



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2025000439GL



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) Charles Lundon Date of Birth [REDACTED]

a. Address 7300 SW Garden Home Road, Unit 5 City Portland State OR Zip 97223

b. Home Phone 503.819.8508 Business Telephone 503.883.2273 Cell Phone 503.819.8508

c. Occupation Professor 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 2019 Volvo S60

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 February 26 Time 9:30 Circle AM / PM

b. Place (exact and specific location) SW Multnomah Blvd, about halfway between SW 45th and the bend where it changes to SW Garden Home Road

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): A pothole on the right side of the lane. My front passenger tire sustained damage. It resulted in a bulge that could not be repaired. I then had to have both front tires replaced at a cost of \$609.

d. State how the City of Portland or its employees were at fault: Driving on city roads should not result in this level of damage to one's car. To exacerbate the issue, the lighting on this particular stretch of SW Multnomah Blvd is poor so that it is difficult to see the potholes coming.

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. _____
 Right front tire (passenger side) damage. Bulge that could not be repaired. Took the car to Les Schwab the next day. And while the damage was only to the right tire, one cannot simply have one tire replaced.
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 Bureau of Transportation (PBOT)
7. **Name and address of any other person injured** _____
 N/A
8. **Name and address of the owner of any damaged property if different from claimant** _____
 N/A
9. **Damages claimed:**
- | | |
|---|----------|
| a. Amount claimed as of this date: | \$ 609 |
| b. Estimated amount of future costs: | \$ _____ |
| c. Total amount claimed: | \$ 609 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
- Cost for the two tires. Purchased the next day at Les Schwab in Tigard, OR. Address is
 15348 SW Pacific Hwy, Tigard, OR 97224. Phone (503) 968-2155
10. **Names, addresses / phone #s of all witnesses** Claimant was alone in the vehicle. No additional witnesses.
11. **Any additional information that might be helpful in considering your claim** _____
 I am including two pictures of the damaged tire. Fortunately, I believe the city has already repaired the road, as the pothole seems to have been filled now. I should also point out that while I have filed a claim for this with my insurance company (Progressive Claim # [REDACTED] Policy # [REDACTED] as my deductible is \$1000, the entire cost of the tires was out-of-pocket for me.

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: 3.02.25

Charles Lundon
 Claimant's Signature

Charles Lundon
 Print Name

