City of Portland Risk Management 8/20/2025

GENERAL LIABILITY

CLAIM AGAINST THE CITY OF PORTLAND



PKCN

File Number:

* for damages to persons or property * 2025001144GL



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. Cla	imant (Circle: Mr. Mrs. Ms. Miss) BRIAN LE Date of Birth
a.	Address 12296 SE 106 TH AVE. City HAPPY VALLEY State OR Zip 97096
	Home Phone Business Telephone Cell Phone (408) 425-6476
c. (Occupation BUS TRAINING SUPERVISOR d. Marital Status: Single (Married ()) Divorced or Widowed ()
	If married, name of spouse ABRY LE
d. 1	E-mail address _
2. If cla	aim involves a vehicle: a. Year, make and model 1997 Toyota 4 Runner
c. A	at time of accident, were you (check all that apply) Owner: Passenger N/A
	Tame and address of owner if different from claimant (1.Above)
c. Spe dan 	Time & 8:30-8:45 Circle AM/PM ace (exact and specific location) Parked Vehicle on street facing north, in front I home address, 4030 SE 16 TH AVE. PORTLAND, OR. 97202 cify the particular occurrence, event, act, or omission by the City that you believe caused the injury or mage (use additional paper if necessary): Just days after tree was inspected & rimmed, a large tree limb, approximately 20 t feet, fell on P of my vehicle.
State	how the City of Portland or its employees were at fault: Tree problem (dead 2 hazard tree). Potentially tree is dead, dying, or dangerous
Were	you on the job at the time of the accident? YesNo
	what is the name / phone number of employer
11 1000	TI SAME AND SAME CONTROL OF THE PARTY OF THE

e.

4 Description	City of Portland Risk N	lanagement 8/20/2025 at the time of this claim. Visible	
Damage	to: Lest hont side, root (from	r windshield, moonhoof area, & between front red windshield, broken antena, rear view mirror	
	& rear passenger doors), Shatter	red windshield, broken antena, rear view minron	
5. *We are red	*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		
Medicare/M			
6. Give the na	me(s) of the City employee(s) and/or Cit	y Bureau causing the damage or injury	
7. Name and a	ddress of any other person injured		
8. Name and ac	ddress of the owner of any damaged pro	operty if different from claimant	
9. Damages cla	imed:		
a. Amount cla	aimed as of this date:	s at least, \$ 10,661.45	
b. Estimated	amount of future costs:	s at least, \$ 10,661.45	
c. Total amou	int claimed:	\$	
		down to complete estimate * PORTLAND, OR 97202 (307)287-9567 In considering your claim	
ARNING: IT IS A CI	RIMINAL OFFENSE TO FILE A FALSE CI	LAIM! (ORS 162.085)	
have carefully read to nowledge, except as iderstand and ackno- at the statements are	the statements made in this claim, includi	ng any attached sheets, and I know them to be true of my own or belief and to such matters I believe the same to be true. Italiam are made to a public servant of the City of Portland, and	
Pate: 8/20/			
12		BRIAN LE	
Claimant's Signatu	ire	Print Name	









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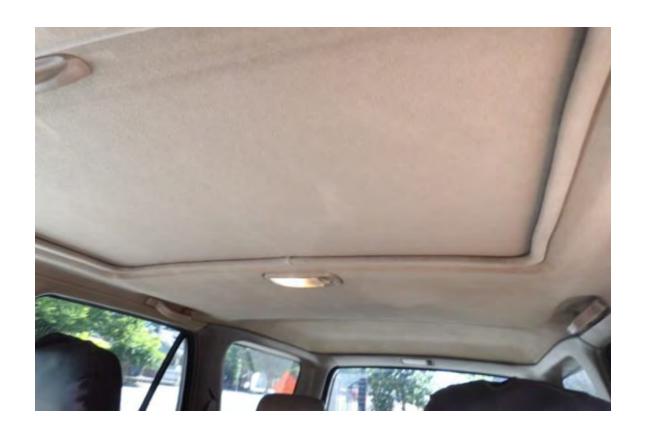


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