



**GENERAL LIABILITY
CLAIM AGAINST THE CITY OF PORTLAND**

** for damages to persons or property **

2025001144GL

JJ



File Number: _____

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) BRIAN LE

Date of Birth _____

a. Address 12296 SE 106TH AVE. City HAPPY VALLEY State OR Zip 97086

b. Home Phone _____ Business Telephone _____ Cell Phone (408) 425-6476

c. Occupation BUS TRAINING SUPERVISOR d. Marital Status: Single () Married (X) Divorced or Widowed ()

If married, name of spouse ABBY LE

d. E-mail address _____

2. If claim involves a vehicle: a. Year, make and model 1997 TOYOTA 4RUNNER

b. License Plate Number _____ Driver's License Number _____ 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 JULY 1, 2025 Time ~ 8:30 - 8:45 Circle AM / PM

b. Place (exact and specific location) Parked vehicle on street facing north, in front of home address, 4030 SE 16TH AVE. PORTLAND, OR. 97202

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): Just days after tree was inspected & trimmed, a large tree limb, approximately 20+ feet, fell on top of my vehicle.

d. State how the City of Portland or its employees were at fault: Tree problem (dead OR hazard tree). Potentially tree is dead, dying, or dangerous.

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. Visible
Damage to: Left front side, roof (front windshield, moonroof area, & between front
& rear passenger doors), shattered windshield, broken antenna, rear view mirror
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** _____
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: \$ 0
 - Estimated amount of future costs: \$ at least, \$10,661.45
 - Total amount claimed: \$ _____
 - Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Please refer to auto body estimate of, \$10,661.45 TOTAL LOSS. This is
a Preliminary estimate. * Need tear down to complete estimate *
10. **Names, addresses / phone #s of all witnesses** _____
JORDAN BATES, 4030 SE 16TH AVE. PORTLAND, OR 97202 (307) 287-9567
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: 8/20/2025

[Signature]
 Claimant's Signature

BRIAN LE

Print Name

































