



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025000467AL



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) Jose antonio lascano gregorio Date of Birth

a. Address 4950 N Trenton St Portland Oregon 97203 City Portland State OR Zip 97203

b. Home Phone (503) 406-5297 Business Telephone Cell Phone (503) 406-5297

c. Occupation 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 2012 Hyundai Elantra

b. License Plate Number Driver's License Number State OR

c. At time of accident, were you (check all that apply) Owner: Yes 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 01/24/25 Time 5:00 Circle AM / PM

b. Place (exact and specific location)

Southwest 10th & alder stop

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): Their vehicle was still taking passengers as the light turned green

And I was yielding for the vehicle i noticed it was not moving and decided to turn right and as I did without any warning from

Portlands vehicle it's started moving and hit my car

d. State how the City of Portland or its employees were at fault: Their vehicle was still taking passengers as the light

Turned green and I was yielding for the vehicle I noticed it was not moving and decided to turn right and as I did without any

Warning from portlands vehicle it started moving and hit my car


e. Were you on the job at the time of the accident? Yes No 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. _____
Passenger door bent inwards and scratches running down the side
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** Did not get
Names but the driver was a young black woman
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:**
- Amount claimed as of this date: \$ 2,000-8,000
 - Estimated amount of future costs: \$ 2,000-8,000
 - Total amount claimed: \$ 2,000-8,000
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Got an
Estimate done at caliber collision
10. **Names, addresses / phone #s of all witnesses** Passenger-María Manuel Juan
Phone number-503-739-3894
11. **Any additional information that might be helpful in considering your claim** _____
One of the workers told me the driver of the Portland vehicle was a new driver and they usually give a warning sound that they are
About to move

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: 03/07/25


 Claimant's Signature

 Jose antonio lascano gregorio
 Print Name