



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012073-20

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) Jennifer Davidowitz Date of Birth [REDACTED]

a. Address 1839 SW Market St City Portland State OR Zip 97201

b. Home Phone _____ Business Telephone _____ Cell Phone 714-830-9549

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

If married, name of spouse Anto Rayan 949-278-0611

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model _____

b. License Plate Number _____ Driver's License Number _____

c. At time of accident, were you (check all that apply) Owner: _____ Driver _____

d. Name and address of owner if different from claimant (1. Above) _____ City of Portland-Risk Management

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3. Occurrence or event from which the claim arises:

a. Date 03/14/2022 Time 08:50 Circle AM PM

b. Place (exact and specific location) 1839 SW Market St, Portland OR, 97201

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): Husband woke me up because he heard "gurgling" sounds coming from the toilets, the two upper bathrooms had water 'bursting' out of the toilets and rising towards overflowing. The downstairs bathroom had already overflowed, rugs soaked with sewer water, don't know how much water came out as our vents are on the floor and water drained there.

d. State how the City of Portland or its employees were at fault: After my husband woke me up I noticed the Portland work truck working on the sewer [#155007], he went to ask the worker if he could have caused it, he said yes as the line affected that block. Chad Tippin also confirmed when I called the

e. Were you on the job at the time of the accident? Yes _____ No city for answers.

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. _____
Unknown amount of smelly sewer water overflowed into my central air vents, also my bathroom rugs
still smell like sewer water despite washing them twice so far [3 bathroom rugs]

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** _____
Bureau of Transportation was asked by B. of Environmental Services to do work [per Chad Tippin]

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: \$150 [Servpro assessment scheduled 3/17/22]
b. Estimated amount of future costs: \$ TBD by Servpro, will also find receipt for rugs
c. Total amount claimed: \$ TBD
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Servpro assesment + work to be done to clean vents/system + cost of rugs = my total claim

10. **Names, addresses / phone #s of all witnesses** _____
Anto Rayan [husband] , same address, 949-278-0611
I guess the employee working on the truck would remember my husband asking if his work caused this

11. **Any additional information that might be helpful in considering your claim** _____
In the voicemail Chad Tippin left me he said: They were asked by Environmental Services to clean
the sewer and assess condition of the private line as the city will be taking it over at some point.
There must have been a lot of pressure applied considering the 'slope' [They = B. of transportation]
The risk assessor that stopped by also said turning off my water wouldn't have mattered as it was caused
by too much pressure in system.

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: 03/16/2022

Jennifer Davidowitz
Claimant's Signature

Jennifer Davidowitz
Print Name