

## **GENERAL LIABILITY** CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

2023-014082-20



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. (	Cla	nimant (Circle Mr) Mrs. Ms. Miss) Scott Carrol Date of Birth
8	a.	Address 216 NW 3rd ave #202 City Portland State OR Zip 97209
		Home Phone 503-333-892 Business Telephone Cell Phone 03-333-892
	c.	Occupation Refierd d. Marital Status: Single () Married () Divorced or Widowed ()
		If married, name of spouse
	d.	E-mail address
2.	If o	claim involves a vehicle: a. Year, make and model 2002 acrea 3.5 RL
	b.	License Plate Number Oriver's License Number State OR
	c.	At time of accident, were you (check all that apply) Owner: Driver Priver N/A
	d.	Name and address of owner if different from claimant (1. Above)AUG 14 2023
3.	0	ccurrence or event from which the claim arises:
	a	Date 3 112 2023 Time AM aprox O Circle AM / PM
	b.	Place (exact and specific location) in front of apt. building
		216 NW 3rd are Mulsof Manner Portland, 8R 97209
	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): to whom it concerns - My car
		2002 acura - was parked on City street in front of my
		apt. building. at 216 NW 3rd ave. Valued at \$2000,00
	d.	State how the City of Portland or its employees were at fault:
		The state of Oregon City of Portland allowing Camping
		cen the City Cimits.
	e.	Were you on the job at the time of the accident? YesNo
		If yes, what is the name / phone number of employer
H:\P	roje	cts\Web Pages\Liability Documents\2020 GENERAL LIABILITY CLAIM form
_	Cla	Deint Name

4.	<b>Description:</b> Describe the injury, property damage or loss so far as is known at the time of this claim.
6	Loss of all the wiring in my 2002 acura, not drive ablo.
	Sold it for great loss to tow company.
5.	*We are required to report all claims for injuries to Medicare/Medicaid Services*
	If you were injured please provide the following: Social Security #:X
	Medicare/Medicaid Beneficiary? Yes No
6.	Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury
	The city of Portland. W/A.
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.):
	elst. at autobody shop throup - bringing it up to pass
	DEQ \$1000,00 gas & oil \$ 75,00.
10.	Names, addresses / phone #s of all witnesses Link Rube - 503 995. 6399
	216 NW 3rd ove. #342 Postland. OR @ Darin Miller-2nox 1039
	are 3/4 shone It mulsolf Mamer (message) 503-333-8921
11.	Any additional information that might be helpful in considering your claim
	Do to the Camping all the tents allowed down town the
	garbage was (Is) out of Control. the City exat fault
	mayor and everyone eless hat makes he discusses.
W	ARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)
	have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own lowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I
un	derstand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and
th	at the statements are in connection with an application for a benefit from the City of Portland.
Γ	Date: - My 20, 2023
	Soft Cango!
5	Claimant's Signature Print Name

(Occurance (#3, C.) Which I had just put \$1000,00 into it giving it tune up, oil Change, So it would pass DEQ. with no problem. Barked the Cur waiting for Check to go thru dea and go to DMV register and plates. Our would not start chonget that odd first put all this Stoney exts et, In the time frame of a week. I opened up the hood and Conedi't believe my cys Rato had Chewed up all the wires and made a next right on top of the engine. I could not more the car, was receiving parking lielets est. after just putting & 1000,000 dellars ento et. I believe because of the Camping in the on our Streets that brought more Rato, Reople wrinating, exting throwing garbage everywhere. the city of fortland is sesponsible for my loss, by allowing this to go on for months + months. I sold my car to pick and full for \$ 472.00 deliss a huge loss. Car was \$2000. put 1000 ovents et. Sold it for \$472.00 (huge loss). I believe the city owes me gorry 2600,00 total 37500

Occurance (#3, c)

I took a great loss of money but I'm return and had spent what I had saved on last. Then in the matter of 3 days the rate destroyed my car. I took a huge loss and blame the City, its their fault for ellowing all these people and tents in our downstown area.

Scott Comet

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AUG 14 2023

CITY OF PORTILAND
RISK MANAGEMENT