



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number:

2022-012050-20

CITY OF PORTLAND
RISK MANAGEMENT

MR TRMN 2730 / 2732 ✓
RECEIVED



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 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. Ms. Miss)

a. Address 777 N.E. 8th St #101 City Gresham State Ore Zip 97030
b. Home Phone (503) 539-9090 Business Telephone _____ Cell Phone _____
c. Occupation Operation Man d. Marital Status: Single ☒ Married () Divorced or Widowed ()
If married, name of spouse _____
d. E-mail address _____

2. If claim involves a vehicle:

a. Year, make and model 2021 Sonata Hyundai
b. License Plate Number _____ Driver's License Number _____ State Ore
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 2.28.2022 Time 6:03 Circle AM PM
b. Place (exact and specific location) On 159th and Division
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): Pot hole pop tires and dent rims.
d. State how the City of Portland or its employees were at fault: By not ~~not~~ fixing the pot hole correctly. or have a sign to warn drivers.
e. Were you on the job at the time of the accident? Yes _____ No ☒ But was on my way
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. _____

Pop tires and dented rims

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:

\$ 1880⁰⁰

b. Estimated amount of future costs:

\$

c. Total amount claimed:

\$ 1880⁰⁰

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

I have to replace all four rims because this the second time it happen there.

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

Quinn Epps (503) 406-5079

11. Any additional information that might be helpful in considering your claim

This was the second time this happen in the same place I have to buy a brand new tire and it happen again.

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:

3.6.2022

Claimant's Signature

Alfred C. Washington Jr.

Print Name

Alfred C. Washington Jr.