



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2024-000062-GL



NOV 15 2024 RECEIVED

A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or 2024.

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) James Stewart Date of Birth [REDACTED]

a. Address 4515 N. Willis Blvd. City Portland State OR Zip 97203

b. Home Phone 541-944-8930 Business Telephone NA Cell Phone NA

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

If married, name of spouse Jazz Stewart

d. E-mail address [REDACTED]

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 10/23/24 Time 11 Circle AM PM

b. Place (exact and specific location) 4515 N. Willis Blvd.

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): City workers across the street are installing a sidewalk and turned our water supply off. When it was turned back on, air had gotten into the pipes and we were left with no running water for 24 hours and had to replace kitchen faucet.

d. State how the City of Portland or its employees were at fault: No prior warning was given, no option was provided that may have stopped this from occurring.

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. _____
I needed a plumber to come out to diagnose the situation and install the new kitchen faucet.
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** _____
Unsure of who actually turned the water off
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: \$ 662.48
 - b. Estimated amount of future costs: \$ NA
 - c. Total amount claimed: \$ 662.48
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Parts: \$152.48 Labor: \$510.00
10. **Names, addresses / phone #s of all witnesses** A gentleman from the city came by on the afternoon of the 23rd, witnessed the situation and said he would log his visit in relevant systems
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: 10/30/24

[Signature]
Claimant's Signature

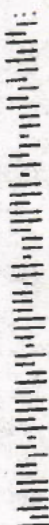
James H. Stewart
Print Name

Jan 15 2024

4515

Portland, OR

97203



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PORTLAND
RISK MANAGEMENT

Risk Management / Liability
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