

GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2025000399GL



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

l. Cla	aimant (Circle: Mr. Mrs. Ms. Miss)	Date of Birt	Date of Birth		
a.	Address 5545 SE Mall St	City_Portland	State_OR	Zip <u>97206</u>	
b.	Home Phone_415-787-2871	Business Telephone	Cell Phone		
c.	Occupation manager	d. Marital Status: Single (x) M	arried () Divorced	or Widowed ()	
	If married, name of spouse <u>V</u>	eronica Nehrenz			
d.	E-mail address				
2. If	claim involves a vehicle: a. Y	Year, make and model 2023 Honda Civic			
b.	License Plate Number_	Driver's License Number		State OR	
c.	At time of accident, were you	a (check all that apply) Owner:]	Driver Passes	nger N/Ax	
d.	Name and address of owner if different from claimant (1.Above)				
3. O	ccurrence or event from whi	ch the claim arises:			
a.	Date_2-12-25	Time_ 3:00	Circle A	<u>M / PM</u>	
b.	Place (exact and specific location) While parked in front of address above				
c.	Specify the particular occurrence, event, act, or omission by the City that you believe caused to damage (use additional paper if necessary): Large road work sign toppled over due to wind and fell again scratches.				
d.	State how the City of Portland	d or its employees were at fault: Road	work sign not well weig	ghted to the ground	
e.	Were you on the job at the tire. If yes, what is the name / pho	me of the accident? YesNo ×			

City of Portland Risk Management 2/19/2025

O matelli a mana di mana di landa di matelli an	mage or loss so far as is known at the time of this claim.							
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								
				Give the name(s) of the City employee(s) an	he name(s) of the City employee(s) and/or City Bureau causing the damage or injury			
				PBOT				
Name and address of any other person injured <u>N/A</u>								
Name and address of the owner of any dama	aged property if different fromclaimant N/A							
Damages claimed:								
a. Amount claimed as of this date:	\$ 2,273.00							
b. Estimated amount of future costs:	\$ <u>o</u>							
c. Total amount claimed:	\$ <u>2,273.00</u>							
l. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):								
Repair estimate provided by SAM'S AUTO BODY & PAINT, INC.								
	es							
- -								
Any additional information that might be h	elpful in considering your claim Worker saw damage and told							
ne to file a claim with city. I do not know his name.								
DAVING, IT IS A SPENIAL OF THE A SECTION OF THE ASSESSMENT OF THE	or or or (DRC 1/2 095)							
RNING: IT IS A CRIMINAL OFFENSE TO FILE A FA	,							
	i, including any attached sheets, and I know them to be true of my of cormation or belief and to such matters I believe the same to be true							
derstand and acknowledge that all statements made	in this claim are made to a public servant of the City of Portland, a							
t the statements are in connection with an applicatio	on for a benefit from the City of Portland.							
nte: <u>02-16-25</u>								
78/2/10	Morey Straus							
Claimant's Signature	Print Name							