



GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

File Number:

2025000978GL



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: 503-823-5105

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

1. Claimant (Circle: Mr. Mrs. Ms. Miss) Dave Chin Date of Birth [REDACTED]

a. Address [REDACTED] City Portland State OR Zip 97230

b. Home Phone [REDACTED] Business Telephone 503-823-3842 Cell Phone [REDACTED]

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

If married, name of spouse [REDACTED]

d. E-mail address [REDACTED]

2. If claim involves a vehicle: a. Year, make and model 2008, LAND ROVER RANGE ROVER

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) [REDACTED]

3. Occurrence or event from which the claim arises:

a. Date 6/13/2025 Time 2:45 Circle AM ☐ PM ☒

b. Place (exact and specific location) 1920 S.W. Spring St.

In front of the fire station in parking lot

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 fire crew was training, pulling the Bulk Hose 1000 and stretching it to the attic, and scratched the back driver side door with a hose coupling.

d. State how the City of Portland or its employees were at fault: The fire employees are the ones who scratched the car with the hose during training. The officer should have instructed to move the cars prior to the drill.

e. Were you on the job at the time of the accident? Yes ☒ No ☐ Cars prior to the drill.

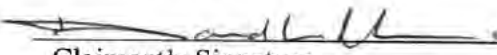
If yes, what is the name / phone number of employer Portland Fire and Rescue

503-823-3700

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. 3-4" Scratch on the back driver side door, and a trail with another 3" scratch along the same path
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** Lt. Rich Neighorn
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:**
- Amount claimed as of this date: \$ _____
 - Estimated amount of future costs: \$ _____
 - Total amount claimed: \$ _____
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
10. **Names, addresses / phone #s of all witnesses** Ben Decker 503 [REDACTED] OR 97035
Jeremy Shiflett [REDACTED] Clatskanie, OR 97016
Rich Neighorn [REDACTED] Oregon City, OR 97045
11. **Any additional information that might be helpful in considering your claim** Vehicle was recently acquired by the owner. Vehicle is considered a luxury vehicle in limited numbers.

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: 6/13/2025

Claimant's Signature

DAVID CHIN
Print Name



