

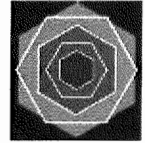


GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

** for damages to persons or property **

2025000966GL

File Number: _____



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) Suh F Michael Date of Birth _____

a. Address 5265 NE 75th Ave. #5267 City Portland State OR Zip 97218

b. Home Phone _____ Business Telephone (971)347-3166 Cell Phone (971)413-3102

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

If married, name of spouse _____

d. E-mail address _____

2. If claim involves a vehicle: a. Year, make and model _____

b. License Plate Number _____ Driver's License Number _____ State _____

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 05/28/2025 Time 1:55 PM Circle AM / PM

b. Place (exact and specific location) 5265 NE 75th Ave, Portland, OR 97218 parking area

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): The leak was repaired on Friday, June 6th. The pipe burst because there was no pressure control valve on the city side of the service line, and water went into the ground.

d. State how the City of Portland or its employees were at fault: there was no control valve on the city side

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. _____
Leak detection came out to indentify the location of the leak, NW had to excavate to locate/reach
the broken pipe, repair the pipe, place new subgrade around the pipe, and place back asphalt.
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** _____
PWB
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:**
- | | |
|--|--------------------|
| a. Amount claimed as of this date: | \$ <u>4,912.75</u> |
| b. Estimated amount of future costs: | \$ _____ |
| c. Total amount claimed: | \$ <u>4,912.75</u> |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
<u>Repair work invoice is included.</u> | |
10. **Names, addresses / phone #s of all witnesses** Robert Bultena E: [REDACTED]
T: (352) 727-9591
11. **Any additional information that might be helpful in considering your claim** _____
Please see letter of assessment from NW Construction.

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: 6/27/2025

[Signature]
 Claimant's Signature

Kriste Gannon
 Print Name