



GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

* for damages to persons or property *



File Number: 2024000188GL

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) Rene Gonzalez Date of Birth [redacted]

a. Address [redacted] City Portland State OR Zip [redacted]

b. Home Phone [redacted] Business Telephone Cell Phone

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

If married, name of spouse

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 Time Circle AM / PM

b. Place (exact and specific location) Home

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): Arson at home. Anarchist/antifa website took credit for arson, although investigation still underway. Website claimed arson was driven by policies adopted in capacity as city commissioner.

d. State how the City of Portland or its employees were at fault: City was too slow to respond to increased threats and incidents against elected officials in the period 2020-24.

e. Were you on the job at the time of the accident? Yes No (checked)

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. _____
Dress belong to wife, garment bag, wedding wring, and suit all lost in arson. Parents vehicle was destroyed. Significant trauma for a number of family members.

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** _____
tbd

7. **Name and address of any other person injured** _____

8. **Name and address of the owner of any damaged property if different from claimant** _____
Rene J Gonzalez (father) 5010 S Landing Drive. Angie Uggen (wife) same address.

9. **Damages claimed:**

- a. Amount claimed as of this date: \$ tbd _____
- b. Estimated amount of future costs: \$ tbd _____
- c. Total amount claimed: \$ tbd _____
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____
Dress worth \$200; ring \$1000; suitbag \$20. Ascertaining value of vehicle.

10. **Names, addresses / phone #s of all witnesses** There is an open police report.
PPB case number PP24-9217 and PF&R case number RP24-4159

11. **Any additional information that might be helpful in considering your claim** The arson was widely covered and we believe city had actual notice of claim on January 12 (PPB put out a press release that day).

On February 16th city received more details on claim in meeting with my staff and City Attorney Robert Taylor and members of security and accounting teams. We had understood city was processing

claim (Dan Ryan had been reimbursed for vandalism damage done at his house); in recent conversations

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085) w/ Robert it appears process stalled so he suggested I followup w/ risk.

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: 12/20/24

Rene Gonzalez
Claimant's Signature

Rene Gonzalez
Print Name