



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

2025000280GL

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) Elisa Garcia Date of Birth

a. Address 11832 SE Holgate Blvd Ave City Portland State OR Zip 97266

b. Home Phone Business Telephone Cell Phone 503-752-7563

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

If married, name of spouse Neptali Rafael Garcia

d. E-mail address

2. If claim involves a vehicle: a. Year, make and model 2014 , Honda Accord

b. License Plate Number Driver's License Number State OR

c. At time of accident, were you (check all that apply) Owner: x Driver x 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 01/03/2025 Time 7:15 Circle AM / PM

b. Place (exact and specific location)

3435 SE 112th Ave Portland Or 97266

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): There was a pothole on the road and it bent my front right rim.

d. State how the City of Portland or its employees were at fault: The pothole is really deep and almost undetectable

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. _____
 Bent rim almost half
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
 If you were injured please provide the following: Social Security #: N/A
 Medicare/Medicaid Beneficiary? Yes _____ No _____
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____
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: \$ 400.00
 - b. Estimated amount of future costs: \$ 800.00
 - c. Total amount claimed: \$ 1200.00
 - 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: 01/18/2025


 Claimant's Signature

Elisa Garcia
 Print Name