



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: **2024000172GL**



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) Ethel Raeanna Teuber Date of Birth [REDACTED]

a. Address 13034 SE Holgate Blvd City State OR Zip 97236

b. Home Phone Business Telephone Cell Phone 503 702-2915

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

If married, name of spouse [REDACTED]

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 7-7-2024 Time 9 AM Circle AM / PM

b. Place (exact and specific location) Powell Butte Nature Park -Stairs

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): Walking my dog down the stairs, halfway down a runner approaches and i

Stepped to the side to let him pass. I stepped on a root coming out of the ground and my foot slipped off and when i pulled my

Foot up [REDACTED] I slid down off the path into a ravine and waited for someone to help me.

d. State how the City of Portland or its employees were at fault: The stairs were incomplete, no handrails

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. _____
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** _____ N/A
8. **Name and address of the owner of any damaged property if different from claimant** _____
- 0 -
9. **Damages claimed:**
a. Amount claimed as of this date: \$ _____
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ _____
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** _____
Peterson
Emily phone number 928-210-8539
11. **Any additional information that might be helpful in considering your claim** _____
See attached Powerpoint
AND DECLARATION OF Ethel Raeanna Teuber

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: Dec 16, 2024

Ethel Raeanna Teuber
Claimant's Signature

Ethel
Raeanna Teuber
Print Name

Declaration of Raeanna Teuber

This statement is made in connection with a claim against the City of Portland for injuries sustained at Powell Butte Nature Park, in Portland Oregon.

July 7, 2024 at 9:00 AM, I Raeanna Teuber, was walking my dog at Powell Butte Nature Park in Portland. I was walking on a well-used trail walkway that had no "stairs". A runner came up behind me so I stepped aside slightly to let the runner pass. It was at that time I stepped on an exposed tree root and slipped and tried to catch my balance. I fell to the ground and [REDACTED] ended up falling off of the trail and into a ravine. I was in severe pain and knew [REDACTED]. I called out for help to the runner who I let pass and he kept running ahead without helping me.

A lady named Emily Peterson, 928 210-8539 [REDACTED] a frequent hiker and runner came to my rescue, calling for 911 to respond to help me, and she also took my dog to the entrance to the park where a friend picked up my dog while I went under care of the para = [REDACTED]

[REDACTED] ambulance which took me away. She has many photos of the area where the injury occurred and is a credible witness and available to speak to investigators.

The section I had been injured in was a section that had been under construction for some time. It seemed to be a project by way of new steps being installed. The place where I was injured was a location where since March of 2024 the area was unfinished and had no "stairs" as such.

Within a couple of weeks of my fall I noticed construction of the stairs/walkway resumed and a sign had been posted warning about the dangerous conditions of the trail.

I am a certified caregiver and lost income due to the injuries to [REDACTED] I was in intense pain from this injury and suffered from loss of sleep and lack of ability to talk unassisted by crutches or later, a cane.

I seek compensation for the lost income, pain and suffering, and distress caused by the City's failure to warn me of the dangerous condition of the trail at Powell Butte Nature Park.

I am attaching copies of my expenses, and a power point prepared by attorney John Haub, which depicts the location of the injury and the location in the city Park where I sustained

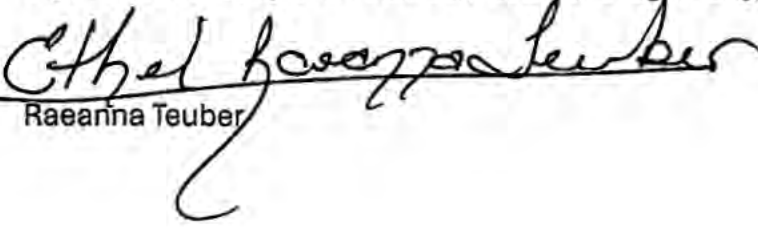
I just wanted to mention I am also the caregiver of my 87-year-old mom. I've had to have family come in and care for us both.

Also during this time I've had difficulty getting support from Paid Leave Oregon, which has caused extra anxiety.

Attorney John Haub is assisting me in filing this claim and notice of claim and he is authorized to file this claim but will not be representing me in further litigation including filing of a civil action against the City of Portland. I will be hiring other counsel for further proceedings unless the City and I can reach a prompt settlement for release of my claim and for reimbursement for my damages.

Thank you , Raeanna Teuber

Signed..this ^{16th} day of December, 2024 at Oregon City, Oregon


Raeanna Teuber

Ethel Raeanna Teuber Injury Claim (July 7, 2024)

Tort Claims Notice

City of Portland

Parks Bureau

Injury Location--

- Tort Claim Notice to City of Portland, Parks Bureau
- July 7, 2024
- Park trail—No warnings

Steps



Location of Injury—July 7, 2023



EMTs administering aid



New Warning “High Challenge Trail” Steep grades, loose surfaces



Dog at location of injury

