



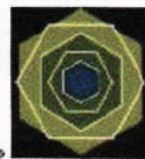
GENERAL LIABILITY  
CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number:

2025000482GL

SS ESWW



RECEIVED  
MAR 13 2025  
CITY OF PORTLAND  
RISK MANAGEMENT

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) Mr. Jerome Driscoll Date of Birth [REDACTED]

a. Address 3326 NE Pacific St City Portland State OR Zip 97232

b. Home Phone 503 314 2813 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

c. Occupation NA 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 \_\_\_\_\_ State \_\_\_\_\_

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:** 4/2025

a. Date 5/24 and 2/3/2025 Time not sure Circle AM / PM

b. Place (exact and specific location) 3119 SE 56<sup>th</sup> Ave Portland, OR 97206

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): clogged drains - two repair attempts. The second repair included a scope of the sewer line and found blockage on "city side."

d. State how the City of Portland or its employees were at fault: Sewer blockage on City side of sewer pipe

e. Were you on the job at the time of the accident? Yes \_\_\_\_\_ No X

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. \_\_\_\_\_

~~September~~ May 16/24 sewer plug, repair attempted, short term improvement with total house drain issues 2/2025

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:

\$ 150 + 750 = \$900

b. Estimated amount of future costs:

\$ 0

c. Total amount claimed:

\$ 900

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

5/2024 drain clog - renter reported still having problems, 2/3/2025 drains clog (all) plumber found blockage on City

10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_

see invoice, Pro Drain 503 533 0430 side of pipe tenant/call rental mgmt company: 503 280 8786

11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_

starting May of 2024 drain flow problems at property with some short term improvement with service. Then all drains not draining 2/2025, tenant was forced to move out.

**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: 3/10/25

Jerome Driscoll  
Claimant's Signature

Jerome Driscoll  
Print Name