

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 LIERMAN Date of Birth			
a. Address 1 10 ACCESS RD City CONNELL State LINE 7 in 9933	26		
b. Home Phone Phone Business Telephone N/A Cell Phone 360-510-	13		
c. Occupation RETRED d. Marital Status: Single () Married Divorced or Widowed ()			
If married, name of spouse BRUCE UERMAN			
d. E-mail address	_		
2. If claim involves a vehicle: a. Year, make and model 2018 VOWO XCGO	_		
b. License Plate Number	_		
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 CONNEUL, WA 99326	-		
3. Occurrence or event from which the claim arises:	_		
a Date (01-02-2003 - 01-001			
b. Place (exact and specific location) 5033 SW EVELYN STORE			
PORTLAND, OR 97219	_		
c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury of	_		
damage (use additional paper if necessary): A TREE ON CITY PROPERTY	Г		
TELL + 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 CAUED +	-		
CAME OUT TO CLEAN UP THE THEE. STATED IT WA	2		
ON GTY PROPERTY + GAVE CITY PINIFES CAMON	<u>ر</u>		
e. Were you on the job at the time of the accident? YesNo > TO CAU.	_		
If yes, what is the name / phone number of employer _×			

City of Portland Risk Management 1/17/2023

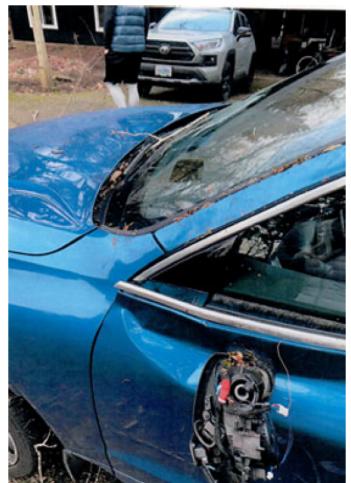
4.	Description: Describe the injury, property damage of	r loss so far as is known at the time of this claim.		
	INSURANCE . YOU WHILL Y	LUSHED, I CAUED MY		
5.	*We are required to report all claims for injuries to Medicare/Medicaid Services* DEDUCTIBLE.			
	If you were injured please provide the following: Sou	o Wiedicare/Medicaid Services*		
	Medicare/Medicaid Beneficiary? Yes No ×	cial Security #: NO PHYSICAL DAMAGE TO MY PENSON - JUST		
6.		2012		
	and/or Ci			
7. Name and address of any other person injured NA				
8.	Name and address of the owner of any damaged pro	onerty if different from cloiment		
	N/A	operty it different from claimant		
9.	Damages claimed:	(13,409,15 av		
	a. Amount claimed as of this date:	\$_ 13,909.15 500.00 DEC		
	b. Estimated amount of future costs:	\$ 2,750,00		
	c. Total amount claimed:	s 16,659.15		
	d. Basis for computation of amounts claimed (include	coming of all 1 ill		
0.	5000 Single File of all witnesses 1911	CHAEL + HANNAH MCCOY LANDOR 97219		
	HANNAH-()	GIODICE TIGHT		
1.	Any additional information that might be helpful in			
	I'M ONLY ASKING FOR \$50	00 /- +		
	01/02/2002 02/21	PER DAY FOR 55 DAY		
	IN CONVENIENCE	23 FOR NO CAR		
VAD	DNING. IT IS A CONTINUE OF THE PROPERTY OF THE			
has	RNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLA	MM! (ORS 162.085)		
nov	ave carefully read the statements made in this claim, including owledge, except as to those matters stated upon information of derstand and acknowledge that all statements made in this claim.	g any attached sheets, and I know them to be true of my own		
ınde	lerstand and acknowledge that all statements made in this all	is deficit and to such matters I believe the same to be true. I		
iiai	the statements are in connection with an application for a ben	nefit from the City of Portland.		
Dat	ite:			
	To all	Dam		
C	Claimant's Signature	Print Name		

City of Portland Risk Management 1/17/2023









City of Portland Risk Management 1/17/2023