



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2025000976GL

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) Fadi Botrous Date of Birth [REDACTED]
 - a. Address 856 NW Council Dr. City Gresham State OR Zip 97030
 - b. Home Phone 503-888-7880 Business Telephone N/A Cell Phone 503-888-7880
 - c. Occupation Banks Manager d. Marital Status: Single ☒ Married () Divorced or Widowed ()
 - If married, name of spouse N/A
 - d. E-mail address [REDACTED]
2. If claim involves a vehicle: a. Year, make and model 2024 Tesla Model Y
 - 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 06/5/25 Time 8:15am Circle ☒ AM ☐ PM
 - b. Place (exact and specific location) 15415 SE Clatsop st.
Portland, OR (That same road)
 - 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):
There are potholes that I could not avoid as it is a one lane street.
 - d. State how the City of Portland or its employees were at fault: _____
potholes are not repaired and the potholes are massive I could not avoid them.
 - e. Were you on the job at the time of the accident? Yes ☒ No ☐ Heading to work
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. _____
Right front wheel got bent / back right wheel cracked needed
a full 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 _____
N/A
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: \$ \$1,193
 - b. Estimated amount of future costs: \$ N/A
 - c. Total amount claimed: \$ \$1,193
 - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Pictures of Damages / Receipts
10. Names, addresses / phone #s of all witnesses _____
I can get the names of the people that worked
on my car. I don't have specific witnesses
11. Any additional information that might be helpful in considering your claim _____

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: 07/02/25

[Signature]
 Claimant's Signature

Fadi Botrous
 Print Name



