



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: _____

2023-014684-20

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) Richard Pauli Date of Birth [REDACTED]
 - a. Address 4220 SE 141st Ave City Portland State OR Zip 97236
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503 810 8356
 - c. Occupation Retired d. Marital Status: Single () Married () Divorced or Widowed (x)
 - If married, name of spouse Staci Under 971 812 2599 - Contact Rick is almost deaf
 - e. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model _____
 - b. License Plate Number _____ Driver's License Number _____ State _____
 - 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 01/13/2023 - 01/14/2023 Time 3:15 Circle AM / PM
 - b. Place (exact and specific location) 4220 SE 141st Ave Portland, OR 97236
Property Line fence
 - 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): During the High wind / Ice storm several trees fell in the Powell butte Nature Park. Several of those trees (minimum of 3) fell onto our Property & Took out 3 sections of our fence.
 - d. State how the City of Portland or its employees were at fault: Failure to maintain Health of trees & surrounding soil areas. Public trees fell on Private Property
 - 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. destruction of 3 sections of chainlink fence that borders our property & Powell Butte & 1 section that borders our neighbor
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:**
- Amount claimed as of this date: \$ _____
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ _____
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** Russ & Staci Wade - occupants of property listed above. Russ 503 756 5991
Staci 971 212 2599
11. **Any additional information that might be helpful in considering your claim** Park & Rec Rep came to assess the damage on 1/18/24 & said, yep those are city trees will have a team out to cut & remove trees late next week 1/22/24 - 1/26/24

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: 1/17/24

Richard Pauli
Claimant's Signature

Richard Pauli
Print Name