



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2025000471GL

File Number: _____



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) Danny Sop Date of Birth [REDACTED]
 - a. Address 11048 SW Greenburg Rd Apt 345 City portland State OR Zip 97223
 - b. Home Phone — Business Telephone — Cell Phone 503-858-4718
 - c. Occupation Court clerk d. Marital Status: Single () Married ☒ Divorced or Widowed ()
 - If married, name of spouse Elydohanis Arias Anteli'z
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2023 Tesla Model 3 performance
 - 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 3/01/25 Time 10:35pm Circle AM / ☒ PM
 - b. Place (exact and specific location) SE STARK ST and SE 122ND Ave intersection.
portland, OR
 - 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): I was driving westbound on Se stark st, near the intersection with se 122nd Ave when i struck a large pothole in the road, approximately 4 to 5 inches deep. the area was not marked with any warning signs. As a result of hitting the pothole my vehicle sustained 2 flat and damaged tires on the right side of the vehicle.
 - d. State how the City of Portland or its employees were at fault: I believe the city failed to repair the pothole or provide any warning signs which led to the damage of my vehicle. I observed many vehicles driving around and avoiding the pothole driving into other lanes - this also could cause accidents!
 - 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. My vehicle sustained 2 damaged tires on the right side of the vehicle. resulting in a total cost of \$952.00 in repairs. this is an expense I 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: 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 _____

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:**

a. Amount claimed as of this date: \$ 952.00

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. - I already paid for the repairs but seek the reimbursement. - I have photo and video of the place and damages.

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

Elydohani's Arias Anteliz - 503-913-9344

Elisabeth Anteliz - N/A


11. Any additional information that might be helpful in considering your claim I have tesla video

of the moment of incident, pictures of the pothole as well as video. picture and video of the pothole as well as text messages with tesla roadside 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

