



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

SS FREQ

File Number: RP25-5519 2025000269GL



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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

1. Claimant (Circle: Mr. Mrs. Ms. Miss) Shaver Green LP / DE KING Date of Birth EIN [REDACTED]
- a. Address 375 NE Shaver St City Portland State OR Zip 97212
- b. Home Phone _____ Business Telephone 503-282-2679 Cell Phone 503-422-0702
- c. Occupation Int. Manager d. Marital Status: Single () Married () Divorced or Widowed (X)
- If married, name of spouse _____
- d. E-mail address [REDACTED]
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 1/14/2025 Time 4:14 pm Circle AM / PM
- b. Place (exact and specific location) Front door to unit 213 at Shaver Green
- 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): Front door to unit was broken into instead of using master key available in fire department knock box.
- d. State how the City of Portland or its employees were at fault: Fire department failed to use available knock box to access unit and broke door in process
- 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. _____

Front door to unit busted

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** _____

Fire Department 924B

7. **Name and address of any other person injured** W/A

8. **Name and address of the owner of any damaged property if different from claimant** _____

Shaver Green LP, 375 NE Shaver, Portland, OR 97212

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 463

b. Estimated amount of future costs: \$ 250

c. Total amount claimed: \$ 713

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

\$463 equals cost of new door, \$250 to install

10. **Names, addresses / phone #s of all witnesses** Wayne Anderson 503-849-4087

11. **Any additional information that might be helpful in considering your claim** We understand

the fire chief has access to knob box key. Would be great if that access were granted to others.

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: 1/15/25



Claimant's Signature

JOE KING

Print Name