GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND
* for damages to persons or property *

File Number: **2025000516GL**

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) CHRISTOPHER KUEHL ___ Date of Birth [redacted]
   a. Address 4882 Lower Dr ___ City LO ___ State OR ___ Zip 97035
   b. Home Phone 503-407-2414 Business Telephone ___ Cell Phone 503-407-2414
   c. Occupation REALTOR ___ d. Marital Status: Single ( ) Married (+) Divorced or Widowed ( )
   If married, name of spouse Kara Kuehl
   d. E-mail address [redacted]

2. **If claim involves a vehicle:** a. Year, make and model 2013 Subaru Legacy
   b. License Plate Number [redacted] Driver's License Number [redacted] State OR
   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 3/18/2025 ___ Time 7:30 ___ Circle AM / (PM)
   b. Place (exact and specific location) ON Ramp from NE Columbia Blvd to Northbound NE 82nd ave
   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): There is a very deep & dangerous pothole on the street. I ran in to the pothole with my car and it popped 2 of my tires on the passenger side and through off the alignment.
   d. State how the City of Portland or its employees were at fault: THE POTHOLE should be Filled in.
   e. Were you on the job at the time of the accident? Yes ___ No ✓
   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. _____

2 Flat tires, car became out of alignment and the car had to be towed.

_____

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

If you were injured please provide the following: Social Security #: _____ N/A _____

Medicare/Medicaid Beneficiary? Yes____ No ___

6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury _____

ODOT - PBOT ?

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: $ _____ 540.84 _____

   b. Estimated amount of future costs: $ _____

   c. Total amount claimed: $ _____ 540.84 _____

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

Les Schwab tires replaced tires and did alignment

_____

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

4520 Lower Dr L.O. OR 97035

530-815-5900

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: __3/19/25__

_____
Claimant's Signature

CHRISTOPHER KUEHL
Print Name