

File Number:

GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2025000976GL



A claim must be filed with City of Poetland 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 Poetland, not another public entity.

Where space is insufficient, please use additional paper and identify information by section number and letter.

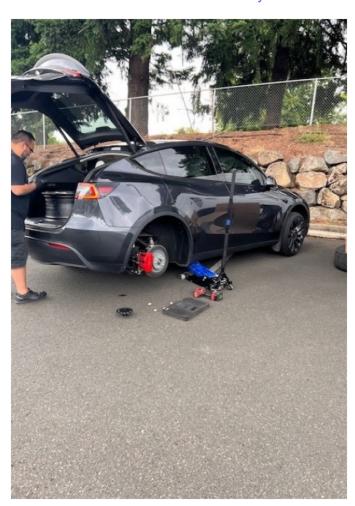
Completed firms may be mailed, emailed, faxed, or hand-delivered to:

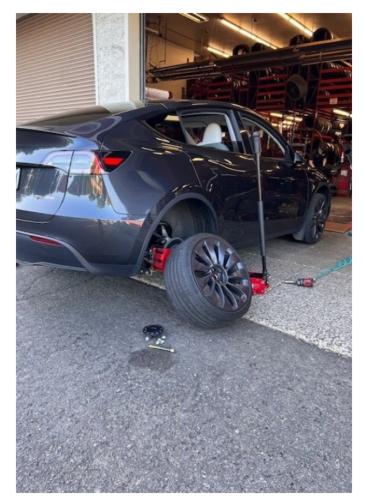
Risk Management Liability, 1120 S.W. 5th Ave., Suite 1040, Poetland, OR 97204-1912, Ph: 503-823-5101,

Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov

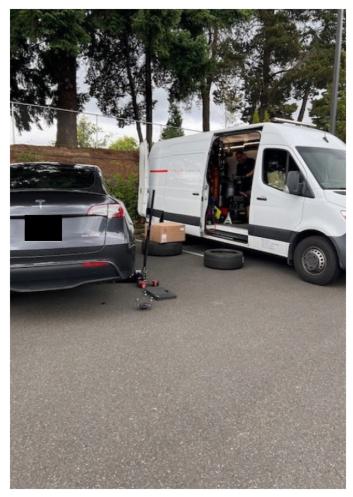
L Ch	almant (Circle: Mr. Mrs. Ms. Miss) - total JOTVOUS Date of Burth
a.	Address 856 NW Council Dr. City Gresham State OR Zip 97030
	Home Phone 508-888-7880 Business Telephone N/A Cell Phone 508-888-7880
c.	Occupation Bonk Minager d. Marital Status: Single Married () Divorced or Widowed ()
	If married, name of spouse //A
d.	E-mail address
2. If c	laim involves a vehicle: a. Year, make and model 2024 TEXA Model y
Ь.	License Plate Number
c.	At time of accident, were you (check all that apply) Owner: Driver Passenger N/A
	Name and address of owner if different from claimant (1. Above)
	District of the same of the sa
b.	Place (exact and specific location) 15415 SE CLOHSOP St. Portland, OR That Some Youl) 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.
	potholes are not repaired and the potholes are mussive
c. V	Were you on the job at the time of the accident? Yes No Hewling to Worth
8	f yes, what is the name / phone number of employer

a Gill replacement.	/ back right wheel cracked nowled
5. *We are required to report all claims for inju-	ries to Medicare/Medicaid Services*
If you were injured please provide the following	
Medicare/Medicaid Beneficiary? Yes No	
6. Give the name(s) of the City employee(s) and	or City Bureau causing the damage or injury
7. Name and address of any other person injured	
N/A	
8. Name and address of the owner of any damag	ged property if different from claimant
9. Damages claimed:	
a. Amount claimed as of this date:	s \$1,193
	s M/P
b. Estimated amount of future costs:	s \$1,193
c. Total amount claimed:	nclude copies of all bills, invoices, estimates, etc.):
Names, addresses / phone #s of all witnesses	s of the people that women
on my car I don't	hove specific witness
I can get the name	hove specific witness
On my Cov I don't Any additional information that might be he arning: It is a criminal offense to file a fa	hove Specific Witness Ipful in considering your claim
Any additional information that might be he have carefully read the statements made in this claim, sowledge, except as to those matters stated upon information and acknowledge that all statements made in the statements are in connection with an application	LISE CLAIM! (ORS 162.085) including any attached sheets, and I know them to be true of my own this claim are made to a public servant of the City of Portland, an
Any additional information that might be he have carefully read the statements made in this claim, sowledge, except as to those matters stated upon info	LISE CLAIM! (ORS 162.085) including any attached sheets, and I know them to be true of my own this claim are made to a public servant of the City of Portland, and this claim are made to a public servant of the City of Portland, and the contract of the city of Portland, and the city of Portlan









City of Portland Risk Management 7/2/2025

