

**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) September 23, 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 September 8, 2010

**1) Legislation Title:** \*Pay Claim of Earl H. Hall.

**2) Purpose of the Proposed Legislation:** This ordinance will close OMF Risk Management File No. G2009-0078-01 for a total of \$55,000.

**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 \$55,000. 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?**

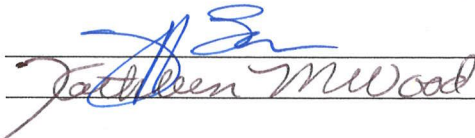
No.

**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

  
 \_\_\_\_\_  
 Kathleen McWood



## CITY OF PORTLAND, OREGON

Office of Management and Finance

### Risk Management Services

Sam Adams, Mayor

Kate Wood, Risk Manager

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**DATE:** September 1, 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 Earl H. Hall (emergency)

1. **INTENDED THURSDAY FILING DATE:** September 23, 2010
2. **REQUESTED COUNCIL AGENDA DATE:** September 29, 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 ordinance will settle a lawsuit brought by an elderly gentleman who fell off his motorized three-wheeled tricycle he was riding on SE Hawthorne near SE 35<sup>th</sup>. The accident occurred at the site of a hole in the pavement around a gas valve. The city had prior notice of the hole, and had performed a temporary patch at the site four months before the hole reappeared and the accident occurred.

Mr. Hall incurred nearly \$100,000 of medical bills and would be entitled to some amount of compensation for pain and suffering as well, if he were to prevail in court. Therefore, it is prudent to compromise the claim and settle for the negotiated amount of \$55,000.

### 8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$55,000 from the liability fund.

### 9. RECOMMENDATION/ACTION REQUESTED

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