



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

2025000245GL

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. Claimant (Circle: Mr. Mrs. Ms. Miss) Jessica roach Date of Birth REDACT

a. Address 19115 NE 227th Ave City Brush Prairie State WA Zip 98606

b. Home Phone _____ Business Telephone _____ Cell Phone (530) 206-6517

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

If married, name of spouse _____

d. E-mail address REDACT

2. If claim involves a vehicle: a. Year, make and model 2021 Audi Q3

b. License Plate Number REDACT Driver's License Number REDACT State CA

c. At time of accident, were you (check all that apply) Owner: _____ Driver _____ Passenger _____ N/A X

d. Name and address of owner if different from claimant (1.Above) _____

3. Occurrence or event from which the claim arises:

a. Date 01.04.2025 Time 5 pm Circle AM / PM

b. Place (exact and specific location) In between Broadway ave and Hancock Ave on 22nd 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): A city tree broke apart and fell on my car resulting in damage to my car making it
Not driveable

d. State how the City of Portland or its employees were at fault: Negligence in tree upkeep. And when I went to go see
My car the man sawing the tree apart and cleaning up the mess said the city would be liable and gave me your card

e. Were you on the job at the time of the accident? Yes X No _____

If yes, what is the name / phone number of employer Zama Massage (503)281-0278

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
 The hood of my car is severely damaged and does not close or latch the windshield wipers are broken and
 The windshield is shattered
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** _____
 Portland parks and recreation urban forestry
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: \$ \$5,163
 - 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** _____
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: 01.11.2025


 Claimant's Signature

Jessica roach
 Print Name





NEOUS OPERATIONS

Rpr	Cover Car				0.2
Repl	Restore Corrosion Protection	1	10.00	0.2	
Repl	Urethane Kit (5oz)	1	16.00		
ARGES					
	Hazardous Waste Removal	1	5.00		
SUBTOTALS			3,843.00	9.9	9.7

NOTES

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ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			3,622.00
Body Labor	9.9 hrs @	\$ 69.00 /hr	683.10
Paint Labor	9.7 hrs @	\$ 69.00 /hr	669.30
Paint Supplies	9.7 hrs @	\$ 45.00 /hr	436.50
Miscellaneous			216.00
Other Charges			5.00
Subtotal			5,631.90
Total Cost of Repairs			5,631.90
Deductible			500.00
Total Adjustments			500.00
Net Cost of Repairs			5,131.90