




office memorandum

DATE: January 20, 2021
TO: Clint Mercer, Chief Accountant
FROM: Sarah Encinias, Legal Admin Tech 
SUBJECT: City of Norman Debt Recovery
Incident Report: 2020-52005

On August 13, 2020, damage was sustained to a Bike Route sign installation located on Main Street at Lamp Post Road. The driver was identified as Jeremy Lachance and responsible party was identified as Bonnie Lachance.

Attached is a check from Geico Casualty Co. in the total amount of \$152.67 to cover damage costs.

Please advise if you need additional information regarding this incident.

Attachment

cc: Shawn O'Leary, Director of Public Works
Dennis W. Davis, Traffic Control Supervisor
David Riesland, Traffic Engineer
Barbara Andros, Revenue Collection Supervisor

Detailed Payment Summary

GEICO CASUALTY CO
Field Claim Center: 09 Dallas

21-4

NO. N 220350841

Date: 12/18/2020

2280 N. GREENVILLE AVE
RICHARDSON, TX 75082-4412

Claim #: 06705979900000003

Date of Loss: 08/14/2020

Claimant Name: City Of Norman
Insured Name: Bonnie Lachance
Tax ID / SS# /
Atty ADJ Code:
Adjuster Code: G209

Pay To:
City Attorney's Office



City Of Norman
PO Box 370
Norman Ok 73070-0370

Total Amount:
\$*****152.67

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

06 APD \$****152.67

In Payment Of
Property Damage Coverage
Account #: 10550223-43213

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.

clmschick

PLEASE DETACH AND KEEP FOR YOUR RECORDS

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

(21-4)

Bank of America
South Portland, ME 04106

52-153
112 ME

NO. N 220350841

VOID AFTER 180 DAYS
Date: 12/18/2020

Claimant: City Of Norman
Insured Name: Bonnie Lachance
Feature Symbol & Amount
APD \$****152.67

Claim Number: 06705979900000003
In Payment of: Property Damage Coverage
Account #: 10550223-43213

Amount:
\$*****152.67

ONE-HUNDRED-FIFTY-TWO*AND*67/100*DOLLARS***

Pay to the Order of:
CITY ATTORNEY'S OFFICE

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

Neal M. Craig