



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: **2024-015186-20**

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) Adilene Sandoral Date of Birth [REDACTED]
 - a. Address 9602 SE Glenwood St City Portland State OR Zip 97266
 - b. Home Phone (503) 9574241 Business Telephone _____ Cell Phone _____
 - c. Occupation Child Care provider Marital Status: Single () Married (X) Divorced or Widowed ()
If married, name of spouse Juan Bravo
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle:
 - a. Year, make and model 0
 - b. License Plate Number _____ Driver's License Number _____ State _____
 - c. At time of accident, were you (check all that apply) Owner X Driver _____ Passenger _____ N/A _____
 - d. Name and address of owner if different from claimant (1. Above) N/A
3. Occurrence or event from which the claim arises:
 - a. Date 1/13/24 Time 3:00pm Circle AM () PM (X)
 - b. Place (exact and specific location) 9602 SE Glenwood St
Portland OR 97266 (Side yard)
 - 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): parks tree fell in to my fence.
Tree Damage to my fence and Damage metal post and privacy screen.
 - d. State how the City of Portland or its employees were at fault: Tree that fell is property of The City of Portland
 - e. Were you on the job at the time of the accident? Yes _____ No N/A
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.

Damage Chain link fencing, posts
and privacy screen.

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 _____

N/A

7. Name and address of any other person injured _____

N/A

8. Name and address of the owner of any damaged property if different from claimant _____

N/A

9. **Damages claimed:**

a. Amount claimed as of this date:

\$ 4,000

b. Estimated amount of future costs:

\$

c. Total amount claimed:

\$ 4,000

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

10. Names, addresses / phone #s of all witnesses _____

(503) 515-1510

Penny

11. Any additional information that might be helpful in considering your claim _____

Tree fell from the Springwater
Corridor Trail.
The trail is behind my house.

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:

4/19/24

Adilene Sandoval

Claimant's Signature

Adilene Sandoval

Print Name