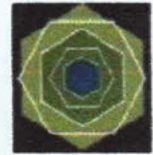




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2022-012127-20



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@portland.oregon.gov

1. Claimant (Circle: Mr. Mrs. Miss) Alina Khabibova Date of Birth [REDACTED]
 - a. Address 16940 SE Market street City portland State OR Zip 97233
 - b. Home Phone 503-267-2449 Business Telephone _____ Cell Phone _____
 - c. Occupation Barista d. Marital Status: Single () Married () Divorced or Widowed ()
If married, name of spouse Single
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model Audi A3 2016
 - 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 (if Above) Erkin habibov
16940 SE Market St portland OR
3. Occurrence or event from which the claim arises:
 - a. Date 3/19/2022 Time 8:00 Circle AM / PM
 - b. Place (exact and specific location) SE 174th Ave and SE Main St.
left side near flashing red light. (in the right lane)
 - 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): Driving in my lane at night when
i hit a big pothole that blew my tire, and scratched my rim.
 - d. State how the City of Portland or its employees were at fault: pothole was not fixed, however
was reported on portland.gov official website. pothole had no paint or
cones around it despite being a foot deep and two feet wide.
 - 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. _____

Left tire on driver side unrepairable which caused me to replace all four tires because vehicle is four wheel drive. Scraped rim as well.

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 _____

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:

\$ 491.88 for tires (4)

b. Estimated amount of future costs:

\$ for new rim (1) 697.99

c. Total amount claimed:

\$ 1,189.87

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

10. Names, addresses / phone #s of all witnesses Steven Miller 971-227-0692

6415 SE 85 Ave portland OR 97266, Erkin habibov 503-510-0181 16940 SE

Market Street portland OR, Michael oval 509-994-6273,

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: 3/28/22


Claimant's Signature

Alina Khabibova
Print Name

