



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012024-20 Occurrence 202-20638

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) Jawan Mullen, Jr. Date of Birth [REDACTED]

a. Address 5278 NE Cully Blvd City Portland State OR Zip 97218

b. Home Phone 503 939 8735 Business Telephone Cell Phone 503 939 8735

c. Occupation Deputy District Attorney 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 2011 Lexus ES350

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 ☒ **RECEIVED**

d. Name and address of owner if different from claimant (1. Above) **MAR - 4 2022**

City of Portland-Risk Management -

3. Occurrence or event from which the claim arises:

a. Date 3/2/2022 Time 7:00 Circle AM / ☒ PM

b. Place (exact and specific location) Killingsworth street near the 205 South Freeway entrance.

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): I was driving with my children at night when I hit a pot hole that

Neither myself or several other vehicles could see. There were mutiple vehicles who hit the pothole

And had to pull over to the side of the road. There was a tow truck on 205 South assisting another

vehicle. The next day, I went back to the seen and observed the pothole was big, jagged, and nigh impossible to see at night, even with headlights.

d. State how the City of Portland or its employees were at fault: The City of Portland is at fault because this pothole was no mere Widespread damage to streets is caused by inclement weather and other factors beyond the City's control.

The City is negligent in this pothole that left mutiple cars damaged and dangerous to drive.

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. _____
My vehicle's passenger side tires, rims, and the vehicle's front bumper was significantly damaged. The front
tire tore to shreds, the back tire was punctured, and the front bumper was scraped and dented inward
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
If you were injured please provide the following: Social Security #: N/A
Medicare/Medicaid Beneficiary? Yes _____ No _____
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** N/A
7. **Name and address of any other person injured** N/A
8. **Name and address of the owner of any damaged property if different from claimant** N/A
9. **Damages claimed:**
- a. Amount claimed as of this date: \$ 2500.00
- b. Estimated amount of future costs: \$ _____
- c. Total amount claimed: \$ 2500.00
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Cost of 4
tires and rims from Les Schwab (one tire destroyed, other tire punctured, and both passenger side rims crumpled and unsalvageable.) (\$1500)
Cost of deductible to get front bumper fixed/replaced. (\$1000)
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: 3/4/2022


Claimant's Signature

Jawan Mullen, Jr.
Print Name