



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**



File Number: 2025000839GL

*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) Ryan Daugherty Date of Birth [REDACTED]

a. Address 4363 SE 31st St City Gresham State OR Zip 97080

b. Home Phone N/A Business Telephone 503-721-6840 Cell Phone 503-318-6977

c. Occupation Engineer d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )

If married, name of spouse \_\_\_\_\_

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model 2016 BMW 340i

b. License Plate Number [REDACTED] Driver's License Number [REDACTED] 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 12/20/2024 Time 16:30 Circle AM / PM

b. Place (exact and specific location) Roughly 800 feet East of North Force Avenue on North Marine Drive in Portland, outside of the Expo Center.

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): My daughter and I were heading West on N Marine Dr just outside of the Expo Center on our way to PIR's Winter Wonderland. As we were nearing N Force Ave, we heard a loud metallic noise similar to running over a manhole cover but significantly louder. The car's TPMS light came on shortly I pulled over to find a dented wheel and damaged tire in line with each other on the left rear of the car.

d. State how the City of Portland or its employees were at fault: There was no indication the manhole/utility cover was defective in any way at all. I pay attention to the road surface because of potholes and there was nothing I nor anyone else could detect ahead of time. If it was a hole to begin with, my front wheel end would have been damaged instead of the rear.

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. The left rear wheel was locally dented as well as being made out of round in that same spot. The left rear tire sidewall was split at the site of the impact. Both wheel and tire required replacement.
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** \_\_\_\_\_  
Portland Bureau of Transportation
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:  | \$ <u>710.26</u> |
| b. Estimated amount of future costs:  | \$ <u>50.00</u>  |
| c. Total amount claimed:  | \$ <u>760.26</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____<br><u>\$354.97 for a used wheel, \$303.79 for a new tire and \$51.50 for mounting and balancing. \$50.00 is a future cost to refinish the used wheel since it was slightly damaged. This wheel new is over \$600.</u> |                  |
10. **Names, addresses / phone #s of all witnesses** Olivia Daugherty, same address and phone number.
11. **Any additional information that might be helpful in considering your claim** Not only did I have to spend over \$700 as a result of this incident, I was without my only car during the winter holiday so I was unable to do as much with my family as I was originally planning.

**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: 05/23/2025

Ryan Daugherty  
Claimant's Signature

Ryan Daugherty  
Print Name





