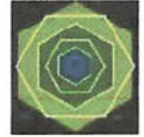




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2024-015947-20



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) Brooke Dempsey Date of Birth [REDACTED]
 - a. Address 6019 NE Mason St City Portland State OR Zip 97218
 - b. Home Phone 510-325-4866 Business Telephone _____ Cell Phone 510-325-4866
 - c. Occupation Finance Specialist d. Marital Status: Single () Married (☒) Divorced or Widowed ()

If married, name of spouse _____

 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2007 Pontiac Vibe
 - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR
 - 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 10/24/2024 Time 6-8 Circle AM / PM
 - b. Place (exact and specific location) 6014/6019 NE Mason St, Portland, OR 97218
 - 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): Water line for residential construction site at 6014 NE Mason erupted and sent a force of continual water into the air and falling directly onto my car parked in front of my house, and into my yard, both of which were flooded with up to 2 inches of standing water before the the water dept came to turn off the water flow.
 - d. State how the City of Portland or its employees were at fault: The water line is city property.
 - e. Were you on the job at the time of the accident? Yes _____ No ☒

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. _____
The excessive water leaked into my basement and ruined rugs, both car & basement required a day of clean-up, causing me to miss a day of work, purchase a dehumidifier, and the possibility of mold/mildew in my car & basement.
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** unknown
7. **Name and address of any other person injured** _____
8. **Name and address of the owner of any damaged property if different from claimant** _____
Matt Fraver 6031 NE Mason St, Portland, OR 97218 (water in basement next door)
9. **Damages claimed:**
- Amount claimed as of this date: \$ _____
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ _____
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** Jonah & Rachel Jensen
6005 NE Mason St 253-279-6769 & 253-961-7062
11. **Any additional information that might be helpful in considering your claim** _____
I will email the owner of the property under construction, in case they are the responsible party.
Town Developments & BDS or Aker Development in Vancouver, WA
Vlad Kovtun [REDACTED] 503-888-5186

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: 10/28/2024

[Signature]
 Claimant's Signature

BROOKE DEMPSEY
 Print Name