



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: **2023-014085-20**

SS ESWW 2720 / 2721 ✓

RECEIVED

AUG 14 2023



CITY OF PORTLAND
RISK MANAGEMENT

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) Marlys Edwards Date of Birth [REDACTED]

a. Address 527 SE 72nd Ave City Portland State OR Zip 97215

b. Home Phone N/A Business Telephone N/A Cell Phone 503-956-1630

c. Occupation Retired d. Marital Status: Single (X) Married () Divorced or Widowed ()

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model _____

b. License Plate Number _____ Driver's License Number _____ State _____

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 05/15/2023 Time Morning Circle AM / PM

b. Place (exact and specific location) Basement at 527 SE 72nd Ave, Portland OR, 97215

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): Basement flooded. ProDrain plumber had to go past property line to mail in center of street to unplug blockage. He videotaped this, which is available. Also willing to discuss with city.

d. State how the City of Portland or its employees were at fault: Plumbing blockage was on city property, not mine.

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. _____

Paid plumber to unblock sludge at water main in middle of street as water/sewage was backed up into my basement.

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: \$ 478.75

b. Estimated amount of future costs: \$ 0

c. Total amount claimed: \$ 478.75

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

Recipt/Copy of Invoice

10. **Names, addresses / phone #s of all witnesses** Marlys Edwards, same address, 503-956-1630

Kyle Paul, ProDrain & Rooter Service, 10200 SE Allen Blvd., Suite H, Portland OR, 97005, 503-533-0430

11. **Any additional information that might be helpful in considering your claim** ProDrain and Rooter Service

has video taken of the blockage, distance to the street, etc. Video available at <https://youtu.be/1u2cm48Fh08> . 5/15/23

discovered flooded basement. Contacted city first as thought related to nearby Yamhill sinkhole. City verified was not. Prodra

unblocked sludge at water main on 5/18. Deaths and crisis have delayed my dealing with these personal business affairs

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: August 9, 2023


Claimant's Signature

Marlys O. Edwards

Print Name