



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number:

2025000982GL

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. Fifth, Room 709, Portland, OR 97204-1912, Ph: 503-823-5101, Fax: 503-823-6120

LiabilityClaims@portlandoregon.gov

## 1. Claimant (Circle: Mr. Mrs. Ms. Miss)

Date of Birth

a. Address 610 NW 18<sup>th</sup> Ave City Portland State OR Zip 97209

b. Home Phone Business Telephone Cell Phone 562-912-8323

c. Occupation Retired d. Marital Status: Single ☒ Married ( ) Divorced or Widowed ( )

If married, name of spouse

d. E-mail address

## 2. If claim involves a vehicle: a. Year, make and model 2007 GMC Yukon

b. License Plate Number Driver's License Number State CA

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 5/28/2025 Time 8:00pm Circle AM ☒ PM

b. Place (exact and specific location) 2nd and Weidler, Portland, OR

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): After avoiding another driver

hitting me, there was no guard railing or anything that would prevent me hitting an industrial pole that was in a deep groove that I went into after swerving.

d. State how the City of Portland or its employees were at fault: There was no safety railing or guard for drivers and myself to avoid hitting this industrial pole.

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. Towing Yard fees and possible auction of my vehicle because I also damage to the front end of my vehicle
5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***  
If you were injured please provide the following: Social Security #: [REDACTED]  
Medicare/Medicaid Beneficiary? Yes ☒ No ☐
6. Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury transportation - street pole
7. Name and address of any other person injured None other
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: \$3,636<sup>00</sup> (towing Fees)
  - b. Estimated amount of future costs: \$3,000<sup>00</sup> (Repair) Estimate
  - c. Total amount claimed: \$5,385<sup>00</sup>  
\$12,000<sup>00</sup>
  - d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): See Attached in Email.
10. Names, addresses / phone #s of all witnesses Kevin O. - 971-563-2435  
Officer at the time of accident - Vehicle Plate # E300639
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: 7/3/2025

Gloria Windham  
Claimant's Signature

Gloria Windham  
Print Name



