



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

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

File Number: 2025000519GL



*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) Kirsty Munn (Vice Chair LSP) Date of Birth [REDACTED]

a. Address 10464 NW 2nd Street City Portland State OR Zip 97231

b. Home Phone 503-753-3902 Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

c. Occupation Graphic Designer 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 20th 2025 Time 11am Circle AM / PM

b. Place (exact and specific location) The South East corner of the SchoolHouse Yard

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): The city came out to remove some dead large leaf maple trees from the adjacent park. One large branch fell into our yard and damaged our fence as well as destroyed 2 older rhodies

d. State how the City of Portland or its employees were at fault: it was the city removing the trees. The called me and gave me the number to liability and apologized.

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. \_\_\_\_\_  
There is a chunk of the fence and two old Rhodies that need to be repaired.
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** \_\_\_\_\_  
Tree Removal
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: \$ \_\_\_\_\_
  - b. Estimated amount of future costs: \$ \_\_\_\_\_
  - c. Total amount claimed: \$ \_\_\_\_\_
  - d. 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** \_\_\_\_\_

**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: March 20th 2025

Kirsty Munn  
Claimant's Signature

Kirsty Munn  
Print Name