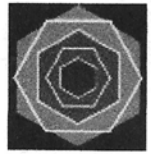




# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 2023-014275-20

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. 5<sup>th</sup> 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) ALEX INMAN Date of Birth [REDACTED]

a. Address 1701 NW 31<sup>ST</sup> AVE. City PORTLAND State OR Zip 97210

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-754-8665

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

If married, name of spouse RACHEL INMAN

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2018 FORD F-150

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR

c. At time of accident, were you (check all that apply) Owner: X 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 9/25/2023 Time 4:45 Circle AM / PM

b. Place (exact and specific location) ON THE STREET IN FRONT OF MY HOME AT 1701 NW 31<sup>ST</sup> AVE. PORTLAND, OR

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 LARGE, DEAD BRANCH FELL FROM A MAPLE TREE LOCATED ON CITY PROPERTY, CAUSING A DENT IN THE ROOF OF MY TRUCK, AND DAMAGING THE TRUCK BED COVER, REQUIRING REPLACEMENT.

d. State how the City of Portland or its employees were at fault: THE TREE, LOCATED ON CITY PROPERTY, WAS NOT MAINTAINED, AND DEAD BRANCHES WERE NOT REMOVED.

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. \_\_\_\_\_

DENT IN ROOF OF TRUCK. TRUCK BED COVER  
DAMAGED BEYOND REPAIR.

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 PARKS & RECREATION / URBAN FORESTRY.

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:

\$ ~~\$2625.25~~ \$2725.25

b. Estimated amount of future costs:

\$ \_\_\_\_\_

c. Total amount claimed:

\$ ~~\$2625.25~~ \$2725.25

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

REPAIR / REPLACEMENT ESTIMATES. INSURANCE  
DEDUCTABLE

10. Names, addresses / phone #s of all witnesses \_\_\_\_\_

11. Any additional information that might be helpful in considering your claim \_\_\_\_\_

**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: \_\_\_\_\_

10/3/23

*Alex B. Ferman*  
Claimant's Signature

ALEX FERMAN  
Print Name