KB PLOP ✓

GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2025000559LAW

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) Ryan Hastings Date of Birth [redacted]

a. Address 3769 Se 43rd Ave Apt A City Portland State OR Zip 97206

b. Home Phone _____ Business Telephone 503-858-4803 Cell Phone 262-496-9205

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

If married, name of spouse _____

d. E-mail address [redacted]

2. If claim involves a vehicle: a. Year, make and model 2012 Honda Crosstour

b. License Plate Numbe[redacted] 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) NA

3. Occurrence or event from which the claim arises:

a. Date 2/15/25 Time 1:20 Circle AM / PM

b. Place (exact and specific location) Creston Park, west lot

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): Police Chase of Stolen vehicle ending in a crash: 42-25-40504

d. State how the City of Portland or its employees were at fault: the police chase culminated in trapping & ramming the defendant vehicle into mine.

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 _____

City of Portland Risk Management 3/28/2025

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

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** Portland Police

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: $ $1,620.55

b. Estimated amount of future costs: $ N/A

c. Total amount claimed: $ $1,620.55

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): See Attached Repair Bill

10. **Names, addresses / phone #s of all witnesses**

Isabella Hylen ! 315-807-8081

Adelaida Gonderson ! 303-909-5474

11. **Any additional information that might be helpful in considering your claim**

See police report w/ Video 42 25-40504

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: 3/26/25

Claimant's Signature

Ryan Hastings
Print Name

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