



DATE: October 1, 2024
 TO: Jeanne Snider, Assistant City Attorney II
 FROM: Brian McNabb, Traffic Signal Supervisor *BM*
 SUBJECT: Damage Cost Report – 1009 West Lindsey Street

office memorandum

On July 23, 2024, a street light pole located at 1009 West Lindsey Street, was damaged in a vehicle accident. A responsible party has been identified on the attached collision report #2024-00053157. Listed below are the costs associated with the necessary repairs that were performed.

Material Cost

1-ea footing and lighting pole installation	@	\$ 13,000.00	\$ 13,000.00
1-ea new light pole assembly	@	\$ 5,750.00	\$ 5,750.00
Total Replacement Cost			\$ 18,750.00

Labor Cost Breakdown

R. Anderson	0.75 hr/s reg.	@	\$ 26.03	\$ 19.52
D. Birkhimer	1.25 hr/s reg.	@	\$ 35.96	\$ 44.95
B. Harrison	0.50 hr/s reg.	@	\$ 25.01	\$ 12.50
D. Womack	0.50 hr/s reg.	@	\$ 25.01	\$ 12.50
(A) Subtotal			\$ 89.47	

Supervision/Miscellaneous Time Cost

K. Coffin	1.00 hr/s reg.	@	\$ 24.69	\$ 24.69
A. Frezgi	1.00 hr/s reg.	@	\$ 53.13	\$ 53.13
B. McNabb	1.00 hr/s reg.	@	\$ 52.68	\$ 52.68
(B) Subtotal			\$ 130.50	
Total Labor Costs (A) + (B)				\$ 219.97

Equipment Time Cost Breakdown

Unit 624	1.25 hr/s	@	\$ 15.00	\$ 18.75
Unit 626	0.75 hr/s	@	\$ 15.00	\$ 11.25
Unit 627	0.50 hr/s	@	\$ 20.00	\$ 10.00
Unit 630	0.50 hr/s	@	\$ 15.00	\$ 7.50
Total Equipment Time Costs				\$ 47.50
TOTAL CHARGES				\$ 19,017.47

If reimbursement funds are received, please have them deposited in Account No. 10550223-43212. Should additional information be desired, please advise.

Cc: Scott Sturtz, Interim Director of Public Works
 David Riesland, Transportation Engineer
 Awet Frezgi, Traffic Engineer
 Katherine Coffin, Administrative Technician III
 Barbara Andros, Revenue Collection Supervisor

1009 West Lindsey Street

Case # 2024-00053157

Prepared October 1, 2024

Brian McNabb

07-24-2024: Found a street light pole that had been damaged in a vehicle accident along the north side of the roadway. Took photos of damage and had contractor remove the light pole assembly and deliver to Traffic Control.

R. Anderson	0.75 hours / reg
D. Birkhimer	1.25 hours / reg
B. Harrison	0.50 hours / reg
D. Womack	0.50 hours / reg

Unit 624	1.25 hours
Unit 626	0.75 hours
Unit 627	0.50 hours
Unit 630	0.50 hours

10-01-2024: Compiled information, obtained replacement quotes, and prepared damage cost report.

Brian McNabb	1.00 hours / reg
--------------	------------------

Contractor Costs:

1 each contractor cost to install concrete footing and light pole assembly	\$ 13,000.00
1 each purchase and delivery of new light pole assembly	\$ 5,750.00

Total \$ 18,750.00

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y	N	<input checked="" type="checkbox"/>	X
Y	N	<input checked="" type="checkbox"/>	X
Y	N	<input checked="" type="checkbox"/>	X
Y	N	<input checked="" type="checkbox"/>	X

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency NORMAN POLICE DEPARTMENT	Case Number (Agency Use) 2024-00053157	Motor Vehicles Involved 01	Number Injured 01	Number Killed 00
---	--	--------------------------------------	-----------------------------	----------------------------

(2) Date of Collision (mm/dd/yyyy) 07232024	Time 1253	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> Near <input type="checkbox"/> NORMAN
---	---------------------	---	---

(3) Distance from Nearest City or Town Limits Mi <input type="checkbox"/> Ft <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/>	Control #	Int ID	Location	East Grid	North Grid	Administrative
--	-----------	--------	----------	-----------	------------	----------------

(4) Street, Road or Highway W LINDSEY ST	Distance from Al <input type="checkbox"/> 0100 Mi <input type="checkbox"/> Ft <input checked="" type="checkbox"/>	(Nearest) Intersecting Street, Road or Highway S PICKARD AVE
--	---	--

(5) Unit 01	Occupants Type 01	Hg & Run CMV <input type="checkbox"/>	Last Name TILLIS	First JYASMIN	Middle LEE PRINCESS	Suffix	Date of Birth (mm/dd/yyyy) 01181991	Sex F
-----------------------	-----------------------------	--	----------------------------	-------------------------	-------------------------------	--------	---	-----------------

(6) Address 943 HALRAY DR	City Norman	State OK	Zip 73071	Telephone (Use Area Code) 9189100956
-------------------------------------	-----------------------	--------------------	---------------------	--

(7) Driver License Number J084285770	State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 2	Type of Injury 5 1	Drv./Ped. Cond. 01	OP Use 04
--	--------------------	-------------------	----------------	----------------	-----------------------	------------------------------	------------------------------	---------------------

(8) Ejected Air Bag 5	Extricated 1	Test 1	(% BAC) 0	Transported by REFUSED (TO FD EMS)	To Medical Facility REFUSED	License Plate Number MRJ628	State OK	Month 1	Year 2025
---------------------------------	------------------------	------------------	---------------------	--	---------------------------------------	---------------------------------------	--------------------	-------------------	---------------------

(9) VIN 1FADP3F20EL380900	Vehicle Year 2014	Color WHI	2nd Color 0	Make FORD	Model FOCU	Veh. Conf. 02	Extent of Damage 4
-------------------------------------	-----------------------------	---------------------	-----------------------	---------------------	----------------------	-------------------------	------------------------------

(10) Insurance Company Name KEY INS. CO	Policy Number KOK4685466	Insurance Telephone (Use Area Code) (866) 867-3636
---	------------------------------------	--

(11) Vehicle Removed by Driver <input type="checkbox"/> LA WRECKER	Same as Driver <input checked="" type="checkbox"/>	Owner's Last Name	First	Middle	Suffix
--	--	-------------------	-------	--------	--------

(12) Owner's Address	City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 00	Rolled <input type="checkbox"/>	Phone present <input checked="" type="checkbox"/>	Burned <input type="checkbox"/>	Phone in use <input type="checkbox"/>
----------------------	------	-------	-----	--	---------------------------------	---	---------------------------------	---------------------------------------

(13) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number
----------------------	--------------------------	-----------------	--------------------------

(14) Unit	Occupants Type	Hg & Run CMV <input type="checkbox"/>	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex
-----------	----------------	--	-----------	-------	--------	--------	----------------------------	-----

(15) Address	City	State	Zip	Telephone (Use Area Code)
--------------	------	-------	-----	---------------------------

(16) Driver License Number	State	Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use
----------------------------	-------	-------	----------------	----------------	-----------	----------------	-----------------	--------

(17) Ejected Air Bag <input type="checkbox"/>	Extricated <input type="checkbox"/>	Test <input type="checkbox"/>	(% BAC) 0	Transported by	To Medical Facility	License Plate Number	State	Month	Year
--	--	----------------------------------	---------------------	----------------	---------------------	----------------------	-------	-------	------

(18) VIN	Vehicle Year	Color	2nd Color	Make	Model	Veh. Conf.	Extent of Damage
----------	--------------	-------	-----------	------	-------	------------	------------------

(19) Insurance Company Name	Policy Number	Insurance Telephone (Use Area Code)
-----------------------------	---------------	-------------------------------------

(20) Vehicle Removed by Driver <input type="checkbox"/>	Same as Driver <input type="checkbox"/>	Owner's Last Name	First	Middle	Suffix
--	---	-------------------	-------	--------	--------

(21) Owner's Address	City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/>	Rolled <input type="checkbox"/>	Phone present <input type="checkbox"/>	Burned <input type="checkbox"/>	Phone in use <input type="checkbox"/>
----------------------	------	-------	-----	--	---------------------------------	--	---------------------------------	---------------------------------------

(22) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number
----------------------	--------------------------	-----------------	--------------------------

(23) Investigating Officer Hard	Badge Number 112456	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) Wishon	Reviewer Badge Number 36672	Date of Report (mm/dd/yyyy) 7232024
---	-------------------------------	-------------------	-------------------	-----------------------------------	---------------------------------------	---

D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist	2 Other Cyclist C Parked Car A Animal T Train	0 N/A 1 No Injury 2 Possible 3 Non-incapacitating	4 Incapacitating 5 Fatal 6 Unknown	0 N/A 1 Head 2 Trunk External 3 Unknown	3 Trunk - Internal 4 Arms 5 Legs 6 Unknown	00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs	05 Under the Influence of Medications 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown	00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt	05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing	10 Booster Seat 11 Other 99 Unknown
---	--	--	--	---	---	--	--	--	---	---

0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side	4 Deployed - Other (knee, air bell, etc.) 5 Deployed - Combination 6 Deployment Unknown	0 Not Applicable 1 Not Ejected 2 Ejected Partially	3 Ejected 4 Ejected 5 Ejected 6 Ejected 7 Ejected 8 Ejected 9 Unknown	0 N/A 1 No 2 Yes	0 N/A 1 Blood 2 Breath 3 Blood/Breath	4 Test Refused 5 None Given 6 Other	0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown	0 N/A 1 No 2 Owner	3 Operator 4 Exempt P Permitted	00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer	05 Another Vehicle 06 Utility Trailer 07 Homestead 08 Farm Trailer 09 Box Trailer	09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown
---	---	---	---	------------------------	--	---	--	--------------------------	---------------------------------------	--	---	--

(24) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00			00	CITY OF NORMAN					
(25) Address	City		State	Zip	Telephone (Use Area Code)				
201 W GRAY ST	NORMAN		OK	73069	4053211600				
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		
							LAMP POST		

(27) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(28) Address	City		State	Zip	Telephone (Use Area Code)				
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		

(30) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(31) Address	City		State	Zip	Telephone (Use Area Code)				
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		

(33) Unit	Injured <input type="checkbox"/> Witness <input type="checkbox"/>	Passenger <input type="checkbox"/> Prop Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(34) Address	City		State	Zip	Telephone (Use Area Code)				
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address					
(37) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	Axle Qty	Cargo Body	Vehicle Use
							Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(38) U.S. DOT Number	NAHI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release		
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

(39) Unit	Carrier Name	Address					
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	GCWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>	Axle Qty	Cargo Body	Vehicle Use
							Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
(41) U.S. DOT Number	NAHI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release		
	OK			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

<h3>Position in Vehicle</h3> <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	<h3>Vehicle Configuration</h3> <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr</p> <p>02. Passenger Veh.-4 Dr</p> <p>03. Passenger Veh. Conv</p> <p>04. Pickup</p> <p>05. Single Unit Truck, 2 axles</p> <p>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus</p> <p>08. Truck/Trailer</p> <p>09. Truck-Tractor (Bobtail)</p> <p>10. Truck-Tractor/Semi-Trailer</p> <p>11. Truck-Tractor/Double</p> <p>12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver</p> <p>14. Bus 16+ occupants including driver</p> <p>15. Motorcycle</p> <p>16. Motor Scooter/Moped</p> <p>17. Motor Home</p> <p>18. Farm Machinery</p> <p>19. ATV</p> <p>20. SUV</p> <p>21. Passenger Van</p> <p>22. Truck more than 10,000 lbs. Cannot Classify</p> <p>23. Van 10,000 lbs or Less</p> <p>24. Other</p> <p>99. Unknown</p>	<h3>Cargo Body Type</h3> <p>00. N/A</p> <p>01. Bus 9-15 seats</p> <p>02. Bus 16+ seats</p> <p>03. Van / Enclosed Box / Stock Trailer</p> <p>04. Cargo Tank</p> <p>05. Flatbed</p> <p>06. Intermodal</p> <p>07. Dump Truck/Trailer</p> <p>08. Concrete Mixer</p> <p>09. Auto Transporter</p> <p>10. Garbage/Refuse</p> <p>11. Hopper (grain/chips/gravel)</p> <p>12. Pole Trailer</p> <p>13. Log Trailer</p> <p>14. Vehicle Towing Vehicle</p> <p>15. Other</p> <p>99. Unknown</p>
---	---	---

Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
01	02	25	Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes No

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Lane Shift/Crossover	2 Advance Warning Area
3 Work on Shoulder or Median	3 Transition Area
4 Intermitent or Moving Work	4 Activity Area
9 Unknown	5 Termination Area
	9 Unknown

Workers Present Yes No Unknown

Light 1

- Daylight
- Dark-Not Lighted
- Dark-Lighted
- Dawn
- Dusk
- Dark-Unknown Lighting
- Other
- Unknown

What Vehicle Was Going to Do

Unit 1	Unit 2
01	

Underide/Override

Unit 1	Unit 2

Weather 01

- Clear
- Fog/Smog/Smoke
- Cloudy
- Rain
- Snow
- Sleet/Hail (Freezing Rain/Drizzle)
- Severe Crosswind
- Blowing Snow
- Blowing Sand, Soil, Dirt
- Other
- Unknown

What Vehicle Did

Unit 1	Unit 2
16	

Traffic Control

Unit 1	Unit 2
00	

Locality 1

- Residential
- Business
- Industrial
- School
- Not Built-up
- Mixed Use
- Other
- Unknown

What Vehicle Did

Unit 1	Unit 2
16	

Road Surface Conditions

Unit 1	Unit 2
01	

Type of Intersection 0

- Not an Intersection
- Y-Intersection
- T-Intersection
- Four-Way Intersection
- Five-Point or More Intersection as Part of Interchange
- Traffic Circle
- Roundabout
- Unknown

Visibility Obscured by

Unit 1	Unit 2
00	

Road Character

Unit 1	Unit 2
3	

Incident Type 00

- Not an Incident
- Private Property
- Deliberate Intent
- Medical Condition
- Legal Intervention
- Suicide
- Drowning
- Other

Visibility Obscured by

Unit 1	Unit 2
00	

Road Character

Unit 1	Unit 2
3	

Location of First Harmful Event 01

- On Roadway
- Shoulder
- Median
- Roadside
- Gore
- Separator
- Parking Lane/Zone
- Off Roadway, Location Unknown
- Outside Right-of-Way
- Other
- Unknown

Driver Distracted by

Unit 1	Unit 2
0	

Road Surface Type

Unit 1	Unit 2
2	

Trafficway

Unit 1	Unit 2
2	

Vehicle Removal

Unit 1	Unit 2
1	

Vehicle Condition

Unit 1	Unit 2
04	

Special Function of Vehicle

Unit 1	Unit 2
00	

Emergency Vehicle Responding to an Emergency

Unit 1	Unit 2
0	

Unsafe / Unlawful Contributing Factors

Unit 1	Unit 2
48	

FAILED TO YIELD

- From Stop Sign
- From Yield Sign
- Private Drive
- County Road at Through Highway
- From Signal Light
- From Alley
- To Pedestrian
- To Vehicle on Right
- To Vehicle in Intersection
- To Emergency Vehicles
- Other

FOLLOWED TOO CLOSELY

- Human Element
- Traffic Condition
- Weather Condition

UNSAFE SPEED

- Driver's Ability (Aged)
- Inexperienced Driver - Young
- Exceeding Legal Limit
- For Traffic Conditions
- For Type of Roadway (Gravel, Dirt, etc.)
- For Ice or Snow on Roadway
- Rain or Wet Roadway
- Wind
- Other Weather Conditions
- Vehicle Condition
- View Obstruction
- On Curve/Turn
- Impeding Traffic
- Other

IMPROPER TURN

- From Wrong Lane
- From Direct Course
- Right
- Left
- Turn About/U-Turn
- To Enter Private Drive
- In Front of Oncoming Traffic
- Other

CHANGED LANES UNSAFELY

STOPPED IN TRAFFIC LANE

FAILED TO STOP

- For Stop Sign
- For Traffic Signal
- For School Bus
- For Railroad Gates/Signal
- For Officer/Flagman
- At Sidewalk/Stopline
- Other

UNSAFE VEHICLE

- Brakes
- Steering

49 Tires

- Suspension
- Headlights
- Tail Lights
- Stop Lights
- Wheel
- Exhaust System
- Windshield Wipers
- Other Mechanical Defects

LEFT OF CENTER

- In Meeting
- No Passing Zone (Unmarked)
- Marked Zone
- Other

IMPROPER OVERTAKING

- In Marked Zone
- On Hill/Curve
- At Intersection
- Without Sufficient Clearance
- Other

IMPROPER PARKING

- On Roadway
- Where Prohibited
- Other

INATTENTION

- Distracted by Passenger in Vehicle
- Other Distraction Inside Vehicle
- Distraction From Outside Vehicle
- Other

WRONG WAY

- On One Way
- On Exit Ramp
- On Entrance Ramp
- Other

IMPROPER START FROM

- Parked Position
- Other

ALCOHOL-DUI/DWI

DRUG-DUI

OTHER IMPROPER ACT/ MOVEMENT

- Failed to Signal
- Disregarded Warning Signal
- Improper Use of Lane
- Improper Backing
- Apparently Sleepy
- Failed to Secure Load
- Other/Unknown

UNKN./NO IMPROPER ACT

- Deer in Roadway
- Animal in Roadway
- Domestic Animal in Rdwy
- Avoiding Other Vehicle
- Avoiding Pedestrian
- Object/Debris in Roadway
- Defect in Roadway
- Abnormal Traffic Control
- Improper Bicyclist Action
- NO IMPROPER ACTION BY DRIVER
- PEDESTRIAN ACTION

Point of First Contact on Vehicle

Unit 1	Unit 2
12	

Most Damaged Area

Unit 1	Unit 2
12	

00 Not Applicable 14 Undercarriage 99 Unknown

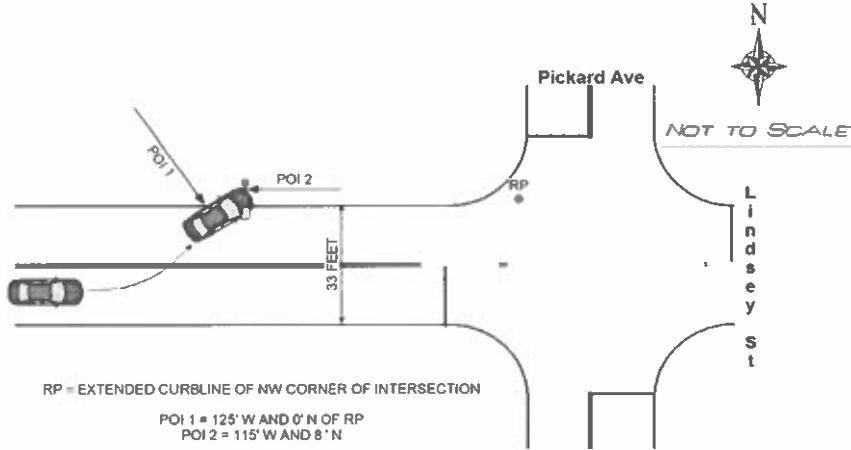


Latitude

Longitude

Railroad Crossing Number

Roadway Orientation Unit Number **01** NE SW



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	15	52	47	00	47	15
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 00 Not Applicable
- 10 Overtum/Rollover
- 11 Fire/Explosion
- 12 Immersion
- 13 Jackknife
- 14 Cargo/Equipment Loss or Shift
- 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
- 16 Separation of Units
- 17 Departed Road Right
- 18 Departed Road Left
- 19 Cross Median/Centerline
- 20 Downhill Runaway

- 21 Fell/Jumped From Motor Vehicle
- 22 Thrown Or Falling Object
- 23 Other Non-Collision
- PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:**
- 30 Pedestrian
- 31 Pedal Cycle
- 32 Railway Vehicle (Train, engine)
- 33 Animal
- 34 Motor Vehicle in Transport
- 35 Parked Motor Vehicle
- 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

- 37 Work Zone/Maintenance Equipment
- 38 Other Non-Fixed Object
- FIXED OBJECT:**
- 40 Barrier (Cable)
- 41 Barrier (Concrete)
- 42 Barrier (Other)
- 43 Fence Pole
- 44 Fence
- 45 Traffic Signal Support
- 46 Traffic Sign Support
- 47 Utility Pole/Light Support
- 48 Other Post/Pole/Support
- 49 Guardrail/Guardrail Face
- 50 Guardrail End
- 51 Culvert
- 52 Curb
- 53 Island
- 54 Sand Barrels
- 55 Impact Attenuator/ Crash Cushion
- 56 Pavement Drop-Off
- 57 Ditch
- 58 Embankment
- 59 Tree (Standing)
- 60 Dividing Strip
- 61 Retaining Wall
- 62 Bridge Abutment
- 63 Bridge Pier or Support
- 64 Bridge Rail
- 65 Bridge Post
- 66 Bridge Curb
- 67 Bridge Super Structure (Beams)
- 68 Bridge Overhead Structure
- 69 Delineator
- 70 Mailbox
- 71 Other Fixed Object
- 72 Other Highway Structure
- 73 Ground
- 99 Unknown

Remarks

UNIT ONE WAS EASTBOUND ON WEST LINDSEY STREET.

UNIT ONE STATED SHE BEGAN TO HAVE GREAT DIFFICULTY STEERING HER VEHICLE WHILE IN THE 1700 BLOCK OF WEST LINDSEY - APPROXIMATELY 7/10 MILE WEST OF THE COLLISION SCENE. UNIT ONE STATED SHE SWERVED TO AVOID TRAFFIC AS SHE CONTINUED EASTBOUND. UNIT ONE VEERED LEFT AND CROSSED THE WESTBOUND LANE OF TRAFFIC, DEPARTED THE ROADWAY TO THE NORTH AND STRUCK A LIGHT POLE.











CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

Unit # 626
 Beginning mileage 101901
 Ending mileage 101923

DATE	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BAKEN SERVED
7/24/24	0800	Shop/ Morning meeting w/ Brian, Checked out unit 626	0837
	0845	Lindsey near Pickard / helped contractors remove damaged	
R.A.	8 hrs.	Street light pole	0925
		Lindsey & VanVleet / Replaced indications	1140
D.B.			
		1230 Shop / installed latest version of Vision on laptop	1301
B.B.			
		1316 Lindsey & VanVleet / Replaced indications	1355
		1415 Shop / worked in shop, cleaned cabinet filters, cleaned out truck, completed paperwork	1630
B.H.			
B.R.			
D.W.			
TOTAL CALLS			

A

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

Unit # 624
 Beginning mileage 89122
 Ending mileage 89146

DATE	X	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACK IN SERVICE
7/24/24		0800	Shop - maintains meeting with Brian and misc. Lindsey just W. of Pickard, N. side - assist Traffic Signals with	0825
		0840	removing of damaged street lighting poles set out cars around fitting. 0925	
		0940	Shop - put Vision software v 3.7.8.15 on USB and installed on laptop.	1030
		1045	Alameda / Vicksburg - tried assisting Jim with Traffic Signals	
		1145	get his laptop working, Lindsey W. of Pickard, N. side - set out type II with sandbags on - damaged street light fitting.	1150
		1230	Shop - installed vision v 3.7.8.15 on laptops and misc	1250
		1315	Boyd / Asp - SW corner - re-installing deviation base around signal pole.	1353
		1405	Shop - fill 624 with CNG, trade Polara N2 button.	1425
		1445	Van Vleet / Lindsey - For East ped button S. side - replaced button - ok	1503
		1530	Shop - paperwork and misc -	1630
TOTAL CALLS				

~~8~~

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

Unit # 617
 Beginning mileage 58919.2
 Ending mileage 58946.3

DATE	ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	LEAVE EACH IN SERVICE
7-24-24	0800	Shop-morning meeting	0836
	0850	Lindsey + P. Beard - assist TSI with removal of damage light pole	0925
	0937	Lindsey / Van Vleet - replace all old indications	0955 1139
	1400	Shop - locate ND button, no black found	1415
	1430	Lindsey / Van Vleet - repair speaker/corroded parts of ND button	1506
	1520	Shop - throw away old indications/bases, finish paperwork check emails	1630
B.B.	hrs.		
B.H.	hrs.		
B.R.	hrs.		
D.M.	hrs.		
TOTAL CALLS			
0			

Brian McNabb

From: len@midstatetraffic.com
Sent: Friday, July 26, 2024 9:57 AM
To: Brian McNabb
Cc: jay@midstatetraffic.com
Subject: EXTERNAL EMAIL : RE: Damaged light pole on W. Lindsey Street

Good morning Brian,

We offer the following quote for your consideration.

Install new concrete footing, city provided pole & luminaire with wiring, remove old footing, traffic control and mobilization - \$13,000.00

Also includes conduit if footing cannot be completely removed.

New Pelco Majestic Pole w/ Hamilton Base – AP-8381-GU-HH-P59 - \$5,750.00

Thank You.

Len Scantling
Executive Vice President
Midstate Traffic control, Inc.
12501 N. Santa Fe
Oklahoma City, Ok 73114
405-751-6227

From: Brian McNabb <Brian.McNabb@NormanOK.gov>
Sent: Thursday, July 25, 2024 10:53 AM
To: 'len@midstatetraffic.com' <len@midstatetraffic.com>
Subject: Damaged light pole on W. Lindsey Street

Good morning, Len.

Referencing the attached photos, we had a street light pole damaged and is now in need of replacement. This is a dead-end pole on the lighting system and is located on the north side of Lindsey Street, just west of Pickard Avenue. The damaged light pole assembly has been removed and only the footing remains. The City would provide a pre-wired replacement light pole, luminaire arm, light fixture and ornamental base to expedite the lead-time. Could you provide me an all or nothing bid for the following work to install this replacement assembly.

1. Installation of ODOT 1999 Standard GMF 24x60 footing, compete with anchor bolts to fit Pelco Majestic light pole AP-8381.
 - a. Damaged footing to be removed and new footing installed in its place. Should this not be possible, then existing footing to be removed 1 foot below grade and new footing installed next to existing one.
2. Installation of 10 feet of 2" PVC conduit.
 - a. Should removal of existing footing be possible, a section of conduit could be good back to the pull box and may be reused.
3. Installation of City provided light pole assembly
4. Mobilization/Traffic Control

5. Purchase and delivery of one Pelco Majestic Light Pole Assembly, AP-8381-GU-HH-P59 with Hamilton Base

Please let me know of any questions you might have, thank you.

Brian McNabb
Traffic Signal Supervisor
City of Norman
1311 Da Vinci Street
Norman, OK. 73069
405.329.0528 (office)
405.213.5333 (mobile)

This email and any files transmitted with it are intended solely for the use of the individual or entity to which they are addressed. If you have received this email in error, please notify the sender.



**TLS
GROUP, INC**

**P.O. Box 14788
Oklahoma City, OK 73113
(405) 524-1341**

To: City of Norman	Contact: Brian McNabb
Address: P.O. Box 370 Norman, OK 73070	Phone:
	Fax:
Project Name: Norman, Lindsey St, Light Pole	Bid Number:
Project Location: Lindsey St & Pickard, Norman, OK	Bid Date: 7/31/2024

The following is a quotation for the above subject project.

Line #	Item Description	Estimated Quantity	Unit	Unit Price	Total Price
01001	REMOVAL OF STRUCTURES & OBSTRUCTIONS	1.00	LS	\$1,500.00	\$1,500.00
01002	MOBILIZATION	1.00	LS	\$1,100.00	\$1,100.00
01003	2" PVC SCH.40 PLASTIC CONDUIT TRENCHED	10.00	LF	\$45.00	\$450.00
01004	STRUCTURAL CONCRETE	0.58	CY	\$5,000.00	\$2,900.00
01005	REINFORCING STEEL	33.40	LB	\$3.00	\$100.20
01006	30' MTG & 6' HLMA(G.STL.) (DELIVER TO CON)	1.00	EACH	\$9,500.00	\$9,500.00
01007	30' MTG & 6' HLMA(G.STL.) (INSTALL ONLY)	1.00	EACH	\$3,750.00	\$3,750.00
01008	ROADWAY LUMINAIRE (INSTALL ONLY)	1.00	EACH	\$450.00	\$450.00
01009	CONSTRUCTION TRAFFIC CONTROL	1.00	LS	\$3,750.00	\$3,750.00
Total Bid Price:					\$23,500.20

Notes:

- This quote includes all equipment, labor, and materials to complete the requested scope of work per Brian McNabb's email on 7/25.
- Approximate lead time for the new light pole is 12-14 weeks.
- All work will be done in accordance with City of Norman and ODOT standards.
- All construction traffic control will be done in accordance with MUTCD standards.

Payment Terms:

Terms for Payment are NET 30 days from date of our invoice.

<p>ACCEPTED: The above prices, specifications and conditions are satisfactory and hereby accepted.</p> <p>Buyer: _____</p> <p>Signature: _____</p> <p>Date of Acceptance: _____</p>	<p>CONFIRMED: TLS</p> <p>Authorized Signature: _____</p> <p>Estimator: Lawson Miracle 405-423-0623 estimating@tlsokc.com</p>
---	---

Brian McNabb

From: Brian McNabb
Sent: Thursday, August 1, 2024 4:21 PM
To: 'Robert - Traffic Signals, Inc.'
Subject: RE: Damaged light pole on W. Lindsey Street
Attachments: Damaged Light Pole 1 of 2.jpg; Damaged Light Pole 2 of 2.jpg

Is this something you are looking to quote?

Brian McNabb
Traffic Signal Supervisor
City of Norman
1311 Da Vinci Street
Norman, OK. 73069
405.329.0528 (office)
405.213.5333 (mobile)



This email and any files transmitted with it are intended solely for the use of the individual or entity to which they are addressed. If you have received this email in error, please notify the sender.

From: Brian McNabb
Sent: Thursday, July 25, 2024 10:53 AM
To: 'Robert - Traffic Signals, Inc.' <tsirbm@aol.com>
Subject: Damaged light pole on W. Lindsey Street

Good morning, Robert.

Referencing the attached photos, we had a street light pole damaged and is now in need of replacement. This is a dead-end pole on the lighting system and is located on the north side of Lindsey Street, just west of Pickard Avenue. The damaged light pole assembly has been removed and only the footing remains. The City would provide a pre-wired replacement light pole, luminaire arm, light fixture and ornamental base to expedite the lead-time. Could you provide me an all or nothing bid for the following work to install this replacement assembly.

1. Installation of ODOT 1999 Standard GMF 24x60 footing, compete with anchor bolts to fit Pelco Majestic light pole AP-8381.
 - a. Damaged footing to be removed and new footing installed in its place. Should this not be possible, then existing footing to be removed 1 foot below grade and new footing installed next to existing one.
2. Installation of 10 feet of 2" PVC conduit.
 - a. Should removal of existing footing be possible, a section of conduit could be good back to the pull box and may be reused.
3. Installation of City provided light pole assembly
4. Mobilization/Traffic Control
5. Purchase and delivery of one Pelco Majestic Light Pole Assembly, AP-8381-GU-HH-P59 with Hamilton Base

Please let me know of any questions you might have, thank you.

Brian McNabb
Traffic Signal Supervisor
City of Norman