



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2024-015619-20

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. Ms. Ms. Miss) PAMELA VIK Date of Birth [REDACTED]
 - a. Address 2431 SW SHERWOOD DR City PORTLAND State OR Zip 97201
 - b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone 503-484-8491
 - c. Occupation DESIGNER d. Marital Status: Single (☒ Married) () Divorced or Widowed ()
 - If married, name of spouse BRIAN VIK
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2018 AUDI E TRON
 - (b) License Plate Number [REDACTED] Driver's License Number [REDACTED] State [REDACTED]
 - 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) [REDACTED]
3. Occurrence or event from which the claim arises:
 - a. Date 7/24/24 Time 8:30 PM Circle AM / ☒ PM
 - b. Place (exact and specific location) SW GREENWAY BOULEVARD SW PATTON & WHERE SW FAIRMOUNT INTERSECTS (2800-2700 BLOCKS)
 - 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): FAILURE TO FIX POTHOLES - POT HOLE POKED MY TIRE - THERE IS A WALL IMMEDIATELY NEXT TO ROAD, AND ONCOMING TRAFFIC - IMPOSSIBLE TO SWERVE - THERE ARE APPROX 2 FULL BLOCKS OF POTHOLES
 - d. State how the City of Portland or its employees were at fault: FAILURE TO REPAIR ROAD OF POT HOLE
 - e. Were you on the job at the time of the accident? Yes ☐ No ☒

If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
I ~~HIT~~ ^{HIT} ONE OF THE MANY POTHOLES IN THIS STRETCH OF
ROAD, AND IT POPPED MY TIRE
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: \$ 222.99
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ 222.99
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
REPLACEMENT COST OF TIRE
10. Names, addresses / phone #s of all witnesses _____
11. Any additional information that might be helpful in considering your claim _____

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)

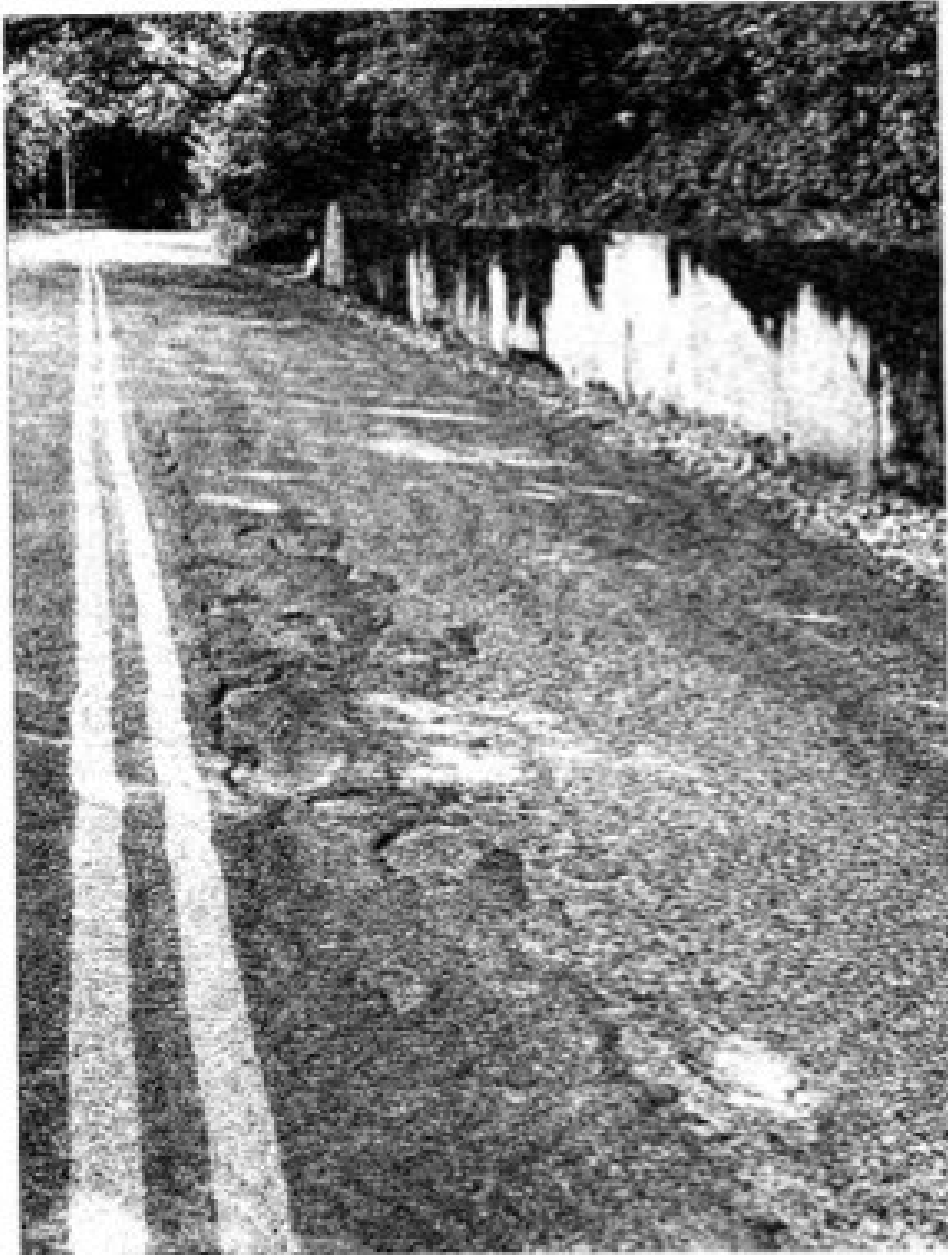
I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I understand and acknowledge that all statements made 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 7/30/24
[Signature]
 Claimant's Signature

DANIEL A. VIK
 Print Name

7/29/24, 3:59 PM

IMG_7445.jpg



Potholes on SW Talbot

7/29/24, 3:58 PM

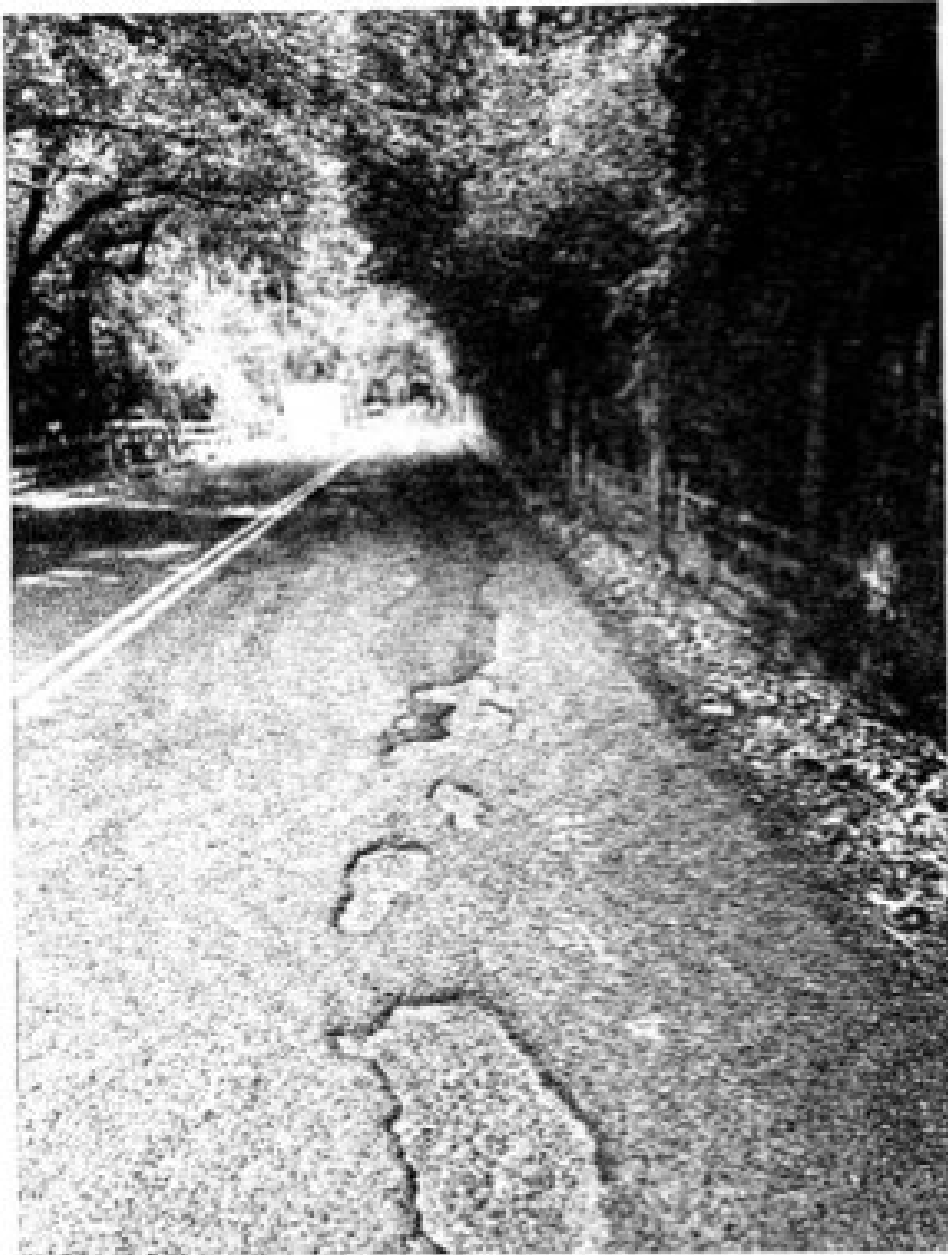
IMG_7448.jpg



Pothole

7/29/24, 3:58 PM

IMG_7443.jpg



Potholes continue on SW Telbot

7/29/24, 3:59 PM

IMG_7441.jpg



More potholes on SW Talbot
- wall on right - no place to swerve to avoid