



GENERAL LIABILITY

RRTRMN✓



CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2025000566GL

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) Mrs Krishna Vassel-Sparks Date of Birth [REDACTED]
 - a. Address 4033 20th St. E. City Spanaway State WA Zip 98387
 - b. Home Phone _____ Business Telephone _____ Cell Phone 253-961-3060
 - c. Occupation VOL. Councilor d. Marital Status: Single () Married () Divorced () Widowed ()
If married, name of spouse Marc Sparks
 - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:**
 - a. Year, make and model _____
 - 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 2/21/2025 Time 5:00 Circle AM / PM
 - b. Place (exact and specific location) In front of Paramount Hotel 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): Pulled in to the valet in front of Paramount Hotel; valet wasn't there went inside checked in told to go back outside. Stepped down into a pot hole in the Valet section of the street.
 - d. State how the City of Portland or its employees were at fault: If the pot hole had been filled I wouldn't have stepped into it and [REDACTED]
 - 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.

I've had an urgent care visit placed in [redacted]
Went back to ER [redacted] now in [redacted] until [redacted]

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

4/25.

If you were injured please provide the following: Social Security #: [redacted]

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

7. **Name and address of any other person injured**

☒

8. **Name and address of the owner of any damaged property if different from claimant**

Paramount Hotel - reported to Manager on site

9. **Damages claimed:**

Michael who took pictures, too.

- a. Amount claimed as of this date:

\$ 7,500

- b. Estimated amount of future costs:

\$ 7,500 (PT - surgery if
pride doesn't

- c. Total amount claimed:

\$ 15,000

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

Urgent Care, Sound Family Medicine, Proliance
Surgery - Rainier division.

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

Paramount Hotel

Manager, valet didn't get name.

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

If the pot hole was filled I wouldn't have been able
to step down in and break my (R) ankle. Management
was aware of situation, no follow-up from
Hotel GM.

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

03/30/25

Claimant's Signature

Print Name