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FEB 12 2021

GENERAL LIABILITY

FEB 12 2021

CLAIM AGAINST THE CITY OF PORTLAND

3830

* for damages to persons or property *

CITY OF PORTLAND
RISK MANAGEMENT

2025000381AL



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) DANIEL MARTIN Date of Birth [REDACTED]
- a. Address 83764 CLEAR LAKE RD. City FLORENCE State OR Zip 97439
- b. Home Phone 541-351-8007 Business Telephone _____ Cell Phone 310.428.6966
- c. Occupation _____ d. Marital Status: Single ☒ Married () Divorced or Widowed ()
- If married, name of spouse _____
- d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2019 JAGUAR F-PACE
- 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 2/10/25 Time 2:55PM Circle AM ☒ PM ☐
- b. Place (exact and specific location) 525 SW MORRISON ST., PORTLAND, OR 97204
"PARKING KITTY CODE" = 63815
- 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 #1 WAS BACKING UP IN FRONT OF THE NINES HOTEL ON PIONEER SQUARE. THERE WAS A TRAIN ON ONE SIDE AND MY CAR ON THE OTHER. BECAUSE OF THE TIGHT SPACE, THE FIRE TRUCK HIT MY REAR PANEL (DRIVER SIDE).
- d. State how the City of Portland or its employees were at fault: DRIVER OF FIRE TRUCK WAS BACKING UP AND HIT MY CAR.
- e. Were you on the job at the time of the accident? Yes _____ No ☒
- 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. _____
DRIVER SIDE REAR DOOR AND REAR PANEL WERE DAMAGED FROM THE FIRETRUCK'S WHEEL HITTING MY VEHICLE AND DOING DAMAGE TO EXTERIOR AND INNER DOOR.
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
 If you were injured please provide the following: Social Security #: N/A
 Medicare/Medicaid Beneficiary? Yes ___ No ___
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____
I SPOKE WITH LT. ERIC DRYER
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** _____ N/A
9. **Damages claimed:**
 a. Amount claimed as of this date: \$ _____
 b. Estimated amount of future costs: \$ _____
 c. Total amount claimed: \$ _____
 d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
ESTIMATE FROM AUTOWORKS NW
7516 SOUTH MACADAM PORTLAND, OR 97219 (503)246-2200
10. **Names, addresses / phone #s of all witnesses** LT. ERIC DRYER AND 3 OTHER FIREMEN ON TRUCK #1
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: _____



Claimant's Signature

DANIEL N. MARTIN
 Print Name