



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

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

2025000969GL

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. 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) Wayde Elliott Date of Birth [REDACTED]
  - a. Address 2448 S.W. Commonwealth Ave. City Portland State OR Zip 97201
  - b. Home Phone 503-396-1778 Business Telephone \_\_\_\_\_ Cell Phone 503-396-1778
  - c. Occupation Real Estate Developer d. Marital Status: Single ( ) Married ( ) Divorced or Widowed (☒)
  - If married, name of spouse \_\_\_\_\_
  - d. E-mail address [REDACTED]
2. **If claim involves a vehicle:** a. Year, make and model 2023 Porsche Panamera
  - 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 6/2/25 Time 5:10 Circle AM / (PM)
  - b. Place (exact and specific location) 1/2 way up the hill on Broadway 1/2 way between SW Grant St. & SW Hoffman Ave.
  - 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): This pothole had been in the road for several months. My tenants experienced the same pothole & advised me they had called the hotline. Nearly 2 months later I hit it again, this time causing a flat tire.
  - d. State how the City of Portland or its employees were at fault: This pothole had remained un-fixed for several months even after being notified of the hole.
  - 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. \_\_\_\_\_

The impact was so severe it caused my tire to be completely flat in less than 1/2 mile. Porsche Dealer said it could not be repaired & had to be replaced

5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***

If you were injured please provide the following: Social Security #: N/A

Medicare/Medicaid Beneficiary? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury The

City of Portland is responsible as the pothole should have been repaired

7. Name and address of any other person injured N/A 300000

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: \$ 529.83

b. Estimated amount of future costs: \$ 0

c. Total amount claimed: \$ 529.83

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

10. Names, addresses / phone #s of all witnesses N/A

11. Any additional information that might be helpful in considering your claim N/A

**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: 6-25-25

Claimant's Signature

Wayde Elliott  
Print Name