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GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2025001122GL

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) Andrew Michaud-Goetz Date of Birth [REDACTED]

a. Address 3150 SW Bertha Blvd Apt 8 City Portland State OR Zip 97239

b. Home Phone [REDACTED] Business Telephone [REDACTED] Cell Phone 408-348-6284

c. Occupation Student d. Marital Status: Single ☒ Married ☐ 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 2012 Toyota Corolla

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 June 7th 2025 Time 5:00 pm Circle AM / PM

b. Place (exact and specific location) 3278 SW Beaverton Hillsdale HWY Portland Oregon 97239

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): [REDACTED]

~~Previously the night before a car seems to have had a collision with the bus stop next to the address i listed. The car demolished the bus stop, in addition to a concrete wall near it. The piece of the wall was not removed and instead moved into a road entrance. My car hit that wall piece was trying to turn into the road entrance, i could not see it before it turned as it was not marked in any way and was behind the original wall it was apart of. The rebar sticking out of the wall damaged the whole bottom passenger side of my car.~~

d. State how the City of Portland or its employees were at fault: [REDACTED]

~~The city removed most of the bus stop debris but not the cement wall and the cement wall was not marked if they planned to leave it there.~~

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

If yes, what is the name / phone number of employer [REDACTED]

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. _____
 The side of my car needs to be repaired. I have gotten a quote for the damage and it is \$5,366.99
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** _____
 Portland Bureau of Transportation
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: | \$ 5,366.99 |
| b. Estimated amount of future costs: | \$ _____ |
| c. Total amount claimed: | \$ 5,366.99 |
| d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): | _____ |
10. **Names, addresses / phone #s of all witnesses** _____
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: 08/17/2025

Andrew Michaud-Goetz
 Claimant's Signature

Andrew Michaud-Goetz
 Print Name