FINANCIAL IMPACT STATEMENT For Council Action Items

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

Name of Initiator		2. Telepho	one Number		3. Bureau/Office/Department	
Randy Stenquist		503-823	3-6000		OMF/Risk Management	
4a. To be filed (date)	4b. Calendar (Check One)			5. Date Submitted to FPD Budget Analyst		
	Regular	Consent	4/5ths		August 4, 2010	
August 12, 2010		×			1100000 1, 2010	

- 1) Legislation Title: *Pay Claim of Alta Hamilton.
- **2) Purpose of the Proposed Legislation**: This ordinance will close OMF Risk Management File No. F2010-5103-01RS for a total of \$11,194.61. Please see memorandum for detail.
- 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 \$11,194.61. 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
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	5					

APPROPRIATION UNIT HEAD (Typed name and signature)



CITY OF PORTLAND, OREGON

Office of Management and Finance Risk Management Services

Sam Adams, Mayor
Kate Wood, Risk Manager
1120 S.W. Fifth Avenue, Room 709 • Portland, OR 97204-1912
Phone: 503-823-5101 • Fax: 503-823-6120
www.portlandonline.com

DATE: July 27, 2010

TO: Mayor Sam Adams

FROM: Randy Stenguist

503-823-6000

FOR MAYOR'S OFFICE USE ONLY

Reviewed by Bureau Liaison _____

RE: *Pay Claim of Alta Hamilton (emergency)

1. INTENDED THURSDAY FILING DATE: August 12, 2010

2. REQUESTED COUNCIL AGENDA DATE: August 18, 2010

3. CONTACT NAME & NUMBER: Randy Stenguist, 503-823-6000

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

Alta Hamilton, age 80, was driving her 2009 Pontiac G-5 sedan blocks from her SE Portland home on Thursday, May 6, 2010 at approximately 9:40 AM. Ms. Hamilton was traveling westbound on SE Pine at or below the posted 25 MPH. As she moved through the intersection of SE Pine and SE 76th Avenue, she was broadsided by a 12-yard dump truck, owned and operated by the Portland Bureau of Transportation's Street Maintenance Division. The PBOT truck driver stated he was driving southbound on SE 76th Avenue at a slow speed, and approached the stop sign on SE 76th at SE Pine. The City driver stated he stopped, looked both ways for oncoming traffic, and, seeing none, he moved into the intersection. The PBOT driver had failed to notice Ms. Hamilton's vehicle approaching from his left, and the front bumper area of his large truck impacted the center of the passenger side of Ms. Hamilton's vehicle, causing substantial damage and pushing her vehicle up and over the adjacent curb and into the grass parking strip. Both of Ms. Hamilton's vehicle airbags deployed, and she subsequently complained of chest pains. It appears any injuries she sustained were minor and her medical treatment was minimal. Her vehicle, on the other hand, was badly damaged, and the repair process took approximately six weeks to complete.

Ms. Hamilton filed a claim with her own insurance company, State Farm, to coordinate the repairs and provide a rental replacement vehicle. Once the repairs were complete, State Farm added up the cost they paid for repairs (\$9,813.03) plus the allowable rental car expense (\$705.26), and submitted a bill to the City of Portland for reimbursement; the total amount of the insurance demand is \$10,518.29. Risk Management has previously reimbursed Ms. Hamilton \$676.32, which represents her \$500 insurance deductible and \$176.32 in rental charges not covered by the insurance carrier. Total value of the property damage claim is \$11,194.61.

8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$11,194.61 from the liability fund.

Please notify the City of Portland no less than five (5) business days prior to events for ADA accommodation at 503-823-5101, TTY at 503-823-6868, or by the Oregon Relay Service at 1-800-735-2900.

Equal Employment Opportunity and Affirmative Action Employee

9. RECOMMENDATION/ACTION REQUESTED

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