



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2025000401GL



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) Grant M. Wilcox Date of Birth [REDACTED]

a. Address 3415 SE Harrison St City Portland State Or Zip 97214

b. Home Phone (510)690-7268 Business Telephone none Cell Phone 510-690-7268

c. Occupation retired 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 No

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 01/20/2025 - 01/30/2025 Time _____ Circle AM / PM

b. Place (exact and specific location) City crews excavated a trench 3' x 12' and approximately 14 feet deep adjacent to my driveway along the curb line in front of my property to repair a sewer line.

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): The excavation continued to have material cave into the excavation and it was left open over the weekend before backfilling occurred. My house experienced some settling as a result. I had a bad window break and several large cracks occurred in my basement floor as a result.

d. State how the City of Portland or its employees were at fault: The Sewer repair crews told me that the excavation was very wet and material was continuing to fail into the excavation on Thursday and that they were concerned. It was not until Monday that the excavation was backfilled.

e. Were you on the job at the time of the accident? Yes ☒ No _____

If yes, what is the name / phone number of employer It was the Sewer Maintenance repair crew.

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
A back window broke and 6 various cracks opened up in my basement floor.
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** _____
City Sewer repair crews,
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: | \$ Unknown at this time |
| b. Estimated amount of future costs: | \$ Unknown at this time |
| c. Total amount claimed: | \$ Unknown at this time |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** _____
My main concern is if there were any water pipes broken and if this settlement is going to continue. I
Would request that the City evaluate the situation.

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: 02/20/2023


Claimant's Signature

Grant M. Wilcox
Print Name