



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

*\* for damages to persons or property \**

File Number: **2025001143GL**



*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) Linda Acker Date of Birth [REDACTED]

a. Address 7738 SW 51st Ave City Portland State OR Zip 97219

b. Home Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone 2159064824

c. Occupation service designer d. Marital Status: Single ( ) Married (X) Divorced or Widowed ( )

If married, name of spouse Jamie Acker

d. E-mail address [REDACTED]

**2. If claim involves a vehicle:** a. Year, make and model \_\_\_\_\_

b. License Plate Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ 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 2/24/2025 Time 2:00 Circle AM / PM

b. Place (exact and specific location) Basement and garage water and sewage back up. After a few days of investigation

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): \_\_\_\_\_

it was determined tree roots impacted the sewer line directly in front of property in the street

d. State how the City of Portland or its employees were at fault: \_\_\_\_\_

We were told onsite the tree intrusion was a completely blocking the entire line and needed to be completely replaced, indicating this has been a longer term issue that went undetected or not inspected.

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. \_\_\_\_\_  
 we were advised to replace our vacuum receipt attached  
 carpet, rug pad, 1 car seat, ironing board, ironing board cover, bathroom rugs (2), bathroom garbage can,  
 wooden shelving unit, curtain fabric office chair photo storage boxes, misc toiletries from shower  
 housing 1- week + meals, City dump fee to discard hazardous materials, laundry, cleaning supplies

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 Water Sewer / Environmental Services

7. **Name and address of any other person injured** \_\_\_\_\_

8. **Name and address of the owner of any damaged property if different from claimant** \_\_\_\_\_  
 We rent the property through PropM management and owners filed structural damage claim through city

9. **Damages claimed:**

- a. Amount claimed as of this date: \$ \$1605  
 b. Estimated amount of future costs: \$ \$100  
 c. Total amount claimed: \$ \$1705  
 d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

10. **Names, addresses / phone #s of all witnesses** Reliable Plumbing, Portland Oregon.  
Brian- 503-936-7998

11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_

We had only been in the home 10 days when the flood happened and had reported the incident to property team immediately. We had elected optional back up coverage with our rental insurance but because this happened off property our insurance does not pay nor offer that coverage outside ownership. The owners and property team is giving a rent credit from March through current for loss of use of the downstairs but not for anything lost or displacement the week of the event  
 Luckily we still had our items in boxes from the move and mitigated loss for us and owners with quick movement of items and clean up.

**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: 8/19/2025

Linda Acker

Claimant's Signature

Linda Acker

Print Name