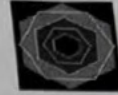




**GENERAL LIABILITY SS**  
**CLAIM AGAINST THE CITY OF PORTLAND**

*\* for damages to persons or property \**

File Number:

**2025000438GL**

*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. 5<sup>th</sup> 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) Dmitriy Beyu Date of Birth [REDACTED]
- a. Address 12403 NE 44th St City Vancouver State WA Zip 98662
- b. Home Phone (360) 843-8883 Business Telephone \_\_\_\_\_ Cell Phone (360) 369-8130
- c. Occupation \_\_\_\_\_ d. Marital Status: Single ☒ Married ☒ Divorced or Widowed ( )
- If married, name of spouse Tatiana Beyu
- d. E-mail address [REDACTED]

- 2. If claim involves a vehicle:** a. Year, make and model 2024 Toyota Camry
- b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State WA
- 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 01/2/2025 Time 8:42 PM Circle AM / ☒ PM
- b. Place (exact and specific location) N Lombard St and N Gilbert Ave  
St. Johns, Portland OR
- 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 was Driving at Night  
working on Uber, It was Dark outside  
and raining. I have a Dash camera and  
exact photos and videos of this situation, I popped  
my tire due to pothole.
- d. State how the City of Portland or its employees were at fault: there at fault for not fixing the pothole,  
I pay taxes so Road's can be fixed.
- e. Were you on the job at the time of the accident? Yes ☒ No \_\_\_\_\_
- If yes, what is the name / phone number of employer Uber Driver

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_

*The tire was popped, Rim was damaged,  
need alignment.*

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 \_\_\_\_\_

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: \$ \_\_\_\_\_

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 \_\_\_\_\_

11. Any additional information that might be helpful in considering your claim \_\_\_\_\_

*My ask is \$ 800 for the damages  
to my ~~the~~ vehicle and time.*

**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: 02/16/2025

Beyu  
Claimant's Signature

Dmitriy Beyu  
Print Name

