




**DATE:** December 28, 2022  
**TO:** Clint Mercer, Chief Accountant  
**FROM:** Sarah Encinias, Legal Admin Tech   
**SUBJECT:** City of Norman Debt Recovery – PD Unit 1035  
PD Report 2022-49011

On August 10, 2022, damage was sustained to a City Police Department vehicle (Unit 1035) when it was struck by another vehicle. The driver of the other vehicle was identified as Adelyn Brierton and the responsible party was identified as Kevin Brierton.

Attached is a check from Safeco Insurance in the amount of \$6,216.69 to cover the rest of damage costs. This payment is in addition to a previous payment received from Safeco in the amount of \$4,960.72, for a total reimbursement received of \$11,177.41.

Please advise if you need additional information regarding this payment.

*Attachment*

cc: Kevin Foster, Chief of Police  
Brent Barbour, Major, Community & Staff Services  
Mark Delgado, Fleet Supervisor

CLAIM OFFICE ADDRESS:  
P.O. BOX 1525  
DOVER, NH 03821-1525



CHECK REFERENCE 57289817	CHECK DATE 11/28/22
CHECK AMOUNT ***\$6216.69	BLOCK NUMBER 002059

B. CODE
404

PAGE 1 OF 1

CONTACT: CLAIMS SERVICE DEPARTMENT  
PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 08/10/22

U/W CO: SAFECO INSURANCE COMPANY OF AMERICA

INSURED NAME: BRIERTON,KEVIN

CLAIMANT NAME: CITY OF NORMAN POLICE DEPARTME

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY PROPERTY DAMAGE			6216.69	6216.69	
PAYMENT TO: CITY OF NORMAN POLICE DEPARTMENT			TOTAL CHARGE:	6216.69	
			TOTAL PAID:	6216.69	
			TOTAL DEDUCTIBLE:	0.00	
			TOTAL FEDERAL WITHHOLDING:	0.00	
			CHECK AMOUNT:	6216.69	

NOTES

ENCLOSED IS OUR SUPPLEMENTAL PAYMENT FOR ADDITIONAL DAMAGE TO YOUR VEHICLE.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS \*002059\*  
FOREST PARK, OH  
P.O. BOX 1525  
DOVER, NH 03821-1525



51-44/119  
BANK OF AMERICA  
HARTFORD, CT



\*PAY\*SIX\*THOUSAND\*TWO\*HUNDRED\*SIXTEEN\*DOLLARS\*SIXTY\*NINE\*CENTS\*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
049C	404	CLAIM 050504184-0002	57289817	11/28/22

PAY \*\*\*\$6216.69

VOID IF NOT PRESENTED WITHIN 90  
DAYS OF ISSUE DATE OF CHECK

PAY TO THE  
ORDER OF

CITY OF NORMAN POLICE DEPARTMENT  
201 W GRAY ST

CLAIM OFFICE ADDRESS:  
P.O. BOX 1525  
DOVER, NH 03821-1525



CHECK REFERENCE 56856554	CHECK DATE 10/04/22
CHECK AMOUNT ***\$4960.72	BLOCK NUMBER 002111

CONTACT: CLAIMS SERVICE DEPARTMENT  
PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 08/10/22

PAGE 1 OF 1  
U/W CO: SAFECO INSURANCE COMPANY OF AMERICA

INSURED NAME: BRIERTON,KEVIN

CLAIMANT NAME: CITY OF NORMAN POLICE DEPARTME

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY PROPERTY DAMAGE			4960.72	4960.72	
PAYMENT TO: CITY OF NORMAN POLICE DEPARTMENT			TOTAL CHARGE:	4960.72	
			TOTAL PAID:	4960.72	
			TOTAL DEDUCTIBLE:	0.00	
			TOTAL FEDERAL WITHHOLDING:	0.00	
			CHECK AMOUNT:	4960.72	

NOTES

ENCLOSED IS OUR PAYMENT FOR YOUR PROPERTY DAMAGE. YOU SHOULD PRESENT OUR APPRAISAL TO YOUR GARAGE WHEN THE CAR IS BROUGHT IN FOR REPAIRS.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS \*002111\*  
FOREST PARK, OH  
P.O. BOX 1525  
DOVER, NH 03821-1525



51-44/119  
BANK OF AMERICA  
HARTFORD, CT



\*PAY\*FOUR\*THOUSAND\*NINE\*HUNDRED\*SIXTY\*DOLLARS\*SEVENTY\*TWO\*CENTS\*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
049C	404	CLAIM 050504184-0002	56856554	10/04/22

PAY \*\*\*\$4960.72

VOID IF NOT PRESENTED WITHIN 90  
DAYS OF ISSUE DATE OF CHECK

PAY TO THE  
ORDER OF

CITY OF NORMAN POLICE DEPARTMENT  
333 W. GRAY ST.