City of Portland Risk Management 7/2/2025 KB TRTS		
GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND * for domingers to persons or property *		
2025000982GL	_	
 A view must be Rivel with City of Portland Rick 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. Passet 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 apasse 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 		
L. Claimant (Circle: Mr. Mrs. Ms. Miss) Date of Birth		
a. Address 60 0 NW 18th Ave City Portland State OR Zip 97209		
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b. Home Phone Business Telephone Cell Phone 562-912-832 c. Occupation Relified 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 GINC VUKON		
b. License Plate Number Driver's License Number State		
c. At time of accident, were you (check all that apply) Owner: Driver X_ 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, Porlland, 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 anothing that would prevent me hitting an industrial fole that		
hitting me, there was no guard railing of anything		
Was in a deep growle that I went into after swerder	g	
d. State how the City of Portland or its employees were at fault: There was no safety		
Valung or guard for drivers and myself to		
ALMALIA THE LOCUENCAL PIPE		
avoid mining ous magsinal por		
e. Were you on the job at the time of the accident? Yes No X		
c. Were you on the job at the time of the accident? Yes No X		

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4. Description: Describe the injury, property damage or loss so far as is known at the time of this claim. my Nehicle Towing Yard fees and possible auction Also damage to the front end 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 X 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_____ \$13,636 (towing Fees) \$ 5,000 (Repair) Estimate \$ 5,385 00 9. Damages claimed: a. Amount claimed as of this date: 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.): ____ See Attached in Email. 10. Names, addresses / phone #s of all witnesses Kevin 0. - 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.

Glaria Windham

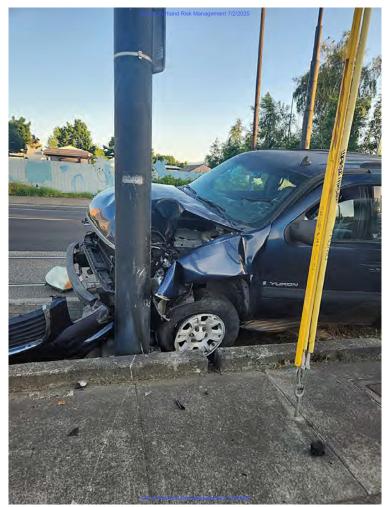
Print Name

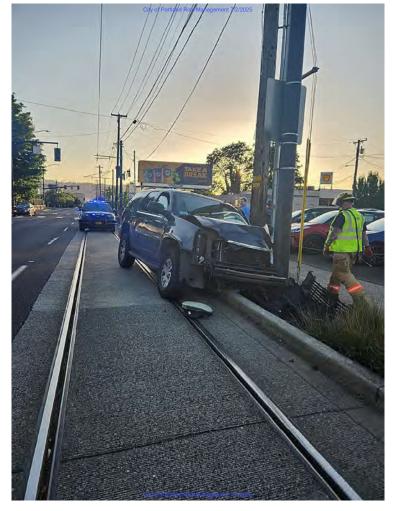
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