



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 42 2024.332209 2025000879LAW

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) Claudia Hoff Date of Birth [REDACTED]
 - a. Address 14761 SW Beard Rd #102 City Beaverton State OR Zip 97007
 - b. Home Phone (503) 200-5796 Business Telephone _____ Cell Phone _____
 - c. Occupation Medical Assistant d. Marital Status: Single () Married () ☒ Divorced or Widowed ()

If married, name of spouse _____

 - d. E-mail address [REDACTED]
2. If claim involves a vehicle, please provide the following information:
 - b. License Plate Number [REDACTED] Driver's License Number [REDACTED] State OR
 - 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 12/25/24 Time 8:15 Circle AM / ☒ PM
 - b. Place (exact and specific location) NW 12th + Glisan
 - 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): Officer was aware car was ran stop sign before my light and did not start lights or siren to pull car over. Car ran the red light and we collided.
 - d. State how the City of Portland or its employees were at fault: If lights or siren was activated I would have stopped before crossing the light. I was driving slow enough to halt if needed.
 - 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. Total loss of vehicle. continued @ hand pain. Pain + Suffering. Emotional distress.
5. ***We are required to report all claims for injuries to Medicare/Medicaid Services***
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** Michael Close Portland Police Bureau.
7. **Name and address of any other person injured** _____
8. **Name and address of the owner of any damaged property if different from claimant** _____
9. **Damages claimed:**
- Amount claimed as of this date: \$ 3,992
 - Estimated amount of future costs: \$ 50,000
 - Total amount claimed: \$ 53,992
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Kaiser bills, not including. Self pay chiro + acupuncture emotion stress, broken hand is still in pain.
10. **Names, addresses / phone #s of all witnesses** Marisa O'Horman - 971.285.1266
Victor Souw - 503.975.5063
11. **Any additional information that might be helpful in considering your claim** officer
had his camera on when we were at the hospital.
He admits to not turning his lights or sirens on.

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: 5/31/25
[Signature]
Claimant's Signature

Claudia Hoff
Print Name