

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND**** for damages to persons or property **File Number: 2023-013195-20*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) ADAM GRINES Date of Birth [REDACTED]a. Address 2833 SE FRANCES ST City PORTLAND State OR Zip 97202b. Home Phone _____ Business Telephone _____ Cell Phone 503 329-3188c. Occupation UNDERWRITER d. Marital Status: Single () Married (X) Divorced or Widowed ()If married, name of spouse MARA GRINESd. E-mail address [REDACTED]**2. If claim involves a vehicle:** a. Year, make and model 2020 TESLA MODEL Yb. License Plate Number [REDACTED] Driver's License Number [REDACTED] State ORc. At time of accident, were you (check all that apply) Owner: X Driver _____ Passenger _____ N/A _____

d. Name and address of owner if different from claimant (1. Above) _____

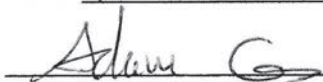
3. Occurrence or event from which the claim arises:a. Date 1-12-23 Time 7:00 Circle AM / (PM)b. Place (exact and specific location) Pothole, corner of SE BYBEE BLVD
& SE TOLMAN STc. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): UNMARKED POT HOLEd. State how the City of Portland or its employees were at fault: POT HOLE WAS REPORTED ON
1-4-23, # 2,474,181. AFTER 8 DAYS POT HOLE IS STILL THERE.
LARGE ENOUGH TO CAUSE UNREPAIRABLE DAMAGE TO MY TIRES.e. Were you on the job at the time of the accident? Yes _____ No X

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. _____
SEVERE DAMAGE TO MY TIRES. HAD TO REPLACE 2 TIRES.
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** _____
PDOT
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:**
- Amount claimed as of this date: \$ 961
 - Estimated amount of future costs: \$ 0
 - Total amount claimed: \$ 961
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
SEE ATTACHED INVOICE
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** _____
A POT HOLE THIS LARGE SHOULD HAVE BEEN FIXED WITHIN THE REPORTED DATE AND MY INCIDENT DATE.

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: 1-17-23

 Claimant's Signature

ADAM GRIMES
 Print Name