

## FINANCIAL IMPACT STATEMENT For Council Action Items

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

1. Name of Initiator Mark Stairiker		2. Telephone Number 503-823-5263		3. Bureau/Office/Department OMF/Risk Management	
4a. To be filed (date) October 28, 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 20, 2010	

**1) Legislation Title:** Pay Claim of Brian Turner.

**2) Purpose of the Proposed Legislation:** This ordinance will close OMF Risk Management File No. F2010-5102-01 for a total of \$9,746.00.

**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 \$9,746.00. 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.


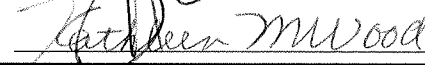
**6) Will positions be created or eliminated in future years as a result of this legislation?**

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)



## CITY OF PORTLAND, OREGON

### Office of Management and Finance Risk Management Services

Sam Adams, Mayor  
Kate Wood, Risk Manager  
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[www.portlandonline.com](http://www.portlandonline.com)

**DATE:** October 5, 2010

**TO:** Mayor Sam Adams

**FROM:** Mark Stairiker  
503-823-5263

**FOR MAYOR'S OFFICE USE ONLY**

Reviewed by Bureau Liaison \_\_\_\_\_

**RE:** \*Pay Claim of Brian Turner (emergency)

1. **INTENDED THURSDAY FILING DATE:** October 28, 2010
2. **REQUESTED COUNCIL AGENDA DATE:** November 3, 2010
3. **CONTACT NAME & NUMBER:** Mark Stairiker 503-823-5263
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 is a claim for property damage resulting from an automobile accident that occurred on April 21, 2010, at N. Wheeler, that damaged Brian Turner's automobile. An employee of the City of Portland, Water Bureau, drove into the rear of Mr. Turner's vehicle. Turner was stopped for traffic. Brian Turner's 2004 Toyota, which was insured by USAA, was badly damaged in the accident.

### 8. FINANCIAL IMPACT

Approval of the settlement would result in a payment from the liability fund totaling \$9,746.00, consisting of the \$500.00 deductible reimbursement previously paid to Brian Turner, and the balance of \$9,246.00 for auto physical damage being paid under this Ordinance.

### 9. RECOMMENDATION/ACTION REQUESTED

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