

JAMES S. COON
CHRISTINE C. FROST
SYDNEY A. MONTANARO
CYNTHIA F. NEWTON*
SCOTT A. SELL
CHRIS A. THOMAS
RAYMOND F. THOMAS

*ADMITTED IN OR, CA AND WA

FOUNDING PARTNERS
MICHAEL D. ROYCE
(1980-1994)
DOUGLAS A. SWANSON
(1980-2004)



THOMAS, COON,
NEWTON & FROST
PORTLAND LAW FIRM SINCE 1980

STAFF
TASHA BROOKS
MELODIE CARTER
ERIN DANIELS
CHARLES FOSS
DIANE FULTON
CARLOS GOMEZ
DALIA LEPE
AARON MCCURRIE
SUSAN PARK
AMBER POLLARD
HALEY SINCLAIR
HAVAN STANLEY

DF TRMN 2890 / 2895 ✓

October 15, 2024

Sent Via Email and Mail (tracking number 9114 9014 9645 1642 2420 02):
liabilityclaims@portlandoregon.gov

City of Portland Risk Management
1120 SW Fifth Avenue, Room 709
Portland, OR 97204-1912

2024-015913-20

Re: Our Client : Ashton Roberts and Tina Roberts
Date of Loss : July 10, 2024

Dear City of Portland Risk Management:

This firm represents Ashton and Tina Roberts. This letter is a tort claim notice pursuant to ORS 30.275 of our intention to assert a claim against you for all damages suffered by our clients.

Enclosed please find two completed General Liability Claim Against the City of Portland forms which provide the details of Mr. and Mrs. Roberts' claims.

Please acknowledge receipt of this Tort Claim Notice pursuant to ORS 30.275 by directing your response to the undersigned within thirty (30) days or no later than November 14, 2024.

If you assert that this tort claim notice is deficient in any way, please notify the undersigned within thirty (30) days, or no later than November 14, 2024.

Sincerely yours,

THOMAS, COON, NEWTON & FROST

Cynthia F. Newton
REDACT

CFN:ap
Enclosures.
cc: Ashton and Tina Roberts via email

820 SW Second Avenue Suite 200 Portland, OR 97204 | www.tcnf.legal | call (503) 228-5222 fax (503) 273-9175

WORKERS' COMPENSATION PERSONAL INJURY SOCIAL SECURITY



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **



File Number: _____

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) Tina Louise Roberts Date of Birth REDACT

a. Address 18411 NE Davis St City Portland State OR Zip 97230

b. Home Phone (425)531-2144 Business Telephone N/A Cell Phone N/A

c. Occupation Retired d. Marital Status: Single () Married (x) Divorced or Widowed ()

If married, name of spouse Ashton Arthur Roberts Jr.

d. E-mail address REDACT

2. If claim involves a vehicle: a. Year, make and model _____

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 07/10/2024 Time 9:30 Circle AM / PM

b. Place (exact and specific location) The westbound bike lane on SE Division St, between 104th and 105th avenues directly adjacent to the real property located at 10438 SE Division St., Portland, OR 97266.

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): An area extending the entire width of the marked westbound bicycle lane by approximately three (3) feet was excavated to a depth of approximately 6-12 inches. The excavation was not marked in any way. See photo attached as Exhibit 1. The excavated area was later filled. See photos attached as Exhibit 2.

d. State how the City of Portland or its employees were at fault: Creating, failing to mark, and/or failing to repair the excavated area.

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 _____

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
 Loss of consortium due to Ashton Roberts' severe injuries resulting from a bicycle crash in the excavated
 area.
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
 If you were injured please provide the following: Social Security #: REDACT
 Medicare/Medicaid Beneficiary? Yes x No _____
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____
 PBOT and/or Portland Water Bureau
7. **Name and address of any other person injured** Ashton Arthur Roberts Jr., 18411 NE Davis St., Portland OR
 97230.
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: | \$ 250,000.00 |
| b. Estimated amount of future costs: | \$ Unknown |
| c. Total amount claimed: | \$ Unknown |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
| Loss of consortium. | |
10. **Names, addresses / phone #s of all witnesses** _____
 Rod Konkin, 10431 SE Division St., Portland OR 97266 / (503) 336-4488
 Chelsea Brockus (and minor son, Logan Brockus), 1816 SE 176th Ave., Portland, OR 97233 / (971)227-5636
11. **Any additional information that might be helpful in considering your claim** _____
 Mrs. Roberts is represented by attorney Cynthia F. Newton of Thomas, Coon, Newton & Frost. Please direct all
 Correspondence to Ms. Newton at 820 SW 2nd Ave., Ste. 200 Portland, OR 97204/ (503)228-5222
 REDACT

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: 10/15/2024



Claimant's Signature

 Cynthia F. Newton attorney for Tina Roberts
 Print Name

EXHIBIT 1

EXHIBIT 1

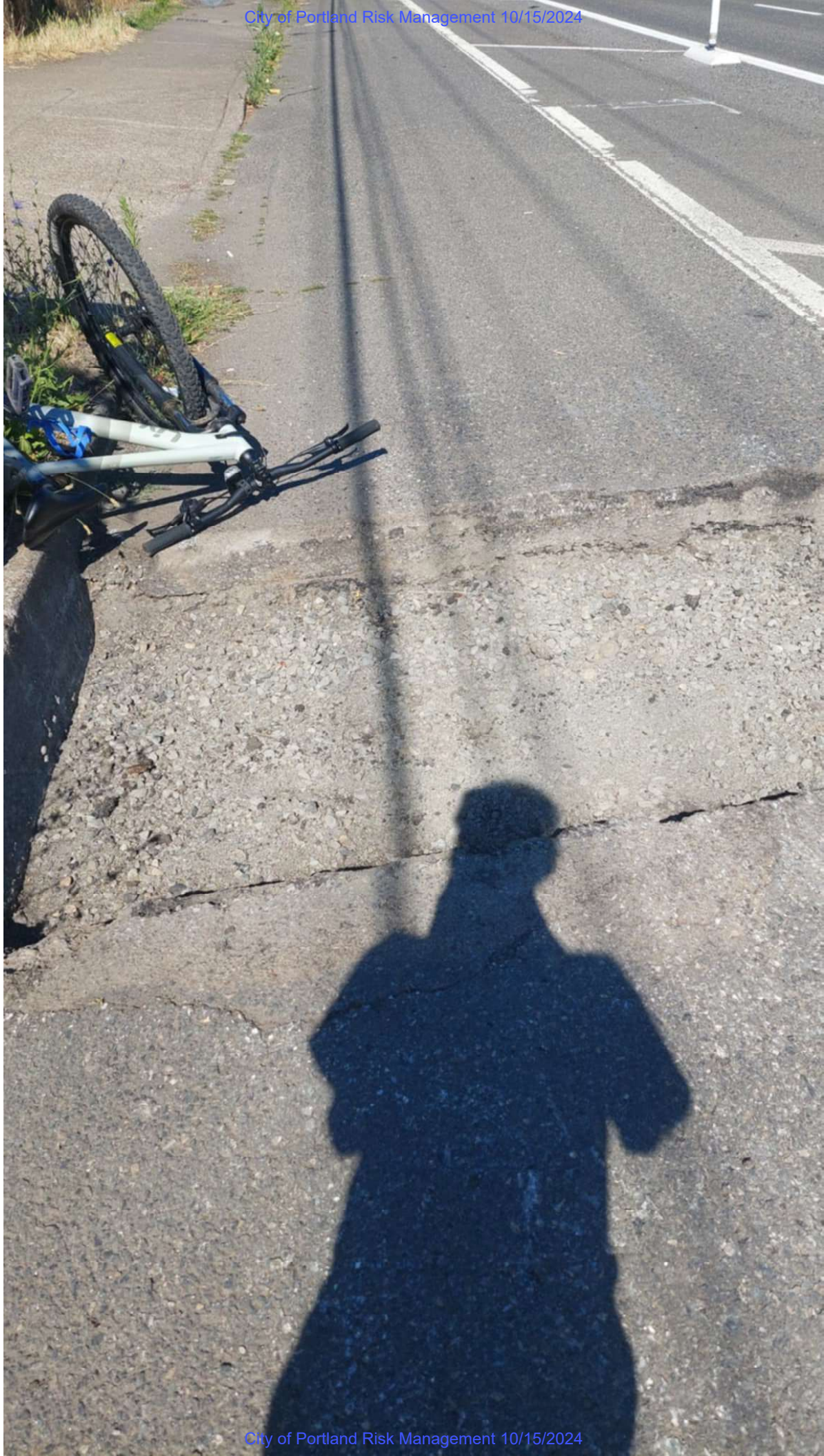


EXHIBIT 2

EXHIBIT 2

