

**FINANCIAL IMPACT STATEMENT
For Council Action Items**

(Deliver original to Financial Planning Division. Retain copy.)

1. Name of Initiator Becky Chiao		2. Telephone Number 503-823-6124		3. Bureau/Office/Department OMF/Risk Management	
4a. To be filed (date) August 12, 2010		4b. Calendar (Check One) Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> 4/5ths <input type="checkbox"/>		5. Date Submitted to FPD Budget Analyst August 4, 2010	

1) **Legislation Title:** *Pay Claim of Carol Kitching.

2) **Purpose of the Proposed Legislation:** This ordinance will close OMF Risk Management File No. G2009-0264-01 for a total of \$25,000.00.

3) Revenue:

Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If new revenue is generated please identify the source.

This legislation will have no impact on City revenue.

4) Expense:

What are the costs to the City as a result of this legislation? What is the source of funding for the expense? (Please include costs in the current fiscal year as well as costs in future years) (If the action is related to a grant or contract please include the local contribution or match required)

Cost to the City is \$25,000.00. The source of funding is the City's Insurance and Claims Fund. All cost of the settlement is in the current fiscal year.

Staffing Requirements:

5) **Will any positions be created, eliminated or re-classified in the current year as a result of this legislation? (If new positions are created please include whether they will be part-time, full-time, limited term or permanent positions. If the position is limited term please indicate the end of the term.)**

No.

6) **Will positions be created or eliminated in future years as a result of this legislation?**

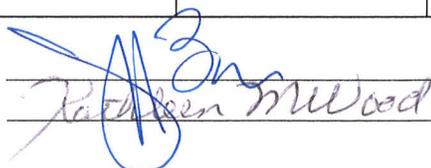
No.

Complete the following section only if an amendment to the budget is proposed.

7) Change in Appropriations (If the accompanying ordinance amends the budget please reflect the dollar amount to be appropriated by this legislation. Include the appropriate cost elements that are to be loaded by accounting. Indicate "new" in Center Code column if new center needs to be created. Use additional space if needed.)

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Amount

Jeff Baer, Director, BIBS
Kate Wood, Risk Manager





CITY OF PORTLAND, OREGON

Office of Management and Finance Risk Management Services

Sam Adams, Mayor
Kate Wood, Risk Manager
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DATE: July 28, 2010

TO: Mayor Sam Adams

FROM: Becky Chiao 
503-823-6124

FOR MAYOR'S OFFICE USE ONLY

Reviewed by Bureau Liaison _____

RE: *Pay Claim of Carol Kitching (emergency)

1. INTENDED THURSDAY FILING DATE: August 12, 2010
2. REQUESTED COUNCIL AGENDA DATE: August 18, 2010
3. CONTACT NAME & NUMBER: Becky Chiao, 503-823-6124
4. PLACE ON: CONSENT REGULAR
5. BUDGET IMPACT STATEMENT ATTACHED: Y N N/A
6. (3) ORIGINAL COPIES OF CONTRACTS APPROVED AS TO FORM BY CITY ATTORNEY ATTACHED: Yes No N/A

7. BACKGROUND/ANALYSIS

This claim arises from a January 31, 2009 incident in Grant Park. A parks employee was having trouble unloading a mower/tractor off a trailer where it was stuck. He asked Ms. Kitching to stand on the trailer to assist him, but in the process, the mower rolled over Ms. Kitching's foot, backwards off the trailer and over the left side of Ms. Kitching's body. The employee should not have asked a parks visitor to work with the mechanical equipment in this situation.

8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$25,000.00 from the liability fund.

9. RECOMMENDATION/ACTION REQUESTED

Submit the attached Ordinance for approval by City Council as an emergency ordinance.