



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2024-014646-20

*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) Austin Date of Birth [REDACTED]

a. Address 13808 SE Ramona St City Columbia State OR Zip 97236

b. Home Phone Distribution Business Telephone [REDACTED] Cell Phone [REDACTED]

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

If married, name of spouse Kelsey Sario

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2014 Subaru Impreza

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] 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) Kelsey Iwaniec  
13808 SE Ramona  
st Portland Oregon

## 3. Occurrence or event from which the claim arises:

a. Date 01-13-24 Time 7:00am Circle AM / PM

b. Place (exact and specific location) Front of house near street

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):

City trees fell and caused  
damage to a vehical, fences,  
and a newbies boat.

d. State how the City of Portland or its employees were at fault: Trees on city property fell.

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

If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_

We have lost 2 days of work, a car. Also lost power for 3 days. Resulting in having to buy food. Also had to cut up tree ourselves to gain access to road

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** \_\_\_\_\_

City of Portland

7. **Name and address of any other person injured** \_\_\_\_\_

8. **Name and address of the owner of any damaged property if different from claimant** \_\_\_\_\_

Kelsey Iwaniec 13808 SE Ramona St Portland Oregon 97236

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 0

b. Estimated amount of future costs: \$ 20,000

c. Total amount claimed: \$ 0

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

\_\_\_\_\_

10. **Names, addresses / phone #s of all witnesses** Marcella Sario 13808 SE Ramona St  
Portland Oregon 97236

\_\_\_\_\_

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: 01/17/24

  
Claimant's Signature

Austin Sario  
Print Name



