		City of Portland Risk Management 3/10/2025	KB	TRMN
-		GENERAL LIABILITY	i te	
CONTROL OF	CLAIN	AGAINST THE CITY OF PORTL	AND	
14		* for damages to persons or property *		
1151	File Number: 2025000471GL			
A claim	Normal business hours: Claims received of Faxed or emailed claim Please be sure your Where space is insufficient, p Completed for Risk Management/Liability.	tland Risk Management within 180 days after the of Monday through Friday, 8:00am to 5:00pm. Closed luring regular business hours will be recorded on the s received after business hours will be recorded on the claim is against the City of Portland, not another p lease use additional paper and identify information 1 forms may be mailed, emailed, faxed, or hand-deliver 1120 S.W. 5 <sup>th</sup> Ave., Suite 1040, Portland, OR 97204 : 503-823-6120 LiabilityClaims@portlandoregon.go	e date received. he next working day. public entity. by section number an ed to: 4-1912, Ph: 503-823-	d letter.
1. Claimar	nt (Circle Mr. Mrs. Ms. Miss)	Danny Sop	_Date of Birth	
a. Add	ress 11048 SW Greenb	urg Rd Apt 345 City portland		p <u>97223</u>
		Business Telephone	0	3-858-4718
		d. Marital Status: Single ( ) Married		Widowed ()
		Elydohanis Arias Anteliz		
d. E-m		Year, make and model 2023 Tesla Ma	del 3 perf	ormance
		Driver's License Number		State DR
	ense Plate Number	Driver's License Number		N/A
		u (check all that apply) Owner: K_Drive		
d. Nat	me and address of owner	if different from claimant (1. Above)		
3. Occur	rence or event from wh	ich the claim arises:		
a. Dat		Time 10:35 pm		
b. Pla	nce (exact and specific loc portiand, OR	ation) <u>SE STARK ST and SE12</u>		
c. Spe	ecify the particular occurr	ence, event, act, or omission by the City that	at you believe cau	sed the injury or
dar	mage (use additional pape	r if necessary): I was driving westbound	d on se stark s	st, near the intersect
	h se 122nd Ave when	1 struck a large pothole in the road,	approximately	4 to 5 inches deet
Wit				
Wit area w	as not marked with a	my warning signs. As a result of his	thing the pot	note my vehicle
e area w	as not marked with an	on the right side of the vehicle.	thing the pot	hole my vehicle
e area was	as not marked with an flat and damaged tires	on the right side of the vehicle.		
e area <u>w</u> stained <u>2</u> d. Sta	as not marked with an flat and damaged tires the how the City of Portlan	on the right side of the vehicle. Ind or its employees were at fault: <u>  believe</u>	e the city faile	d to repair the
e area <u>w</u> stained <u>2</u> d. Sta pothol	has not marked with an flat and damaged tires the how the City of Portlan le or provide any t	nd or its employees were at fault: <u>I believe</u> waining signs which led to the dam	the city faile	d to repair the chicle. I observed
e area <u>w</u> Istained <u>2</u> d. Sta pot <u>hol</u> many v <u>chi</u>	has not marked with an flat and damaged fire the how the City of Portlan the or provide any the cells driving around an	on the right side of the vehicle. Ind or its employees were at fault: <u>  believe</u>	e the city faile nage of my vi ng into other la	d to repair the ehicle. I observed

H:\Projects\Web Pages\Liability Documents\2020 GENERAL LIABILITY CLAIM form

	City of Portland Risk Ma			
4.	<b>Description:</b> Describe the injury, property damage or le	oss so far as is known at the time of this claim. My Vehicle		
ustan	rained 2 damaged tires on the right side of the	vehicle. resulting in a total cost of \$ 452.00		
n re	repairs. this is an expense 1 simply cannot	afford with a newborn.		
5.	*We are required to report all claims for injuries to Medicare/Medicaid Services*			
	If you were injured please provide the following: Socia	al 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.				
9.	9. Damages claimed:			
	a. Amount claimed as of this date:	\$		
	b. Estimated amount of future costs:	\$		
	c. Total amount claimed:	\$ 952.00		
	d. Basis for computation of amounts claimed (include	copies of all bills, invoices, estimates, etc.):		
	I have a bill for repairs from Tesla	already paid for the repairs but		
	seek the reimbursement i have p	hoto and video of the place and damages.		
10	10. Names, addresses / phone #s of all witnesses			
	Elydohunis Arias Anteliz - 503-913-9344			
	Elisabeth Anteliz - N/A			
11.	Any additional information that might be helpful in considering your claim 1 have tesla video			
	of the moment of incident, pictures of the pothole as well as video.			
	Dicture and video of the pothole.	as well as text messages with tesla		
	wadside assistance if needed.			

## WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)

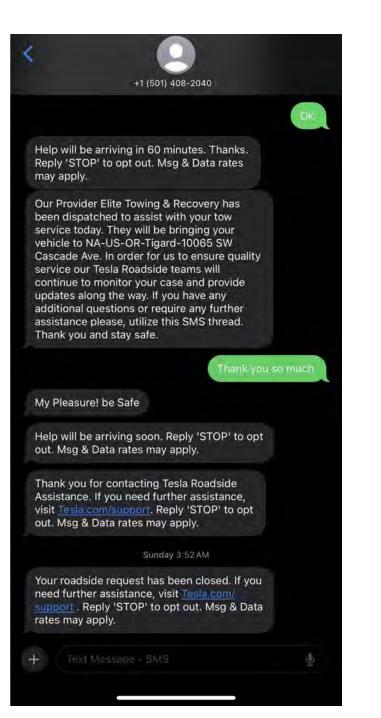
I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I understand and acknowledge that all statements made 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.

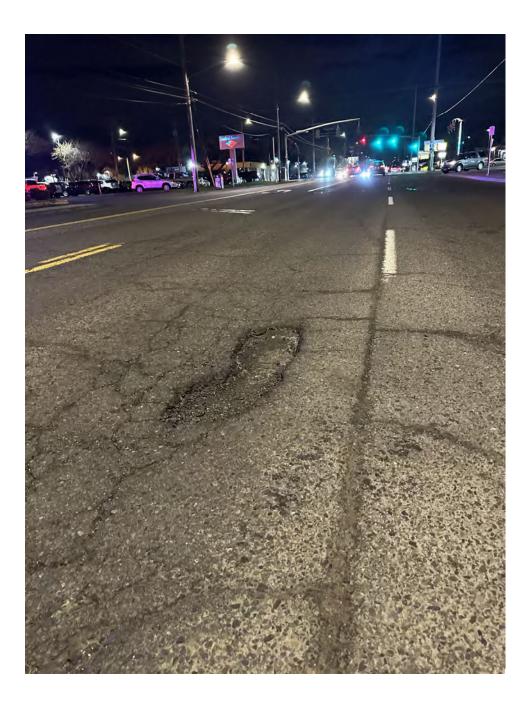
Date: 03/07/25 Claimant's Signature

Danny Sop Print Name

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