

**FINANCIAL IMPACT STATEMENT  
For Council Action Items**

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

1. Name of Initiator John Buehler		2. Telephone Number 503-825-5256	3. Bureau/Office/Department OMF/Risk Management
4a. To be filed (date) January 12, 2011	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 January 5, 2011

**1) Legislation Title:** \*Pay Claim of Amy Rivkind.

**2) Purpose of the Proposed Legislation:** This ordinance will close OMF Risk Management File No. G2009-0266-01 for a total of \$25,600.

**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 \$25,600. 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?**

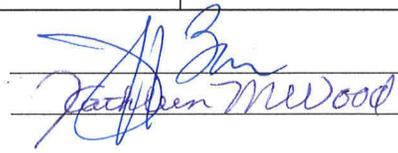
No.

**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





## CITY OF PORTLAND, OREGON

### Office of Management and Finance Risk Management Services

Sam Adams, Mayor  
Kate Wood, Risk Manager  
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**DATE:** December 29, 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 Amy Rivkind (emergency)**

1. **INTENDED THURSDAY FILING DATE:** January 12, 2011
2. **REQUESTED COUNCIL AGENDA DATE:** January 19, 2011
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

Risk Management Services has reached a compromise settlement of a claim brought against the City by Amy Rivkind, through her attorney, Matt Kaplan. This settlement is subject to the approval of the City Council. We are recommending the City pay the sum of \$25,600 to settle the claim.

Ms. Rivkind was injured on February 11, 2009. She was a patron at the Fitness Center at Matt Dishman Community Center. She was adjusting the weight on a weight machine that was apparently missing a safety latch or pin. The stack of weights fell, crushing Ms. Rivkind's left thumb.

The proposed settlement amount is the result of substantial negotiation and compromise by both parties. Portland Parks & Recreation concurs in Risk Management's recommendation to settle.

### 8. FINANCIAL IMPACT

Approval of the settlement will result in a payment of \$25,600 from the liability fund.

### 9. RECOMMENDATION/ACTION REQUESTED

Approve settlement of Amy Rivkind bodily injury claim in the sum of \$25,600.