



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*

File Number:

2025000575GL

SS TRMN



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. 5<sup>th</sup> 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) THOMAS BENNETT Date of Birth [REDACTED]

a. Address 6435 NE 8<sup>th</sup> AVE City PORTLAND State OR Zip 97211

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 480-634-0239

c. Occupation SELF-EMPLOYED d. Marital Status: Single ( ) Married (X) Divorced ( ) Widowed ( )

If married, name of spouse KATE BENEDICT

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2016 TOYOTA PRIUS

b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State OR

c. At time of accident, were you (check all that apply) Owner: X Driver X 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 3/16/2025 Time 10:15 Circle AM PM

b. Place (exact and specific location) SOUTHBOUND ON 82<sup>ND</sup> @ WEBSTER ST.

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): POTHOLE BIG ENOUGH TO POP A TIRE

AND DAMAGE THE UNDERSIDE OF A CAR WAS REPORTED ON 3/5/25

AND IT WAS NOT FIXED WITHIN 10 DAYS. IT SLAMMED THE CAR SO

HARD ALL 4 PASSENGERS WERE EXTREMELY RATTLED. DESTROYED A TIRE AND RIM

d. State how the City of Portland or its employees were at fault: IT WAS NOT FIXED IN A TIMELY

MANNER AND PUT DRIVERS AT RISK OF INJURY

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. \_\_\_\_\_

POPPED TIRE, SHREDDED IT. TIRES WERE LESS THAN 1 YEAR OLD.  
COSMETIC DAMAGE TO RIM, BROKE PLASTIC FROM UNDERSIDE OF CAR.

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 \_\_\_\_\_

PBOT

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: \$ 234.60

b. Estimated amount of future costs: \$ 0

c. Total amount claimed: \$ 234.60

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

~~NEW WHEEL~~ NEW TIRE

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

SAM & CAITLYN ROBB WERE IN THE VEHICLE WITH THEIR ONE

YEAR OLD SON. I PICKED THEM UP FROM THE AIRPORT.

622 NE FARBO ST.  
PORTLAND, OR 97212  
(503) 880-1993

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

VIP COLLISION CENTER DID THE WORK - 503-445-4702

**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

Thomas Bennett

Claimant's Signature

THOMAS BENNETT

Print Name