



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025000548GL

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) Aashish Naidu Date of Birth [REDACTED]

a. Address 2213 NE 50th Circle City Vancouver State WA Zip 98663

b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone 360-721-8213

c. Occupation [REDACTED] d. Marital Status: Single (X) Married () Divorced or Widowed ()

If married, name of spouse [REDACTED]

d. E-mail address [REDACTED] Can be reached through his attorney [REDACTED]

2. If claim involves a vehicle: a. Year, make and model [REDACTED]

b. License Plate Number [REDACTED] Driver's License Number to be supplemented State WA

c. At time of accident, were you (check all that apply) Owner: [REDACTED] Driver X Passenger [REDACTED] N/A [REDACTED]

d. Name and address of owner if different from claimant (1. Above) [REDACTED]

3. Occurrence or event from which the claim arises:

a. Date 10/02/2024 Time Approx. 7pm Circle AM / PM

b. Place (exact and specific location) Westbound ramp from I-84 going to I-205 northbound towards Vancouver.
It is the ramp parallel to NE Maywood Pl and close to NE Beech St.

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): Another driver tried to pass Aashish's vehicle
while they were traveling on the on-ramp from I-84 to I-205 North. Aashish swerved out of the way to avoid
a collision and subsequently the car went off the road on the left and then flipped over.

The car flipped because there was no railing or safety barrier on the side of the on-ramp.

d. State how the City of Portland or its employees were at fault: Due to the City's failure to observe appropriate
safety standards, including but not limited to failure to install safety barriers and/or signage. Aashish was critically
injured in the accident and suffered loss of his arm.

e. Were you on the job at the time of the accident? Yes [REDACTED] No X

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

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____

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

If you were injured please provide the following: Social Security #: To be supplemented

Medicare/Medicaid Beneficiary? Yes X No _____

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

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: \$ It is too early in the claim to state an amount
- b. Estimated amount of future costs: \$ We will supplement damages once further
- c. Total amount claimed: \$ information is available
- 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** _____

The accident received some news coverage, the link provided here shows a news article that concerns this claim:

<https://katu.com/news/local/traffic-alert-rollover-crash-investigation-closes-ramp-from-i-84-to-i-205-major-crash-team>

We will be pursuing litigation. Sears Injury Law PLLC represents Aashish Naidu, you may contact us regarding this claim at 971-384-7230 _____

Address for Sears Injury Law is 7931 NE Halsey Ste 210, Portland OR 97213

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: 03/27/2025

Melvin van Hurck

Claimant's Signature

Melvin van Hurck, Attorney for Aashish Naidu

Print Name