



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025000802GL

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

Amazing Monae Summer Young

1. Claimant (Circle: Mr. Mrs. Ms Miss) AMBER K. LEWIS Date of Birth [REDACTED]a. Address 2121 SW Multnomah Blvd. #12, Portland, OR 97211b. Home Phone None Business Telephone 503 420 8525 Cell Phone 503 415 0103c. Occupation IN College d. Marital Status: Single ☒ Married ☐ Divorced ☐ Widowed ☐If married, name of spouse N/Ad. E-mail [REDACTED] UKb. License Plate Number N/A Driver's License Number N/A State N/Ac. 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) N/A

3. Occurrence or event from which the claim arises:

a. Date 11/22/2024 Time 4pm Circle AM / ☒ PMb. Place (exact and specific location) 2121 SW Multnomah Blvd. #45
Portland, OR 97219.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): SEWER BACK UP IN my home
from tub and toilet, my kids and I got sick
after taking baths. The sewer had been in our
daily bath times, occurrence 11/15/24, 11/16, 11/17, 11/18 11/19 11/20
11/21 11/22.d. State how the City of Portland or its employees were at fault: City has been paying me living expenses, I thought personal
Injury was included in claim but it was only property payments/
claime. Were you on the job at the time of the accident? Yes ☐ No ☒If yes, what is the name / phone number of employer N/A

4. Description: Describe the injury, property damage or loss so far as is known at the time of this claim. Skin rash, throwing up after Bath, Bathing in Brown Sewer water for a while, Sore throat, myself and two young daughters
5. *We are required to report all claims for injuries to Medicare/Medicaid Services*
If you were injured please provide the following: Social Security #: 543.29.4651
Medicare/Medicaid Beneficiary? Yes ☐ No ☒
6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury Oregon and Bureau of Environmental Services
7. Name and address of any other person injured (Aaliyah Awesome Young 10 years old)
(Amazing marae Summer Young 10 years old) Both my daughters.
8. Name and address of the owner of any damaged property if different from claimant
Amber, Aaliyah, Amazing all 3 of us @ 2121 SW Multnomah Blvd. #12
Portland, OR 97219
9. Damages claimed:
- Amount claimed as of this date: \$ unknown
 - Estimated amount of future costs: \$ unknown
 - Total amount claimed: \$ unknown
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):
all of my doctors paperwork got taken when I lost my home to a water main, hazardous waste.
10. Names, addresses/phone #s of all witnesses Awsome Y. 503 415 0103
Wendy White, 2655 NE 187th Ave, Portland OR 97280
Anthony Yang, 4601 SW main Ave. #308, Beaverton, OR 97005
11. Any additional information that might be helpful in considering your claim
I'm so confused why I need to start a separate claim if I'm getting living expenses and property damage payout, why do I need to start over?

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: 5.16.2025

Amber K. Lewis
Claimant's Signature

Amber K. Lewis
Print Name