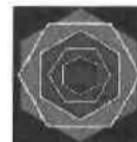




GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

File Number: 2025000563GL



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) Secia Beier Date of Birth [REDACTED]
 - a. Address 5222 SW View Point Terrace City Portland State OR Zip 97239
 - b. Home Phone _____ Business Telephone _____ Cell Phone 503-752-9125
 - c. Occupation Pharmacist d. Marital Status: Single () Married () Divorced or Widowed ()
If married, name of spouse Dirk Koopman (partner)
 - d. E-mail address _____
2. If claim involves a vehicle: a. Year, make and model N/A
 - b. License Plate Number _____ Driver's License Number _____ State _____
 - 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 02/20/2025 Time 8:35 p.m. Circle AM / PM
 - b. Place (exact and specific location) In the street near 5222 SW View Point Terrace, Portland, Oregon.
 - 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): MEI Group, as a subcontractor for the City of Portland, excavated the street and some sidewalk areas to lay new water or sewer pipes. MEI Group laid down steel plates over the excavated area. Ms. Beier was walking up and across the street with her dog to enter her residence when she tripped on the exposed edge of one of the steel plates and fell to the ground.
 - d. State how the City of Portland or its employees were at fault: The steel plates were not placed level and flush and edge to edge. Not readily visible to pedestrians was a gap between two of the plates and one plate was higher in elevation to the other plate resulting in a raised edge that was a trip hazard to pedestrians.
 - 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. _____

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

If you were injured please provide the following: Social Security #: Not necessary at this time.

Medicare/Medicaid Beneficiary? Yes ___ No X

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** _____
MEI Group, as a subcontractor for the City of Portland, and City of Portland Bureau of Environmental Services

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: \$ Unknown at this time

b. Estimated amount of future costs: \$ Unknown at this time

c. Total amount claimed: \$ Unknown at this time

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

10. **Names, addresses / phone #s of all witnesses** None to the incident itself. The following morning, Ms. Beier reported the incident to MEI Group's onsite supervisor when their crew returned to continue working. That person instructed Ms. Beier to contact Aaron Abrams of the City of Portland Bureau of Environmental Services to report the incident.

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

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: 3-31-2025

[Signature]
Claimant's Signature

Tom C. Spooner
Print Name
Attorney for Secia Beier

