



## GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**

*File Number:* 2025000360GL



*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) Aaron M. Corpus Date of Birth redact

a. Address **3569 SE Long St.** City **Portland** State **OR** Zip **97202**

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone **503-318-5777**

c. Occupation Video Director d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )

If married, name of spouse Jennifer Corpus

d. E-mail address redact

**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 12/16/24 Time 11:00 Circle AM / PM

b. Place (exact and specific location) Under SE 35th Place, which is the unimproved road immediately to the west of my house at 3569 SE Long St. And my basement.

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): Lateral sewer pipe that the City installed under SE 35th Pl. eight years ago on what the City deemed to be City property broke or stopped fitting well with older leftover terra cotta pipe. A root ball grew into that breakage or seam which caused waste to back up into my basement. The resulting cleanup fee was \$695. During that cleanup, Clog Pro scoped the line and found the root ball. The City subsequently did its own scope, and also found the root ball, and (I believe) found that the 8 year-old pipe had broken.

d. State how the City of Portland or its employees were at fault: Either 8 year-old pipe installed by the City broke, allowing roots to grow into it or roots grew into the seam between the new pipe and the old terra cotta pipe. I don't know if the City's at fault per se, but I do know that the blockage occurred on City property, which led to the \$695 plumbing cleanup costs.

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. \_\_\_\_\_  
The only loss is the \$695 that I had to pay for Clog Pro to determine that the blockage wasn't on my property, but on City property. Clog Pro  
also temporarily cleaned out the line until the City could come and make repairs.
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** \_\_\_\_\_
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:  | \$   | <u>\$695.00</u> |
| b. Estimated amount of future costs:  | \$   | <u>\$0.00</u>   |
| c. Total amount claimed:  | \$   | <u>\$695.00</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____  |                 |
|   | <u>I'll attach the receipt I rec'd from Clog Pro upon payment.</u> |                 |
10. **Names, addresses / phone #s of all witnesses** (1) I have a video from Clog Pro showing the root ball on City property.  
(2) In order to verify Clog Pro's video, the City filmed its own video that shows not only the root ball but also that the newish pipe had broken,  
causing the blockage. Michael Lewis or Lannie Eells might be able to shed some light on the whereabouts of the City's video.
11. **Any additional information that might be helpful in considering your claim** The video from Clog Pro is attached  
to this email. No hard feelings. These things happen, and I believe everyone's trying their best. \$695 might not seem like a lot, but it's sort of  
a big chunk of change to me and my family that we'd love to have back. Thanks.

**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: February 6, 2025



Claimant's Signature

Aaron M. Corpus

Print Name