City of Portland Risk Management 6/20/2025



GENERAL LIABILITY CLAIM AGAINSTTHECITYOF PORTLAND

fordamagestopersonsorproperty

2025000937LAW File Number:



inju

A claim must be filed withity of Portland Risk Management within 1/10 days after the occurrence of the incident or event. Normal business hours: Monday through Friday, A:..am to a:..pm. Closed on official holidays. Claims received during regular business hours will be recorded on the date received. Faxed or emailed claims received afterbusiness hourswill be recorded on the nextworking day. Please be sure your claim is against the City of Portlandnot 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: RiskManagement/Liability, ۱۱۲۰S. W. oth Ave. Suite 1.5. Portland, OR477. £-1417, Ph: 0.77-A77-01.1, Fax: ۵.۳-۸۲۳-۲۱۲ · LiabilityClaims@portlandoregon.gov

۱. Claimant(Ci	rcle: Mr. Mrs(Ms).	Miss) E	Becca T	aha	Date of Birtl	h	
a. Address	One Jefferson	Pkwy apt 31	City	Lake Oswego	State OR	Zip 9	97035
b. Home Ph	ion <u>e</u>	Business Tel	ephone		Cell Phone	503-8	328-5830
c. Occupation	on Ops Manager	d Marita	l Status.	Ś ingle () Marri	ed () Divorce	ed or W	/idowed()
If marrie	ed، name of spouse	2					
d . E-mail ac	ddress						
۲. If claim invo	olves a vehicle : a . Ye	ear، make and ı	model	2015 VV	V JETTA		
		Drive	er's Licer	se Number		Sta	ate OR
. License Plate Nu	ımber c. At <mark>time of</mark>	accident، were	you	✓ Driver	Passe	nger	N/A
check all that appl	y) Owner: d . Name	e and address o	f			<u> </u>	_ ' ' '
wner if different f	rom claimant (bove)					
* Occurrence	e or event from whi	ich the claim ari	ises.				
a. Date	12/19/24		lime	8p	Circle AM	PM	
	act and specific loc			sser RD, Port		/(141)	
D. Flace (ex	act and specific loc	.atio <u>ii) 1200t</u>	3 3 W LC	3301 110, 1 010	idi id		
c Specifit	:he particular occur	ronco ovent	act or o	mission by the	Citythatyou	, boliov	vo causod th
	•			ilission by the	City that you	bellev	e causeu ti
•	(use additional pa	·					
	officer mishandled n tated it in the police						
-	d my old business ca	•	_	ly wallet. Police	героп паст	ny prev	——————————————————————————————————————
	w the City of Portla	•	•				
Arres	sting officer did not	properly invent	ory my p	roperty.			
e. Were you	u on the job at the ti	me of the accid	lent⁄es_	No 🗸			
If yes، w	hat is the name / p	hone number c	of employ	/er			

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	Description: Describe the injury, property damage or loss so far as is known at the time of this claim. Limited edition Alpine green iPhone 13 Pro with new phone case and wallet missing. since the phone is gone, couldn't trade it in for a new one. Had to pay out the old phone and buy a new phone. ID, debit						
	card, and cash gone. Wallet was part of a 3 pc set that is now incomplete.						
٥.	We are required to report all claims for injuries to Medicare / Medicaid Services.						
	If you were injured please provide the following : Social Secu <u>rity 🐞 :</u>						
	Medicare / Medicaid Beneficiarys Yes No						
٦.	Give the name(s) of the City employee(s) and /or City Bureau causing the damage or injury Officer Gervais and Officer Vu						
٧.	Name and address of any other person injured						
۸.	Name and address of the owner of any damaged property if different from claimant						
٩.	Damages claimed :						
	a. Amount claimed as of this date: \$ b. Estimated amount of future costs: \$ c. Total						
	amount claimed: \$ d. Basis for computation of amounts claimed (include copies of all						
	bills, invoices, estimates, etc.): \$2025						
	It's honestly more than that with all the fees and everything else but this is for the old iPhone, new iPhone and old phone case. This is not even including replacing ID or wallet or cash. or any other expense as a result from this loss.						
١٠.	Names ، addresses / phone s of all witnesses						
١١.	Any additional information that might be helpful in considering your claim						
	I lost all of my data and pictures on that phone. This also happened right before						
	Christmas. I had no debit card for Christmas gifts or travel. Lost everything in my						
	wallet. Huge waste of time and money to replace everything.						
WA	RNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM ! (ORS \٦٢.٠٨٥)						
tru be pu fro	ave carefully read the statements made in this claim, including any attached sheets, and I know them to be ue of my own knowledge, except as to those matters stated upon information or belief and to such matters I lieve the same to be true. I understand and acknowledge that all statements made in this claim are made to a ablic servant of the City of Portland, and that the statements are in connection with an application for a benefit om the City of Portland. ate: 06/19/25						
	Bus Taha Becca Taha						
	Claimant's Signature Print Name						

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Portland Police Bureau DA INTERFACE RELEASE

NARRATIVE					
AUTHOR WENGER, NOAH H	DATE/TIME 12/19/2024 2058				
SUBJECT					

Narrative Text

Related Date Dec-19-2024 20:58
Officer Gervais Cover/Coach
Officer Kline Cover
Officer Vu

Officer Gervais and Officer Vu inventoried TAHA and only located a cell phone. The cell phone was left on the hood of the patrol vehicle when we left the scene and was lost by the time we arrived to Southeast Precinct. We gave her a business card with the case number and outlined the number for Portland Risk Management.

No further at this time.