

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) November 22, 2010	4b. Calendar (Check One) <div style="display: flex; justify-content: space-around;"> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> 4/5ths <input type="checkbox"/> </div>			5. Date Submitted to FPD Budget Analyst November 10, 2010	

1) Legislation Title: Pay Claim of Brenda Phikulchakorn.

2) Purpose of the Proposed Legislation: This ordinance will close OMF Risk Management File No. F2009-5054-01 for a total of \$8,500.

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 \$8,500. The source of funding is the City's Insurance and Claims Fund. All cost is in the current fiscal year. Previous payment is \$5,000. to State Farm.

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)



184266

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: November 15, 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 Brenda Phikulchakorn (emergency)**1. INTENDED THURSDAY FILING DATE:** November 22, 2010**2. REQUESTED COUNCIL AGENDA DATE:** December 1, 2010**3. CONTACT NAME & NUMBER:** Mark Stairiker, 503-823-5253**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 property damage claim. The automobile accident was on November 10, 2008. A Portland Police Officer driving a bureau vehicle was involved in a rear end collision with a citizen on I-84.

Repair costs to the claimant's Scion are established at \$8,500.

8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$8,500 from the liability fund. (\$5,000. has been advanced in a partial settlement.

9. RECOMMENDATION/ACTION REQUESTED

Approve payment of claim of Brenda Phikulchakorn (State Farm Insurance).