



GENERAL LIABILITY  
CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2022-012043-22

MR TRMN 3000 / 3003✓

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CITY OF PORTLAND  
RISK MGMT

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. Fifth, Room 106/1040, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr ☒ Mrs ☐ Ms. Miss) Charlotte Gurusinghe Date of Birth [REDACTED]
- a. Address 12425 SE Market st. City Portland State OR Zip 97233
- b. Home Phone 503-254-6824 Business Telephone \_\_\_\_\_ Cell Phone 503-926-2759
- c. Occupation \_\_\_\_\_ 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 \_\_\_\_\_ State \_\_\_\_\_
- 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 1st week of Feb. See note attached Time unknown Circle AM / PM
- b. Place (exact and specific location) near address above - mailbox on sidewalk
- 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): City Crew truck hit mailbox
- d. State how the City of Portland or its employees were at fault: City Crew truck driver hit mailbox
- 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. \_\_\_\_\_

Damaged mailbox - unable to use

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** \_\_\_\_\_

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: \$ 119.99

b. Estimated amount of future costs: \$ \$100.00

c. Total amount claimed: \$ 219.99

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

Cost to have mailbox reattached & cost of new  
ma... - previous mailbox unusable due to damage

10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_

N/A

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: March 3, 2022

Claimant's Signature

Charlotte E. Kiese  
these  
daughter

Print Name

Charlotte E. Kiese  
Sharmalie Kiese