

File Number:

GENERAL LIABILITY

RECEIVED CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2022-012135-20

CITY OF PORT

KB 9999 2850 / 2859.1 🗸

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.	Cla	aimant (Circle: Mr. Mrs. Ms. Miss) Dyes Keauntea R. Date of Birth	
		Address 777 Stanton Blvd City Ontario State OR Zip 97914~	8335
	b.	Home PhoneBusiness TelephoneCell Phone	
	c.	Occupationd. Marital Status: Single () Married () Divorced or Widowed ()	
		If married, name of spouse	
	d.	E-mail address	
		claim involves a vehicle: a. Year, make and model	
		License Plate NumberDriver's License NumberState	
	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.	0	occurrence or event from which the claim arises:	
	a.	Date 2/6/22 Time 1:15 Circle AM / PM	
	b.	Place (exact and specific location) Multnomah County jail or MCDC	
		address, 11540 NE Inverness Dr Portland, OR 97220~9002	
	C.	Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury	
		damage (use additional paper if necessary): A individual came from Inverness at a t	ime.
		of a outbreak then ask to go to medical because of symptoms	
		related to in medical his dignosis came back positive and	
		they moved him back in our dorm given me!	
	d.	State how the City of Portland or its employees were at fault: Medical and correctional 8-	off
		are responsible for placing a inmate in our dew dwelling puting us	
		risk and the fact this inmate was removed from a out-break at anoth	
	e.	Were you on the job at the time of the accident? YesNo institution	•
		If yes, what is the name / phone number of employer	

4.	Describe the injury, property damage or loss so far as is known at the time of this claim.
	had of
	and and
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 V
6.	Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury
	Multnomah County jail or MCDC
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: \$ 5.000
	b. Estimated amount of future costs: \$ 5.000
	c. Total amount claimed: \$ 5.000
	d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
	The description of the symptoms above and the and devar
	Station of this predicament and the devastation as we
10.	Names, addresses / phone #s of all witnesses They may still be at Multnomah or
	some were where else incorcerated I did not have time to get there
	information I was move to another institution.
11.	Any additional information that might be helpful in considering your claim
	There are other inmates on this case and also making claims!
	I well like there to be serious consequences For there inresponsibility
	So something like this will never happen in the future!
WA	ARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)
kn	ave carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own owledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I derstand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and at the statements are in connection with an application for a benefit from the City of Portland.
D	Pate: 3/29/22
-	Dyes Keauntea Keauntea Rufus Dyes Claimant's Signature Print Name