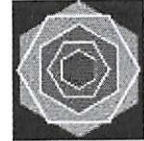




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2022-012131-20



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) Megan Ayers Date of Birth [REDACTED]
 - a. Address 10649 NE 13th Ave #57 City Portland State OR Zip 97211
 - b. Home Phone 503-333-7074 Business Telephone Cell Phone 503-333-7074
 - c. Occupation Office Mgr/Staff Acctnt d. Marital Status: Single () Married () Divorced or Widowed (X)
If married, name of spouse N/A
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2018 Mazda CX3 **RECEIVED**
b. License Plate Number [REDACTED] Driver's License Number [REDACTED] **APR - 1 2022**
c. At time of accident, were you (check all that apply) Owner: X Driver X City of Portland-Risk Management
d. Name and address of owner if different from claimant (1. Above) N/A
3. **Occurrence or event from which the claim arises:**
 - a. Date 03/24/2022 Time approx. 6:10 Circle AM / PM
 - b. Place (exact and specific location) Southbound driving lane, SO NE 33rd Ave/NE McConnell Rd
 - 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 ran over something that made a LARGE laceration in my tire. This was due to the City not maintaining a safe and clear roadway.
 - d. State how the City of Portland or its employees were at fault: The City is at fault because they do not keep the roadway clear of hazards. There is MASSIVE amounts of garbage and debris littering the roadway, not to mention the volume of hazards that spill over into the roadway daily. Burned out cars, boats, and RVs.
 - 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 N/A

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. My tire had a large laceration that sliced clean through the tire. Because it is unsafe to replace only one tire in an AWD car, I now have to pay to replace ALL FOUR tires because of the City's negligence in keeping the roadway clean.
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 X
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury**
I'm not sure what Bureau this falls under, but whichever City Bureau is responsible for maintaining safe roads.
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: \$ 439.88
b. Estimated amount of future costs: \$ zero
c. Total amount claimed: \$ 439.88
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
See attached invoice for tire replacement cost. AWD means you have to replace all 4 or risk permanently
damaging the transmission/gears of your vehicle. Purchased the cheapest possible tires for my car.
10. **Names, addresses / phone #s of all witnesses** N/A
11. **Any additional information that might be helpful in considering your claim** See attached info.
I've attached pictures of the area where this happened and pictures of the laceration in my tire. Please note that
these pictures were taken on a few different dates but almost all pictures of the roadway were taken on 3/31/2022
AFTER a volunteer "cleanup" program was out there. The sheer volume of garbage and debris that ends up in the
roadway at all hours is a safety hazard of major proportions and a lawsuit waiting to happen.

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: 04/01/2022
Megan Ayers
Claimant's Signature

Megan Ayers
Print Name









