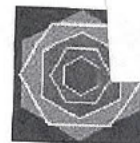




# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2023-013188-20



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. 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)

a. Address 12370 SE Ash St #249 City Port State OR Zip 97283  
b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 971-813 0622  
c. Occupation Delivery d. Marital Status: Single ( ) Married ( ) Divorced or Widowed ( )  
If married, name of spouse \_\_\_\_\_  
d. E-mail address \_\_\_\_\_

## 2. If claim involves a vehicle: a. Year, make and model 2007 Honda CRV

b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ 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 1-7-23 Time 5 AM Circle AM / PM  
b. Place (exact and specific location) 157th Halsey St 1 block South of Halsey  
ON 157th Ave Port OR  
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 heading north on 157th Ave  
Toward Halsey St Delivering newspaper it was dark rainy.  
I was going down a hill and the bottom of my car felt  
like and heard a Loud Bang  
d. State how the City of Portland or its employees were at fault: only streets are City of  
Portland's responsibility to keep people safe when driving on  
city streets, City is responsible for that pot hole not having a  
safety notice over  
e. Were you on the job at the time of the accident? Yes ☒ No \_\_\_\_\_  
If yes, what is the name / phone number of employer Michel - 503 348-7501

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

Right Side Flat tire, damaged / scraped rim/wheel  
alignment damage (non drivable)

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 \_\_\_\_\_

City of Portland

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 Lec 971-331-8663

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: 1-13-23

John DeLaney  
Claimant's Signature

John DeLaney  
Print Name