



GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND
** for damages to persons or property **
2025000279LAW



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) MELANIE DUNHERTY Date of Birth [REDACTED]
- a. Address 141 NE 147th #20 City Portland State OR Zip 97230
- b. Home Phone 971 472 1234 Business Telephone _____ Cell Phone _____
- c. Occupation N/A d. Marital Status: Single () Married ☒ Divorced or Widowed ()
- If married, name of spouse THOMAS ANDREWS
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 93 FORD F350 MONTEGO
- b. License Plate Number [REDACTED] 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) SAME
3. Occurrence or event from which the claim arises:
- a. Date 1/4/25 Time 2 PM Circle AM ☐ PM ☒
- b. Place (exact and specific location) PORTLAND POLICE PROPERTY Rm / Impound
2019 NW INDUSTRIAL ST PORTLAND OR 97210
- 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): while vehicle was in custody and
lot @ Portland Police Property it was broken into and
items stolen as well as vehicle being vandalized
- d. State how the City of Portland or its employees were at fault: Vehicle was in custody
of Portland Police Property
- e. Were you on the job at the time of the accident? Yes _____ No ☒ N/A
- 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. _____

Items stolen, vehicle vandalized and due to damage the vehicle was not able to be driven and is now missing

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 Police Property Room

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:

\$ 6000.00

b. Estimated amount of future costs: if vehicle is
not located and
returned

\$ 5100.00 Kelly B. Balle

c. Total amount claimed:

\$ 6000.00 \$ 11100.00

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

see enclosed Photos all PW is completely gone along
w/ all car belongings - itemized list included

10. Names, addresses / phone #s of all witnesses BRITN - employee for Rapid Response
who works @ Property Room and who informed us of
break-in 5035603945

11. Any additional information that might be helpful in considering your claim we were going
to reclaim vehicle but due to damage were unable to
move it. while waiting to have additional access to
vehicle it was removed from yard and no one knows where

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: 1/16/25

Claimant's Signature

Print Name