



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: **2024-000065-GL**



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) KEAGHAN O'Brien Date of Birth [REDACTED]
- a. Address 2535 NW Lorenz St City Camas State WA Zip 98607
- b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone 509 290 2182
- c. Occupation Respiratory Therapist d. Marital Status: Single () Married ☒ Divorced or Widowed ()
- If married, name of spouse Jenny O'Brien
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2023 Tesla Model Y
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] 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): [REDACTED]

3. Occurrence or event from which the claim arises:

- a. Date 10/24/24 Time 07:20 Circle AM / ☒ PM
- b. Place (exact and specific location) 2027 SW 6th Ave
coordinates 45.50860° N, 122.68423° W
- 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): Hit pothole in unlit area of street.
It was after dark and I couldn't have seen or avoided
this massive crater. It resulted in \$1,130 in damage
to my EV
- d. State how the City of Portland or its employees were at fault: Extremely large pothole
in a high traffic unlit roadway
- e. Were you on the job at the time of the accident? Yes [REDACTED] 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. Damages
of \$ 1,130 to my car

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:

\$ ~~1,130~~ \$ 606.11

b. Estimated amount of future costs:

\$ ~~1,130~~ \$ 1,121.93

c. Total amount claimed:

\$ ~~2,260~~ \$ 1,728.04

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

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: 11/17/24

Claimant's Signature

Print Name