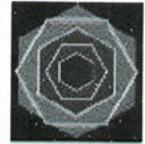




# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: 25-24430 **2025000335LAW**

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) Tak Sam Ho Date of Birth [REDACTED]

a. Address 4423 SE Anderregy Loop City Portland State OR Zip 97236

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 971 277 0273

c. Occupation Seafood store owner d. Marital Status: Single ( ) Married ( ) Divorced or Widowed ( )

If married, name of spouse Shi Qiang Ho

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 1/28/2025 Time 9:00 Circle AM / PM

b. Place (exact and specific location) 3321 SE 90th PL 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): Portland police and CERT went to

property to get someone barricading themselves in. They used gas  
to vent them out and in the process broke the front door and  
multiple windows. There are other damages that are still unknown.

d. State how the City of Portland or its employees were at fault: Should have contacted owner  
of property first. Could have been handled before damage to the  
house could have been avoided.

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 Front Door, Multiple Broken Windows, HVAC Compromised.  
Driveway and Trim Damage. Carpet Damage more unknown and TBD.

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 X

6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury Portland  
Police, CERT, unsure of the exact organization names - Report should have that

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

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: \$ TBD
- b. Estimated amount of future costs: \$ TBD
- c. Total amount claimed: \$ TBD
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

10. Names, addresses / phone #s of all witnesses Portland Police, Harry Ho 3942 NW 62nd Ave  
Corvallis, WA 97331

11. Any additional information that might be helpful in considering your claim it was a rental  
property. The renter was not arrested so it was more to the  
people on site.

**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: 1/30/2025

Tak Sum Ho  
 Claimant's Signature

Tak Sum Ho  
 Print Name