



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2025000545GL

File Number: _____



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) JASON DAHL Date of Birth [REDACTED]

a. Address 11990 SE MASA LANE City HAPPY VALLEY State OR Zip 97086

b. Home Phone _____ Business Telephone 503-823-5677 Cell Phone 971-777-3135

c. Occupation CHEMIST d. Marital Status: Single () Married (✓) Divorced or Widowed ()

If married, name of spouse CAROL DAHL

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2017 KIA FORTE

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

c. At time of accident, were you (check all that apply) Owner: X 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 3/24/25 Time 0645 Circle AM / PM

b. Place (exact and specific location) JUST SOUTH OF 4315 SE McLoughlin BLVD (ROSS ISLAND SAND & GRAVEL) THE CENTER LANE, HEADING SOUTH ON McLoughlin BETWEEN THE LIGHT AT ROSS ISLAND SAND & GRAVEL AND THE LIGHT AT HOLGATE.

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): FAILURE TO FIX LARGE POT-HOLE IN CENTER LANE ON Mable McLoughlin, OR AT MINIMUM POST WARNING SIGNAGE OF HAZARD IN ROADWAY.

d. State how the City of Portland or its employees were at fault: FAILED TO FIX THE POT-HOLE OR PLACE SIGNAGE OUT OF THE WARNING OF THE HAZARD TO DRIVERS IN A TIMELY MANNER AFTER RECEIVING COMPLAINTS ABOUT IT.

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. FRONT DRIVER SIDE TIRE HAD TO BE REPLACED AS WELL AS REALIGNMENT OF FRONT WHEELS WAS NEEDED
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** PBOT
7. **Name and address of any other person injured** NA
8. **Name and address of the owner of any damaged property if different from claimant** NA
9. **Damages claimed:**
- Amount claimed as of this date: \$ 269.95
 - Estimated amount of future costs: \$ 0
 - Total amount claimed: \$ 269.95
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): COPY of receipt From LES SCHWAR ATTACHED
10. **Names, addresses / phone #s of all witnesses** NONE
11. **Any additional information that might be helpful in considering your claim** NONE

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: _____
Jason Dahl
Claimant's Signature

Jason DAHL
Print Name