028
- c. Occupation student d. Marital Status: Single () Married (X) Divorced or Widowed ()
- If married, name of spouse Kourosh Mohtadi
- d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2014 Mercedes E350
- 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 ☒ Passenger ☐ N/A ☐
- d. Name and address of owner if different from claimant (1. Above) NA
3. **Occurrence or event from which the claim arises:**
- a. Date 2/18/22 Time 7:30 Circle AM / PM
- b. Place (exact and specific location) W Burnside and skyline Blvd is the closest intersection. The deep pothole is on Burnside just before reaching Skyline Blvd while traveling west. It is large and deep.
- 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 potholes on Burnside are extensive and are not properly maintained.
- 3B - * To avoid the pothole the driver must serve into the on-coming traffic lane to avoid the hole. At the time there
- d. State how the City of Portland or its employees were at fault: The city is not properly maintaining the roads. Road hazards on Burnside are extensive.
- e. Were you on the job at the time of the accident? Yes ☐ No ☒
- If yes, what is the name / phone number of employer NA

cars in the opposing lanes. were

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
My front passenger tire was shredded by the pothole. I had to buy two new tires so the car would be balanced
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** be balanced
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** _____
NA
7. **Name and address of any other person injured** NA
8. **Name and address of the owner of any damaged property if different from claimant** NA
9. **Damages claimed:**
a. Amount claimed as of this date: \$ 346.50 for 2 new tires
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** no witnesses. I was alone in the car
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: 3/1/22

Karin Mohitadi

Claimant's Signature

Karin Mohitadi

Print Name



2/18/22 at 7:30am
Shredded Tire due to the
poorly maintained pothole and
road conditions at W. Burnside
near the Skyline Blvd intersection
Please reimburse me for the
cost of the two new tires I
had to buy due to this road
hazard. I could not swerve
out of my lane due to on-
coming traffic.

Thank you,
Karim Mohitadi
503-734-6028