



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number:

2022-012437-20



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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. **Claimant** (Circle: Mr. Mrs. Ms. Miss) CAROL DEVENCENZI Date of Birth [REDACTED]
 - a. Address 16920 S. Helcomb Blvd City OREGON CITY State OR Zip 97045
 - b. Home Phone [REDACTED] Business Telephone 503631-7782 Cell Phone 5038195776
 - c. Occupation SELF EMPLOYED d. Marital Status: Single () Married (☒) Divorced or Widowed ()

If married, name of spouse Michelle Jobe

 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2015 Itasca Suncoaster Motorhome
 - 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 (1. Above) [REDACTED]
3. **Occurrence or event from which the claim arises:**
 - a. Date 6/2/22 Time 8:50 Circle (AM) PM
 - b. Place (exact and specific location) Approximate area of 10355 SE Foster Rd
EAST BOUND 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): City closed off middle or inside lane of two lanes
reduced down to the outside lane and bike lane. There was a tree over hanging
bike lane and outside lane which I could not avoid ^{hitting} the branches. They
scratched up the front passenger area and the whole length of the motorhome
and damaged items on roof top
 - d. State how the City of Portland or its employees were at fault: They neglected to prune
trees off roadway AND forced traffic into a hazard
 - e. Were you on the job at the time of the accident? Yes [REDACTED] No ☒

If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Scratches on paint & awning covers on upper front & passenger side of motor home
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** Street improvements?
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: \$ 5498.00
 - b. Estimated amount of future costs: \$ UNKNOWN
 - c. Total amount claimed: \$ _____
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): ESTIMATE FROM BLUE DOG RV
10. **Names, addresses / phone #s of all witnesses** Michelle Jobe 11920 S. Holcomb Blvd. Oregon City, OR 97045 503 819 4613
11. **Any additional information that might be helpful in considering your claim** Pictures of tree and traffic diversion are available

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: 6/22/22

Carol Devencenzi
Claimant's Signature

Carol Devencenzi
Print Name