



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2022-012111-28

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MAR 29 2022

CITY OF PORTLAND  
RISK MGMTA 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 106/1040, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Miss Lisa Becker Date of Birth [REDACTED]
- a. Address 55 NE 148<sup>th</sup> Ave City Portland State OR Zip 97213
- b. Home Phone 971-703-9111 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- c. Occupation Caregiver 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 \_\_\_\_\_ 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 \_\_\_\_\_ Time \_\_\_\_\_ Circle AM / PM
- b. Place (exact and specific location) \_\_\_\_\_
- 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): \_\_\_\_\_
- d. State how the City of Portland or its employees were at fault: \_\_\_\_\_
- e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No \_\_\_\_\_
- 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 door to the shed was broken into by breaking the glass and breaking the door down
5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***  
If you were injured please provide the following: Social Security #: NA  
Medicare/Medicaid Beneficiary? Yes \_\_\_ No ☒
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** \_\_\_\_\_
7. **Name and address of any other person injured** \_\_\_\_\_
8. **Name and address of the owner of any damaged property if different from claimant** \_\_\_\_\_  
Community Services inc 14215 NW science park Dr. POX 22, 97029
9. **Damages claimed:**  
a. Amount claimed as of this date: \$ 200.00  
b. Estimated amount of future costs: \$ /  
c. Total amount claimed: \$ 200.00  
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_
10. **Names, addresses / phone #s of all witnesses** Jemiah Donald 503-875-1164
11. **Any additional information that might be helpful in considering your claim** I (Lisa Decker)  
only work for CSI but an officer said my company  
would be reimbursed. My boss's name is Kareena  
her contact is 503-476-6461

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)**

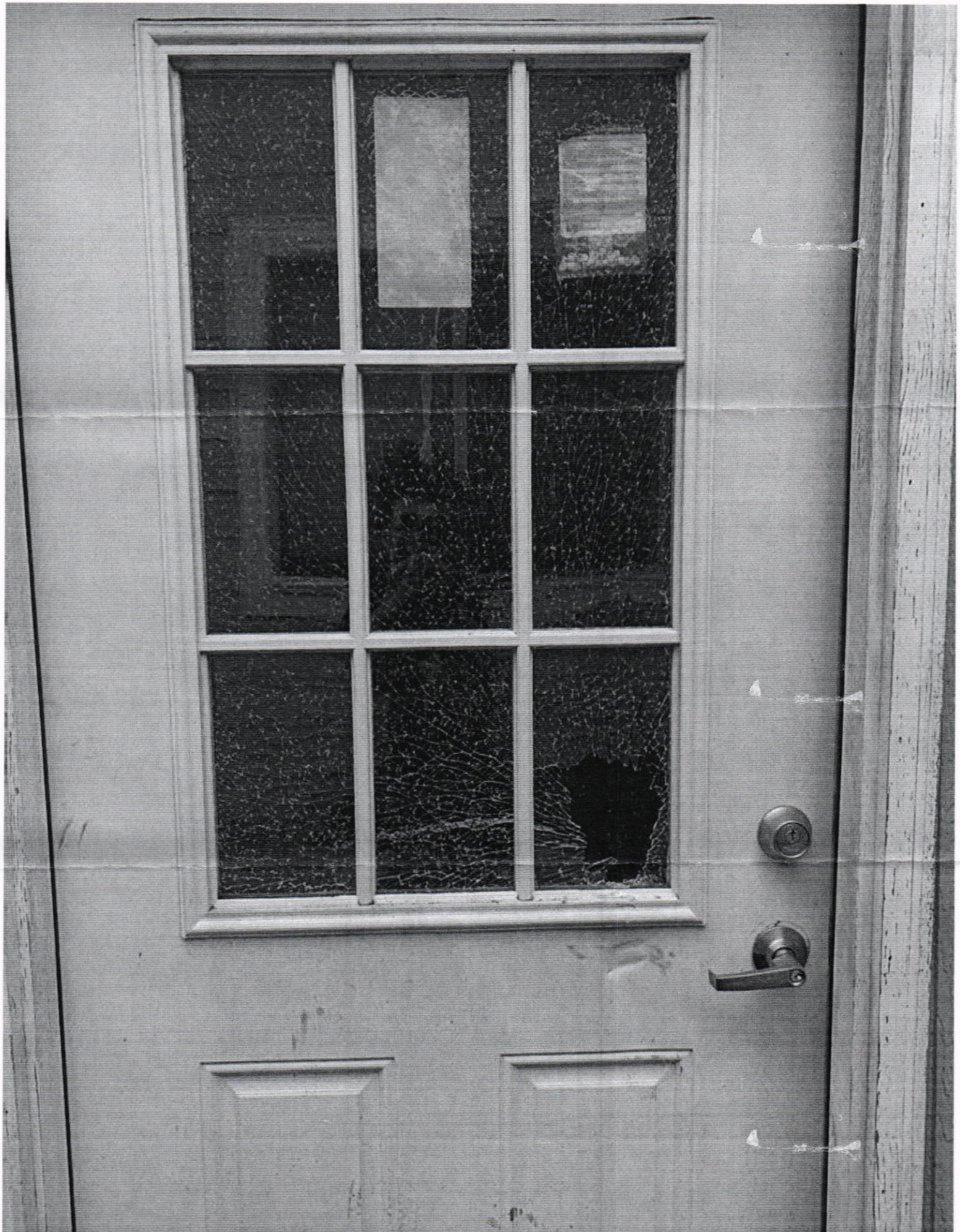
I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I understand and acknowledge that all statements made 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: 3/21/22

Lisa Decker  
Claimant's Signature

Lisa Decker  
Print Name







OFC Wilson 57489  
Case # 22-34201



City of Portland Crime Prevention Program  
Problem-solving, Neighborhood Watch, & Education on crime issues  
503-823-4064; onicpa@portlandoregon.gov

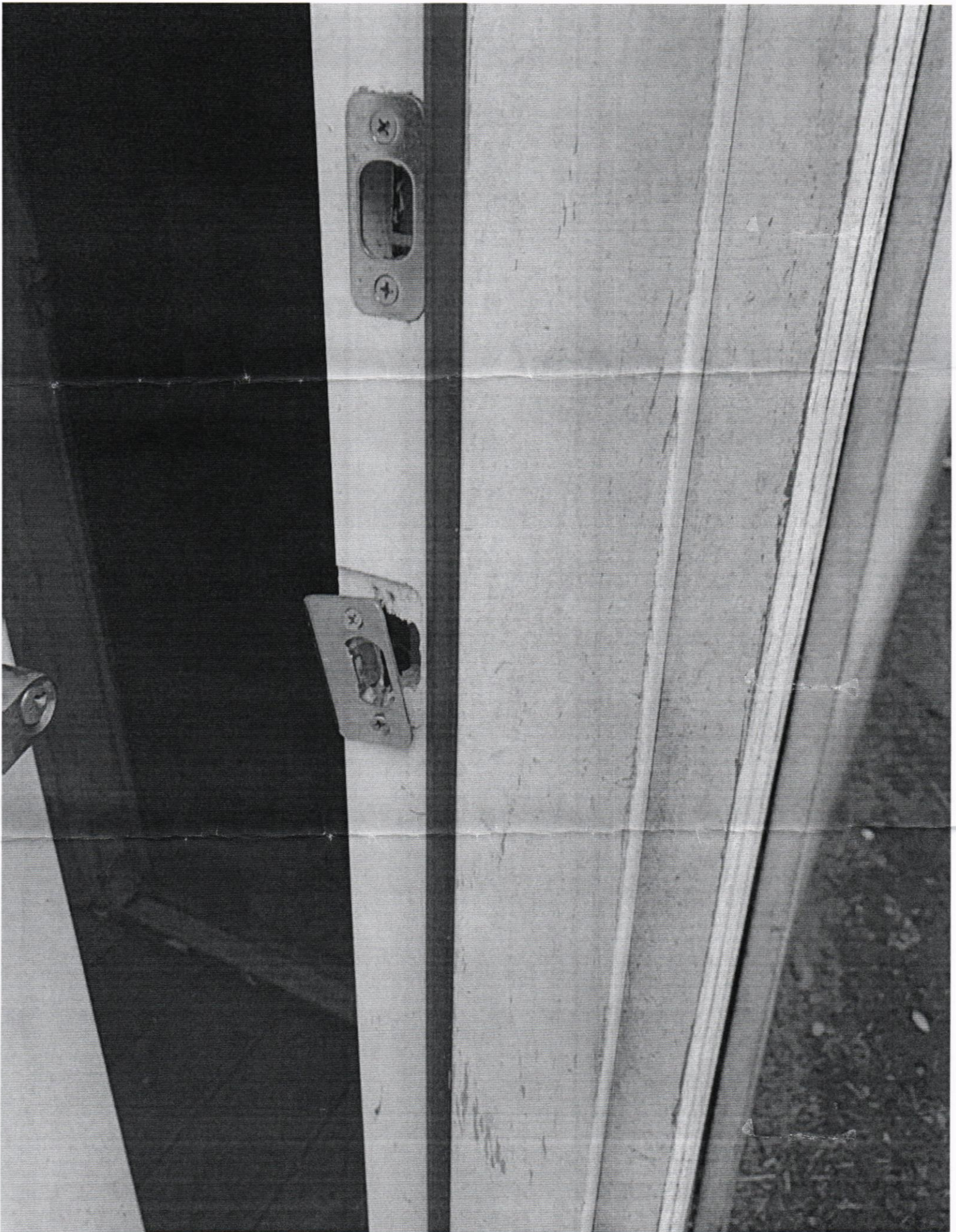
### Citizen Referral Numbers

One Point of Contact.....	503-823-4000
Warming shelters, shelters, health & social services referrals .....	2-1-1
Mental Health Crisis Line (24 hrs).....	503-988-4888
Portland Women's Crisis Line (24 hrs).....	503-235-5333
Domestic violence services .....	multco.us/dv
DHS Child Abuse Hotline (24 hrs).....	503-731-3100
Multnomah County Aging, Disability & Veteran Helpline (24 hrs) ...	503-988-3646
Drug & Alcohol Helpline (24 hrs).....	800-923-HELP
DVD Drug House Complaint Line.....	503-823-DRUG
Campsite online reporting form.....	portlandoregon.gov/campsite
Multnomah County Animal Control .....	503-988-7387
Police Online Crime Reporting .....	portlandoregon.gov/police/cor
Copies of police reports .....	503-823-0043
Multnomah County District Attorney's Office.....	503-988-3162
Oregon Attorney General's Consumer Hotline .....	503-229-5576
Stolen Bike Registry.....	bikeindex.org
PPB Bike Theft Task Force (BTTF) tipline.....	bttf@portlandoregon.gov
Identity Theft prevention and recovery info.....	consumer.gov/idtheft
Crime Prevention brochures .....	portlandoregon.gov/oni/cp
Neighborhood Watch and Crime Prevention Services .....	503-823-4064
PPB Locks Program.....	503-823-0723
One Point of Contact Toolkit.....	portlandoregon.gov/toolkit

Call Risk Management - 503 823 5101  
Extension #3

We broke your shed





FROM Community Services Inc  
14215 NW Science Park Dr.  
Portland Oregon 97229

PORTLAND OR 972  
25 MAR 2022 PM 5 L



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CITY OF PORTLAND  
RISK MGMT

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CITY OF PORTLAND  
RISK MANAGEMENT  
SUITE 1040  
1120 SW 5TH AVE  
PORTLAND OR 97204-1965