



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2023-013191-20

File Number: _____



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) Kathryn Kersten Date of Birth [REDACTED]

a. Address 350 NE 76th Avenue City Portland State Oregon Zip 97213

b. Home Phone _____ Business Telephone _____ Cell Phone 503.752.2852

c. Occupation Graphic Designer d. Marital Status: Single () Married (☒) Divorced or Widowed ()

If married, name of spouse Scott Shumaker

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2010 Mini Cooper

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 January 12, 2023 Time 11:30 am Circle AM / PM

b. Place (exact and specific location) Highway 30 and NW 57th (near Saltzman Road) traveling towards downtown.

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 on Hwy. 30 and noticed an object in the road. As I got closer to it I realized it was an inverted manhole cover. It was sitting just to the right slightly over the hole and the hole was mostly exposed. I ran over it and heard a loud crash under the car and felt it. I kept driving and noticed a sweet smell and steam rising from under the hood. My car was towed to my mechanic. My friend and I went back to the site of the incident where PDOT workers were fixing it.

d. State how the City of Portland or its employees were at fault: There was a hazard in the middle of a road which falls under the City's jurisdiction.

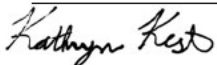
e. Were you on the job at the time of the accident? Yes _____ No ☒

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. _____
 Oil was all over the road, coolant was leaking all over the place. The vehicle is at the mechanic and has not been assessed yet.
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 don't have witnesses of
when the incident happened, but my friend was behind me a ways and saw the inverted manhole cover,
I spoke with the PBOT workers when they were on the scene cleaning it up, and I talked to a local business
owner who reported the hazard and was told someone was responding.

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: 1/13/2023

Claimant's Signature

Kathryn Kersten

Print Name