



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012088-20

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) Eric Hunter Wingfield Date of Birth [REDACTED]

a. Address 9215 N Syracuse St City Portland State OR Zip 97203

b. Home Phone 253-709-2867 Business Telephone Cell Phone 253-709-2867

c. Occupation Technology Manager d. Marital Status: Single () Married (X) Divorced or Widowed ()

If married, name of spouse Valerie Wingfield

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2022, Harley Davidson, Pan America

b. License Plate Number N/A Brand New Driver's License Number [REDACTED] State OR

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

d. Name and address of owner if different from claimant (1. Above)

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3. Occurrence or event from which the claim arises: City of Portland-Risk Management

a. Date 3/5/2022 Time 6 Circle AM PM

b. Place (exact and specific location) Intersection of N. Philadelphia and N Ivanhoe St (On Ivanhoe prior to turning onto St. Johns Bridge)

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): Multiple instances reported on

<https://www.portland.gov/transportation/maintenance/report-pothole-sinkhole-or-emergency-road-hazard>

most nearest being 2,174,680 but several within feet of that dot and none being repaired.

The one I hit is on N Ivanhoe St near Marvel 29 apartments. (see attached pic)

d. State how the City of Portland or its employees were at fault: Fix, repair, the road. There are multiple items repoted as closed but the road is in a state of disrepair. (see images, it's dangerous, neglangent, and been left in this state even after mulltiple reports that were flaged as "closed" even thought obviously not fixed.

e. Were you on the job at the time of the accident? Yes No X

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. _____
Bent Rim and blown tire
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** _____
City of Portland
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: | \$ <u>\$903.75 total</u> |
| b. Estimated amount of future costs: | \$ <u>\$850 for rim/tire/instal from Volcano Harley</u> |
| c. Total amount claimed: | \$ _____ |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
| | See attached |
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** _____
See attached pictures

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: 3/15/2022

Hunter Wingfield
Claimant's Signature

Eric Hunter Wingfield
Print Name

