



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: 2023-013181-20

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) Ms. Priscilla Castellanoz Date of Birth 04/24/92

a. Address 1844 NE 19th Ave City Portland State OR Zip 97212

b. Home Phone _____ Business Telephone _____ Cell Phone (541) 212 - 5911

c. Occupation Research Coordinator 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 2014, Toyota, Corolla S, Black

b. License Plate [REDACTED] 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 1/6/23 Time 4:40 PM Circle AM / PM

b. Place (exact and specific location) In front of address 7711 N Hereford Ave Portland, OR 97203

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 water meter 5 in front of the mentioned address was marked with blue spray paint for City purposes which resulted to the parked vehicle being sprayed in paint and scratched after for an attempt of removal of paint by City.

d. State how the City of Portland or its employees were at fault: The meter was sprayed by a City employee and attempted to be removed by the employee. Along with paint remaining, attempt in removal of the paint resulted to scratches on the vehicle.

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. *There is blue spray paint and scratches on the right side of the vehicle from the front to back of the vehicle.*
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: \$ _____
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.): _____
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** *I am able to provide photos of damages.*

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: 1/11/23

Priscilla Castellanoz
Claimant's Signature

Priscilla Castellanoz
Print Name