



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2025000472GL

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 10 2025

CITY OF PORTLAND
RISK MANAGEMENT

1. Claimant (Circle: Mr. Mrs. Ms. Miss) Ms. Debra R. Howard Date of Birth [REDACTED]
 - a. Address 8937 N. Westanna Ave #728 City Portland State OR Zip 97263
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503-470-9372
 - c. Occupation _____ d. Marital Status: Single ☒ Married () Divorced or Widowed ()
 - If married, name of spouse _____
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model _____
 - b. License Plate Number _____ Driver's License Number [REDACTED] State ORE
 - 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) Above
2/28/25
3. Occurrence or event from which the claim arises:
 - a. Date 2/28/25 Time 10:45 Circle AM ☒ PM ☒
 - b. Place (exact and specific location) ON N. Victoria St. Between Broadway & Wilder
 - 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): A Big Pot Hold in the Street When coming off the freeway very big and Deep. Hold on N. Victoria St. just getting off work from Door Dashing
 - d. State how the City of Portland or its employees were at fault: They Need to fill that hold before something worse happen to some body
 - e. Were you on the job at the time of the accident? Yes ☒ No _____
If yes, what is the name / phone number of employer I Door Dash 503-470-9372

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. It tore a big hold in the tire knocked it out of 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 #: was ~~not~~ injured
Medicare/Medicaid Beneficiary? Yes X No
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** None
It was a Pot Hold
7. **Name and address of any other person injured** NONE
8. **Name and address of the owner of any damaged property if different from claimant** 8937 N. Westanna Ave #28
9. **Damages claimed:**
- | | |
|---|------------------|
| a. Amount claimed as of this date: | \$ <u>458.91</u> |
| b. Estimated amount of future costs: | \$ <u>458.91</u> |
| c. Total amount claimed: | \$ <u>458.91</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): <u>I'm sending copy of it all</u> | |
10. **Names, addresses / phone #s of all witnesses** NONE
11. **Any additional information that might be helpful in considering your claim** I have pictures of Pot Hold on the Street of N. Victoria St

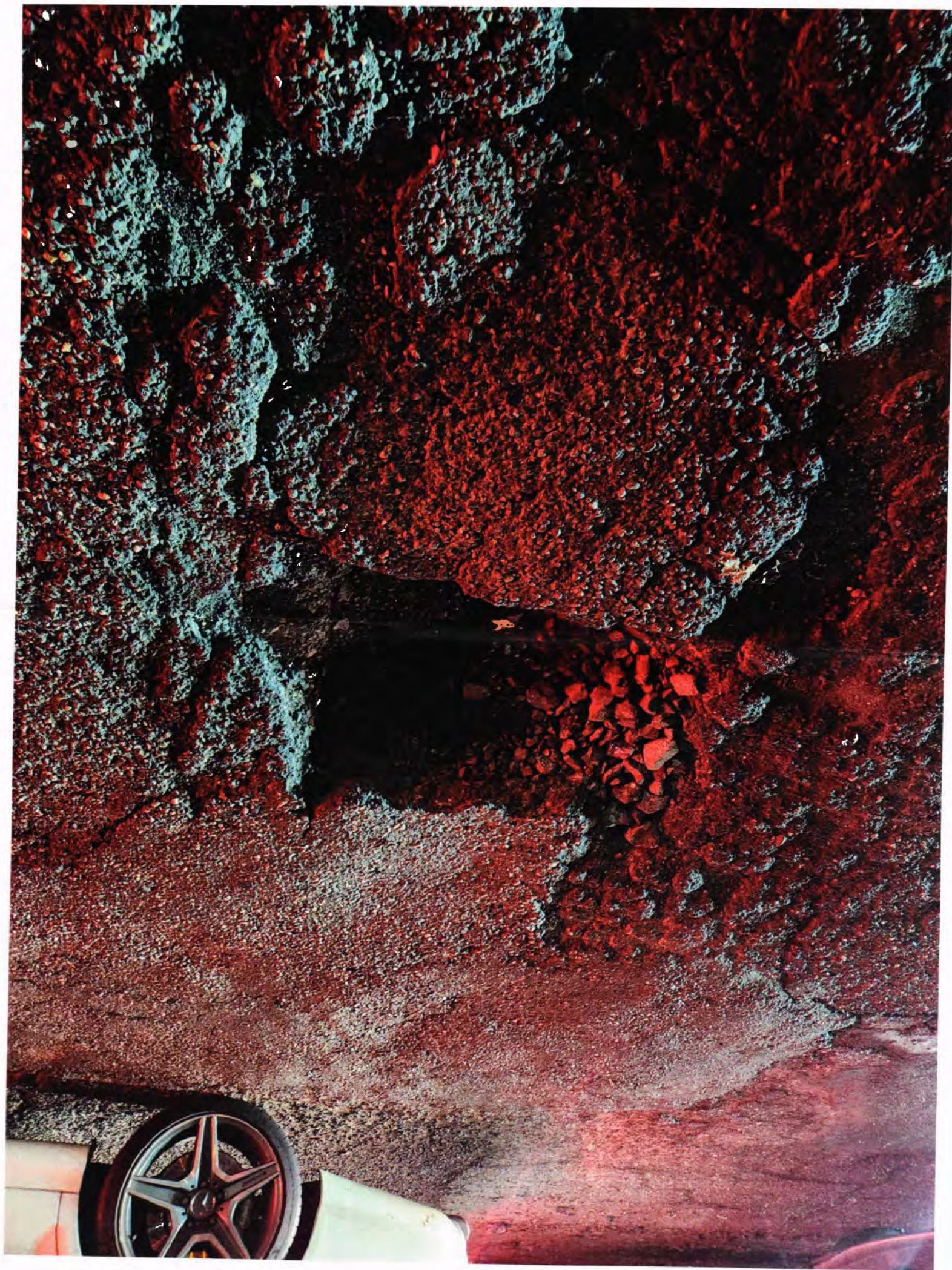
WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)

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: 3/2/25

Debra R. Howard
Claimant's Signature

Debra R. Howard
Print Name



Debra R. Howard
8937 N. Westanna Ave. #28
Portland, Oregon 97203

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