



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2516773 2025000408LAW



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 M) Mrs. Ms. Miss) Ryan Patrick Vail Date of Birth [REDACTED]

a. Address 9314 N Central St. City Portland State OR Zip 97203

b. Home Phone 971-344-7011 Business Telephone _____ Cell Phone _____

c. Occupation Retail d. Marital Status: Single () Married ☒ Divorced or Widowed ()

If married, name of spouse Eva Vail

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 1989 GMC S-15

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 1/27/2025 Time 8:00 Circle AM / ☒ PM

b. Place (exact and specific location) 7418 N Fessenden

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): _____

An officer threw tire spikes in front of my truck, mistaking me for another vehicle, damaging one tire and incapacitating my vehicle. The officer has admitted fault.

d. State how the City of Portland or its employees were at fault: The officer targeted the incorrect vehicle with the tire spikes.

e. Were you on the job at the time of the accident? Yes Yes No 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. _____
 One damaged tire, and the cost of my transportation to work while waiting
 for a tow and repair.
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** _____
 Portland Police - Badge number: [REDACTED] - Steve
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: | \$ 285.20 |
| b. Estimated amount of future costs: | \$ _____ |
| c. Total amount claimed: | \$ 285.20 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
- Receipts are attached to this email. This includes tire repair and transportation to work.
10. **Names, addresses / phone #s of all witnesses** _____
11. **Any additional information that might be helpful in considering your claim** _____
- Due to time constraints with getting my kids to school, I needed to take Uber
 to work, and I would like to be compensated for that. I'm not seeking other
 damages other than my tire and transportation.

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: 2/13/2025


 Claimant's Signature

Ryan Vail
 Print Name