



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2023-013170-20

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) Coco-Chanel Quaye Date of Birth REDACTED
 - a. Address 236 N Killingsworth St Apt C102 City Portland State OR Zip 97217
 - b. Home Phone _____ Business Telephone _____ Cell Phone 5038391684
 - c. Occupation Student 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 2005 Honda Accord EX
 - b. License Plate Number _____ 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) _____
3. **Occurrence or event from which the claim arises:**
 - a. Date 01/10/2023 Time 6:52 Circle AM / PM
 - b. Place (exact and specific location) NE Cornfoot Rd
 - 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 was driving from the airport after I dropped my sister off. On my way back at
6:52 am on Cornfoot I hit the biggest pothole I have experienced in Portland.
Cornfoot road was very dark I was driving and hit a pothole that I did not see.
My car tire was extremely damaged by this.
 - d. State how the City of Portland or its employees were at fault: _____
There were no signs or warnings for this. This pothole I hope will be fixed immediately so it does not
cause havoc for anyone else. The city of Portland needs to make sure roads like that have either signage
or lights to help drivers see well. It is extremley dangerous for that road not to be fixed.
 - 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. _____
Tire and rims on passenger side were extremely damaged and torn from the pothole. _____
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** _____
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: | \$ | N/A |
| b. Estimated amount of future costs: | \$ | 230 |
| c. Total amount claimed: | \$ | 230 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ | |
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** _____

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: 01/10/2023


Claimant's Signature

Coco-Chanel Quaye
Print Name