



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2023-013146-20

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) Tanya M. Jackman Date of Birth [REDACTED]
- a. Address 4743 N. Gardenbein Ave City Portland State OR Zip 97217
- b. Home Phone = cell Business Telephone [REDACTED] Cell Phone (503) 789-3408
- c. Occupation Accounts Payable d. Marital Status: Single () Married (x) Divorced or Widowed ()
- If married, name of spouse [REDACTED]
- d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2013 Toyota Corolla S
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR
- c. At time of accident, were you (check all that apply) Owner: [REDACTED] Driver [REDACTED] Passenger [REDACTED] N/A X
- d. Name and address of owner if different from claimant (1. Above) [REDACTED]

3. Occurrence or event from which the claim arises:

- a. Date Noticed 01/02/2023 Time Noticed 11:30 Circle AM / PM
- b. Place (exact and specific location) 4743 N. Gardenbein Ave, Portland, OR 97217
parking strip/street parking @ above location
- 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): A "ROAD CLOSED" sign w/out sand or any other weight fell down sometime btwn 12/30/2022? and 01/02/2023 causing it to hit the car leaving scratches - one a decent size. I believe this was caused by the heavy winds Portland & surrounding cities have been experiencing
- d. State how the City of Portland or its employees were at fault: We have moved this sign to across the street & below a tree, and layed it down multiple times to prevent this - because the workers kept placing it on our parking strip right by the car. It happened again, and we didn't notice and/or were not home when the wind blew it down.
- e. Were you on the job at the time of the accident? Yes [REDACTED] No X, I doubt it - most likely sleeping
- 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. _____

It has multiple scratches - one pretty decent

NIA 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** _____

I was referred to PBOT & then Risk Mgmt. I'm not 100% sure which Bureau

NIA 7. **Name and address of any other person injured** _____

NIA 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: \$ _____

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

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

We haven't gotten any estimates, because I thought the COP would come and do their own estimate and/or verify damages caused!

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

Just us / the owners

11. **Any additional information that might be helpful in considering your claim** Being aware that

with the high winds we've had lately, it's obvious that a semi-light weight sign with no weight to keep it up, can (and did) fall and damage nearby property

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: 01/05/2023

[Signature]
Claimant's Signature

Tanya M. Jackman
Print Name