



**GENERAL LIABILITY  
CLAIM AGAINST THE CITY OF  
PORTLAND**

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

File Number: **2025000509LAW**



KB

*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): Connor Swearingen Date of Birth: [REDACTED]

a. Address: 12226 NE Holladay PL City: Portland State: Oregon Zip 97230

b. Home Phone 503-380-3532 Business Telephone 503-380-3532 Cell Phone 503-380-3532

c. Occupation Server

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 2007 Infiniti G35

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OREGON

c. At time of accident, were you (check all that apply) Owner: YES Driver YES Passenger N/A

d. Name and address of owner if different from claimant (1.Above) Connor Swearingen 12226 NE Holladay Pl

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

a. Date 10/01/2021 Time 8:50 Circle AM / PM

b. Place (exact and specific location) 30th & Powell Blvd.

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): On October 1st 2021, I was involved in a traffic accident including a pedestrian. As part of the investigation into the accident my car was taken by the Portland Police. It was towed by Speed's Towing Company (tow #4562887) and brought to the Police Storage Facility. At the time of the accident I knew that my windshield was broken and there was some roof

damage. The car did run however. I received a letter on 10/4/21 stating my car was being held for investigative purposes and that I would be informed upon the conclusion of the investigation. It was not until 2/6/2025 that I received another letter from the Bureau of Police stating my car had been released. I arranged to have my car towed from the Police Storage Facility to my house on 2/18/25 after going to the Police Storage Facility to sign the release papers. When my car was delivered to my house by the towing company I found my car to have severe water damage in addition to the expected body damage. There were puddles of water in the foot wells, The seats and floor carpets were covered in mold and soaking wet. The dashboard over the steering wheel column was broken open allowing water damage into the interior of the engine. The ignition no longer works and the engine will not turn over. There was evidence of rodent infestation throughout the car, including the trunk where I still had belongings stored. The new tires I had recently placed on the tires at the time of the accident have areas of flat spotting. The car is no longer drivable. It will not start due to the water damage to the engine.

d. State how the City of Portland or its employees were at fault: The city of Portland is responsible for the damage to my car, which has resulted in it no longer being drivable, due to storing it outdoors without protection from the elements for 3.5 years.

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

If yes, what is the name / phone number of employer

H:\Projects\Web Pages\Liability Documents\2020 GENERAL LIABILITY CLAIM form

**4. Description:** Describe the injury, property damage or loss so far as is known at the time of this claim.

There were puddles of water in the foot wells, The seats and floor carpets were covered in mold and soaking wet. The dashboard over the steering wheel column was broken open allowing water damage into the interior of the engine. The ignition no longer works and the engine will not turn over. There was evidence of rodent infestation throughout the car, including the trunk where I still had belongings stored. The new tires I had recently placed on the tires at the time of the accident have areas of flat spotting. The care is no longer drivable and thus totaled.

**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**  
Police storage facility and the Portland Police Department.

**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: \$ 0

b. Estimated amount of future costs: \$ 10000

c. Total amount claimed: \$

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

The Kelley Blue Book website shows that a 2007 Infiniti G35 with approximately 75,000 miles on it to be worth between \$6000 and \$10,000. I am asking for the higher range as my car also had new tires.

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

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

My insurance information: Progressive Universal Insurance Company Policy number 940755054. I was not criminally charged in relation to this accident.

**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: 03/17/2025

Claimant's Signature Print Name

Connor Swearingen