

FINANCIAL IMPACT STATEMENT

For Council Action Items

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

1. Name of Initiator John Buehler		2. Telephone Number 503-823-5256		3. Bureau/Office/Department OMF/Risk Management
4a. To be filed (date) October 14, 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 October 6, 2010	

1) **Legislation Title:** *Pay Claim of Cinder L. Hart.

2) **Purpose of the Proposed Legislation:** This ordinance will close OMF Risk Management File No. F2008-5051-01 for a total of \$10,884.23. 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 \$10,884.23. The source of funding is the City's Insurance and Claims Fund. All cost 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.

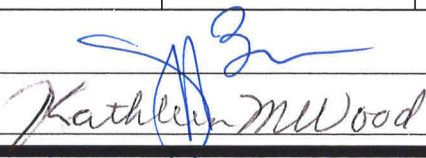
Complete the following section only if an amendment to the budget is proposed.

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



APPROPRIATION UNIT HEAD (Typed name and signature)



184169

CITY OF PORTLAND, OREGON**Office of Management and Finance
Risk Management Services**

Sam Adams, Mayor
Kate Wood, Risk Manager
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DATE: October 5, 2010**TO:** Mayor Sam Adams**FROM:** John Buehler
503-823-5256**FOR MAYOR'S OFFICE USE ONLY**

Reviewed by Bureau Liaison _____

RE: *Pay Claim of Cinder L. Hart (emergency)

1. **INTENDED THURSDAY FILING DATE:** October 14, 2010
2. **REQUESTED COUNCIL AGENDA DATE:** October 20, 2010
3. **CONTACT NAME & NUMBER:** John Buehler, 503-823-5256
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 settles a fleet bodily injury claim. The automobile accident was on October 27, 2007. A Portland Police Officer driving a bureau vehicle rear-ended the claimant's car, at low velocity, at an intersection. The claimant received medical treatment following the accident, and the City has already reimbursed her auto insurer for that part of the claim (\$4,884.23). Through her attorney, she also made claim for noneconomic damages. This Ordinance settles that part of the claim for an addition \$6,000 (Total settlement of \$10,884.23).

8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$10,884.23 from the liability fund.

9. RECOMMENDATION/ACTION REQUESTED

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