




DATE: January 10, 2025  
TO: Jeanne Snider, Assistant City Attorney II  
FROM: Brian McNabb, Traffic Signal Supervisor   
SUBJECT: Damage Cost Report – Porter Avenue and Gray Street

On January 7, 2025, a traffic signal pole located on the southwest corner of Porter Avenue and Gray Street, was damaged in a vehicle accident. A responsible party has been identified on the attached collision report #2025-00001367. Listed below are the costs associated with the necessary repairs that were performed.

Material Cost

1 – ea Ornamental Base Assembly	@	\$ 1,490.00	\$ 1,490.00
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<b>Total Replacement Cost</b>	<b>\$ 1,490.00</b>
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Labor Cost Breakdown

R. Anderson	2.25 hr/s reg.	@	\$ 26.03	\$ 58.56
D. Birkhimer	2.25 hr/s reg.	@	\$ 35.96	\$ 80.91

<b>(A) Subtotal</b>	<b>\$ 139.47</b>
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Supervision/Miscellaneous Time Cost

K. Coffin	1.00 hr/s reg.	@	\$ 25.69	\$ 25.69
A. Frezgi	1.00 hr/s reg.	@	\$ 55.28	\$ 55.28
B. McNabb	1.00 hr/s reg.	@	\$ 52.68	\$ 52.68

<b>(B) Subtotal</b>	<b>\$ 133.65</b>
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<b>Total Labor Costs (A) + (B)</b>	<b>\$ 273.12</b>
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Equipment Time Cost Breakdown

Unit 24624	2.25 hr/s	@	\$ 15.00	\$ 33.75
Unit 24626	2.25 hr/s	@	\$ 15.00	\$ 33.75

<b>Total Equipment Time Costs</b>	<b>\$ 67.50</b>
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<b>TOTAL CHARGES</b>	<b>\$ 1,830.62</b>
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If reimbursement funds are received, please have them deposited in Account No. 10550223-43212. Should additional information be desired, please advise.

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

office memorandum

# Porter Avenue and Gray Street

Case # 2025-00001367

Prepared January 10, 2025

Brian McNabb

**1-7-2025:** Notified by NPD that the traffic signal pole on the southwest corner had been hit due to an accident. Took photos and replaced damaged ornamental base.

R. Anderson 2.25 hours / reg

D. Birkhimer 2.25 hours / reg

Unit 24624 2.25 hours

Unit 24626 2.25 hours

**1-10-2025:** Compiled information, obtain parts quotes, ordered material, and prepared damaged cost report.

Brian McNabb 1.00 hours / reg

## **Equipment used for repairs:**

1 each ornamental base \$ 1,490.00

Total \$ 1,490.00

DO NOT WRITE IN THIS SPACE

## Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N	<input checked="" type="checkbox"/>	Y N	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Revised	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Fatality	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>	

## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency		Case Number (Agency Use)		Motor Vehicles Involved		Number Injured		Number Killed											
NORMAN POLICE DEPARTMENT		2025-00001367		02		01		00											
(2) Date of Collision (mm/dd/yyyy)		Time		County Number and Name		Nearest City or Town Number and Name													
01072025		1235		14 CLEVELAND		In Near <input checked="" type="checkbox"/> NORMAN													
(3) Distance from Nearest City or Town Limits		Control #		Int ID		Location		East Grid		North Grid		Administrative							
Mi <input type="checkbox"/> Ft <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
(4) Street, Road or Highway		Distance from		(Nearest) Intersecting Street, Road or Highway															
E GRAY ST		At <input checked="" type="checkbox"/>		Mi <input type="checkbox"/> Ft <input type="checkbox"/>		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		of N PORTER											
(5) Unit		Occupants		Type		Last Name		First		Middle		Suffix		Date of Birth (mm/dd/yyyy)		Sex			
01		01		D		RIGGLE		ROXIE		PEARL				05031939		F			
(6) Address		City		State		Zip		Telephone (Use Area Code)											
1301 NORTHCLIFF AVE B14		NORMAN		OK		73069		4053641913											
(7) Driver License Number		State		Class		Endorsement(s)		Restriction(s)		Inj. Sev.		Type of Injury		Drv./Ped. Cond.		OP Use			
H082530713		OK		D						2		1 3		11		04			
(8) Ejected		Extricated		Test		(% BAC)		Transported by		To Medical Facility		License Plate Number		State		Month		Year	
Air Bag <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		5 0		EMSSTAT		NRH - HEALTH PLEX		ALV394		OK		1		2026	
(9) VIN		Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf.		Extent of Damage					
1GNDT13W6WK140895		1998		RED		0		CHEV		TRA		20		4					
(10) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)															
Insurance Verification <input checked="" type="checkbox"/>		2 STATE FARM		3623479449		(800) 732-5246													
(11) Vehicle Removed by		Owner's Last Name		First		Middle		Suffix											
Driver <input checked="" type="checkbox"/>		QUICK WRECKER		Same as Driver <input checked="" type="checkbox"/>															
(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"/>		Phone in use <input type="checkbox"/>			
(13) Citation Number		Statute/Ordinance Number		Citation Number		Statute/Ordinance Number													
(14) Unit		Occupants		Type		Last Name		First		Middle		Suffix		Date of Birth (mm/dd/yyyy)		Sex			
02		01		D		CAHILL		AUBREY		DANIELLE				09101998		F			
(15) Address		City		State		Zip		Telephone (Use Area Code)											
1904 SW 31st ST		MOORE		OK		73170		4057979389											
(16) Driver License Number		State		Class		Endorsement(s)		Restriction(s)		Inj. Sev.		Type of Injury		Drv./Ped. Cond.		OP Use			
J083632441		OK		D						1		0		01		04			
(17) Ejected		Extricated		Test		(% BAC)		Transported by		To Medical Facility		License Plate Number		State		Month		Year	
Air Bag <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		5 0						CBG918		OK		4		2026	
(18) VIN		Vehicle Year		Color		2nd Color		Make		Model		Veh. Conf.		Extent of Damage					
5FNYF3H76EB012974		2014		BLK		0		HOND		PILO		20		3					
(19) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)															
Insurance Verification <input checked="" type="checkbox"/>		2 STATE FARM		515627181936G		(405) 797-9389													
(20) Vehicle Removed by		Owner's Last Name		First		Middle		Suffix											
Driver <input checked="" type="checkbox"/>				Same as Driver <input checked="" type="checkbox"/>															
(21) 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"/>		Phone in use <input type="checkbox"/>			
(22) Citation Number		Statute/Ordinance Number		Citation Number		Statute/Ordinance Number													
(23) Investigating Officer		Badge Number		Trp/Div. Assigned		Trp/Div. Location		Reviewer (Init)		Reviewer Badge Number		Date of Report (mm/dd/yyyy)							
Hard		112456						Tuschmann		124614		172025							
Unit Type		Injury Severity		Type of Injury		Driver/Pedestrian Condition		Occupant Protection (OP) In Use											
D Driver		2 Other Cyclist		0 N/A		00 Not Applicable		05 Child Restraint Type Unknown		10 Booster Seat									
P Pedestrian		C Parked Car		1 No Injury		01 Apparently Normal		06 Restraint Used - Type Unknown		11 Other									
X Pedestrian		A Animal		2 Possible		02 Drinking - Ability Impaired		07 Helmet		99 Unknown									
Conveyance		T Train		3 Non-Incapacitating		03 Odor of Alcohol Beverage		08 Child Restraint - Forward Facing											
B Bicyclist						04 Illegal Drugs		09 Child Restraint - Rear Facing											
Air Bag Deployed		Ejected		Extricated		Chemical Test		Extent of Damage		Insurance Verification		Oversized Load		Towed Vehicle Type					
0 Not Applicable		0 Not Applicable		0 N/A		0 N/A		0 N/A		0 N/A		0 N/A		00 N/A		00 Stock Trailer			
1 Not Deployed		1 Not Ejected		1 No		1 Blood		1 None		1 No		1 Not Permitted		01 Boat Trailer		01 Camping Trailer			
2 Deployed - Front		2 Ejected		2 Yes		2 Breath		2 Minor		2 Owner		2 Permitted		02 House Trailer		02 Combination			
3 Deployed - Side		3 Partially				3 Blood/Breath		3 Unknown						03 Farm Trailer		03 Trailer			
4 Deployed - Other (Incapacitating, etc.)		4 Unknown												04 Horse Trailer		04 Unknown			
5 Deployment Unknown														05 Utility Trailer		05 Unknown			
														06 Box Trailer		06 Unknown			

WARNING - STATE LAW

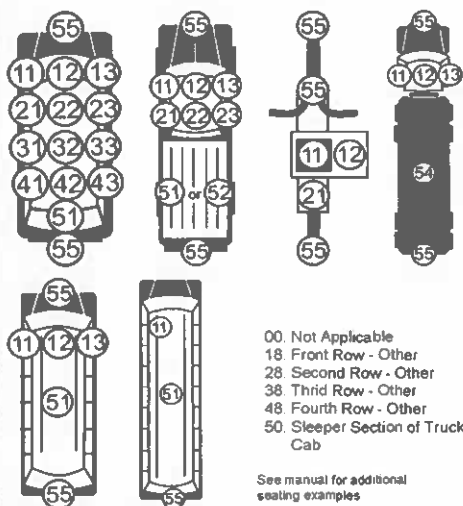
Use of contents for commercial solicitation is unlawful

(24) 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
			Address		City	State	Zip	Telephone (Use Area Code)	
			Same as Driver <input type="checkbox"/>						
(25) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type		
(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
			Address		City	State	Zip	Telephone (Use Area Code)	
			Same as Driver <input type="checkbox"/>						
(28) 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
			Address		City	State	Zip	Telephone (Use Area Code)	
			Same as Driver <input type="checkbox"/>						
(31) 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
			Address		City	State	Zip	Telephone (Use Area Code)	
			Same as Driver <input type="checkbox"/>						
(34) 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. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 26K+ lbs.	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	NASI 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. GCWR <input type="checkbox"/> 10,001 - 26K lbs. 26K+ lbs.	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	NASI 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"/>	

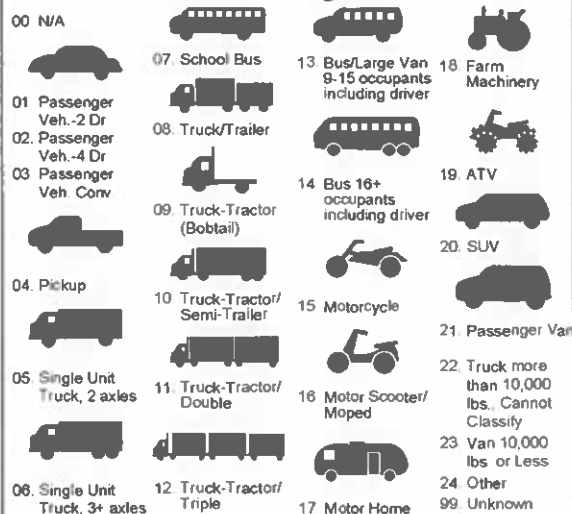
## Position in Vehicle



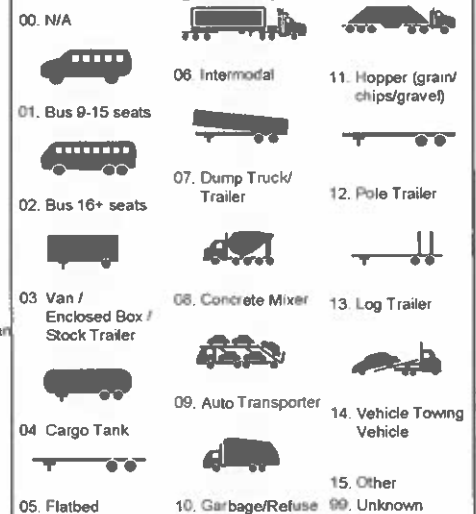
00. Not Applicable  
18. Front Row - Other  
28. Second Row - Other  
38. Third Row - Other  
48. Fourth Row - Other  
50. Sleeper Section of Truck Cab

See manual for additional seating examples

## Vehicle Configuration

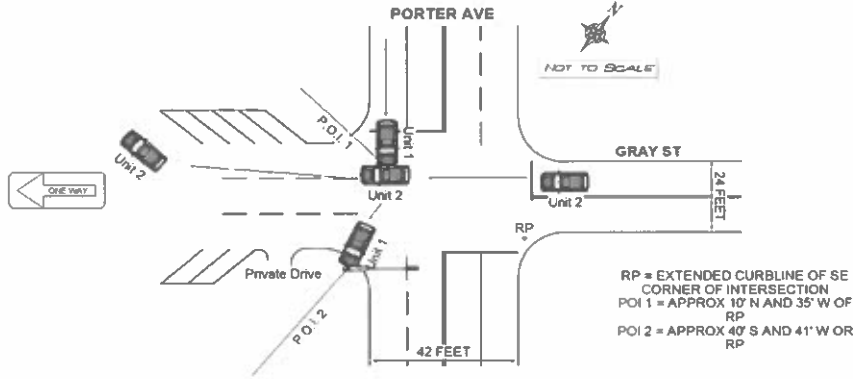


## Cargo Body Type



Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only				Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	
Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Yes	No			
This unit will correspond to 'Unit 1'	01	04	30					
This unit will correspond to 'Unit 2'	02	02	25					
<b>Light</b>	1	<b>What Vehicle Was Going to Do</b>	Unit 1: 01, Unit 2: 07	<b>Underdrive/Override</b>	Unit 1: , Unit 2:	<b>Type of Work Zone</b>	<b>Location of the Work Zone Collision</b>	
1 Daylight		00 Not Applicable		0 Not Applicable		1 Lane Closure	1 Before the First Work Zone Warning Sign	
2 Dark-Not Lighted		01 Go Ahead		1 No Underdrive or Override		2 Lane Shift/Crossover	2 Advance Warning Area	
3 Dark-Lighted		02 Turn Left		2 Underdrive, Compartment Intrusion		3 Work on Shoulder or Median	3 Transition Area	
4 Dawn		03 Turn Right		3 Underdrive, No Compartment Intrusion		4 Intermittent or Moving Work	4 Activity Area	
5 Dusk		04 Make "U" Turn		4 Underdrive, Compartment Intrusion Unknown		9 Unknown	5 Termination Area	
6 Dark-Unknown Lighting		05 Stop		5 Override, Motor Vehicle in Transport			9 Unknown	
7 Other		06 Slow for Cause		6 Override, Other Motor Vehicle				
9 Unknown		07 Start from Park/Stop		9 Unknown				
<b>Weather</b>	01	08 Change Lanes		<b>Traffic Control</b>	Unit 1: 02, Unit 2: 02	<b>Workers Present</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
01 Clear		09 Overtake		00 No Control		<b>Trafficway</b>	Unit 1: 2, Unit 2: 2	
02 Fog/Smog/Smoke		10 Pass		01 Stop Sign		0 Not Applicable		
03 Cloudy		11 Back		02 Traffic Signal		1 One Way		
04 Rain		12 Remain Stopped		03 Flashing Traffic Signal		2 Two-Way - Not Divided		
05 Snow		13 Remain Parked		04 School Zone Signs		3 Two-Way - Divided		
06 Sleet/Hail (Freezing Rain/Drizzle)		14 Enter/Merge in Traffic		05 Yield Sign		4 Two-Way - Divided - Positive Median Barrier		
07 Severe Crosswind		15 Negotiate a Curve		06 Warning Sign		5 Turn Lane		
08 Blowing Snow		16 Park		07 Railroad Advance Warning Sign		6 Ramp / Loop		
09 Blowing Sand, Soil, Dirt		17 Other		08 Railroad Cross Bucks		7 Driveway		
10 Other		99 Unknown		09 Railroad Gates		8 Alley / Parking Lot		
99 Unknown				10 Railroad Signal		9 Unknown		
<b>Locality</b>	1	<b>What Vehicle Did</b>	Unit 1: 01, Unit 2: 07	11 No Passing Zone		<b>Vehicle Removal</b>	Unit 1: 1, Unit 2: 3	
1 Residential		00 Not Applicable		12 Person (including flagger, law enforcement, crossing guard, etc.)		0 Not Applicable		
2 Business		01 Went Ahead		13 Abnormal Control		1 Towed Due to Vehicle Damage		
3 Industrial		02 Turned Left		14 Other		2 Towed For Reasons Other Than Damage		
4 School		03 Turned Right		99 Unknown		3 Remained at Scene		
5 Not Built-up		04 Entered "U" Turn		<b>Road Surface Conditions</b>	Unit 1: 01, Unit 2: 01	4 Driven from Scene		
6 Mixed Use		05 Stopped		01 Dry		9 Unknown		
7 Other		06 Slowed		02 Wet		<b>Vehicle Condition</b>	Unit 1: 01, Unit 2: 01	
9 Unknown		07 Started From Park/Stop		03 Ice/Frost		00 Not Applicable		
<b>Type of Intersection</b>	4	08 Entered Other Lane		04 Snow		01 Apparently Normal		
0 Not an Intersection		09 Overtaking		05 Mud, Dirt, Gravel		02 Brakes		
2 Y-Intersection		10 Passing		06 Slush		03 Headlights		
3 T-Intersection		11 Backed		07 Water (standing, moving)		04 Steering		
4 Four-Way Intersection		12 Remained Stopped		08 Sand		05 Tail Lights		
5 Five-Point or More Intersection as Part of Interchange		13 Remained Parked		09 Oil		06 Brake Lights		
6 Intersection as Part of Interchange		14 Entered/Merged		10 Other		07 Tires/Wheels		
7 Traffic Circle		15 Departed Rdwy-Right		99 Unknown		08 Suspension		
8 Roundabout		16 Departed Rdwy-Left		<b>Road Character</b>	Unit 1: 1, Unit 2: 1	09 Signal lights		
9 Unknown		17 Swerved Right		1 Level		10 Windows		
<b>Incident Type</b>	00	18 Swerved Left		2 Hillcrest		11 Truck Coupling/Trailer Hitch/Safety Chains		
00 Not an Incident		19 Parked		3 Uphill		12 Mirrors	15 Other	
51 Private Property		20 Other		4 Downhill		13 Wipers	99 Unknown	
52 Deliberate Intent				5 Sag (bottom)		14 Power Train		
53 Medical Condition		<b>Visibility Obscured by</b>	Unit 1: 00, Unit 2: 00	<b>Road Alignment</b>	Unit 1: 1, Unit 2: 1	<b>Special Function of Vehicle</b>	Unit 1: 00, Unit 2: 00	
54 Legal Intervention		00 Not Applicable		1 Straight		00 Not Applicable		
55 Suicide		01 Trees		2 Curve - Left		01 School Bus		
56 Drowning		02 Embankment		3 Curve - Right		02 Transit Bus		
57 Other		03 Building		<b>Road Surface Type</b>	Unit 1: 2, Unit 2: 2	03 Intercity Bus		
<b>Location of First Harmful Event</b>	01	04 Signs		1 Concrete		04 Charter Bus		
01 On Roadway		05 Parked Vehicles		2 Asphalt		05 Other Bus		
02 Shoulder		06 High Weeds		3 Gravel		06 Military		
03 Median		07 Fences		4 Dirt		07 OHP		
04 Roadside		08 Shrubbery		5 Unknown		08 Other Police		
05 Gore		09 Ice, Snow or Frost on Windows		<b>Emergency Vehicle Responding to an Emergency</b>	Unit 1: 0, Unit 2: 0	09 Other Law Enforcement		
06 Separator		10 Smoke		0 N/A		10 Ambulance		
07 Parking Lane/Zone		11 Fog		1 Yes		11 Fire Truck		
08 Off Roadway, Location Unknown		12 Dust		9 Unknown		12 Public Owned Vehicle		
09 Outside Right-of Way		13 Rain		<b>Point of First Contact on Vehicle</b>	Unit 1: 12, Unit 2: 03	13 Highway Equipment		
10 Other		14 Sun		00 Not Applicable		14 Special Mobilized Machine		
99 Unknown		15 Other		13 Top		15 Other	99 Unknown	
<b>Driver Distracted by</b>	0	99 Unknown		<b>Most Damaged Area</b>	Unit 1: 12, Unit 2: 03			
0 Not Applicable/None				00 Not Applicable				
1 Electronic Communication Devices								
2 Other Electronic Device								
3 Other Inside Vehicle								
4 Other Outside Vehicle								
9 Unknown								

12 03 12 03



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	00	00	00	34	34
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	00	00	00	34	34

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 SOUTHBOUND ON NORTH PORTER AVENUE AND DID NOT STOP AT THE RED LIGHT AT THE INTERSECTION WITH EAST GRAY STREET. UNIT ONE STRUCK UNIT TWO IN THE INTERSECTION. UNIT ONE THEN VEERED TO THE LEFT AND LEFT THE ROADWAY, STRIKING A TRAFFIC SIGNAL POLE.

UNIT ONE DRIVER APPEARED EXTREMELY DISORIENTED AND UNAWARE OF HER SURROUNDINGS. A BYSTANDER ASKED THE DRIVER OF UNIT ONE IF SHE KNEW WHAT YEAR IT WAS AND THE DRIVER OF UNIT ONE STATED SHE THOUGHT IT WAS 1975.

IT APPEARED UNIT ONE STRUCK HER HEAD ON THE STEERING WHEEL IN THE COLLISION. UNIT ONE WAS TRANSPORTED BY EMSSTAT DUE TO POSSIBLE INJURY.













Unit #	24624
Beginning mileage	1560
Ending mileage	1585

 $\Phi$

CITY OF NORMAN  
TRAFFIC CONTROL DIVISION  
SIGNAL SECTION DAILY WORK SHEET

Unit # 24626  
Beginning mileage 3558  
Ending mileage 3595

DATE	X	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACK IN SERVICE
1-7-25		0800	Shop / Morning meeting w/Brian, Tested mmu, checked out unit 24626	0833
		0845	Lindsey & Pickard / Installed original mmu after testing	0851
R.A.		0854	Lindsey & Chantagrel / " "	0900
8 hrs.		0911	Lindsey & Jenkins / " "	0917
D.B.		0923	Lindsey & Bloxi / Removed mmu for testing	0928
hrs.		0930	Lindsey & Oakhurst / " "	0935
B.B.		0938	Lindsey & 24th SE / Need's new program card made for mmu	0943
hrs.		0956	Shop / Tested MMUs, Pinned card for Lindsey & 24th SE	1054
B.H.		1104	Lindsey & George / Installed original mmu after testing	1114
hrs.		1123	Lindsey & 24th SE / Removed mmu for testing	1130
M.T.		1257	Porter & Gray / SB signal pole hit in accident, documented damage & removed damaged decorative base	1310
hrs.		1320	Shop / found & assembled replacement decorative base	1351
D.W.		1400	Porter & Gray / Installed decorative base on SB signal pole	1412
hrs.		1420	Flood & Robinson / Removed mmu for testing	1427
		1432	Flood & Back Creek / " "	1437
TOTAL		1439	Back Creek & Stubbsman / " "	1446
CALLS		1451	Back Creek & Porter / " "	1455
9		1500	Shop / worked in shop, tested mmus, completed paperwork	1630



344 W. Hefner Road  
Oklahoma City, OK 73114  
Phone (405) 755-0858 Fax (405) 752-7947

Date: 1/8/2025  
Contact: Brian McNabb  
Agency: City of Norman  
Fax Number:  
Telephone:  
e-mail:

QUOTATION				
Item Number	Qty	Description	Price	Ext Price
PB-5384-11.56-P59	1	Ornamental Base, Rochester, for 11 9/16"	\$1,490.00	\$1,490.00
		Dia Pole (11.75 cut dia) x 36" Tall, Alum,		
		Textured Black		
		For payment by credit card, please add 4%		
		processing fee	Total	\$1,490.00

<b>F.O.B.</b>		<b>Destination- Norman, OK</b>
<b>Lead Time</b>	<b>60-90</b>	<b>Days</b>
<b>Quote Valid For</b>	<b>30</b>	<b>Days</b>

**Lisa Pinkley**  
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