




office memorandum

DATE: March 2, 2021
TO: Clint Mercer, Chief Accountant
FROM: Sarah Encinias, Legal Admin Tech 
SUBJECT: City of Norman Debt Recovery
Incident Report: 21-5294

On January 28, 2021, damage was sustained to a pedestrian pedestal pole located on the northeast corner of Lindsey Street and Chautauqua Avenue. The driver was identified as Chase Borchardt and responsible party was identified as Andrew Borchardt.

Attached is a check from SafeCo Insurance in the total amount of \$367.41 to cover damage costs.

Please advise if further information is needed.

Attachment

cc: Shawn O'Leary, Director of Public Works
David Riesland, Transportation Engineer
Brian McNabb, Traffic Signal Supervisor
Barbara Andros, Revenue Collection Supervisor

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

Safeco Insurance
A Liberty Mutual Company

B. CODE
404

CHECK REFERENCE 52077699	CHECK DATE 02/08/21
CHECK AMOUNT ***\$367.41	BLOCK NUMBER 003470

CONTACT: BERRY, CHERI
PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 01/18/21

INSURED NAME: DAIL,MEGAN

CLAIMANT NAME: CITY OF NORMAN

PAGE 1 OF 1
U/W CO: SAFECO INSURANCE COMPANY OF AMERICA
OSN: VV0101020801-003834
CLAIM NUMBER: 044547364-0003
POLICY NUMBER: Y8998799
INSURED OPERATOR:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY PROPERTY DAMAGE			367.41	367.41	
TOTAL CHARGE:				367.41	
TOTAL PAID:				367.41	
TOTAL DEDUCTIBLE:				0.00	
TOTAL FEDERAL WITHHOLDING:				0.00	
CHECK AMOUNT:				367.41	

NOTES
CITY CLAIM 21-37

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 * 003470
CHANDLER, AZ-CLAIMS
P.O. BOX 1525
DOVER, NH 03821-1525

Safeco Insurance
A Liberty Mutual Company

51-44/119
BANK OF AMERICA
HARTFORD, CT

PAY TO THE ORDER OF
ONLY THREE SIX SEVEN 41 CENTS

*PAY*THREE*HUNDRED*SIXTY*SEVEN*DOLLARS*FORTY*ONE*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0647	404	CLAIM 044547364-0003	52077699	02/08/21

PAY ***\$367.41

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

PAY TO THE
ORDER OF

CITY OF NORMAN
PO BOX 370,
NORMAN OK 73070

de L Per

52077699 00119004451 002240072065

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.