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GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2025000286GL

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) Alice Shapiro Date of Birth [redacted]

a. Address 2545 SW Terwilliger Bl #1105 City Portland State OR Zip 97201

b. Home Phone N/A Business Telephone N/A Cell Phone 541 999-7278

c. Occupation Retired 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 2017, Chevy Volt

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)

3. Occurrence or event from which the claim arises:

a. Date January 13, 2025 Time 4:00 Circle AM (PM)

b. Place (exact and specific location) ditch in front of 2126 SW Arnold St, Portland - I turned right and landed in the ditch

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): the ditch is unmarked and impossible to see from driver's side when turning right. Neighbors said "this happens" to others. I had to be towed out and car is damaged

d. State how the City of Portland or its employees were at fault: the ditch needs to be filled or at least marked

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.
Damage to my car. It runs but has damage to both sides of front of vehicle + undercarriage

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

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: $ 2,000
   b. Estimated amount of future costs: $ 1,000
   c. Total amount claimed: $ 3,000
   d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

10. **Names, addresses / phone #s of all witnesses** Jack Bahl + Karen Kuenning 2132 SW Arnold St, 503) 449-2942 + 503) 246-6154

11. **Any additional information that might be helpful in considering your claim** that ditch is a hazard + must be filled! The estimate is an approximation + I was told it will likely be more!

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: January 16, 2025

Alice Shapiro
Claimant's Signature

Alice Shapiro
Print Name

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