



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025000460GL

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) Jiying Li Date of Birth

a. Address 4244 SE 100th AVE City Portland State OR Zip 97266

b. Home Phone 503-200-9698 Business Telephone Cell Phone

c. Occupation Bookkeeper d. Marital Status: Single () Married () Divorced or Widowed (☒)

If married, name of spouse

d. E-mail address

2. If claim involves a vehicle: a. Year, make and model 2018 Nissan Sentra

b. License Plate Number Driver's License Number 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 March 2nd, 2025 Time 9:30 Circle AM

b. Place (exact and specific location) Powell Butte Nature Park parking lot – second level one

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): The City has placed giant rocks next to the standard parking area for preventing drivers to park inappropriately. However, the City has failed to put orange cones to highlight the potential rock hazard to the vehicles. The rocks are big but not high enough for a driver to see from the rearview mirror. When I backed up, I did not see the third rock in my mirror. After I turned and drive forward, the rock hit my bottom of my car and caused significant damage. In short, there are not rocks in any standard parking lot, if the City wants to prevent the invasion of the area, the City should use standard material, fencing, metal, orange cones to warn the drivers. I went to the park early on that day because I knew the parking could be an issue when it is rushing hour. After I have done my due diligence, the City's poor parking design has caused me property loss, and mental stress.

d. State how the City of Portland or its employees were at fault:

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.
The front park of the vehicle is out of shape. The cover is unable to closed, the liquid bottle underneath of car got pushed up by the rock, and caused liquid leaking. The vehicle is not drivable.
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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** _____
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7. **Name and address of any other person injured** _____
-
8. **Name and address of the owner of any damaged property if different from claimant** _____
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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**
There were witnesses and a AAA towing driver at the scene.

11. **Any additional information that might be helpful in considering your claim**
I have taken pictures when the incident has happened.

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: 3/5/2025

Jiying Li

Claimant's Signature

Jiying Li

Print Name