



4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
 Scratches needs repair by body shop.
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** \_\_\_\_\_  
 PBOT
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:  | \$ <u>2,273.00</u>   |
| b. Estimated amount of future costs:  | \$ <u>0</u>  |
| c. Total amount claimed:  | \$ <u>2,273.00</u>   |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____  |
|   | <u>Repair estimate provided by SAM'S AUTO BODY &amp; PAINT, INC.</u> |
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
My spouse found the sign against the car.
11. **Any additional information that might be helpful in considering your claim** Worker saw damage and told  
me to file a claim with city. I do not know his name.

**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: 02-16-25



Claimant's Signature

Morey Straus

Print Name