



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: _____

2022-012135-20

KB 9999 2850 / 2859.1 ✓

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CITY OF PORTLAND
RISK MGMT



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) Dyes Keauntea R. Date of Birth [REDACTED]
 - a. Address 777 Stanton Blvd City Ontario State OR Zip 97914 ~ 8335
 - b. Home Phone _____ Business Telephone _____ Cell Phone _____
 - c. Occupation _____ d. Marital Status: Single () Married () Divorced or Widowed ()
 - If married, name of spouse _____
 - d. E-mail address _____
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 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 or damage (use additional paper if necessary): A individual came from Inverness at a time of a [REDACTED] outbreak then ask to go to medical because of symptoms related to [REDACTED] in medical his diagnosis came back positive and they moved him back in our dorm given me [REDACTED]!
 - d. State how the City of Portland or its employees were at fault: Medical and correctional staff are responsible for placing a inmate in our dorm dwelling putting us at risk and the fact this inmate was removed from a out-break at another institution.
 - e. Were you on the job at the time of the accident? Yes _____ No ✓
 - If yes, what is the name / phone number of employer _____

