




office memorandum

DATE: September 11, 2017
TO: Clint Mercer, Chief Accountant
FROM: Sarah Encinias, Legal Admin Tech 
SUBJECT: City of Norman Debt Recovery

On October 31, 2015, damages were sustained to a City of Norman Police Department vehicle (Unit 1132) when another vehicle collided with it at the intersection of 12th Avenue Southeast and East Lindsey Street. The responsible party was identified as Curtis Rodgers.

Attached is Curtis Rodgers' insurance company's check in the total amount of \$8,585.00 to cover those damages.

Please advise if you need additional information regarding this incident.

Attachment

cc: Keith L. Humphrey, Chief of Police
David Teuscher, Major / Operations Bureau
Jeanne Snider, Assistant City Attorney



Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
Fax: (877) 217-1389

September 7, 2017

CITY OF NORMAN
C/O RICKEY J KNIGHTON II
201 W GRAY ST
NORMAN OK 73069

RE:	Insured:	Curtis Rodgers
	Claim Unit Number:	3004751756-1-5
	Policy Number:	0187089890
	Loss Date:	10/31/2015
	Your Client:	City Of Norman
	Subject:	Claim Payment Information

Dear Rickey J Knighton II, Attorney:

Enclosed please find a check for \$8,585.00 (Eight Thousand Five Hundred Eighty Five Dollars), for the property damage claim.

Thank you for your cooperation in bringing this matter to a conclusion. If you have any questions or concerns, call me at (405) 850-5318. My office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Time.

Thank you.
Farmers Insurance Company, Inc.

Venetia Morgan
General Claims Adjuster
venetia.morgan@farmersinsurance.com
(405) 850-5318

Check(s): 1618085649

CLAIMS SERVICE CENTER

Check Number:

1618085649

Date:

09/06/2017

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

\$8,585.00****

To the order of City of Norman
201 W GRAY ST
NORMAN, OK, 73069

Claimant/Patient: City Of Norman
Insured: Curtis Rodgers
Date of Loss: 10/31/2015
Claim Unit Number: 3004751756-1-5
Check Number: 1618085649
Payment Under Insured's: Property Damage
Correspondence Reference: ZDWZ4TFK
Reference Number: undefined
Print Date: 09/07/2017 03:00 PM
Requested By: Venetia L Morgan

PROPERTY DAMAGE

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.



62-20/311

Farmers Insurance Company, Inc
CLAIMS SERVICE CENTER
NATIONAL DOCUMENT CENTER PO BOX 268994
OKLAHOMA CITY OK 73126

Claim Unit #
3004751756-1-5

Check No. 1618085649

Date: 09/06/2017

PAY Eight Thousand Five Hundred Eighty Five Dollars And No Cents \$8,585.00****

NOT GOOD AFTER SIX MONTHS

To the order of City of Norman
201 W GRAY ST
NORMAN, OK, 73069



Ron Myhan

Citibank N.A. - One Penns Way - New Castle, DE 19720

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈ 16 18085649 ⑈ ⑆ 03 1 100 209 ⑆

38 7 24 1 35 ⑈

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