



DATE: August 8, 2024
 TO: Jeanne Snider, Assistant City Attorney II
 FROM: Brian McNabb, Traffic Signal Supervisor *BM*
 SUBJECT: Damage Cost Report – 311 West Boyd Street

Office memorandum

On March 27, 2024, a street light pole located at 311 West Boyd Street, was damaged in a vehicle accident. A responsible party has been identified on the attached collision report #2024-00021179. Listed below are the costs associated with the necessary repairs that were performed.

Material Cost

1 – ea light pole	@	\$ 999.00	\$ 999.00
1 – ea light pole base	@	\$ 300.00	\$ 300.00
1 – ea delivery charge for light pole	@	\$ 100.00	\$ 100.00
1 – ea light fixture	@	\$ 1,017.00	\$ 1,017.00
1 – ea post top tenon reducer	@	\$ 175.00	\$ 175.00
Total Replacement Cost			\$ 2,591.00

Labor Cost Breakdown

R. Anderson	2.50 hr/s reg.	@	\$ 24.05	\$ 60.12
B. Harrison	2.50 hr/s reg.	@	\$ 24.05	\$ 60.12
D. Womack	2.50 hr/s reg.	@	\$ 24.05	\$ 60.12
D. Womack	2.00 hr/s OT	@	\$ 24.05	\$ 72.15

(A) Subtotal \$ 252.51

Supervision/Miscellaneous Time Cost

K. Coffin	1.00 hr/s reg.	@	\$ 23.74	\$ 23.74
A. Frezgi	1.00 hr/s reg.	@	\$ 51.08	\$ 51.08
B. McNabb	1.00 hr/s reg.	@	\$ 48.68	\$ 48.68

(B) Subtotal \$ 123.50

Total Labor Costs (A) + (B) \$ 376.01

Equipment Time Cost Breakdown

Unit 626	1.25 hr/s	@	\$ 15.00	\$ 18.75
Unit 627	2.75 hr/s	@	\$ 20.00	\$ 55.00
Unit 630	1.25 hr/s	@	\$ 15.00	\$ 18.75

Total Equipment Time Costs \$ 92.50

TOTAL CHARGES \$ 3,059.51

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

BM/kc

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

311 West Boyd Street

Case # 2024-00021179

Prepared April 1, 2024

Brian McNabb

03-27-2024: Notified by NPD that a street light pole was damaged in a vehicle accident. Took photos of damage, secured exposed electrical wiring and brought assembly back for repairs.

D. Womack 2.00 hours / OT

Unit 627 1.50 hours

03-27-24: Built up replacement assembly and reinstalled.

R. Anderson 2.50 hours / reg

B. Harrison 2.50 hours / reg

D. Womack 2.50 hours / reg

Unit 626 1.25 hours

Unit 627 1.25 hours

Unit 630 1.25 hours

04-01-2024: Obtained parts quotes, ordered material and prepared damage cost report.

Brian McNabb 1.00 hours / regular

Equipment Costs:

1 each light pole	\$ 999.00
1 each light pole base	\$ 300.00
1 each delivery charge for light pole and base	\$ 100.00
1 each light fixture	\$ 1,017.00
1 each post top tenon reducer	\$ 175.00

Total \$ 2,591.00

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed	<input checked="" type="checkbox"/>	Revised	<input type="checkbox"/>
Investigation Made at Scene	<input checked="" type="checkbox"/>	Fatality	<input type="checkbox"/>
Photographs	<input checked="" type="checkbox"/>	Hit and Run	<input checked="" type="checkbox"/>

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency NORMAN POLICE DEPARTMENT				Case Number (Agency Use) 2024-00021179				Motor Vehicles Involved 02		Number Injured 00		Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 03272024		Time 0153		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"/> E <input type="checkbox"/> W				Control #		Int ID		Location		East Grid		North Grid	
(4) Street, Road or Highway W BOYD ST				Distance from At 80 Mi. <input type="checkbox"/> Ft. <input checked="" type="checkbox"/>		N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway BUCHANAN AVE					
(5) Unit 01		Occupants 01		Type D		HR & Run <input checked="" type="checkbox"/>		Last Name TRAN		First JADIN		Middle LUUTINH	
Suffix		Date of Birth (mm/dd/yyyy) 07162003		Sex M									
(6) Address 1500 E SEMINOLE AVE				City MCALESTER		State OK		Zip 74501		Telephone (Use Area Code) 9 (9)-			
(7) Driver License Number N084256849				State OK		Class Endorsement(s) D		Restriction(s)		Inj. Sev. 2		Type of Injury 0	
Drv /Ped. Cond. 01		OP Use 99											
(8) Ejected 9		Extricated 1		Test 1		(% BAC) 5		Transported by		To Medical Facility		License Plate Number JQN333	
State OK		Month 8		Year 2024									
(9) VIN JTHCA1D27M5115696				Vehicle Year 2021		Color WHI		2nd Color 0		Make LEX		Model LS30	
Veh. Conf. 02		Extent of Damage 3											
(10) Insurance Company Name 2 PROGRESSIVE				Policy Number 943223745				Insurance Telephone (Use Area Code) (888) 671-4405					
(11) Vehicle Removed by Driver <input checked="" type="checkbox"/>				Owner's Last Name Same as Driver <input checked="" type="checkbox"/>				First		Middle		Suffix	
(12) Owner's Address				City		State		Zip		Towed Veh. Type			
										Oversized Load 0 00 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>			
(13) Citation Number		Statute/Ordinance Number		Citation Number		Statute/Ordinance Number							
(14) Unit 02		Occupants 00		Type C		HR & Run <input type="checkbox"/>		Last Name CAILIDE		First CHRISTOPHER		Middle GABRIEL	
Suffix		Date of Birth (mm/dd/yyyy) 06031986		Sex M									
(15) Address 2810 GENEVA DR				City GARLAND		State TX		Zip 75040		Telephone (Use Area Code) 2146829992			
(16) Driver License Number 11809110				State TX		Class Endorsement(s) C		Restriction(s)		Inj. Sev. 1		Type of Injury 0	
Drv /Ped. Cond. 01		OP Use 04											
(17) Ejected 1		Extricated 1		Test 1		(% BAC) 5		Transported by		To Medical Facility		License Plate Number FCD0888	
State TX		Month 3		Year 2025									
(18) VIN JHMEJ6675WS007287				Vehicle Year 98		Color GRY		2nd Color 0		Make HND		Model CV	
Veh. Conf. 02		Extent of Damage 4											
(19) Insurance Company Name 2 ELEPHANT				Policy Number 24400292695				Insurance Telephone (Use Area Code) (877) 218-7865					
(20) Vehicle Removed by Driver <input type="checkbox"/>				Owner's Last Name Same as Driver <input checked="" type="checkbox"/>				First		Middle		Suffix	
(21) Owner's Address				City		State		Zip		Towed Veh. Type			
										Oversized Load 0 00 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>			
(22) Citation Number		Statute/Ordinance Number		Citation Number		Statute/Ordinance Number							
(23) Investigating Officer Vu				Badge Number 150141		Trp/Div. Assigned		Trp/Div. Location		Reviewer (Init.)		Reviewer Badge Number 3272024	
Date of Report (mm/dd/yyyy)													

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful



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

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

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

(33) Unit	Injured <input type="checkbox"/>	Passenger <input type="checkbox"/>	Pos in Veh	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
	Witness <input type="checkbox"/>	Prop. Owner <input type="checkbox"/>							
(34)	Address		City	State	Zip	Telephone (Use Area Code)			
Same as Driver									
(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. GCWR <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs.
(38) U.S. DOT Number	NASI Report Number	Placard Number	Axle Qty. <input type="checkbox"/> Cargo Body <input type="checkbox"/> Vehicle Use Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
	OK		Haz. Mat. Class <input type="checkbox"/> Haz. Mat. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haz. Mat. Release <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. <input type="checkbox"/> 26K+ lbs.
(41) U.S. DOT Number	NASI Report Number	Placard Number	Axle Qty. <input type="checkbox"/> Cargo Body <input type="checkbox"/> Vehicle Use Interstate Commerce <input type="checkbox"/> Intrastate Commerce <input type="checkbox"/> Other Non-Commercial <input type="checkbox"/> Government <input type="checkbox"/>
	OK		Haz. Mat. Class <input type="checkbox"/> Haz. Mat. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haz. Mat. Release <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Case Number **2024-00021179**

Pg **3** of **4**

This unit will correspond to 'Unit 1' This unit will correspond to 'Unit 2'	Unit 01 02	Total Lanes in Roadway 04 00	Legal Speed 35 00	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>					
								Type of Work Zone 1 Lane Closure [] 2 Lane Shift/Crossover [] 3 Work on Shoulder or Median [] 4 Intermittent or Moving Work [] 9 Unknown []	Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign [] 2 Advance Warning Area [] 3 Transition Area [] 4 Activity Area [] 5 Termination Area [] 9 Unknown []				
								Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Light 3 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown Lighting 7 Other 9 Unknown	What Vehicle Was Going to Do Unit 1 01 Unit 2 05 00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	Underride/Override Unit 1 [] Unit 2 [] 0 Not Applicable 1 No Underride or Override 2 Underride, Compartment Intrusion 3 Underride, No Compartment Intrusion 4 Underride, Compartment Intrusion Unknown 5 Override, Motor Vehicle in Transport 6 Override, Other Motor Vehicle 9 Unknown	Traffic Control Unit 1 00 Unit 2 00 00 No Control 01 Stop Sign 02 Traffic Signal 03 Flashing Traffic Signal 04 School Zone Signs 05 Yield Sign 06 Warning Sign 07 Railroad Advance Warning Sign 08 Railroad Cross Bucks 09 Railroad Gates 10 Railroad Signal 11 No Passing Zone 12 Person (including flagger, law enforcement, crossing guard, etc.) 13 Abnormal Control 14 Other 99 Unknown	Road Surface Conditions Unit 1 01 Unit 2 01 01 Dry 02 Wet 03 Ice/Frost 04 Snow 05 Mud, Dirt, Gravel 06 Slush 07 Water (standing, moving) 08 Sand 09 Oil 10 Other 99 Unknown	Road Character Unit 1 1 Unit 2 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Road Alignment Unit 1 1 Unit 2 1 1 Straight 2 Curve - Left 3 Curve - Right	Road Surface Type Unit 1 2 Unit 2 2 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown	Trafficway Unit 1 2 Unit 2 8 0 Not Applicable 1 One Way 2 Two-Way - Not Divided 3 Two-Way - Divided 4 Two-Way - Divided - Positive Median Barrier 5 Turn Lane 6 Ramp / Loop 7 Driveway 8 Alley / Parking Lot 9 Unknown	Vehicle Removal Unit 1 4 Unit 2 1 0 Not Applicable 1 Towed Due to Vehicle Damage 2 Towed For Reasons Other Than Damage 3 Remained at Scene 4 Driven from Scene 9 Unknown	Vehicle Condition Unit 1 01 Unit 2 01 00 Not Applicable 01 Apparently Normal 02 Brakes 03 Headlights 04 Steering 05 Tail Lights 06 Brake Lights 07 Tires/Wheels 08 Suspension 09 Signal lights 10 Windows 11 Truck Coupling/Trailer Hitch/Safety Chains 12 Mirrors 13 Wipers 14 Power Train	Special Function of Vehicle Unit 1 00 Unit 2 00 00 Not Applicable 01 School Bus 02 Transit Bus 03 Intercity Bus 04 Charter Bus 05 Other Bus 06 Military 07 OHP 08 Other Police 09 Other Law Enforcement 10 Ambulance 11 Fire Truck 12 Public Owned Vehicle 13 Highway Equipment 14 Special Mobilized Machine 15 Other	Unsafe / Unlawful Contributing Factors Unit 1 73 Unit 2 00 FAILED TO YIELD 01 From Stop Sign 02 From Yield Sign 03 Private Drive 04 County Road at Through Highway 05 From Signal Light 06 From Alley 07 To Pedestrian 08 To Vehicle on Right 09 To Vehicle in Intersection 10 To Emergency Vehicles 12 Other FOLLOWED TOO CLOSELY 13 Human Element 14 Traffic Condition 15 Weather Condition UNSAFE SPEED 16 Driver's Ability (Aged) 17 Inexperienced Driver - Young 18 Exceeding Legal Limit 19 For Traffic Conditions 20 For Type of Roadway (Gravel, Dirt, etc.) 21 For Ice or Snow on Roadway 22 Rain or Wet Roadway 23 Wind 24 Other Weather Conditions 25 Vehicle Condition 26 View Obstruction 27 On Curve/Turn 28 Impeding Traffic 29 Other IMPROPER TURN 30 From Wrong Lane 31 From Direct Course 32 Right 33 Left 34 Turn About/U-Turn 35 To Enter Private Drive 36 In Front of Oncoming Traffic 37 Other CHANGED LANES UNSAFELY STOPPED IN TRAFFIC LANE FAILED TO STOP 40 For Stop Sign 41 For Traffic Signal 42 For School Bus 43 For Railroad Gates/Signal 44 For Officer/Flagman 45 At Sidewalk/Stopline 46 Other UNSAFE VEHICLE 47 Brakes 48 Steering	49 Tires 50 Suspension 51 Headlights 52 Tail Lights 53 Stop Lights 54 Wheel 55 Exhaust System 56 Windshield Wipers 57 Other Mechanical Defects LEFT OF CENTER 58 In Meeting 59 No Passing Zone (Unmarked) 60 Marked Zone 61 Other IMPROPER OVERTAKING 62 In Marked Zone 63 On Hill/Curve 64 At Intersection 65 Without Sufficient Clearance 66 Other IMPROPER PARKING 67 On Roadway 68 Where Prohibited 69 Other INATTENTION 70 Distracted by Passenger in Vehicle 71 Other Distraction Inside Vehicle 72 Distraction From Outside Vehicle 73 Other WRONG WAY 74 On One Way 75 On Exit Ramp 76 On Entrance Ramp 77 Other IMPROPER START FROM 78 Parked Position 79 Other 80 ALCOHOL/DUI/DWI 81 DRUG-DUI OTHER IMPROPER ACT/ MOVEMENT 82 Failed to Signal 83 Disregarded Warning Signal 84 Improper Use of Lane 85 Improper Backing 86 Apparently Sleepy 87 Failed to Secure Load 88 Other/Unknown UNKN/NO IMPROPER ACT 89 Deer in Roadway 90 Animal in Roadway 91 Domestic Animal in Rdwy 92 Avoiding Other Vehicle 93 Avoiding Pedestrian 94 Object/Debris in Roadway 95 Defect in Roadway 96 Abnormal Traffic Control 97 Improper Bicyclist Action 98 NO IMPROPER ACTION BY DRIVER 99 PEDESTRIAN ACTION
Weather 01 01 Clear 02 Fog/Smog/Smoke 03 Cloudy 04 Rain 05 Snow 06 Sleet/Hail (Freezing Rain/Drizzle) 07 Severe Crosswind 08 Blowing Snow 09 Blowing Sand, Soil, Dirt 10 Other 99 Unknown	Locality 2 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown	Type of Intersection 0 0 Not an Intersection 2 Y-Intersection 3 T-Intersection 4 Four-Way Intersection 5 Five-Point or More 6 Intersection as Part of Interchange 7 Traffic Circle 8 Roundabout 9 Unknown	Incident Type 00 00 Not an Incident 51 Private Property 52 Deliberate Intent 53 Medical Condition 54 Legal Intervention 55 Suicide 57 Drowning 58 Other	Location of First Harmful Event 04 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown	Driver Distracted by Unit 1 0 Unit 2 0 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown	Point of First Contact on Vehicle Unit 1 12 Unit 2 06 1 2 3 4 5 6 7 8 9 10 11 12 Most Damaged Area Unit 1 12 Unit 2 06 00 Not Applicable 13 Top 14 Undercarriage 99 Unknown							

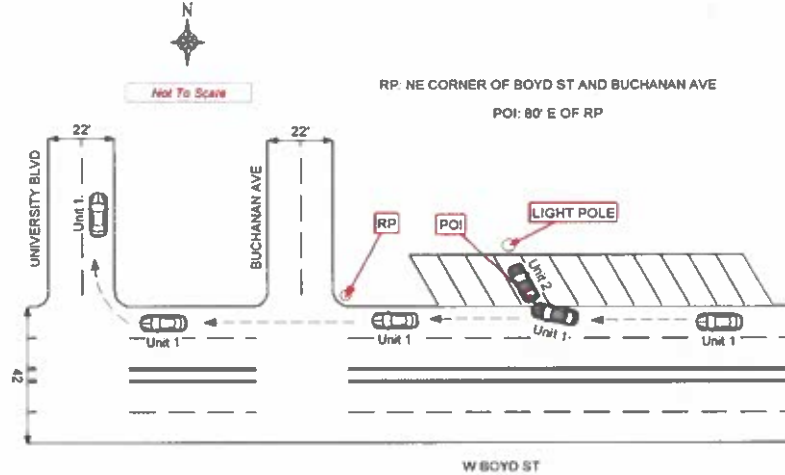


Latitude

Longitude

Unit Number **01** NE SW **W**

Unit Number **02** NE SW **0**



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	35	00	00	34	35
02	35	00	00	00	35	

- 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 2 WAS PARKED ON THE NORTH SIDE OF THE 300 BLOCK OF BOYD ST JUST EAST OF BUCHANA AVE
 -UNIT 1 WAS TRAVELING WESTBOUND ON BOYD ST TOWARDS BUCHANAN AVE
 -UNIT 1 MADE CONTACT WITH UNIT 2, CAUSING IT TO JUMP THE CURB AND DAMAGE THE LIGHT POLE
 -UNIT 1 FLED THE SCENE AND DROVE UP UNIVERSITY BLVD
 -UNIT 1 WAS APPREHENDED IN THE AREA OF UNIVERSITY AND SYMMES
 -UNIT 1 WAS ARRESTED FOR LEAVING THE SCENE AND FELONY ELUDING
 -NO CITATION WAS GIVEN TO DEFENDANT BECAUSE HE WAS ARRESTED

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



City of Norman, Okla.
Traffic Control Division
OVERTIME / COMPENSATORY TIME

NAME: Derek Womack

DATE: 3/27/24 TIME: Began 0300
Ended 0430

Vehicle/Unit # 627

JUSTIFICATION: Downed street
light at 311 W. Boyd

RESULT OF AN ACCIDENT

LOCATIONS:

- (1) 311 W. Boyd
(2) _____
(3) _____

WORK PERFORMED:

- (1) Street light pole was knocked down by a vehicle. Pulled all
wire back into pull box and removed downed pole from location.
(2) _____
(3) _____

TOTAL TIME: 2 Hrs

COMPENSATION: OVERTIME PAY _____ Hrs: COMPENSATION TIME 2 Hrs

SIGNATURE of Employee: [Signature]

DATE: 3/27/24

SIGNATURE of Supervisor: [Signature]

DATE: 3/27/24

SIGNATURE of Traffic Engineer: [Signature]

DATE: 3/27/24

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

Unit # 626
 Beginning mileage 99450
 Ending mileage 99475

DATE	X	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACK IN SERVICE
3/27/24		0810	Shop/ Morning meeting w/Brian, gathered materials for street lighting pole on campus corner	0911
R.A. 4 hrs.		0921	Campus corner / re installed street lighting pole with new ped pole base & new globe, wired up fixture & GFCI - OK	1024
D.B. _____ hrs.		1040	Shop/ moved equipment to new building, wired up spare cabinet to burn in	1243
B.B. _____ hrs.		1259	Boyard/ Picked up ped lighting pole	1325
B.H. _____ hrs.		1345	Shop/ cleaned ped light pole	1351
B.R. _____ hrs.		1405	Chautaugua / met with facilities to stand & wire up ped lighting pole	1433
D.W. _____ hrs.		1450	Shop/ worked in shop, unloaded equipment, set up spare cabinet to burn in, completed paperwork	1630
TOTAL				
CALLS				

0

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

DATE = 6/27
 Beginning mileage = 56103.4
 Ending mileage = 56118.6

DATE	TIME OBSERVED BY SIGNAL	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME OBSERVED (M:SS)
3-27-24	0800	Shop - Morning meeting, find light pole base and globe, verify that luminaire still works.	0849
	0903	Boyd + Asp, in front of Lucca - Replace and rewire light pole that was knocked over, clean up broken glass	1030
	1050	Shop - disassemble old batteries, build new sign for Ed Noble, hook up trailer and load batteries.	1450
	1504	Interstate Batteries - Unload batteries for recycle	1452
	1557	Shop - finish paperwork, put away trailer	1630
TOTAL			0



Brian McNabb

From: Stephen Pace <stephen.pace@PelcoInc.com>
Sent: Monday, April 1, 2024 11:23 AM
To: Brian McNabb
Subject: EXTERNAL EMAIL : RE: Light Pole

Hey Bryan,

AP-8122-14-GFCI-P59 = \$999.00
PB-5414-P59 = \$300.00

Cost for in town delivery is \$100. Please mark your PO "Pelco Delivery"

Current lead time is about 14 weeks.

Thanks!

Stephen Pace | Technical Service Representative
Pelco Products Inc. | 320 West 18th Street | Edmond, OK 73013
405-340-3434 | www.pelcoinc.com

From: Brian McNabb <Brian.McNabb@NormanOK.gov>
Sent: Monday, April 1, 2024 11:16 AM
To: Sales Department <Sales@PelcoInc.com>
Subject: Light Pole

Good morning.

Could you provide me a quote with any shipping charges for the purchase and delivery of the following.

1 each Pelco Post Top Luminaire Pole AP-8122-GFCI-14-P59
1 each Pelco Octagonal Base PB-5414-P59

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

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EMSCO ELECTRIC SUPPLY CO., INC.
 SCSSS PARTNER
 ELECTRICAL SUPPLIES AND LIGHTING FIXTURES
 1401 W. BRIDGEMAN PKWY. - COLUMBIANA CITY, OKLA. 73002
 P.O. BOX 9444 - COLUMBIANA CITY, OKLA. 73001
 TEL: 405-232-6123 FAX: 405-232-7544 TOLL FREE: 1-800-232-7113

Page #
 Date:
 Quotation #
 Job:
 City:
 Quoted by:

ID:

Job Name: City of Norman Campus Corner -
June 2021
Quote Label: GVD3 with Reducer
Job Location: Norman, Oklahoma
Issue Date: 3/28/2024
Good Through: 4/25/2024
Bid Date: 7/30/2021

Type	Qty	Catalog #	Unit \$	Ext \$
	2	GVD3 P30 40K MVOLT MS GL3 BK ST TBK PR3 PR7E PCLL SH RFD326085 GranVille LED Classic, P30 performance package, 4000K, 120-277V, Modern style, swing open design, Glass asymmetric, type III, Black, Painted cast aluminum standard finial, Black trim, 3 PIN NEMA PHOTOCONTROL RECEPTACLE, 7 pin NEMA dimmable photocontrol external receptacle, DLL PHOTOCONTROL, Shorting cap.	\$1,017.00	\$2,034.00
		*2766PC		
	2	TED EXT 350D 3IN C03 BK Pole tenon adaptor, External tenon adaptor, 3.50" Outside diameter pole top, 3IN, Tenon, 3.00 O.D. x 3" tall, Black	\$175.00	\$350.00

Estimated Lead Time: 40 working days to ship **Grand Total: \$2,384.00**

Notes

- * 1. Quote number must be written on Purchase Order
- 2. Please contact your Holophane Sales Rep for questions regarding this quote.
- 3. All quotes subject to standard terms and conditions unless specifically noted.
- 4. Quote is based on quantities and types indicated. Changes in counts or types may affect prices.
- 5. Purchase orders must be emailed to SCSS@Holophane.com. Failure to do so could result in delays in processing your order.
- 6. Customer Service Contact Information:
 For Order Management (expedites, updates, cancellations) and when submitting POs, please email our Customer Care team at: SCSS@Holophane.com
 For Quotes, Drawings, RFDs and Post Sales please email: SCSS@Holophane.com
 New Toll Free Number: 1-855-266-8557

IMPORTANT NOTE - The lead time shown is manufacturing time only. For delivery lead time, please add 5-10 business days to cover transportation and processing time.

Terms