



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: 2024-014797-20

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) Kris Theodore Date of Birth [REDACTED]

a. Address 10812 SE Stark Street Apt. 17 City Portland State OR Zip 97216

b. Home Phone _____ Business Telephone _____ Cell Phone 860-897-5511

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

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2020 Subaru WRX

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State CT

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 2/6/2024 Time 7:20PM Circle AM / PM

b. Place (exact and specific location) Intersection of NE Lombard Street and NE Cully Boulevard, right before the light headed east in the middle of the right lane.

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): Negligence of the city for dropping a chunk of metal that size in the middle of a busy road. Unavoidable and almost got into an accident while trying to avoid and then running over the huge chunk of metal.

d. State how the City of Portland or its employees were at fault: The item in the middle of a busy road was a huge chunk of metal from the city's water bereau. I submitted a report to the water bereau the night it happened and confirmed with employee Jim that it belonged to the city.

e. Were you on the job at the time of the accident? Yes _____ 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. _____
 Passenger side rocker panel of vehicle destroyed, undercarriage damaged and vehicle alignment affected.
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** _____
 Portland Water Bureau
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: \$ \$3500
 - Total amount claimed: \$ _____
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
 Price of new panel, body work, inspection, alignment, and possible repair of damaged undercarriage.
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** Force from my car
running over the chunk of metal moved it to the side of the road, I dragged it from the road
onto the sidewalk to help others to avoid the same situation. My vehicle is leased and this
effects turning it in. My current auto insurance policy does not cover this damage, please help.

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: 2/12/2025


Claimant's Signature

Kris Theodore

Print Name