

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

* for damages to persons or property *

3610 File Number:





A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or event CEIVED

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. Y OF PORTLAND

	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) Erika Meyer Date of Birth 3-29-1968
a.	Address 305 NE GIST Ave #DI3 City Portland State OR Zip 97213
b.	Home Phone 971-8661202 Business Telephone Cell Phone 971 888 1202
c.	Occupation Musician d. Marital Status: Single (Married () Divorced or Widowed ()
	If married, name of spouse
d.	E-mail address ekm a Seastorm. com
2. If	claim involves a vehicle: a. Year, make and model
b.	License Plate NumberStateState
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)
a. b.	Date Jan 1, 2014 (about) Time Am Circle AM PM Place (exact and specific location) Portland OR Most of The Problems Occured in my residence, but it not my Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): Attached
d.	State how the City of Portland or its employees were at fault: City of Portland refuses
-	to investigate complaints of committal activity harming
	me gard my loved ones and sets. They appear to ke
e.	Were you on the job at the time of the accident? Yes No Covering 17 4
	If yes, what is the name / phone number of employer
H:\Proj	iects\Web Pages\Liability Documents\2020 GENERAL LIABILITY CLAIM form MEYER, B(City)_100015

4.	Description: Describe the injury, property damage or loss so far as is known at the time of this claim.
^	grinal torture, abuse, killing severe emotional distress
for	m whening and experiences abuse assault, Luttery -
5.	*We are required to report all claims for injuries to Medicare/Medicaid Services * Wmg had class
	If you were injured please provide the following: Social Security #:
	Medicare/Medicaid Beneficiary? Yes No Otto
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 Chris Newman, de ceased, Sure address.
8.	Name and address of the owner of any damaged property if different from claimant
9.	Damages claimed: III be lost 1850 196
	a. Amount claimed as of this date:
	b. Estimated amount of future costs:
	c. Total amount claimed:
	d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): Park Suffering Wrongful death, Puritive Day The want injurities relief and accumulation
10.	Names, addresses / phone #s of all witnesses
	-N/A
	Any additional information that might be helpful in considering your claim I am most intrested in injunctive relief and accounts, lity. — Being Lept sufe from (rime arresting alusers, holders The corrupt to account
	ARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)
kr ur	have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own lowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I derstand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and at the statements are in connection with an application for a benefit from the City of Portland.
I	Date: 5-3-2023
lie-	and hage Eaka Meyer
	Claimant's Signature Print Name