



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: 2022-012447-20

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) Jacob Simoneau Date of Birth _____

a. Address 6211 N Olympia Street City Portland State Or Zip 97203

b. Home Phone 4086078954 Business Telephone _____ Cell Phone 4086078964

c. Occupation Wealth Management 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 Riding Mower

b. License Plate Number N/A Driver's License Number Unknown State N/A

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 6/23/2022 Time Approx. 11:00 Circle AM PM

b. Place (exact and specific location) 6211 N Olympia St.

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 grass cutting crew mowing on the Other side of my fence crashed into the fence destroying several fence panels at the bottom. I did not notice it until after they had left and they left without saying anything about it.

d. State how the City of Portland or its employees were at fault: City employees were carelessly operating the riding mower. They also hit a recently installed no parking Sign on the street and were driving far too fast on the street

e. Were you on the job at the time of the accident? Yes _____ No ☒

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. Several fence panels are broken at the bottom and need will need to be Replaced

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 ☐

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** I believe these mowers are operated by PBOT

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: \$ 150.37

b. Estimated amount of future costs: \$ 0-100

c. Total amount claimed: \$ _____

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

Received quote for \$150.37 to replace the broken fence panels, should hopefull

Not cost any more than that

10. **Names, addresses / phone #s of all witnesses** No witnesses besides whoever was operating the Lawn mower

11. **Any additional information that might be helpful in considering your claim** According to my neighbor the crew also knocked over a small tree and hit a sign pole. They wei being quite careless, and I believe they must have known they caused the damage bi chose to say nothing. I hope they will be more careful in the future so it will not happen again

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: 6/23/2022

Jacob Simoneau
Claimant's Signature

Jacob Simoneau
Print Name