



## CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

2025000225GL

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. 5<sup>th</sup> 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) Troy Nail Date of Birth [REDACTED]
- a. Address 37800 SE Dodge Park Blvd City Boring State OR Zip 97009
- b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-545-6878
- c. Occupation Disabled d. Marital Status: Single ( ) Married ( ) Divorced ( ) Widowed ( )
- If married, name of spouse Heather Nail
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2012 Subaru Legacy
- b. License Plate Number \_\_\_\_\_ 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) \_\_\_\_\_
- mail address is PO Box 1372 Boring OR 97009
3. Occurrence or event from which the claim arises:
- a. Date 01/03/25 Time 9:00 Circle AM / ☒ PM
- b. Place (exact and specific location) SE Dodge Park Blvd + 302<sup>nd</sup> Ave
- 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): Dodgepark Blvd has major pot holes created due to Heavy Dumb-trucks Route. Road is dangerous due to pot holes.
- d. State how the City of Portland or its employees were at fault: Not repairing road. and pot feeling in pot holes.
- 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. \_\_\_\_\_  
 2 tires were blown out and 1 wheel Bent and Damaged.  
 car will need Alignment
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** \_\_\_\_\_  
 Bull Run Filtration project
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:  | \$ 1763.55 |
| b. Estimated amount of future costs:  | \$ 1686.24 |
| c. Total amount claimed:  | \$ 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** \_\_\_\_\_  
 Dodge park Blvd needs repaved due to heavy equipment.

**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: 1/6/25

  
 Claimant's Signature

Troy Nail  
 Print Name







