

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND**** for damages to persons or property **File Number: 2023-014231-20

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-865-3297

LiabilityClaims@portlandoregon.gov

- 1. Claimant** (Circle: Mr. Mrs. Ms. Miss) Poe Kane Date of Birth [REDACTED]
- a. Address 3749 N Melrose Dr City Portland State Or Zip 97227
- b. Home Phone 503.440.0169 Business Telephone same Cell Phone same
- c. Occupation Designer d. Marital Status: Single () Married (x) Divorced or Widowed ()
- If married, name of spouse Sarah Kane
- 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 08/13/2023 Time 11:50pm Circle AM / PM
- b. Place (exact and specific location) 3749 N Melrose Dr in the backyard on the west property line fence
- _____
- 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): The fire department had to break through my fence at two locations in order to access the fire on the bluff below my property line to the west. This was their only way to access and fight the fire. They removed two sections of my west property line fence.
- _____
- d. State how the City of Portland or its employees were at fault: The fire department broke the fence by force in order to fight the fire on the bluff.
- _____
- 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. _____
The property damage consists of two large sections of my rear fence being torn apart.
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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** _____
Portland Fire Bureau Station 24 4515 N Maryland Ave 503.823.3851
7. **Name and address of any other person injured** N/A
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8. **Name and address of the owner of any damaged property if different from claimant** N/A
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9. **Damages claimed:**
- | | |
|---|-----------------|
| a. Amount claimed as of this date: | \$ <u>2,703</u> |
| b. Estimated amount of future costs: | \$ <u>0</u> |
| c. Total amount claimed: | \$ <u>2,703</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____ | |
- South fence: Build a 51-ft privacy fence. Post will be pressure treated 4x4 lumber treated for ground contact. Secured approximately 24 inches down in a 10-inch diameter hole of concrete. Top/bottom rail will be 2x4 kiln dry lumber. Railing secured using Galvanized fence rail brackets. Fence boards will be 6-ft flat top cedar boards.
10. **Names, addresses / phone #s of all witnesses** _____
Rhonda Vaught - 503.702.5302 - 3739 N Melrose Dr - Witness
Sarah Kane 512.997.8726 - 3749 N Melrose Dr - Witness
11. **Any additional information that might be helpful in considering your claim** _____
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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: 9/25/23

Poe Kane
Claimant's Signature

Poe Kane
Print Name