



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

mailed 3/14 ESWW
SS



File Number: _____

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 date.

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) Sherry Baral ? Julie Barbour Date of Birth [REDACTED]

a. Address 2102 SE 75th Ave City Portland State OR Zip 97215

b. Home Phone 503-777-8127 Business Telephone — Cell Phone 503-319-4645

c. Occupation Retired 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:

a. Date March 8, 2025 Time Unknown exact time Circle AM / PM

b. Place (exact and specific location) Sewer clog discovered early am on Mar 8th (Saturday). Called
Rescue Rooter - they discovered the clog was in the street

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): Sewer Clog

d. State how the City of Portland or its employees were at fault: Not sure this is negligence per se,
but we were informed the city is responsible for sewer clogs that are in the
street

e. Were you on the job at the time of the accident? Yes _____ No _____ NA

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. sewer clog we paid 787. to have Rescue Rooter come & resolve the problem. Once they discovered the clog & location of it, they called the city
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** sewer clog
7. **Name and address of any other person injured** _____
8. **Name and address of the owner of any damaged property if different from claimant** property co-owned by Sherry Bural & Julie Barbour
9. **Damages claimed:**
- a. Amount claimed as of this date: \$ 787.00
 - b. Estimated amount of future costs: \$ 0
 - c. Total amount claimed: \$ 787.
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Copy of bill enclosed
10. **Names, addresses / phone #s of all witnesses** The city workers were here to resolve the sewer clog. Did not take their names down.
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: _____

Sherry Bural Julie Barbour
Claimant's Signature

Julie Barbour
Print Name