

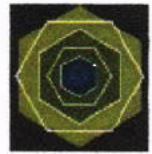


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2024-015092-20

Occurrence 202-4084



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

RECEIVED

APR 08 2024

CITY OF PORTLAND
RISK MANAGEMENT

1. Claimant (Circle: Mr. Mrs. Ms. Miss) BRETT McLAREN Date of Birth [REDACTED]
- a. Address 4905 N.E 19TH AVE City VANCOUVER State WA Zip 98663
- b. Home Phone _____ Business Telephone _____ Cell Phone 503 793 9731
- c. Occupation TRUCK DRIVER d. Marital Status: Single ☒ Married ☒ Divorced or Widowed ()
- If married, name of spouse ANDRE McLAREN
- d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2013 HYUNDAI ELANTRA
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State WA
- 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) ANDRE McLAREN

3. Occurrence or event from which the claim arises:

- a. Date 3/11/2024 Time 5:50 Circle AM PM
- b. Place (exact and specific location) COLUMBIA SLOUGH BRIDGE, NORTH PORTLAND RD PORTLAND, OR 97203
- 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): VERY LARGE POTHOLE FROM ROADWORKS IMPROPERLY REPAIRED. DESTROYED MY FRONT TIRE AND BUSTED MY WHEEL
- d. State how the City of Portland or its employees were at fault: NOT FIXING THE POTHOLE ADEQUATELY
- 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. FRONT TIRE AND WHEEL
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** _____
9. **Damages claimed:**
a. Amount claimed as of this date: \$ 142
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ 142
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** IT WAS COMPLETELY DARK AT THAT TIME OF DAY. COULD NOT SEE THE GIANT HOLE TO AVOID IT.

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: 4/3/2024

B. McLaren

Claimant's Signature

BRETT MCLAREN

Print Name