



GENERAL LIABILITY KB PLOP 2830 / 2834 + 2894 ✓
CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2021- 013032-28



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) Michelle Sterenson Date of Birth [REDACTED]
 - a. Address 2732 SE 138th Ave #103 City Portland State OR Zip 97236
 - b. Home Phone 503 949 3823 Business Telephone _____ Cell Phone _____
 - c. Occupation Online Retail 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 About 15th of Nov 2021 - Jan 5 2022 Time _____ Circle AM / PM
 - b. Place (exact and specific location) 2732 SE 138th Ave #103 97236
 - 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): I came forward about being
[REDACTED] by a policeman in 2005. The
Police retaliated by putting me under surveillance,
coming on to my property with no known warrant.
I am not a danger to anybody. I don't break laws.
 - d. State how the City of Portland or its employees were at fault: They chose to retaliate against me, causing me
[REDACTED]
 - e. Were you on the job at the time of the accident? Yes _____ No ☒

If yes, what is the name / phone number of employer _____

City of Portland Risk Management 12/7/2022

4. Description: Describe the injury, property damage or loss so far as is known at the time of this claim. _____

My [REDACTED] all my trust for the city and respect is completely gone. I am [REDACTED]

5. *We are required to report all claims for injuries to Medicare/Medicaid Services*

If you were injured please provide the following: Social Security #: [REDACTED]

Medicare/Medicaid Beneficiary? Yes _____ No X

6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury _____

[REDACTED] [REDACTED] Portland Police Bureau

7. Name and address of any other person injured My 6 year old son, [REDACTED] same address as me.

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: \$ 35,000 for therapy +
- b. Estimated amount of future costs: \$ 0 loss of work
- c. Total amount claimed: \$ 35,000 for therapy +
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): loss of work

10. Names, addresses / phone #s of all witnesses _____

Me - see above.

11. Any additional information that might be helpful in considering your claim _____

The police also used my victim advocate to lie to me. Her name is Camelia Zollars. You should all be ashamed of yourselves. RAPIST PROTECTORS!!

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: 12/07/2022

Michelle R [Signature]
Claimant's Signature

Michelle R Stevenson
Print Name