



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2022-012121-20

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 City of Portland-Risk Management

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

RECEIVED

MAR 30 2022

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) Tyler Wells Date of Birth [REDACTED]
- a. Address 1976 NW Pettygrove St Apt 403 City Portland State OR Zip 97209
- b. Home Phone _____ Business Telephone _____ Cell Phone 907-347-7219
- c. Occupation _____ 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 2015, Hyundai Sonata
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State AK
- 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:

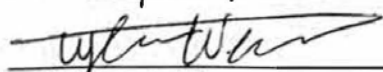
- a. Date 3/13/22 Time 2:00 Circle AM / PM
- b. Place (exact and specific location) I-405 North Bound, Kerby Ave Exit, just passed the Fremont Bridge.
- c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): I was headed to NE Portland at the time of occurrence. After taking the Kerby Ave Exit off of the Fremont bridge I noticed a sequence of potholes. I was able to dodge the first couple but was punted into the largest pothole which caused the damage.
- d. State how the City of Portland or its employees were at fault: There were several large potholes in road. The city of Portland is at fault because they are responsible for maintaining the road and said potholes.
- 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 incident caused my tire to blowout, wheel damage, a bent tie rod, and alignment off after seeing mechanic.
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** N/A
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: \$ 659.01
 - b. Estimated amount of future costs: \$ 0.00
 - c. Total amount claimed: \$ 659.01
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
Wheel - \$168.81, Tire + Installation - \$188.92, Tie rod replacement / Alignment - \$301.28
10. **Names, addresses / phone #s of all witnesses** N/A
11. **Any additional information that might be helpful in considering your claim** None at the moment.

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: 3/30/22


Claimant's Signature

Tyler Wells
Print Name