



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *

2025000980GL

Received

JUL 02 2025

RR MYMY



File Number: _____

Portland Building
Front Desk

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) Ronisha L Harris's family Date of Birth [REDACTED]
- a. Address 6013 N.E 6 Ave City Portland State OR Zip 97211
- b. Home Phone 503-412-9113 Business Telephone _____ Cell Phone Same
- c. Occupation _____ 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 _____
- b. License Plate Number _____ Driver's License Number N/A 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 1940's to the early 1970's Time _____ Circle AM / PM
- b. Place (exact and specific location) Portland, Oregon (Albina Neighborhood)
North & Northeast Portland.
- 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 city of Portland and Prosper Portland formerly the Portland Development Commission, conspired with Legacy Emanuel medical center to displace families from their home's business in the name of urban renewal under guise of Advanced blight. The city called over 300 home's business to be destroyed families to be relocated and
- d. State how the City of Portland or its employees were at fault: The city taking code over lending practices perpetuated harmful stereotypes and excluded black residents from wealth-building opportunities
- 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. _____

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 _____

City of Portland State of Oregon Prosper Portland, and Legacy Emanuel
Medical Center

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: \$ 8.5 million

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

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

Settlement from the city of 7.5 million \$ 1 million from
Prosper Portland

10. Names, addresses / phone #s of all witnesses See attached

11. Any additional information that might be helpful in considering your claim I should have been notified of the 2022 lawsuit as I am a descendant to and have been impacted from the displacement of my family. The lawsuit was filed by Emanuel Displaced Person Association. The Skipper family - 3103 N. Vancouver, Portland, Oregon

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: _____

Ronisha Harris
Claimant's Signature

Ronisha Harris
Print Name