



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: CCSO 25001813 2025000485LAW

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) Natalie F Felix Date of Birth [REDACTED]
    - a. Address 15701 NE 93rd St City Vancouver State WA Zip 98682
    - b. Home Phone none Business Telephone none Cell Phone 503-515-2872
    - c. Occupation General Laborer (DM) d. Marital Status: Single ( ) Married ( ) Divorced or Widowed (X)

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:
    - a. Date 3/11/25 Time 10:08 AM Circle AM / PM
    - b. Place (exact and specific location) 15701 NE 93rd St Vancouver WA 98682  
Right Side of My Home
    - 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): An off duty officer  
Accidentally Fire his Firearm inside his house  
and Went through My Home damaging the Siding,  
internal wall & a display cabinet in my Home
    - d. State how the City of Portland or its employees were at fault: \_\_\_\_\_  
Negligent: off duty employee fire arm
    - e. Were you on the job at the time of the accident? (Yes) No  
If yes, what is the name / phone number of employer Curb Jr (K6 Restaurant) 541-342-6557

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
outside Siding wall, Dry Wall inside, Display Cabinet
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:**
- Amount claimed as of this date: \$ \_\_\_\_\_
  - Estimated amount of future costs: \$ \_\_\_\_\_
  - Total amount claimed: \$ \_\_\_\_\_
  - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
Vancouver Police Report and Evidence of incident  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: 3/12/25  
[Signature]  
 Claimant's Signature

Natias Felix  
 Print Name



