



**GENERAL LIABILITY  
CLAIM AGAINST THE CITY OF PORTLAND**  
\* for damages to persons or property \*  
**2025000367AL**



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. 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) REBECCA LOVE Date of Birth [REDACTED]

a. Address 3519 SE 71<sup>st</sup> AVE City PORTLAND State OR Zip 97206

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 503-956-1482

c. Occupation SOCIAL WORKER d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )

If married, name of spouse KELLY LOVE

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 2/6/25 Time 9:30 Circle AM / PM

b. Place (exact and specific location) 3519 SE 71<sup>st</sup> AVE, BASKETBALL HOOP ON NE SIDE OF PROPERTY

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): FIRE TRUCK BACKED INTO BASKETBALL HOOP - IN-GROUND TYPE, BROKEN BEYOND REPAIR.

d. State how the City of Portland or its employees were at fault: FIRE TRUCK HIT BASKETBALL HOOP

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. \_\_\_\_\_

BASKETBALL HOOP

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** \_\_\_\_\_

FIRE TRUCK

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** \_\_\_\_\_

9. **Damages claimed:**

a. Amount claimed as of this date: \$ 6 \_\_\_\_\_

b. Estimated amount of future costs: \$ 1450 \_\_\_\_\_

c. Total amount claimed: \$ 1450 \_\_\_\_\_

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

REMOVAL/ DISPOSAL - \$250 ; REPLACEMENT BASKETBALL HOOP - \$600 ; INSTALLATION - \$600

10. **Names, addresses / phone #s of all witnesses** JUSTINE HANRAHAN, 3530 SE 71ST AVE, \_\_\_\_\_

541-868-1666

11. **Any additional information that might be helpful in considering your claim** JUSTINE'S DAD \_\_\_\_\_

HAD A MEDICAL INCIDENT THAT REQUIRED 9-11 SUPPORT. FIRE TRUCK HIT

BASKETBALL HOOP AT SOME POINT AFTER ARRIVING.

**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: 2/9/25 \_\_\_\_\_

[Signature]

Claimant's Signature

REBECCA LOVE

Print Name

sponsored

**Purchased 1 time**Last purchased [Mar 17, 2022](#)[Product support](#) | [Set reminder](#)**Lifetime**[Visit the Store](#)

4.3 ★★★★★ (41)

Lifetime 90962 Power Lift Adjustable In-Ground Basketball  
Hoop with Basketball, 54-Inch, Polycarbonate

[VIEW IN 3D](#)**Lifetime 90962 Power Lift Adjustable In-...**

★★★★★ 41

No featured offers available

**2 options**[Filter >](#)

sorted by price + delivery: low to high

**New**\$599<sup>99</sup>[Add to Cart](#)FREE delivery **February 12 - 18.** [Details](#)✓ [See more](#)**New**\$609<sup>45</sup>[Add to Cart](#)FREE delivery **February 13 - 19.** [Details](#)✓ [See more](#)