

**GENERAL LIABILITY****CLAIM AGAINST THE CITY OF PORTLAND**

\*for damages to persons or property\*

**2024-014649-20**

File Number: \_\_\_\_\_



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: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. **Claimant** (Circle: Mr. ☒ Mrs. ☐ Ms. ☐ Miss) Maria Kali Date of Birth [REDACTED]
    - a. Address 7920 n Syracuse st City Portland State Or Zip 97203
    - b. Home Phone 5038108527 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_
    - c. Occupation Disabled d. Marital Status: Single ( ) Married (☒) Divorced or Widowed ( )

If married, name of spouse Lannette Kali

  - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2019 Nissan leaf
  - 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) Spouse above
3. **Occurrence or event from which the claim arises:**
  - a. Date 01/11/2024 Time 5 or 6pm Circle AM / PM
  - b. Place (exact and specific location) N Willamette and N Chautauqua Blvd  
Pothole is on the corner
  - 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):  
Turned right and front right front tire hit the deep large pothole destroying it. Called for Les Schwab for assistance and when we told them our situation we were told that they have been getting calls about the pothole issue since 12/26. We had dogs and kids and couldn't get help so left the car and took Lyft home. Came back the following day to 7212 n Chautauqua, where car was parked to tow
  - d. State how the City of Portland or its employees were at fault: Pothole was not fixed since December.
  - 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. \_\_\_\_\_

See attached bills in email. True replaced and rides home and back to car

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

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: \$ 167.00

b. Estimated amount of future costs: \$ \_\_\_\_\_

c. Total amount claimed: \$ 167.00

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

See attached bills in email.

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: 01/18/2024

Claimant's Signature

Maria Kali

Print Name



7:21 PM

Lyft Standard fare (1.3 mi, 5m)	\$8.49
City Of Portland Surcharge	\$0.50
Tip	\$4.00

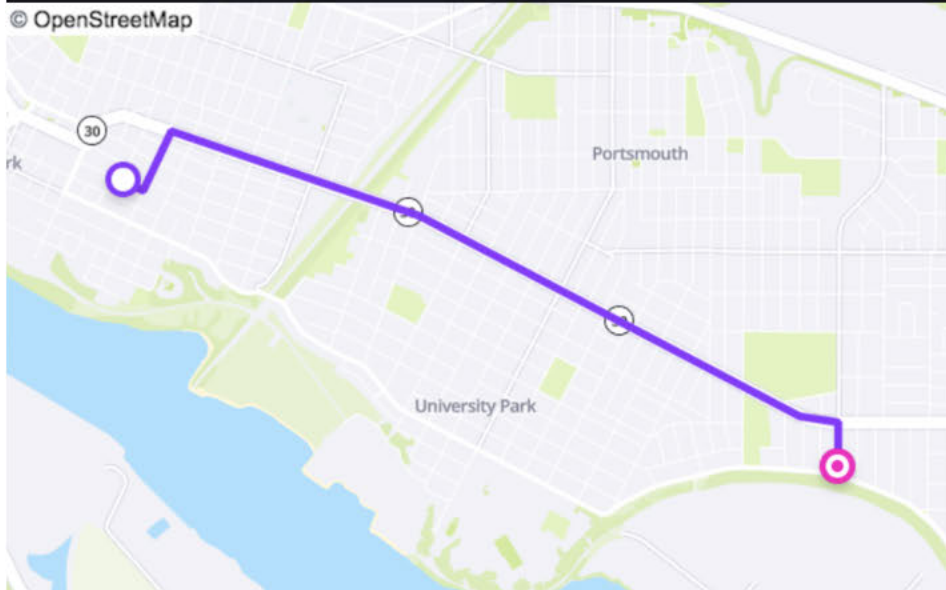


&gt;



## Trip

Jan 11, 2024, 11:03 AM • 2.4 miles • 7 min



**7920 N Syracuse St**  
Portland, OR 97203

Pickup  
11:03 AM

**7212 N Chautauqua Blvd**  
Portland, OR 97217

Drop-off  
11:11 AM

## Payment

Lyft Standard fare (2.4 mi, 7m)	\$10.15
City Of Portland Surcharge	\$0.50
Tip	\$4.00



Visa \*9930  
Total charge

**\$14.65**



**Personal**  
Visa \*9930



# ← Ride history



ALL

PERSONAL

BUSINESS

## January 11, 2024



Standard Lyft ride • Personal

7:16 PM • 5m

\$12.99



Standard Lyft ride • Personal

11:03 AM • 7m

\$14.65