



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

2025000557GL

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) Alexa-Shyann Mendenhall Date of Birth redact
 - a. Address 14028 SE Bush St City Portland State Or Zip 97236
 - b. Home Phone _____ Business Telephone _____ Cell Phone 9718063164
 - c. Occupation Manager d. Marital Status: Single () Married () Divorced or Widowed ()
If married, name of spouse _____
 - d. E-mail address redact
2. **If claim involves a vehicle:** a. Year, make and model 2023 Toyota Camry
 - b. License Plate Number redact Driver's License Number redact 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 03/23/2025 Time 1045 Circle AM / PM
 - b. Place (exact and specific location) 104th and SE Harold Portland, OR
 - 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): Took a right hand turn, rear passenger wheel hit a large jagged edged pothole, slicing my tire in two different locations on the sidewall of the tire.
 - d. State how the City of Portland or its employees were at fault: Potholes not maintained and/or fixed
 - 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. _____
New tire: \$110.00
-
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** _____
City of Portland, PBOT
-
7. **Name and address of any other person injured** _____ N/A
-
8. **Name and address of the owner of any damaged property if different from claimant** _____ N/A
-
9. **Damages claimed:**
- | | | |
|---|-------|----------------|
| a. Amount claimed as of this date: | \$ | _____ \$110.00 |
| b. Estimated amount of future costs: | \$ | _____ |
| c. Total amount claimed: | \$ | _____ \$110.00 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ | |
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10. **Names, addresses / phone #s of all witnesses** _____
Ryan Vogel- 14028 SE Bush ST Portland, OR 97236- 971.207.8460
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11. **Any additional information that might be helpful in considering your claim** _____
Tires were purchased less than 6 months ago, brand new.
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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: 3.25.25


 Claimant's Signature

 Print Name





