



**GENERAL LIABILITY**  
**CLAIM AGAINST THE CITY OF PORTLAND**  
*\* for damages to persons or property \**



File Number: 2022-012090-20

*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. 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) James Nathan ("Nate") Fields Date of Birth [REDACTED]
  - a. Address 2909 N Farragut St City Portland State OR Zip 97217
  - b. Home Phone 971-506-0940 Business Telephone 971-506-0940 Cell Phone 971-506-0940
  - c. Occupation Mortgage Lender d. Marital Status: Single ( ) Married ( ) Divorced or Widowed (X)
  - If married, name of spouse \_\_\_\_\_
  - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model n/a
  - 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 1/5/22 and 1/6/22 Time 4 and 3:30 Circle AM / ☒ PM
  - b. Place (exact and specific location) 2909 N Farragut St, Portland, OR 97217, sewer main line in the middle of the street.
  - 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): The sewer main in the street was blocked causing a sewer back up into my basement after a prolonged period of very slow draining. The City of Portland employee who came out said that the sewer main was clogged in a couple of places up the street.
  - d. State how the City of Portland or its employees were at fault: The City of Portland failed to keep the sewer main line clear, which caused the slow draining and backup in my home, which necessitated the purchase of drain openers, cleaning/sanitary supplies, and the services of Clog Busters.
  - 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. \_\_\_\_\_  
(explanation attached, see Addendum 1)
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** \_\_\_\_\_  
Bureau of Environmental Services
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: \$ 569.75
  - b. Estimated amount of future costs: \$ 0.00
  - c. Total amount claimed: \$ 569.75
  - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
This amount is the total of the two house-calls by Clog Busters and an additional \$94.75  
in drain cleaners, cleaning supplies, and a bucket/lid that was used as a temporary toilet.
10. **Names, addresses / phone #s of all witnesses** Nate (not me) and Matt at Clogbusters, 503-680-8947.  
Nate's cell is 971-804-1720.
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
On the attached receipts, only the yellow highlighted items are included in the claim amount above.  
Nate at Clogbusters and I just happen to go by the same nickname, we are not the same person.

**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: 3/22/22

  
Claimant's Signature

James Nathan ("Nate") Fields  
Print Name

## **Addendum 1**

### **GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND**

4. I tried using several consumer-grade drain openers in the weeks leading up to me hiring Clog Busters, but they did not work or make any difference at all. Clog Busters came out to my home twice, first on 1/5/22, then again on 1/6/22 to try to clear the line, and they ultimately determined that the blockage was in the sewer main out in the middle of the street. They then called the Bureau of Environmental Services who came out within the hour to clear the sewer main. Their response time was impressive!

I also purchased cleaning supplies and a bucket to use as a temporary toilet (yes, I know that's gross) on the evening of 1/5/22.