



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2022-012092-20

File Number: _____



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) RICHARD SHOEMAKER Date of Birth [REDACTED]
- Mailing Address 211 BOLAS RD City DUXBURY State MA Zip 02332
- b. Home Phone 781-585-9739 Business Telephone N/A Cell Phone 508-330-7895
- c. Occupation RETIRED d. Marital Status: Single () Married () Divorced (X) Widowed ()
- If married, name of spouse JEAN SHOEMAKER
- 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:

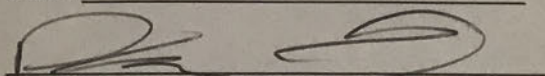
- a. Date FEB 23, 2022 Time 12:00 Circle AM / PM
- b. Place (exact and specific location) 1605-1609 SE TENINO ST PORTLAND, OR 97202
- c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): CITY SEWER LINE ON 16TH WAS BLOCKED CAUSING SEWERAGE TO BACK-UP IN TO MY BASEMENT BLOCKAGE WAS STATED TO BE PRIMARILY GRAVEL PER CITY SUPERVISOR HANDLING THE REPAIR WORK
- d. State how the City of Portland or its employees were at fault: FAILURE TO PROPERLY MAINTAIN SEWER LINE + KEEP IT OPEN
- e. Were you on the job at the time of the accident? Yes _____ No ✓
- If yes, what is the name / phone number of employer N/A

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. SEWERAGE BLOCKING MY LINE FORCED BACK FROM STREET AND INTO MY BASEMENT
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
If you were injured please provide the following: Social Security #: NO INJURY
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 - PORTLAND WATER BUREAU
7. Name and address of any other person injured NO INJURY
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: \$ 2547.81
 - b. Estimated amount of future costs: \$ 0
 - c. Total amount claimed: \$ 2547.81
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): BILLS FROM PERFECT FLUSH \$1117.50 TO CLEAN MY LINE - HOW CITY PROBLEM WAS DISCOVERED AND FROM OREGON RESTORATION TO CLEAN UP SEWERAGE IN MY BASEMENT \$1430.31
10. Names, addresses / phone #s of all witnesses SHANE BARRETT 1605 SE TENINOST PORTLAND
SHANE PHONE 775-857-8019
PERFECT FLUSH 503-985-9461
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: _____


Claimant's Signature

RICHARD SHOEMAKER
Print Name