



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2020-015298-28

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) MOGLA KAIKECHURU Date of Birth [REDACTED]
 - a. Address 4823 N. HOUGHTON ST City PORTLAND State OR Zip 97203
 - b. Home Phone 971-280-9560 Business Telephone _____ Cell Phone _____
 - c. Occupation UNEMPLOYED d. Marital Status: Single () Married () Divorced or Widowed (X)
 - If married, name of spouse _____
 - d. E-mail address [REDACTED] (PATRICK >> G-SON)
2. **If claim involves a vehicle:** a. Year, make and model N/A 971-413-6954
 - 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 Nov 2020 Time _____ Circle AM / PM
 - b. Place (exact and specific location) 4823 N HOUGHTON ST
 - 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): WHILE AT WORK PPD FORCED ENTRY TO MY RESIDENT IN SEARCH OF A PERSON WHO DID NOT LIVE HERE. THEY DAMAGED MY DOOR! NOW, MANAGEMENT IS MAKING ME PAY FOR THE DAMAGE YEARS LATER.
 - d. State how the City of Portland or its employees were at fault: IF THEY WOULD'VE CONDUCT A THOROUGH INVESTIGATION ON THE RESIDENCY OF THE SAID PERSON, THEY WOULD'VE KNOWN (or KNEW) THAT HE NO LONGER LIVED HERE.
 - e. Were you on the job at the time of the accident? Yes X No _____
If yes, what is the name / phone number of employer MORASCH MEATS / 503-257-9821

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____

THE FRONT DOOR WAS KICKED IN. RESULTING IN DAMAGE
REQUIRING NEW DOOR REPLACEMENT. PLUS LATCH & PROPERTY TAKEN

5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***

If you were injured please provide the following: Social Security #: N/A

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 POLICE DEPARTMENT (DETECTIVE DIVISION) (SAWLEY OR BOWLEY) 503-823-8887

7. **Name and address of any other person injured** _____ SEE CASE #: 20-353-024

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

NEW COLUMBIA APARTMENTS

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 400 + \$500 = \$900

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

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

BILLS FROM APARTMENT MANAGEMENT / LATCH & DOOR ESTIMATED PRICE

10. **Names, addresses / phone #s of all witnesses** NEIGHBORS HAVE MOVED.

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

I WAS UNAWARE OF THE INCIDENT UNTIL THE FOLLOWING DAY.
MANAGEMENT HAD TO CHANGE THE DOOR BECAUSE OF THE FORCED
ENTRY AND ARE MAKING ME PAY FOR 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: 5 22, 2024

NK
Claimant's Signature

NOELA KAKAORU
Print Name