



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

2025000422LAW

File Number: 25-40504



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) Adelaide Gunderson Date of Birth [REDACTED]
 - a. Address 4619 W 60th Terr City Fairway State KS Zip 66205
 - b. Home Phone _____ Business Telephone _____ Cell Phone 303.909.5474
 - c. Occupation Registered Nurse 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 2021 Mazda CX-5
 - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State KS
 - 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 2/15/2025 Time 01:15 Circle AM PM
 - b. Place (exact and specific location) Creston Park parking lot
 - 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): I have video evidence of the police using their three cars to push the suspect's car into my car to get them to surrender. It damaged my door and frame of my tire.
 - d. State how the City of Portland or its employees were at fault: It was the force of the police cars that pushed the suspect's car into mine.
 - e. Were you on the job at the time of the accident? Yes _____ 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. _____

It dented and broke off pieces of the frame of my wheel as well as dented and scraped my door and car frame.

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

7. **Name and address of any other person injured** _____

8. **Name and address of the owner of any damaged property if different from claimant** _____

Ryan Hastings vehicle was damaged as well

9. **Damages claimed:** TBD

a. Amount claimed as of this date: \$ _____

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

10. **Names, addresses / phone #s of all witnesses** _____

Ryan Hastings (262-496-9205) and Bella Hylen(315807-8081)(both located at 3769 se 43rd ave, unit A, portland

OR, 97206)

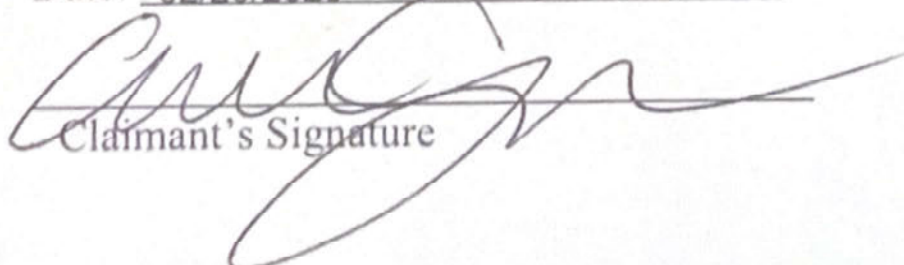
11. **Any additional information that might be helpful in considering your claim** _____

We have a video of the police causing the damage to our vehicles.

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: 02/20/2025


Claimant's Signature

Adelaide Gunderson
Print Name