

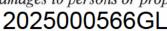
File Number:

## City of Portland Risk Management 3/31/2025 GENERAL LIABILITY

**RRTRMN** 

## CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*





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.	Cla	imant (Circle; Mr. Mrs. Ms. Miss) NRS Known Vascl-Spate of Birth
	a.	Address 4000 St. E. City Spanauay State Zip 98387
	b.	Home PhoneBusiness Telephone Cell Phone 25 - 96 - 306
	c.	Occupation VDC. COUNTED d. Marital Status: Single () Married () Divorced or Widowed ()
	6	If married, name of spouse Marc Sporks
	d.	E-mail address
2.	. If	claim involves a vehicle: a. Year, make and model
	b.	License Plate NumberDriver's License NumberState
	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 Time Circle AM (PM)
	b.	Place (exact and specific location) In front of faramount toel
		in the valet right in front of hotel
	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): Huled in to the Water in
		tront of taramount Hotel; valet wasn't there went
		inside checked in told to go back outside. Stepped
		down into a pot hole in the valet section office
	d.	State how the City of Portland or its employees were at fault: If the pot hole had
		Ortgon been tilled I wouldn't have stepped into
		it and
	e.	Were you on the job at the time of the accident? YesNo
		If yes, what is the name / phone number of employer

City of Portland Risk Management 3/31/2025 Description: Describe the injury, property damage or loss so far as is known at the time of this claim. 1 waent (Me r VDI \*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 / Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury\_ 7. Name and address of any other person injured \_\_\_\_ Name and address of the owner of any damaged property if different from claimant 9. Damages claimed: a. Amount claimed as of this date: b. Estimated amount of future costs: c. Total amount claimed: d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_ division 10. Names, addresses / phone #s of all witnesses Any additional information that might be helpful in considering your claim \_ 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. aimant's Signature

City of Portland Risk Management 3/31/2025