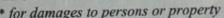
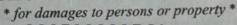
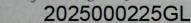
GENERAL LIABILITY 1/7/2025 SS 9999

## CLAIM AGAINST THE CITY OF PORTLAND









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 Cla	imant (Circle: Mr Mrs. Ms. Miss)_	Troy N	ail	Date of Birth	4		
2	Address 37800 SE pod	ge Park Blod	City Boring	State OR	_Zip _	97009	
		Business Telep		Cell Phone	503-	545-6878	
	Occupation Disabiled	d. Marital :	Status: Single () Marr	ied (V Divorced	or Wid	lowed()	
	If married, name of spouse	Heather N	lail				
d.	E-mail address _		#0.840.86				
2. If	claim involves a vehicle: a. Y	ear, make and mo	del 2012 Suba	in Legacy			
	License Plate Number		r's License Number_		S	tate or	
c.	At time of accident, were you	(check all that ap					
	Name and address of owner i						
	mail Adress is	PO BOX	1372 Boring	or 9700	9		
3. 0	occurrence or event from which	ch the claim arise	es:				
a.	a. Date 01/03/25 Time 9:00 Circle AM / PM						
b.	o. Place (exact and specific location) SE podge Park Blvd + 302" Ave						
c.	Specify the particular occurred damage (use additional paper Created Duc 7	if necessary):	odgepark Blbd	has ma	jor	Pot holes	
	dangerous due						
d	State how the City of Portland	d or its employees	were at fault:	- repairing	, ro	ad. and	
e	Were you on the job at the time.  If yes, what is the name / pho						

4.	Description: Describe the injury, property damage or loss so far as is known at the time of this claim.						
	2 tires where blown out and I wheel Bent and Danniged.						
	car will need Aliminingt						
5.	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:  b. Estimated amount of future costs:  \$\frac{1763.55}{1686.24}\$\$						
	b. Estimated amount of future costs: \$ 16.86.24						
	c. Total amount claimed: \$ \frac{1763.55}{}						
	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  Podge park Blod needs repaved due to heavy egument.						
I l kr ur th	ARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)  have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own howledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. Inderstand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and at the statements are in connection with an application for a benefit from the City of Portland.  Date: 1/6/25						
	Claimant's Signature Print Name						
	Claimant's Signature Print Name						





