



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number: \_\_\_\_\_

2025000568GL

RISK MANAGEMENT  
CITY OF PORTLAND  
MAR 3 1 2025



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) David Seitz Date of Birth [REDACTED]
  - a. Address 3703 SE Tolman St. City Portland State Or. Zip 97202
  - b. Home Phone 425 503 2524 Business Telephone — Cell Phone SAME
  - c. Occupation Retired d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )
  - If married, name of spouse Patti Lind
  - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2017 BMW I3
  - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State Oregon
  - c. At time of accident, were you (check all that apply) Owner: X 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 3/24/2025 Time 5:30 PM Circle AM ( ) PM (X)
  - b. Place (exact and specific location) South Bound on McLoughlin Blvd  
variable lane just north of Holgate exit
  - 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): Traveling at speed limit  
with traffic cars all around me. Hit pot hole  
on front left and back left tire. Immediate  
flat on front left tire. Required a tow. see attached
  - d. State how the City of Portland or its employees were at fault: pot hole on major transport road. No prior recent  
severe weather. Pot hole now filled. Hazard not  
marked.
  - 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 —

Wife in car can verify incident.

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. SEE attached damage report to car  
No injury.
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** City Bureau responsible for marking hazards  
and road repair.
7. **Name and address of any other person injured** None
8. **Name and address of the owner of any damaged property if different from claimant** JAMES
9. **Damages claimed:**
- a. Amount claimed as of this date: \$ 377.80
- b. Estimated amount of future costs: \$ 3416.68
- c. Total amount claimed: \$ 3794.48
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): BMW invoice and estimate attached
10. **Names, addresses / phone #s of all witnesses** Patti Lind / 503-318-4665
11. **Any additional information that might be helpful in considering your claim** Personal inter view of claimant, witnesses  
and BMW repair shop for incident and  
cause of damage. Verify AAA towing

**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: 3-29-25  
[Signature]  
Claimant's Signature

David Seitz  
Print Name