



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2025000474GL

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. 5<sup>th</sup> 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) Brett Luttrell Date of Birth [REDACTED]

a. Address [REDACTED] City Portland State OR Zip [REDACTED]

b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone [REDACTED]

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

If married, name of spouse Natalie Luttrell

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2021 Subaru Forester

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) [REDACTED]

### 3. Occurrence or event from which the claim arises:

a. Date 02/28/2025 Time 9:00 Circle ☒ AM ☐ PM

b. Place (exact and specific location) 1549 NW Northrup St, Portland, OR. Car was parked in the employee parking lot at this location, within a designated parking space.

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): Nicole Graybill was moving a dumpster with a forklift. She lowered the dumpster to the ground behind my car. After Nicole backed the forklift away from the dumpster, it began to roll toward my car. The dumpster was on a grade and began to accelerate until it impacted my car. The impact cracked the hatchback of my car and gauged a portion of the bumper.

d. State how the City of Portland or its employees were at fault: Nicole did not ensure the dumpster was immobilized, or on level ground, when she lowered it to the ground.

e. Were you on the job at the time of the accident? Yes ☒ No ☐

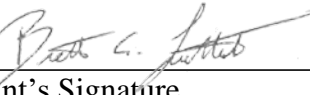
If yes, what is the name / phone number of employer City of Portland / Portland Streetcar 503-823-2901

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
 Damage to the rear bumper and tailgate that will require body work to repair.
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** \_\_\_\_\_  
 Nicole Graybill / PBOT
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: \$ \_\_\_\_\_
  - 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** Nicole Graybill  
 [REDACTED] 5 [REDACTED]
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_

**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: 2/28/2025

  
 Claimant's Signature

Brett Luttrell  
 Print Name





