



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

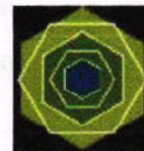
* for damages to persons or property *

2025000443GL

File Number: _____

SS

TRMN



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

RECEIVED
MAR 04 2025
CITY OF PORTLAND
RISK MANAGEMENT

1. Claimant (Circle: Mr. Mrs. (Ms. Miss) CATHERINE FOSTER Date of Birth [REDACTED]

a. Address 2828 SE 59th Ave City Portland State OR Zip 97206

b. Home Phone 541-261-2445 Business Telephone n/a Cell Phone same as home

c. Occupation retired d. Marital Status: Single ☒ Married ☐ Divorced ☐ Widowed ☐

If married, name of spouse _____

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2024 Hyundai Ioniq 5 SEL

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 1-15-2025 Time 1:45 Circle AM / (PM)

b. Place (exact and specific location) CLINTON ST. BETWEEN 78th & 79th Ave.

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): This is an unimproved road. I hit a pothole, heard a loud noise - instantly lost air in both right tires. I had to get towed to Les Schwab and they said both right tires needed to be replaced.

d. State how the City of Portland or its employees were at fault: By not keeping the unimproved roads in better shape. That whole block is filled w/ potholes.

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. _____

No injury. Needed two tires + re-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 #: N/A

Medicare/Medicaid Beneficiary? Yes _____ No _____

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** 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: \$ 949.58

b. Estimated amount of future costs: \$ unknown

c. Total amount claimed: \$ 949.58

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

Les Schwab - \$820.58 Ron's Front End + Brake Service \$129.00

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

11. **Any additional information that might be helpful in considering your claim** My car was

purchased new in August + had 1,400 miles on it. It's a Hyundai
Ioniq5, so a solid SUV. It's built to handle most road conditions. That
this pothole was deep + jagged enough to cause this damage means it's
a serious problem.

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: Mar. 1, 2025

Cath Foster
Claimant's Signature

CATHERINE FOSTER
Print Name



Ms Catherine Foster
2828 SE 59th Ave
Portland, OR 97206-1452

PORTLAND OR RPDC 972

1 MAR 2025 PM 5 L



Risk Management/Liability
1120 SW 5th Ave., Suite 1040
Portland, OR 97204-1912

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RISK MANAGEMENT

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