



office memorandum

DATE: March 2, 2021
TO: Clint Mercer, Chief Accountant
FROM: Sarah Encinias, Legal Admin Tech *SE*
SUBJECT: City of Norman Debt Recovery
Incident Report: 20-65580

On October 9, 2020, damage was sustained to a roadway light pole assembly located along the eastbound State Highway 9 on-ramp from Classen Boulevard. The driver was identified as Heather Cochran and the responsible party was identified as Chadwick Lawson.

Attached is a check from Geico Casualty insurance in the total amount of \$1,419.47 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

Detailed Payment Summary

GEICO CASUALTY CO
Field Claim Center: 09 Dallas

NO. N 221505408

Date: 02/05/2021

2280 N. GREENVILLE AVE
RICHARDSON, TX 75082-4412

Claim #: 0601731880101025

Date of Loss: 10/09/2020

Claimant Name: City Of Norman
Insured Name: Chadwick Lawson
Tax ID / SS# /
Atty ADJ Code:
Adjuster Code: G688

Pay To:
City Of Norman



City Of Norman
PO Box 370
Norman Ok 73070-0370

Total Amount:
\$****1,419.47

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT
03 APD \$***1419.47

In Payment Of
Property Damage Coverage
ATT: City Attorney
→ Claim: 21-27

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO CASUALTY CO
2280 N. GREENVILLE AVE
RICHARDSON, TX 75082-4412

Bank of America
South Portland, ME 04106

52-153
112 ME

NO. N 221505408

VOID AFTER 180 DAYS

Date: 02/05/2021

Claimant: City Of Norman
Insured Name: Chadwick Lawson
Feature Symbol & Amount
APD \$***1419.47

Claim Number: 0601731880101025
In Payment of: Property Damage Coverage
ATT: City Attorney
(Claim: 21-27)

Amount:
\$****1,419.47

ONE-THOUSAND-FOUR-HUNDRED-NINETEEN*AND*47/100*DOLLARS***

Pay to the Order of:
CITY OF NORMAN

Mail To:
City Of Norman
PO Box 370
Norman Ok 73070-0370

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