



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**

**2025000264GL**

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) Sarah Johnson Date of Birth                     

a. Address 5115 SW 19th Drive City Portland State OR Zip 97239

b. Home Phone 541-207-7996 Business Telephone                      Cell Phone                     

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

If married, name of spouse Michael Johnson

d. E-mail address                     

**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 12/29/2024 Time 10:00pm Circle AM / PM

b. Place (exact and specific location) The sewage in our storage room overflowed, ruining items in that room.

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):                     

we replaced our sewer line & at the time the city was notified there was a need to replace the

city's portion of the line, which was failing. The city never made the repair, and due to this there

was a clog in the line that caused the sewage to back up into our house

d. State how the City of Portland or its employees were at fault:                     

By not repairing the line in a timely manner

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. \_\_\_\_\_  
 we had to clean out the whole room, and all items with sewage waste were ruined. The water also  
 spread into the hallway, and went under the flooring
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** \_\_\_\_\_  
 PBOT/Portland Water Bureau
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:**
- Amount claimed as of this date: \$ we have not submitted any claims
  - Estimated amount of future costs: \$ \$15,000 for replacement/flooring repair/patio repair
  - Total amount claimed: \$ \_\_\_\_\_
  - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
 we have estimates of replacement costs for items in the room and flooring, and will also need  
 patio repair for the staining from the brown sewage
10. **Names, addresses / phone #s of all witnesses** Our nieces were in the basement when they noticed the  
 smell, my husband then cleaned it (shoveled items out), and our kids were also all home
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
 If you need to contact someone further, we have been in contact with Gail Wilson- S [REDACTED]

**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: 1/14/2025 | 10:37 AM PST

DocuSigned by:  
  
 Claimant's Signature

Sarah Johnson  
 Print Name