

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND***\* for damages to persons or property \**File Number: 2022-013105-20 Occurrence 202-20705

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, 8:00 am to 5:00 pm. 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) James Jeffers Date of Birth [REDACTED]

a. Address 2503 SE Yamhill St. City Portland State OR Zip 97214

b. Home Phone 480.235.5201 Business Telephone [REDACTED] Cell Phone 480.235.5201

c. Occupation Software Developer d. Marital Status: Single ( ) Married (x) Divorced or Widowed ( )

If married, name of spouse Lauren Downey

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model [REDACTED]

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State [REDACTED]

c. At time of accident, were you (check all that apply) Owner: [REDACTED] Driver [REDACTED] Passenger [REDACTED] N/A [REDACTED]

d. Name and address of owner if different from claimant (1. Above) [REDACTED]

**3. Occurrence or event from which the claim arises:**

a. Date December 25th, 2022 Time 6:30 AM Circle AM PM

b. Place (exact and specific location) Woke up to smell of sewer. Ran down stairs and saw basement floor drain gushing with sewage.

Later discovered water seeping from another wall where sewage was also escaping from a clean out.

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): After attempting to find the source of the overflow, the plumbers from roto rooter determined

that no obstruction in our line was present. Roto rooter contacted the city to see if the city sewer line was obstructed. A crew from the city found a

massive accumulation of grease and fat was obstructing the sewer line and had to thoroughly jet the sewer at the intersection of

SE 25th Ave. and SE Yamhill St. After the city's work was completed water ceased flowing into our basement.

d. State how the City of Portland or its employees were at fault: The blockage occurred in the city sewer where we had no

access to maintain or determine its state as home owners.

e. Were you on the job at the time of the accident? Yes [REDACTED] No x

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. \_\_\_\_\_

Walls and floors in our partially finished basement have been contaminated with sewage. The basement will need to be remediated and many of the walls will need to be replaced to some extent.

**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** \_\_\_\_\_

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: \$ 884

b. Estimated amount of future costs: \$ 18,500 + TBD

c. Total amount claimed: \$ 19,384

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

\$884 for emergency plumber service on Christmas day. \$18,500 remediation estimate received from roto-roter. TBD cost to have dry wall

installer re-finish all flood cut walls.

**10. Names, addresses / phone #s of all witnesses** Jim Jeffers / 480.235.5201, Lauren Downey / 971.313.1121,

Derrick Utesch / 503.320.8052

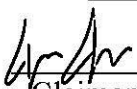
**11. Any additional information that might be helpful in considering your claim** Derrick Utesch from roto roter was

at our property performing an estimate while the incident was still unfolding. He has many photos, moisture samples, and other documentation 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: December 27th, 2022



Claimant's Signature

James Jeffers

Print Name