



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number: 2025000564GL

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) Kathryn Kershaw Date of Birth [REDACTED]

a. Address 4345 SE 28th Place City Portland State OR Zip 97202

b. Home Phone 503-224-4848 Business Telephone same Cell Phone 503-577-4335

c. Occupation Marketing Manager d. Marital Status: Single () Married ☒ Divorced or Widowed ()

If married, name of spouse Airlangga Djajadi

d. E-mail address [REDACTED]

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 3/25/25 Time 4:30 Circle AM / PM

b. Place (exact and specific location) Water was backing up out of backflow device in the basement

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): Wastewater backed up through the basement toilet. Mr. Rooter was dispatched, and the plumber performed a sewer scope inspection, identifying multiple root intrusions located in the public right-of-way.

d. State how the City of Portland or its employees were at fault: Obstruction within the sewer line resulted in a backup of wastewater into the residence.

e. Were you on the job at the time of the accident? Yes _____ No ☒

If yes, what is the name / phone number of employer _____

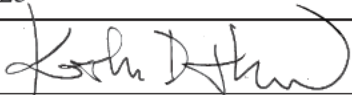
4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
 Incurred a loss of \$684.03 for plumbing services, which included running a cable through to clear the line, followed by a camera inspection to assess the condition of the private sewer lateral extending to the city main.
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
 If you were injured please provide the following: Social Security #: N/A
 Medicare/Medicaid Beneficiary? Yes _____ No _____
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** N/A
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:**
- Amount claimed as of this date: \$ N/A
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ _____
 - 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** _____
 See copy of description of work and photos/video.

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: 3/31/25


Claimant's Signature

Kathryn Kershaw

Print Name