



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2022-012099-20

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, 8:00 am to 5:00 pm. 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. 5<sup>th</sup> 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) Andrea Vu Huynh Date of Birth [REDACTED]

a. Address 7711 SW Capitol Hwy, Unit 224 City Portland State OR Zip 97219

b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone 304-210-7602

c. Occupation Help Team Associate d. Marital Status: Single ☒ Married ☐ Divorced ☐ Widowed ☐

If married, name of spouse [REDACTED]

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2016 Nissan Rogue SL AWD

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR

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) [REDACTED]

## 3. Occurrence or event from which the claim arises:

a. Date 03/13/22 Time 7:15 Circle AM / PM

b. Place (exact and specific location) Merging onto I-84 WAIS-30 W from NE 33rd Ave

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): An unfilled untreated pothole is located towards the end of a ramp leading to a busy interstate. With higher speeds, having such a pothole can cause greater danger/damage if hit.

d. State how the City of Portland or its employees were at fault: There is an abundance of potholes located throughout Portland that are left untreated, and unavoidable at times. With road crews seen out working, potholes should not be such an issues.

This particular pothole has cause unreparable damage to my vehicle's tires.

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

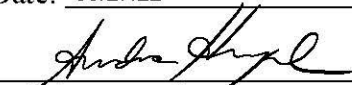
If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
 Front right and rear right tires have bubbles that are unrepairable and must be replaced before they cause a blowout. If I had not caught these  
 bubbles, I could have been in a serious accident if the tires popped while driving.
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** PBOT
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: \$ \$0
- b. Estimated amount of future costs: \$ \$372.33
- c. Total amount claimed: \$ \$0
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
Invoice from Nissan Service Center
10. **Names, addresses / phone #s of all witnesses** Tyler McGiboney, 7711 SW Capitol Hwy, Unit 224, Portland, OR 97219  
(678) 491-1856
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
Nissan Service representatives said the tires were damaged by likely a pothole. They said the tires must be replaced or an eventual blowout  
would occur if I were to continue to drive with the damaged tires.

**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: 03/27/22

  
 Claimant's Signature

Andrea Vu Huynh  
 Print Name