



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: 2025000521GL



*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) Adam Crews Date of Birth                     

a. Address 3144 NE 50th Ave. City Portland State OR Zip 97213

b. Home Phone 408-646-8771 Business Telephone                      Cell Phone                     

c. Occupation Computer Mgmt d. Marital Status: Single ( ) Married (☒) Divorced or Widowed ( )

If married, name of spouse Kathleen Crews

d. E-mail address                     

**2. If claim involves a vehicle:** a. Year, make and model 2024 Volvo XC40 Recharge

b. License Plate Number                      Driver's License Number                      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 March 20, 2025 Time ~8:00. PM Circle AM / ☒ PM

b. Place (exact and specific location) Northbound on NE 47th Ave at the corner of NE47th and NE Halsey

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 large pothole, that has been previously repaired, that has once again opened up on the street. Being that it was dark, raining, and there were other vehicals, it was impossible to swerve to avoid this pothole. Hitting it caused the sidewall on the front right tire to split and destroy the tire.

d. State how the City of Portland or its employees were at fault: This area has been repaired numerous times, but each time has been insufficient to prevent damage to vehicles. In the attached photos you can clearly see the damaged street, the insufficient repairs, and some debris from other cars.

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

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

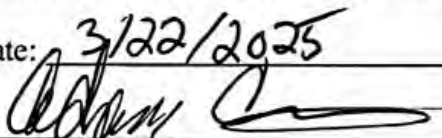


4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
The impact with the pothole pinched the sidewall of the tire, and caused it to split, making the tire unable to be patched or repaired. There were no injuries.
5. **\*We are required 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:**  
 a. Amount claimed as of this date: \$ 1941.08  
 b. Estimated amount of future costs: \$ 0  
 c. Total amount claimed: \$ 1941.08  
 d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
The damage to one tire forced premature replacement of all tires so they were at even levels of wear to avoid safety issues. Had this not occurred, all tires were still well within safety ranges as they had worn evenly.
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
Kathleen Crews 408-646-8772 - Same address as above  
Joshua Crews - 971-420-7734 - Same address as above
11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_  
Attached is the invoice/repair bill for the tires. Additionally photos of the current state of the road are attached. It is obvious that this has been a known problem as there are several repairs evident at the site, yet each repair has been insufficient to prevent damage to vehicles.

**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: 3/22/2025

  
 Claimant's Signature

Adam Crews  
 Print Name















