



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2025000343GLA 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) Dan Hill (Daimler Truck North America) Date of Birth [REDACTED]a. Address 6936 N Fathom St. Portland City Portland State OR Zip 97217b. Home Phone 503 702-7335 Business Telephone Same Cell Phone Samec. Occupation Supervisor d. Marital Status: Single ☒ Married ☐ Divorced or Widowed ()If married, name of spouse Shelly Oliverd. 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) _____

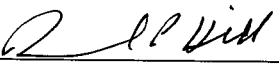
3. Occurrence or event from which the claim arises:

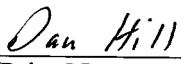
a. Date 29/30 Jan 25 Time PM 29, AM 30th Circle AM / PMb. Place (exact and specific location) 6936 N Fathom, on easement between UPRR and DSMTc. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): 12" main water line had a leak at the edge of our road.We spent \$6,500 to get contractor on site with vactruck and back hoe to find the cause.d. State how the City of Portland or its employees were at fault: Portland's water system failede. Were you on the job at the time of the accident? Yes ☒ No _____If yes, what is the name / phone number of employer Daimler Truck North America 503 702 7335

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
Washed out edge of road, Tree roots damaged and removed to get down to leak
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 Water Works
7. **Name and address of any other person injured** NA
8. **Name and address of the owner of any damaged property if different from claimant** _____
DTNA, 6136 N. Fathom St Portland OR 97217
9. **Damages claimed:**
- Amount claimed as of this date: \$ 6,500
 - Estimated amount of future costs: \$ TBD on Tree
 - Total amount claimed: \$ 6,500
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Quote from vendor who came out on 2/9/20th
10. **Names, addresses / phone #s of all witnesses** Dennis Koskunen, 503 745-5534
Grant Blakeman (JRT) 360 726-1578
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: 3 Feb 25

 Claimant's Signature


 Print Name