



## GENERAL LIABILITY

## CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number:

2025001135GL

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. 5<sup>th</sup> 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) Anthony Esparicuefa Date of Birth [REDACTED]
- a. Address 3240 NE Broadway St Apt 127 City Portland State OR Zip 97232
- b. Home Phone 503-777-3125 Business Telephone — Cell Phone 503-777-3125
- c. Occupation Jewelry Sales 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 2024 Audi A3
- 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) —

3. Occurrence or event from which the claim arises:

- a. Date 5/31/2025 Time 10:10 PM Circle AM / ☒ PM
- b. Place (exact and specific location) Freeway entrance on-ramp to I-84 East  
from NE Grand Ave, Portland, Or. (45.5262133, -122.6589853) - (coordinates)
- 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): Collided with major Pothole toward the  
end of Freeway on-ramp, causing massive damage to two  
wheels of my personal vehicle.
- d. State how the City of Portland or its employees were at fault: Failure to maintain drivable  
road conditions or provide adequate warning to incoming  
road hazard.
- 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. \_\_\_\_\_  
Major damage to my personal vehicle resulting in ~~one~~ two destroyed  
tires and two damaged wheels requiring total replacement.
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:**
- Amount claimed as of this date: \$ 4,484.47
  - Estimated amount of future costs: \$ 0.00
  - Total amount claimed: \$ 4,484.47
  - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
Dealership invoice for repair of vehicle. (will be included  
with claim, with images of damage)
10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_  
Hasey Hennessee, 4008 SE 94th Ave, Portland, Or, 97236. 503-919-5726
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 8/19/25

[Signature]  
 Claimant's Signature

Anthony Espericueta  
 Print Name



