



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2023-013200-20



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) PATRICIA LERMAN Date of Birth [REDACTED]
 - a. Address 170 ACCESS RD City CONNELL State WA Zip 99326
 - b. Home Phone N/A Business Telephone N/A Cell Phone 360-510-7396
 - c. Occupation RETIRED d. Marital Status: Single () Married ☒ Divorced or Widowed ()

If married, name of spouse BRUCE LERMAN

 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2018 VOLVO XC60
 - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State WA
 - 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) ☒

MAILING ADDRESS: PO BOX 69 CONNELL, WA 99326
 3. **Occurrence or event from which the claim arises:**
 - a. Date 01-02-2023 Time 8:15AM Circle AM / PM
 - b. Place (exact and specific location) 5033 SW EVELYN STREET
PORTLAND, OR 97219
 - 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): A TREE ON CITY PROPERTY
FELL + HIT MY CAR PARKED IN FRONT
OF MY DAUGHTER'S HOUSE.
 - d. State how the City of Portland or its employees were at fault: CITY WAS CALLED +
CAME OUT TO CLEAN UP THE TREE. STATED IT WAS
ON CITY PROPERTY + GAVE CITY BUSINESS CARD
 - e. Were you on the job at the time of the accident? Yes ☐ No ☒ TO CALL.

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. MY VEHICLE WAS CRUSHED. I CALLED MY INSURANCE. YOU WILL NEED TO REIMBURSE + MY DEDUCTIBLE.
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***

If you were injured please provide the following: Social Security #: NO PHYSICAL DAMAGE TO MY PERSON - JUST CAR.
 Medicare/Medicaid Beneficiary? Yes ☐ No ☒

6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury TREE ON CITY PROPERTY

7. Name and address of any other person injured N/A

8. Name and address of the owner of any damaged property if different from claimant N/A

9. **Damages claimed:**

- a. Amount claimed as of this date: \$ 13,909.15 (13,409.15 AUTO 500.00 DEDUCT.)
- b. Estimated amount of future costs: \$ 2,750.00
- c. Total amount claimed: \$ 16,659.15
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

10. Names, addresses / phone #s of all witnesses MICHAEL + HANNAH MCCOY
5033 SW EVELYN ST. PORTLAND, OR 97219
HANNAH- ()

11. Any additional information that might be helpful in considering your claim I'M ONLY ASKING FOR \$50.00 / PER DAY FOR 55 DAY
01/03/2023 - 02/26/2023 FOR NO CAR
INCONVENIENCE

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: _____

[Signature]
 Claimant's Signature

PATRICIA LIERMAN
 Print Name

