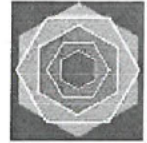




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: **2022-014470-20**

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) Daniel L. Hizar Date of Birth [REDACTED]

a. Address 930 N.W. Naito K26 City Portland State OR Zip 97209

b. Home Phone _____ Business Telephone 503 704 0007 Cell Phone Same

c. Occupation Film d. Marital Status: Single () 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 1974 Silverton Yacht

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

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 8/24/22 Time _____ Circle AM / PM

b. Place (exact and specific location) North Breakwater Docks

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): Boat was illegally seized and destroyed without proper notice and unlawful disposal of personal belongings.

d. State how the City of Portland or its employees were at fault: Parts were violated the law while seizing and destroying.

e. Were you on the job at the time of the accident? Yes _____ No ✓

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. here vessel and belongings were destroyed.
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
If you were injured please provide the following: Social Security #: [REDACTED]
Medicare/Medicaid Beneficiary? Yes ___ No ___
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** Parks and Recreation
7. **Name and address of any other person injured** Self
8. **Name and address of the owner of any damaged property if different from claimant** _____
9. **Damages claimed:**
- Amount claimed as of this date: \$ 50,000
 - Estimated amount of future costs: \$ 10,000
 - Total amount claimed: \$ 60,000
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Invoices for Mechanics, Engine parts, materials personal belongings.
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** My fathers passing was communicated to PAR and disregarded. It was named after my mother and was going to be left to my grandson. Story included in report.

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: 11/29/23

 Claimant's Signature

Daniel I. Huizar
 Print Name