



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2025000421GL



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) (Wing Seafood Mkt) Chun ye Chen Date of Birth [REDACTED]
 - a. Address 8640 S.E. Divisionst City Portland State OR Zip 97266
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503-998-2118
 - c. Occupation Owner d. Marital Status: Single () Married (X) Divorced or Widowed ()
 - If married, name of spouse Xue Feng Chen
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model _____
 - 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 2/17/25 Time 3:00 Circle AM / PM
 - b. Place (exact and specific location) 8640 S.E. Divisionst Portland
OR 97266
 - 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): Sewer back flow in our basement then we hire plumber. Later he drill 200 ft out to find out that, the city sewer out on the Divisionst was clogged.
 - d. State how the City of Portland or its employees were at fault: The City Sewage was clogged and back flow into our build.
 - e. Were you on the job at the time of the accident? Yes X No _____
If yes, what is the name / phone number of employer Chun ye Chen 503-998-2118
Xue Feng Chen 503-998-0413

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Sewage
Water, grease, back flow into our building, Case, heater,
furnace, air pumps, and naesses for after clean up. Two roll
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** of filter
 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 sewage clogged the whole street
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:**
- Amount claimed as of this date: \$ undetermined
 - Estimated amount of future costs: \$ undetermined
 - Total amount claimed: \$ undetermined
 - 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** _____

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: 2/21/25

 Claimant's Signature

Chun ye Chen
 Print Name