



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2022-012105-20



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) TAMMEY ZALUSKI Date of Birth [REDACTED]
- a. Address 10016 NE Weidner St City Portland State OR Zip 97220
- b. Home Phone _____ Business Telephone _____ Cell Phone 971-322-7500
- c. Occupation Adm Spec. d. Marital Status: Single () Married () Divorced or Widowed ()
- If married, name of spouse _____
- 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 3-9-22 Time 10:30 Circle AM PM
- b. Place (exact and specific location) My back fence and shed on the south side of my back yard facing Halsey St
- 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 homeless camp that has started 4 other fires had a tent fire that burned down part of my fence and part of my shed. The camp had been evicted but they just moved from the west side of my fence to the back fence. -see additional ->
- d. State how the City of Portland or its employees were at fault: You let this camp remain even after 4 other dangerous fires. You let them camp here therefore you are liable. The City has been grossly negligent in this matter
- 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. The fire burned ~~the~~ fence panels and part of my shed
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 Council, The Mayor
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: \$ 2297.52
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ _____
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Estimate from Rick's Custom Reming - I have yet to get an estimate for the shed if that's even possible.
10. **Names, addresses / phone #s of all witnesses** Mandy & Bryan Borgelt 503-384-2442
Donald Renfro 360-808-0818
11. **Any additional information that might be helpful in considering your claim** The City chose not to remove this camp even though they were dangerous and had caused prior damage to my property. I definitely should've been liable for damages caused due to your camping laws.

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: 3-28-2022

Tammy Zaluski

Claimant's Signature

TAMMY ZALUSKI

Print Name

3-c I told the cleaners that they were not on private property like they thought and they said they would be back to remove them but they never did.



