# FINANCIAL IMPACT STATEMENT For Council Action Items

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

I. Name of Initiator John Buehler	2. Telephone Number 503-823-5256	3. Bureau/Office/Department OMF/Risk Management	
4a. To be filed (date)	4b. Calendar (Check One) Regular Consent 4/5ths	5. Date Submitted to FPD Budget Analyst	
March 31, 2011		March 23, 2011	

1) Legislation Title: \*Pay Claim of Teresa Hubbell, involving Bureau of Transportation.

**2)** Purpose of the Proposed Legislation: This ordinance will close OMF Risk Management File No. F2010-5084-01 for a total of \$15,180.

### 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 \$15,180. 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	<b>Commitment Item</b>	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 1120 S.W. Fifth Avenue, Room 709 • Portland, OR 97204-1912 Phone: 503-823-5101 • Fax: 503-823-6120 www.portlandonline.com

**DATE:** March 16, 2011

TO: Mayor Sam Adams

FOR MAYOR'S OFFICE USE ONLY

FROM: John Buehler 503-823-5256

Reviewed by Bureau Liaison

RE: \*Pay Claim of Teresa Hubbell, involving Bureau of Transportation (emergency) 1. INTENDED THURSDAY FILING DATE: March 31, 2011

2. REQUESTED COUNCIL AGENDA DATE: April 6, 2011

3. CONTACT NAME & NUMBER: John Buehler, 503-823-5256

4. PLACE ON: <u>✓</u> CONSENT <u>\_\_</u> REGULAR

5. BUDGET IMPACT STATEMENT ATTACHED: <u>✓</u> Y <u>N</u> N/A 6. (3) ORIGINAL COPIES OF CONTRACTS APPROVED AS TO FORM BY CITY ATTORNEY ATTACHED: <u>Yes</u> No <u>✓</u> N/A

## 7. BACKGROUND/ANALYSIS

This Ordinance settles a fleet bodily injury claim for a total of \$15,180. The automobile collision that led to the claim occurred on February 16, 2010. Ms. Hubbell was northbound on NE Grand Ave., approaching NE Clackamas St. She braked as traffic in front her slowed. A City driver, driving a City-owned Ford F250 Super-duty pickup, was also northbound directly behind her. The City driver also braked, but reacted too late to avoid a collision.

This Ordinance is to settle the subrogation claim by the claimant's no-fault auto insurance company (Progressive Insurance) for \$5,685.14, and noneconomic damages directly to Ms. Hubbell in the sum of \$9,364.86. In addition, we previously advanced to Ms. Hubbell the sum of \$130 for some expenses not covered by her insurer. The total of the above items is \$15,180.

### 8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$15,180 from the liability fund.

## 9. RECOMMENDATION/ACTION REQUESTED

Approve settlement of Teresa Hubbell injury claim in the sum of \$15,180.

Please notify the City of Portland no less than five (5) business days prior to events for ADA accommodation at 503-823-5101, TTY at 503-823-6868, or by the Oregon Relay Service at 1-800-735-2900.