



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2854

2024-014613-28

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) _____ Date of Birth _____

a. Address 7944 se aspen summit dr. City Portland State Or Zip 97266

b. Home Phone _____ Business Telephone _____ Cell Phone _____

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

If married, name of spouse _____

d. E-mail address _____

2. If claim involves a vehicle: a. Year, make and model 2017 Nissan Altima

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

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 1/4/2024 Time 4:30pm Circle AM / PM

b. Place (exact and specific location) By the apartment complex near where I live on the road

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): _____

Police officer threw spikes on the road and it hit my tires.

d. State how the City of Portland or its employees were at fault: _____

No one was present near the spikes to even say they were there.

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

My tires were slashed

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** Officer

Paul wolfer

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: \$ None

b. Estimated amount of future costs: \$ Not sure

c. Total amount claimed: \$ None

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): I have not gone to get my tires replaced as I'm waiting to see how we can solve this.

10. **Names, addresses / phone #s of all witnesses** No witnesses in site

11. **Any additional information that might be helpful in considering your claim** I just need to get my tires fixed

It is my only car and I need it to get to work.

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: 1/8/2024

Guadalupe Martinez
Claimant's Signature

Guadalupe Esmeralda Martinez
Print Name