



2025000520LAW
GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND
** for damages to persons or property **



File Number: 25-51602 & 25-51596

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) Lyanna V. Chin Date of Birth [REDACTED]
 - a. Address 12515 SE Andorra Ave City Happy valley State OR Zip 97086
 - b. Home Phone - Business Telephone - Cell Phone (503) 327-3965
 - c. Occupation Student d. Marital Status: Single ☒ Married () Divorced or Widowed ()
 - If married, name of spouse [REDACTED]
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2013 LEXUS GS350
 - 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) Kevin Chin
12515 SE Andorra Ave Happy valley OR 97086
3. Occurrence or event from which the claim arises:
 - a. Date 02/27/25 Time around 3:06 Circle AM / PM
 - b. Place (exact and specific location) highway 205 N, a little before exit 19
but after exit 17. I could see the Powell sign from the highway.
 - 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): I WAS headed to the airport with my grandparents
when I see a human silhouette walking on the right side of freeway and as I got closer
I noticed a police car parked on the right side and before I knew it, I drove over SPIKES
and had to pull over on the left side of the freeway because it felt unsafe to go anywhere... →
 - d. State how the City of Portland or its employees were at fault: They left spikes on the freeway
after exit 17, but before exit 19 on 205N, that damaged my car. There were no
warnings, lights or indicators which is a hazard for drivers, especially at night.
 - e. Were you on the job at the time of the accident? Yes - No ☒

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

3.c) continued...

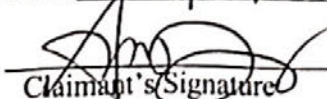
In that condition, especially with my grandparents. I put on the hazard lights assuming, the officer saw (that was walking on the freeway) what happened and would drive up offering assistance, instead drove off. I had to call non-emergent police line to get help. My dad took my grandparents to the airport while I waited for police to show up to take my statement.

3 officers showed up to help change my tires but could not find the proper tools. My dad comes back to my car to change to the spare tire so I could be on my way back to Corvallis.

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. Damage to my tire and rim. Damage to my left drivers side tire means I have to replace all my tires for safety, and there is crack on the rim.
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: \$ 1415.5
 - Total amount claimed: \$ 1415.5
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** Ful Ching Chin; (503) 310-0771; 12515 SE Andorra Ave Happy Valley OR 97086 (Non English speaking). Koon Liang Chin (971) 288-7544; same as above. Kevin Chin (503) 803-0811. 12515 SE Andorra Ave Happy Valley OR 97086
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: 03/23/2025


Claimant's Signature

Lyanna Chin

Print Name