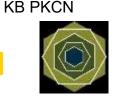
City of Portland Risk Management 1/13/2025



## GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \* 20250*00245GL



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 a. Address <u>19115 NE 227th Ave</u> City Brush Prairie State WA ZIP 98606 b. Home Phone\_\_\_\_\_Business Telephone Cell Phone (530) 206-6517 c. Occupation <u>Esthetician</u> 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 <u>CA</u> c. At time of accident, were you (cneck an 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: Time 5 pm Circle AM / PM a. Date 01.04.2025 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 in da Not driveable d. State how the City of Portland or its employees were at fault: <u>Negligence in tree upkeep. And when I went to go see</u> 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

#### City of Portland Risk Management 1/13/2025

are required to report all claims for injuries to Medicare/Medicaid Services* u were injured please provide the following: Social Security #:		not close or latch the windshield wipers are broken and
ou were injured please provide the following: Social Security #:	e windshield is shattered	
Medicare/Medicaid Beneficiary? Yes No   Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury   Portland parks and recreation urban forestry   ame and address of any other person injured   ame and address of the owner of any damaged property if different fromclaimant   amages claimed:   Amount claimed as of this date:   Estimated amount of future costs:   Sister and address of amounts claimed (include copies of all bills, invoices, estimates, etc.)   Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.)		
Amount claimed as of this date:       \$	If you were injured please provide the following	g: Social Security #:
Portland parks and recreation urban forestry         ame and address of any other person injured	Medicare/Medicaid Beneficiary? Yes No	,
ame and address of any other person injured	Give the name(s) of the City employee(s) and	l/or City Bureau causing the damage or injury
ame and address of the owner of any damaged property if different fromclaimant   amages claimed:   Amount claimed as of this date:   Estimated amount of future costs:   \$	Portland parks and recreation urban forestry	
amages claimed:         Amount claimed as of this date:       \$	ame and address of any other person injure	d
amages claimed:         Amount claimed as of this date:       \$		
Amount claimed as of this date:       \$	lame and address of the owner of any damag	ged property if different fromclaimant
Estimated amount of future costs:           Setup       \$_\$5,163         Total amount claimed:       \$	Damages claimed:	
Estimated amount of future costs:           Setup       \$_\$5,163         Total amount claimed:       \$	. Amount claimed as of this date:	\$
Total amount claimed: \$	b. Estimated amount of future costs:	\$_\$5,163
Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.)	. Total amount claimed:	
ames, addresses / phone #s of all witnesses	Basis for computation of amounts claimed (in	
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Any additional information that might be helpful in considering your claim		
Any additional information that might be helpful in considering your claim		
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	Names, addresses / phone #s of all witnesses	
	Names, addresses / phone #s of all witnesses	

#### 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

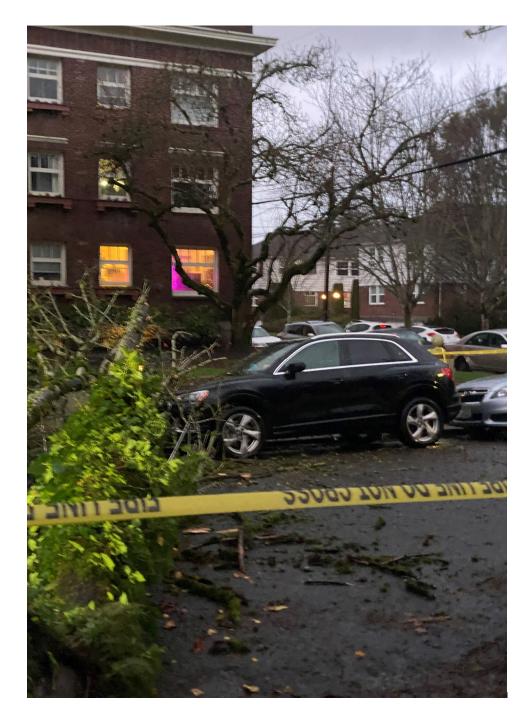
Fridthy

Claimant's Signature

Jessica roach Print Name



### City of Portland Risk Management 1/13/2025





		SUBTOTALS		3,843.00	9.9	9.7
	Hazardous Waste Removal		1	5.00		
RGES						
Repl	Urethane Kit (5oz)		1	16.00		
Repl	Restore Corrosion Protection		1	10.00	0.2	
Rpr	Cover Car					0.2
EOUS OP	PERATIONS					
	NOTE: damaged from tree debris.	City of Portland Risk Manage	ement 1/1	3/2025		

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