GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND
for damages to persons or property

File Number: **2024-015908-20**

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) Ashley Mather   Date of Birth ███████

   a. Address 7775 Maple St   City Longview   State WA Zip 98632

   b. Home Phone _____ Business Telephone _____ Cell Phone (503) 891-2103

   c. Occupation Shop Manager   d. Marital Status: Single ✗ Married ( ) Divorced or Widowed ( )

   If married, name of spouse _____

   d. E-mail address ███████████████

2. **If claim involves a vehicle:** a. Year, make and model 2023 Mazda 3 sedan 25S

   b. License Plate Number ██████ Driver's License Number ██████ 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) _____

3. **Occurrence or event from which the claim arises:**

   a. Date 08/30/2024   Time 12:00   Circle AM / PM

   b. Place (exact and specific location) 9400- 9498 N Time Oil 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): Sharp boulder rocks were in the roadway. Could not avoid because it's on a bend and curve corner.

   d. State how the City of Portland or its employees were at fault: multiple sharp boulders were in roadway. (see page 3 & photos)

   e. Were you on the job at the time of the accident? Yes ____ No X

   If yes, what is the name / phone number of employer _____

R:\Projects\Web Pages\Liability Documents\2020 GENERAL LIABILITY CLAIM form

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

Front and back tire were punctured. Right side front wheel damaged. Alignment needed.

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:

   a. Amount claimed as of this date: $ 396.40

   b. Estimated amount of future costs: $ 602.60

   c. Total amount claimed: $ 999.00

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

   Attached Points tires paid Bill & Mazda Est. for damaged wheel. & recommended alignment.

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: 9/19/2024

_____
Claimant's Signature

Ashley Mosher
Print Name

It is the Citys responsibility to make sure there are no hazards such as large sharp rocks on the roadway and keep them safe for all drivers and pedestrians.

The city of Portland should be inspecting all contractors work ensuring the are in compliance of code.

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