



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 2024-014680-20

*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) Mr. William Watt Date of Birth [REDACTED]

a. Address 1110 Mission Ct. City Newberg State OR Zip 97132

b. Home Phone 503-467-8070 Business Telephone  Cell Phone 503-467-8070

c. Occupation Assistant Coach - UP d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )

If married, name of spouse Brianna Watt

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2020 Model 3 Tesla

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 X 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 Wednesday January 10th, 2024 Time 6:50am Circle AM / PM

b. Place (exact and specific location) The pothole that punctured my tire and damaged my wheel is on Willamette BLVD. between Chase Ave. and Washburne Ave.

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): My tire was punctured when I went to the pothole going 29 mph. The pothole is large enough and deep enough that is unavoidable, in addition, extremely difficult to locate in the dark. In order to avoid the pothole a driver would have to move into oncoming traffic or move into the bicycle lane located on the right of the lane. Either decision is unsafe, therefor making the pothole unavoidable.

d. State how the City of Portland or its employees were at fault: PBOT is responsible for not patching this road hazard and possibly causing more harm with pedestrians who use this beautiful and scenic road to exercise. My biggest fear is possible future harm this road hazard could cause to honest people simply enjoying the outdoors

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. \_\_\_\_\_  
A punctured tire to the front passenger side tire of 2020 Model 3 Tesla
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:  | \$ 817.00 |
| b. Estimated amount of future costs:  | \$ 0      |
| c. Total amount claimed:  | \$ 817.00 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____     |
- I have attached pictures of the pothole and receipt of the repairs needed to replace my tire.
10. **Names, addresses / phone #s of all witnesses** Geoff Loomis 5000 N. willamette blve. Portland, Oregon 97203  
2539058213
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
I have attached photos of the the potholes, and other damages done to other people's cars. In addition, I have  
attached the bill to repair my tire that was punctured by the pothole

**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: 01/10/2024

*William Watt*  
Claimant's Signature

William Watt  
Print Name



