SS TRMN

GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2025000476GL

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) RASMEY YIM Date of Birth [redacted]

a. Address 7531 SE BARBARA WELCH RD City PORTLAND State OR Zip 97236

b. Home Phone _____ Business Telephone _____ Cell Phone 503-317-4075

c. Occupation ENGINEER d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )

If married, name of spouse THUY YIM

d. E-mail address [redacted]

2. If claim involves a vehicle: a. Year, make and model 2014 LEXUS IS250

b. License Plate Numbe [redacted] State OR

c. At time of accident, were you (check all that apply) Owner: X Driver X 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 3/2/25 Time 7 PM Circle AM / PM

b. Place (exact and specific location) FOSTER RD 142nd

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): POT HOLE THAT CANT BE AVOIDED WHEN ON COMING TRAFFIC. HIT THE SAME HOLE TWICE IN 3 MONTHS. I DRIVE THE ROAD EVERY DAY.

d. State how the City of Portland or its employees were at fault: THE HOLE GOT BIGGER, DEEPER, AND WIDER MAKING IMPOSSIBLE TO AVOID.

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 _____

City of Portland Risk Management 3/11/2025

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. WHEELS BENT. TIRES BUBBLED AND FLAT. ALL NEED TO BE REPLACED.

5. ***We are required to report all claims for injuries to Medicare/Medicaid Services*** NA

   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** PDOT

7. **Name and address of any other person injured** NA

8. **Name and address of the owner of any damaged property if different fromclaimant** NA

9. **Damages claimed:**

   a. Amount claimed as of this date: $ 1767.00

   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** NA

11. **Any additional information that might be helpful in considering your claim** PHOTOS ATTACHED TO EMAIL

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: 3/7/25

Claimant's Signature

RASMEY YIM

Print Name


ZR18 92W XL


SAFETY WARNING:
SERIOUS INJURY MAY RESULT FROM:
*TIRE FAILURE DUE TO UNDER
*EXPLOSION OF TIRE/RIM ASS
*NEVER INFLATE BEYOND 40 P