



P.O. Box 5300  
Binghamton, NY 13902-9953

2022-0124404-20

DF ESWW 2720 / 2721 ✓

CITY OF PORTLAND: RISK MANAGEMENT  
1120 SW 5TH AVE FL 10  
PORTLAND, OR 97204-1912

Claim Number:

01-004-817943

Date Of Loss:

06/05/2022

Policy Number:

Policyholder:

Bradley Geiger And Katherine  
Sandstrom

June 14, 2022

Dear City of Portland: Risk Management,

This correspondence contains important information regarding BRADLEY GEIGER's Property claim. Please review and respond accordingly.

We are notifying you that we have made payment on the above referenced claim and our supporting documentation and proof of payment are enclosed.

The following breakdown shows the damages that were incurred by our insured:

DAMAGE	AMOUNT
<b>Total Damages:</b>	<b>\$6,000.00</b>
Homesite Insurance Company of the Midwest Payment(s):	\$5,000.00
Deductible:	\$1,000.00
Rental Expense:	\$0.00

Documentation supporting our damage amount is attached. Please forward a payment of \$6,000.00 to the address below at your earliest convenience

Homesite Insurance Company of the Midwest  
Attn: Claim Number 01-004-817943  
6000 American Parkway  
Madison, WI 53783-0001

We are committed to providing excellent customer service and are here to assist you. Please contact us with any questions you may have.

Sincerely,

*Kalle Walter*

Kalle Walter  
Claim Adjuster II  
AFICS on behalf of Homesite Insurance Company of the Midwest  
[REDACTED]  
1-608-722-3986



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2022-012404-20

*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. 5<sup>th</sup> 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) Kalle Walter Date of Birth [REDACTED]

a. Address 6000 American Pwky City Madison State WI Zip 53783

b. Home Phone / Business Telephone 608.722.3986 Cell Phone /

c. Occupation Subrogation Adjuster 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 \_\_\_\_\_

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 06/05/2022 Time 4:45 Circle AM / PM

b. Place (exact and specific location) 3415 NE 32nd Place, Portland OR 97212

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): Main drain line failure on city side caused sewer back up into our insured's home. Water damages were sustained. We intend to seek reimbursement for the limit that was paid out plus their deductible.

d. State how the City of Portland or its employees were at fault: The City of Portland has a duty to maintain the main drain line and failed to do resulting in the sewer back up.

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 \_\_\_\_\_

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
Mitigation and cleaning \_\_\_\_\_
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** Bradley Geiger  
3415 NE 32nd Place, Portland OR 97212
9. **Damages claimed:**
- |                                                                                                       |                                            |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------|
| a. Amount claimed as of this date:                                                                    | \$ <u>6,000.00</u>                         |
| b. Estimated amount of future costs:                                                                  | \$ <u>None known</u>                       |
| c. Total amount claimed:                                                                              | \$ <u>6,000.00</u>                         |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____                                      |
|                                                                                                       | <u>Invoice for mitigation work; photos</u> |
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
American Family claim # 01-004-817943 Claim handler: Kalle Walter 608.722.3986  
[REDACTED]  
Please contact me directly.

**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: 06/14/2022

Kalle Walter  
Claimant's Signature

Kalle Walter  
Print Name



## Restoration 1 of Portland

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Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
Tigard, OR 97224  
(971) 245-6019



1 1-IMG\_5758

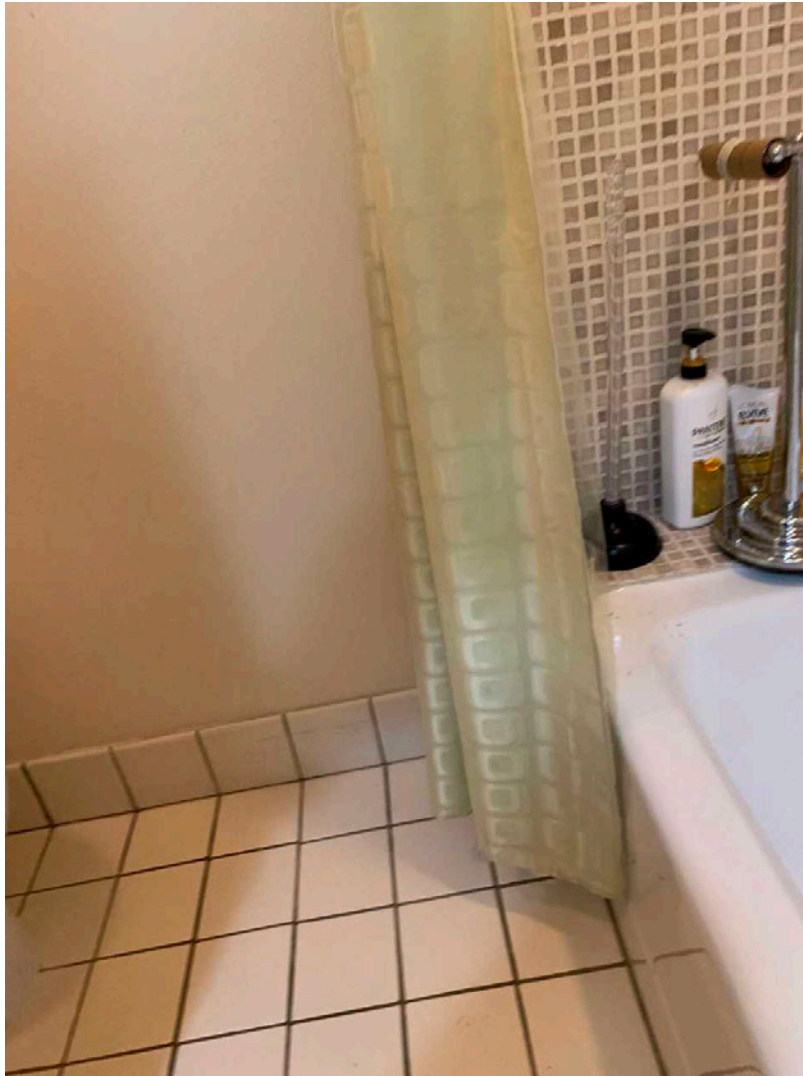
Date Taken: 6/7/2022



## Restoration 1 of Portland

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Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
Tigard, OR 97224  
(971) 245-6019



2 2-IMG\_5763

Date Taken: 6/7/2022



## Restoration 1 of Portland

Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
Tigard, OR 97224  
(971) 245-6019



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3-IMG\_5771

Date Taken: 6/7/2022



## Restoration 1 of Portland

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Tigard, OR 97224  
(971) 245-6019



4

4-IMG\_5773

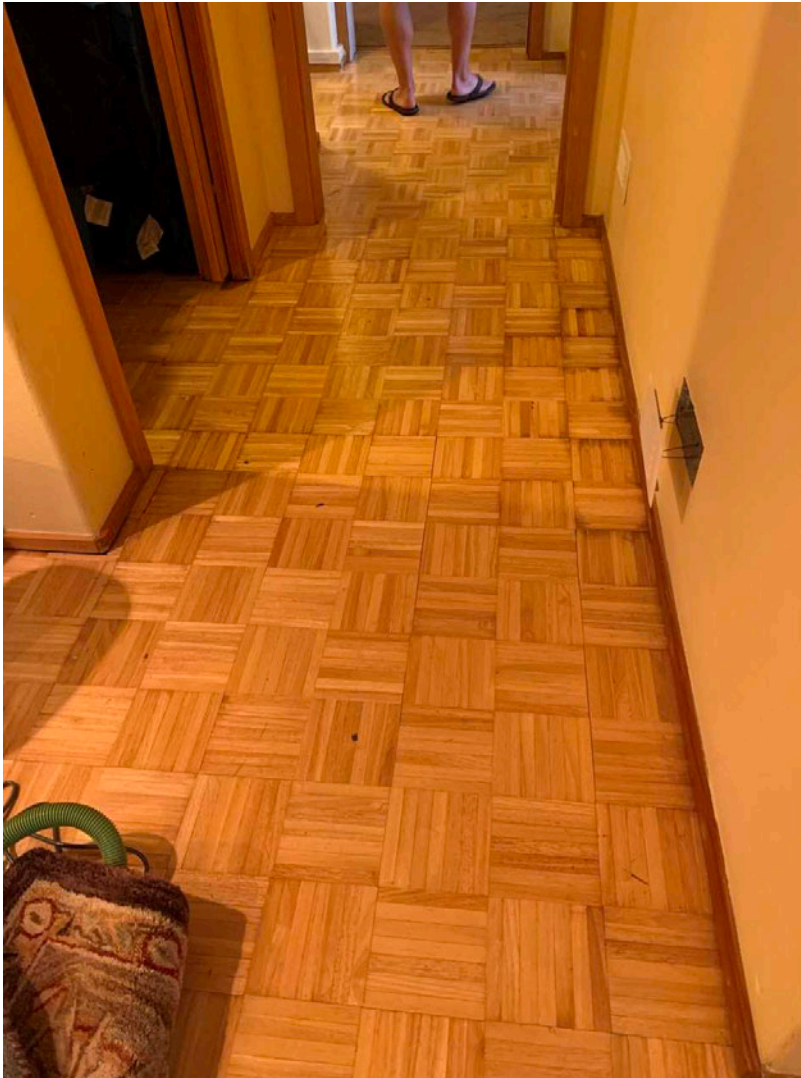
Date Taken: 6/7/2022



## Restoration 1 of Portland

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Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
Tigard, OR 97224  
(971) 245-6019



5 5-IMG\_5776

Date Taken: 6/7/2022



## Restoration 1 of Portland

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Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
Tigard, OR 97224  
(971) 245-6019



6

6-IMG\_5781

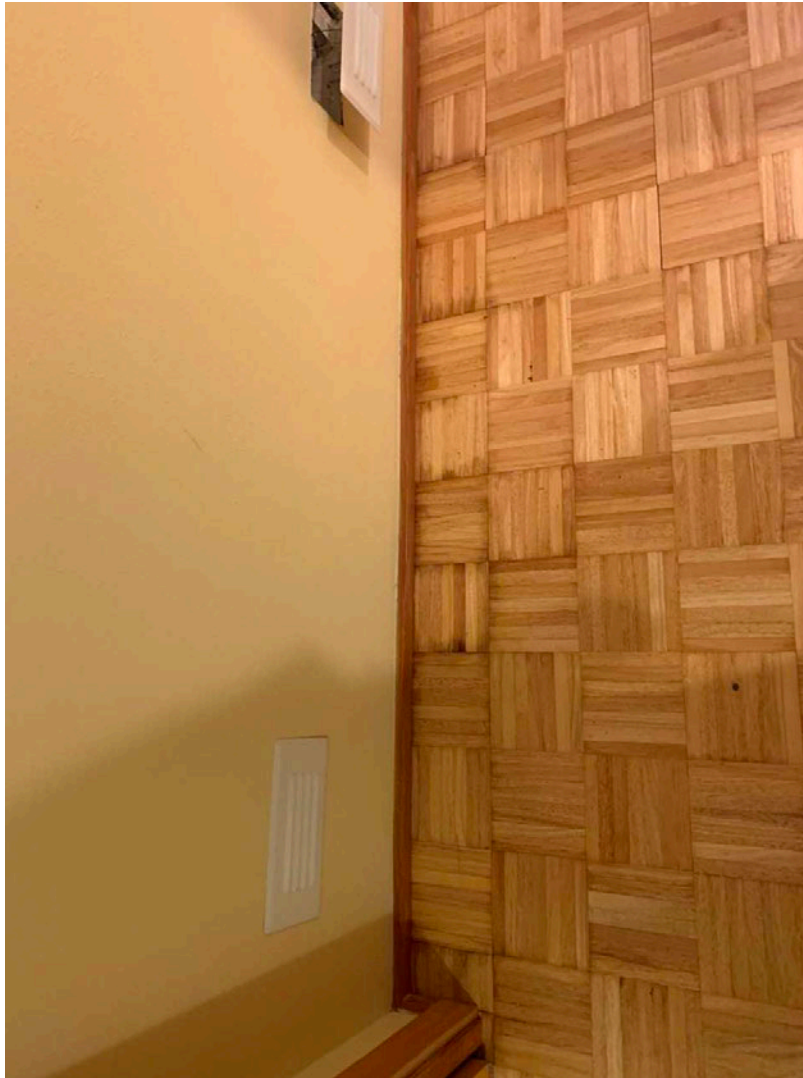
Date Taken: 6/7/2022



## Restoration 1 of Portland

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Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
Tigard, OR 97224  
(971) 245-6019



7

7-IMG\_5782

Date Taken: 6/7/2022



## Restoration 1 of Portland

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Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
Tigard, OR 97224  
(971) 245-6019



8

8-IMG\_5783

Date Taken: 6/7/2022



## Restoration 1 of Portland

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Restoration 1 of Portland  
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Tigard, OR 97224  
(971) 245-6019



9

9-IMG\_5785

Date Taken: 6/7/2022



## Restoration 1 of Portland

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Restoration 1 of Portland  
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Tigard, OR 97224  
(971) 245-6019



10 10-IMG\_5788

Date Taken: 6/7/2022



## Restoration 1 of Portland

Restoration 1 of Portland  
15655 SW 74th Ave. Suite 230  
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(971) 245-6019



11 11-IMG\_5794

Date Taken: 6/7/2022