



DATE: August 7, 2024
 TO: Jeanne Snider, Assistant City Attorney II
 FROM: Brian McNabb, Traffic Signal Supervisor *BM*
 SUBJECT: Damage Cost Report – Classen Boulevard and State Highway 9 Westbound On/Off Ramps

office memorandum

On July 31, 2024, a traffic signal cabinet and battery backup cabinet at Classen Boulevard and State Highway 9 Westbound On/Off Ramps, was damaged in a vehicle accident. A responsible party has been identified on the attached collision report #2024-00055320. Listed below are the costs associated with the necessary repairs that were performed.

Material Cost

1 – ea traffic signal cabinet assembly	@	\$ 21,014.96	\$ 21,014.96
1 – ea battery backup cabinet assembly	@	\$ 10,774.00	\$ 10,774.00
1 – ea Polara cable A and C	@	\$ 85.00	\$ 85.00

Total Replacement Cost \$ 31,873.96

Labor Cost Breakdown

R. Anderson	2.25 hr/s reg.	@	\$ 26.03	\$ 58.56
R. Anderson	2.75 hr/s OT	@	\$ 39.04	\$ 107.37
B. Black	2.75 hr/s OT	@	\$ 32.88	\$ 90.42
D. Birkhimer	0.50 hr/s reg.	@	\$ 35.96	\$ 17.98
D. Birkhimer	2.75 hr/s OT	@	\$ 53.94	\$ 148.33
B. Harrison	2.25 hr/s reg.	@	\$ 25.01	\$ 56.27
B. Harrison	2.75 hr/s OT	@	\$ 37.51	\$ 103.16
D. Womack	2.25 hr/s reg.	@	\$ 25.01	\$ 56.27
D. Womack	2.75 hr/s OT	@	\$ 37.51	\$ 103.16

(A) Subtotal \$ 741.52

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	3.50 hr/s reg.	@	\$ 52.68	\$ 184.38

(B) Subtotal \$ 262.20

Total Labor Costs (A) + (B) \$ 1,003.72

Page 2

Classen Boulevard at Westbound State Highway 9 On/Off Ramps
NPD# 2024-00055320

Equipment Time Cost Breakdown

Unit 624	2.75 hr/s	@	\$ 15.00	\$ 41.25
Unit 24626	4.50 hr/s	@	\$ 15.00	\$ 67.50
Unit 627	1.75 hr/s	@	\$ 20.00	\$ 35.00
Unit 629	2.75 hr/s	@	\$ 15.00	\$ 41.25
Unit 630	1.75 hr/s	@	\$ 15.00	\$ 26.25
Unit 641	2.75 hr/s	@	\$ 20.00	\$ 55.00

Total Equipment Time Costs \$ 266.25

TOTAL CHARGES

\$ 33,143.93

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

Classen Blvd at SH-9 Westbound Ramps

Case # 2024-00055320

Prepared August 7, 2024

Brian McNabb

07-31-2024: Notified by NPD that the traffic signal cabinet had been damaged due to an accident. Replaced signal cabinet assembly and placed intersection back into operation.

R. Anderson	0.50 hours / reg
R. Anderson	2.75 hours / OT
B. Black	2.75 hours / OT
D. Birkhimer	0.50 hours / reg
D. Birkhimer	2.75 hours / OT
B. Harrison	0.50 hours / reg
B. Harrison	2.75 hours / OT
B. McNabb	1.50 hours / reg
D. Womack	0.50 hours / reg
D. Womack	2.75 hours / OT

Unit 624	2.75 hours
Unit 24626	2.75 hours
Unit 629	2.75 hours
Unit 641	2.75 hours

08-1-2024: Installed replacement battery backup cabinet assembly and tested operation.

R. Anderson	1.75 hours / reg
B. Harrison	1.75 hours / reg
D. Womack	1.75 hours / reg

Unit 24626	1.75 hours
Unit 627	1.75 hours
Unit 630	1.75 hours

08-05-2024: Compile information, obtain parts quotes and ordered material.

Brian McNabb	2.00 hours / reg
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Equipment used for repairs:

1 each traffic signal cabinet assembly	\$ 21,014.96
1 each battery backup cabinet assembly	\$ 10,774.00
1 each Polara cable A and C	\$ 85.00

Total \$ 31,873.93

Incident Report

Y	N		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Revised	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fatality	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<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) 2024-00055320	Motor Vehicles Involved 02	Number Injured 01	Number Killed 00
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(2) Date of Collision (mm/dd/yyyy) 07312024	Time 1602	County Number and Name 14 CLEVELAND	Nearest City or Town Number and Name In <input checked="" type="checkbox"/> Near <input type="checkbox"/> 20 NORMAN
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(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
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(4) Street, Road or Highway CLASSEN BLVD	Distance from	(Nearest) Intersecting Street, Road or Highway HWY 9 WB ON/OFF RAMP
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(5) Unit 01	Occupants 01	Type D	Hlt & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name CATON	First HEZEKIAH	Middle EUGENE	Suffix	Date of Birth (mm/dd/yyyy) 02122002	Sex M
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(6) Address 3761 24TH AVE SE 6	City NORMAN	State OK	Zip 73071	Telephone (Use Area Code) 4056930837
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(7) Driver License Number D084108072	State OK	Class A	Endorsement(s)	Restriction(s)	Inj. Sev. 2	Type of Injury 3	Drv./Ped. Cond. 01	OP Use 04
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(8) Ejected 5	Extricated 1	Test 1	(% BAC) 0	Transported by EMSSTAT	To Medical Facility NRH - SH9	License Plate Number NOA297	State OK	Month 07	Year 2024
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(9) VIN 1D7HA18D03J677616	Vehicle Year 2003	Color BLK	2nd Color 0	Make DODG	Model RAM	Veh. Conf. 04	Extent of Damage 4
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(10) Insurance Company Name HARBOR INS. CO.	Policy Number HAR000725915	Insurance Telephone (Use Area Code) 8007773818
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(11) Vehicle Removed by LAMB TOWING	Owner's Last Name	First	Middle	Suffix
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(12) Owner's Address	City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 <input type="checkbox"/> 00 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>
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(13) Citation Number 664395	Statute/Ordinance Number 32-436	Citation Number	Statute/Ordinance Number
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(14) Unit 02	Occupants 01	Type D	Hlt & Run <input type="checkbox"/>	CMV <input type="checkbox"/>	Last Name HELLBERG	First NICOLE	Middle LYNN	Suffix	Date of Birth (mm/dd/yyyy) 07041987	Sex F
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(15) Address 17015 TWISTED OAK RD	City LEXINGTON	State OK	Zip 73051	Telephone (Use Area Code) 4059741357
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(16) Driver License Number L081719122	State OK	Class D	Endorsement(s)	Restriction(s)	Inj. Sev. 1	Type of Injury 0	Drv./Ped. Cond. 01	OP Use 04
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(17) Ejected 5	Extricated 1	Test 1	(% BAC) 0	Transported by	To Medical Facility	License Plate Number BNS741	State OK	Month 03	Year 2025
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(18) VIN 2C4RC1BG9GR186569	Vehicle Year 2016	Color MAR	2nd Color 0	Make CHRY	Model TOWN	Veh. Conf. 21	Extent of Damage 4
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(19) Insurance Company Name USAA	Policy Number 0197356857104	Insurance Telephone (Use Area Code) 8005318722
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(20) Vehicle Removed by LAMB TOWING	Owner's Last Name	First	Middle	Suffix
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(21) Owner's Address	City	State	Zip	Towed Veh. Type Oversized Load <input type="checkbox"/> 0 <input type="checkbox"/> 00 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/>
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(22) Citation Number	Statute/Ordinance Number	Citation Number	Statute/Ordinance Number
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(23) Investigating Officer VU	Badge Number 150141	Trp/Div. Assigned	Trp/Div. Location	Reviewer (Init.) JW	Reviewer Badge Number 36672	Date of Report (mm/dd/yyyy) 07312024
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Unit Type 0 Driver 1 Pedestrian X Pedestrian Conveyance B Bicyclist	Z Other Cyclist C Parked Car A Animal T Train	Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal 9 Unknown	Type of Injury 0 N/A 1 Head 2 Trunk - External 3 Trunk - Internal 4 Arms 5 Legs 9 Unknown	Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of 06 Medications 07 Very Tired 08 (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown	Occupant Protection (OP) In Use 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
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(24) Unit		Pos in Veh.		Last Name		First		Middle		Suffix		DOB(mm/dd/yyyy)		Sex
00		00		CITY OF NORMAN										
Injured Witness <input type="checkbox"/>		Passenger Prop. Owner <input checked="" type="checkbox"/>												
(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
														ELECTRIC
(27) Unit		Pos in Veh.		Last Name		First		Middle		Suffix		DOB (mm/dd/yyyy)		Sex
Injured Witness <input type="checkbox"/>		Passenger Prop. Owner <input type="checkbox"/>												
(28) Address				City		State		Zip		Telephone (Use Area Code)				
(28) Injury Severity / Type		OP Use		Air Bag		Ejected		Extricated		Transported by		To Medical Facility		Property Type
(30) Unit		Pos in Veh.		Last Name		First		Middle		Suffix		DOB (mm/dd/yyyy)		Sex
Injured Witness <input type="checkbox"/>		Passenger Prop. Owner <input type="checkbox"/>												
(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		Pos in Veh.		Last Name		First		Middle		Suffix		DOB (mm/dd/yyyy)		Sex
Injured Witness <input type="checkbox"/>		Passenger Prop. Owner <input type="checkbox"/>												
(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.		Axle Qty		Cargo Body		Vehicle Use	
						GCWR <input type="checkbox"/>		10,001 - 26K lbs.						Interstate Commerce <input type="checkbox"/>	
								26K+ lbs.						Intrastate Commerce <input type="checkbox"/>	
(38) U.S. DOT Number		NASI Report Number		Placard Number		Haz. Mat. Class		Haz. Mat. Involved		Haz. Mat. Release		Other Non-Commercial <input type="checkbox"/>		Government <input type="checkbox"/>	
		OK						Yes <input type="checkbox"/>		Yes <input type="checkbox"/>					
								No <input type="checkbox"/>		No <input type="checkbox"/>					
(39) Unit		Carrier Name		Address											
(40) City		State		Zip		GVWR <input type="checkbox"/>		0 - 10K lbs.		Axle Qty		Cargo Body		Vehicle Use	
						GCWR <input type="checkbox"/>		10,001 - 26K lbs.						Interstate Commerce <input type="checkbox"/>	
								26K+ lbs.						Intrastate Commerce <input type="checkbox"/>	
(41) U.S. DOT Number		NASI Report Number		Placard Number		Haz. Mat. Class		Haz. Mat. Involved		Haz. Mat. Release		Other Non-Commercial <input type="checkbox"/>		Government <input type="checkbox"/>	
		OK						Yes <input type="checkbox"/>		Yes <input type="checkbox"/>					
								No <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>
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Table with columns: Unit, Total Lanes in Roadway, Legal Speed, Actions Prior to Collision, Location at Time of Collision, Safety Equip, Unit Number of Vehicle Striking. Includes rows for Unit 01 and Unit 02.

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

Table with columns: Type of Work Zone, Location of the Work Zone Collision. Lists various work zone types and their locations.

Workers Present Yes [] No [] Unknown []

Table with columns: Light, What Vehicle Was Going to Do, Unit 1, Unit 2, Override/Override, Unit 1, Unit 2. Lists light conditions and vehicle actions.

Table with columns: Weather, What Vehicle Did, Unit 1, Unit 2. Lists weather conditions and vehicle actions.

Table with columns: Locality, What Vehicle Did, Unit 1, Unit 2. Lists locality types and vehicle actions.

Table with columns: Type of Intersection, Visibility Obscured by, Unit 1, Unit 2. Lists intersection types and visibility conditions.

Table with columns: Incident Type, Road Character, Grade, Unit 1, Unit 2. Lists incident types and road characteristics.

Table with columns: Location of First Harmful Event, Road Alignment, Unit 1, Unit 2. Lists event locations and road alignments.

Table with columns: Driver Distracted by, Road Surface Type, Unit 1, Unit 2. Lists driver distraction reasons and road surface types.

Table with columns: Trafficway, Unit 1, Unit 2, Unsafe / Unlawful Contributing Factors, Unit 1, Unit 2. Lists trafficway types and unsafe factors.

Table with columns: Vehicle Removal, Unit 1, Unit 2, Vehicle Condition, Unit 1, Unit 2. Lists vehicle removal reasons and conditions.

Table with columns: Special Function of Vehicle, Unit 1, Unit 2. Lists special vehicle functions.

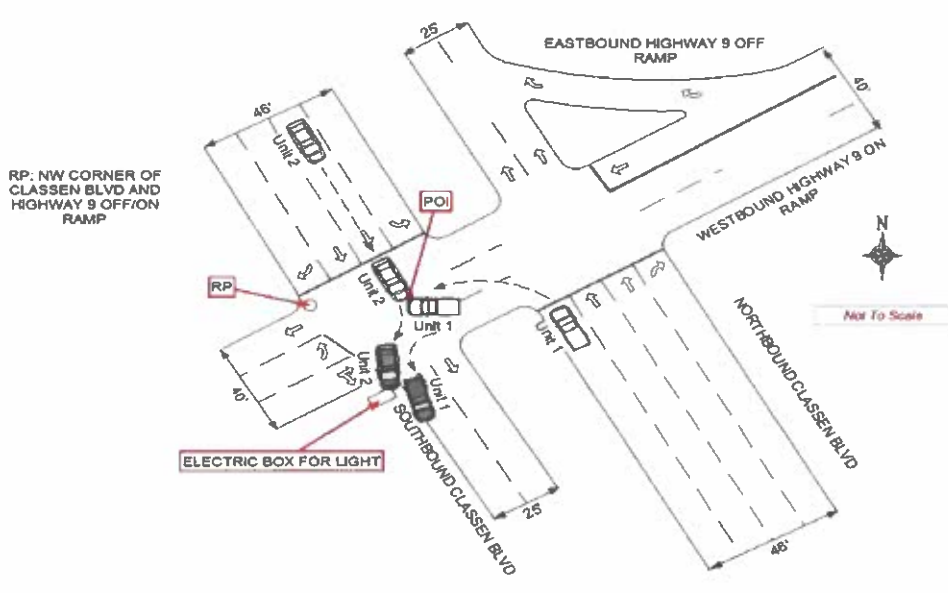
Table with columns: Point of First Contact on Vehicle, Most Damaged Area, Emergency Vehicle Responding to an Emergency, Unit 1, Unit 2. Includes a vehicle diagram and lists contact points, damage areas, and emergency responses.

Latitude

Longitude

Railroad Crossing Number

Roadway Orientation Unit Number 01 NE SW N



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
02	34	00	00	00	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 1 WAS TRAVELING NORTHBOUND ON CLASSEN BLVD, ATTEMPTING TO TURN LEFT TO THE ONCUE LOCATED AT 2960 CLASSEN BLVD

-UNIT 2 WAS TRAVELING SOUTHBOUND ON CLASSEN

-UNIT 1 ATTEMPTED TO MAKE THE LEFT TURN BUT FAILED TO YIELD TO ONCOMING TRAFFIC

-UNIT 1 MADE CONTACT WITH UNIT 2

-UNIT 2 CONTINUED TO TRAVEL SOUTHBOUND AFTER THE IMPACT AND MADE CONTACT WITH THE ELECTRIC BOX CONTROLLING THE TRAFFIC LIGHT AT THE INTERSECTION

-STREETS WAS CONTACTED ABOUT THE DAMAGE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE

Case Number 2024-00055320

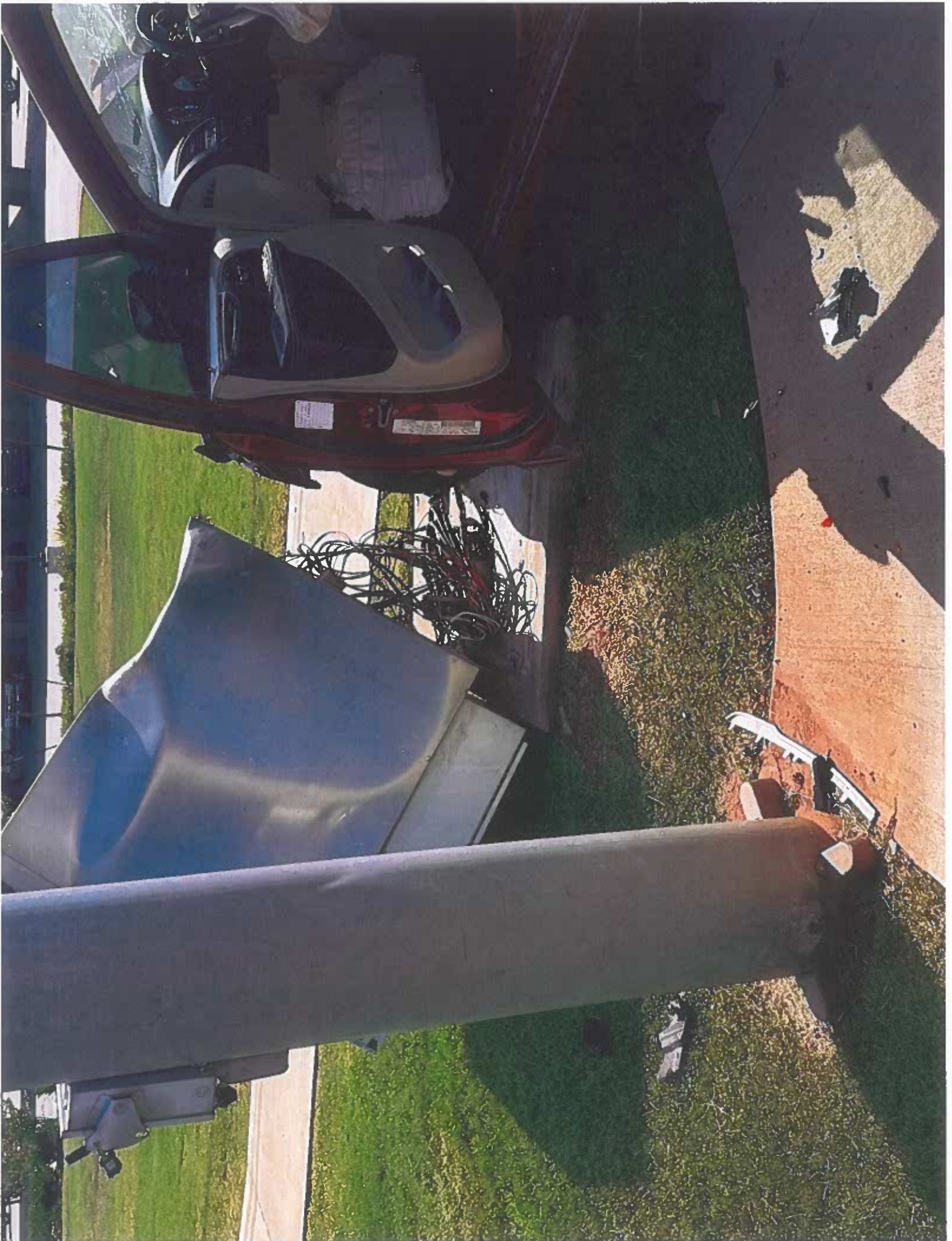
Pg 5 of 5

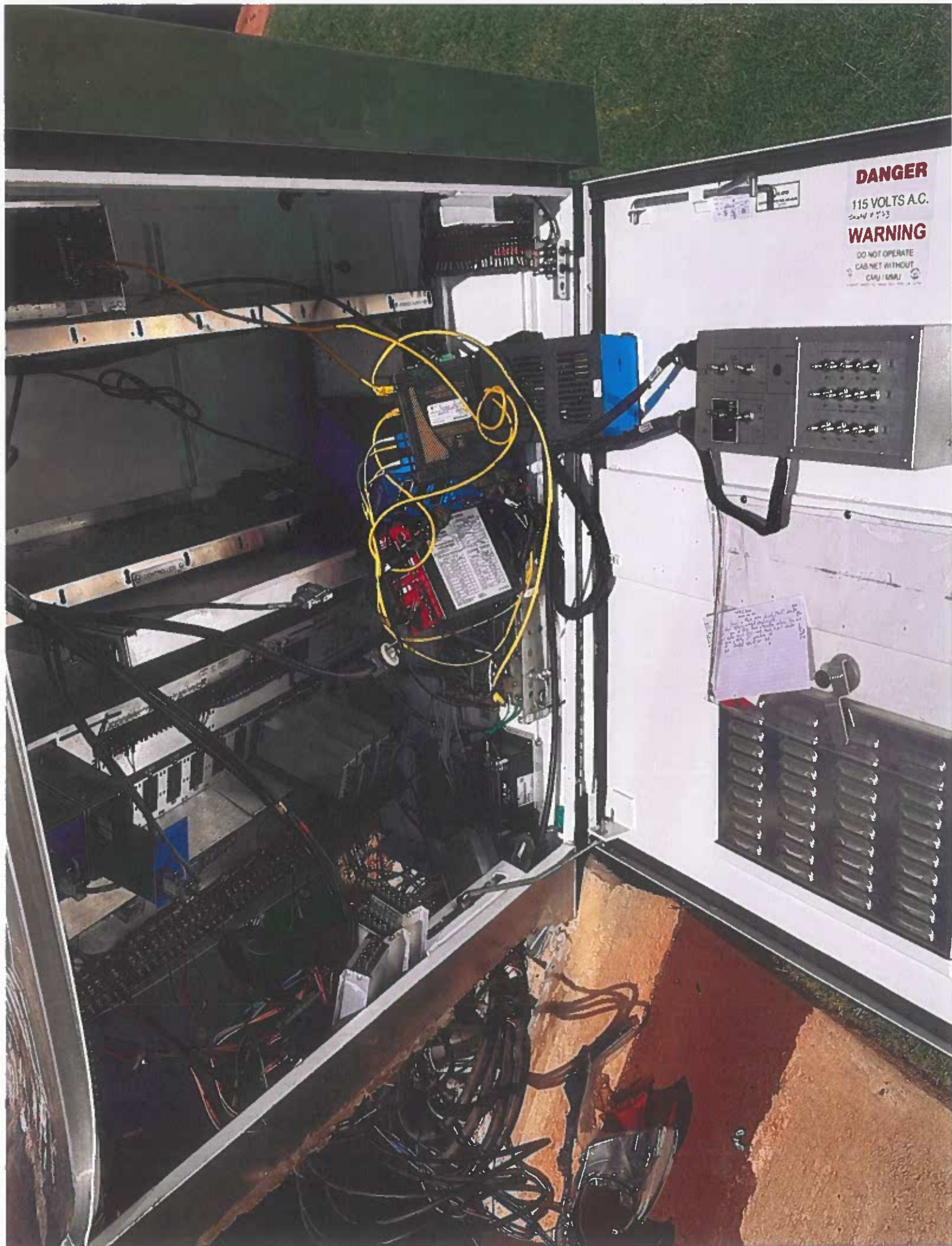
-UNIT 1 WAS DETERMINED TO BE AT FAULT WHEN HE FAILED TO YIELD TO THE RIGHT OF WAY

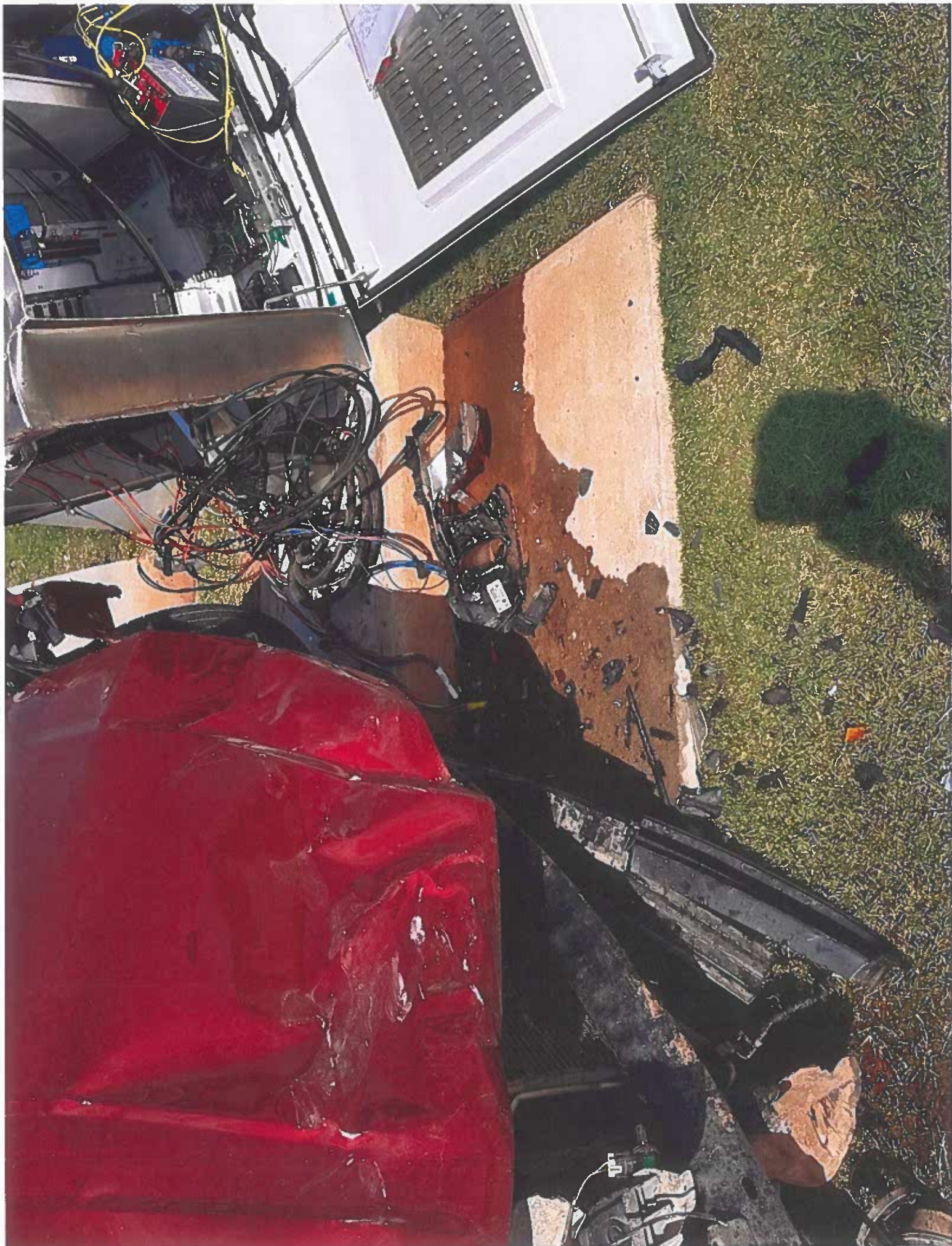
-UNIT 1 AND POSSIBLE INTERNAL INJURIES AND WAS TRANSPORTED TO NORMAN 9

-BOTH VEHICLES WERE REMOVED FROM THE SCENE BY LAMB TOWING









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

NAME: Robert Anderson

DATE: 7/31/24 TIME: Began 1630
Ended 1915

Vehicle/Unit # 24626

JUSTIFICATION: Brian reports
Signal Cabinet damaged by
accident

RESULT OF AN ACCIDENT

LOCATIONS:

(1) SH9 + Classen N.

(2)

(3)

WORK PERFORMED:

(1) Signal + BBU damaged, replaced Signal cabinet, ASC3, power supply
controller, EDI MMU, + wired up. Checked all operations

(2) -okay

(3)

TOTAL TIME: 2.75 Hrs

COMPENSATION: OVERTIME PAY _____ Hrs COMPENSATION TIME 2.75 Hrs

SIGNATURE of Employee: 

DATE: 7/31/24

SIGNATURE of Supervisor: 

DATE: 8/1/24

SIGNATURE of Traffic Engineer: 

DATE: 8/1/24

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

NAME: Brodericks Black

DATE: 07/31/24 TIME: Began 1630
Ended 1915

Vehicle/Unit # 629

JUSTIFICATION: Signal Cabinet reported Damaged

RESULT OF AN ACCIDENT

LOCATIONS:

(1) Hwy 9 + Classen N

(2) _____

(3) _____

WORK PERFORMED:

(1) Brought traffic control devices and assisted w/ stop sign setup, Assisted w/ damaged cabinet removal & replacement

(2) Assisted w/ power up troubleshooting & removal of stop signs. Put up equipment upon return to shop.

(3) _____

TOTAL TIME: 2.75 Hr/s

COMPENSATION: OVERTIME PAY _____ Hr/s COMPENSATION TIME 2.75 Hr/s

SIGNATURE of Employee: [Signature] DATE: 08/01/24

SIGNATURE of Supervisor: [Signature] DATE: 8/1/24

SIGNATURE of Traffic Engineer: [Signature] DATE: 8/1/24

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

NAME: Douglas Birkhimer

DATE: 7/31/24 TIME: Began 1630
Ended 1915

Vehicle/Unit # 624

JUSTIFICATION: Brain reports
signal cabinet damaged
by accident

RESULT OF AN ACCIDENT

LOCATIONS:

- (1) SH9/Classen N.
(2) _____
(3) _____

WORK PERFORMED:

- (1) Signal and battery backup cabinets damaged, replaced signal
cabinet, ASC3 controller, EDI mm4, and wired up. Watched
(2) operations - all.
(3) _____

TOTAL TIME: 2.75 Hr/s

COMPENSATION: OVERTIME PAY _____ Hr/s COMPENSATION TIME 2.75 Hr/s

SIGNATURE of Employee: Douglas Birkhimer DATE: 7/31/24

SIGNATURE of Supervisor: J. Mauch DATE: 8/1/24

SIGNATURE of Traffic Engineer: A. Frezzi DATE: 8/1/24

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

NAME: Barry Harrison

DATE: 7 / 31 / 24 TIME: Began 1630
Ended 1915

Vehicle/Unit # 641

JUSTIFICATION: Brian reports
signal cabinet damaged
by accident

RESULT OF AN ACCIDENT

LOCATIONS:
(1) SH9 + Classen N.
(2) _____
(3) _____

WORK PERFORMED:
(1) Signal and battery backups damaged, replaced signal cabinet,
ASC3 controller, EDI mmu, and wired up. Watched operations - OK
(2) _____
(3) _____

TOTAL TIME: 2.75 Hr./s

COMPENSATION: OVERTIME PAY _____ Hr./s COMPENSATION TIME 2.75 Hr./s

SIGNATURE of Employee: Barry Harrison DATE: 7 / 31 / 24

SIGNATURE of Supervisor: [Signature] DATE: 8 / 1 / 24

SIGNATURE of Traffic Engineer: [Signature] DATE: 8 / 1 / 24

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

NAME: Derek Womack

DATE: 7/31/24 TIME: Began 1630
Ended 1815

Vehicle/Unit # 624

JUSTIFICATION: Cabinet hit by
vehicle at Classen & SH9 N

RESULT OF AN ACCIDENT

LOCATIONS:

- (1) Classen & SH9(N)
- (2) _____
- (3) _____

WORK PERFORMED:

- (1) Cabinet struck by vehicle Replaced cabinet & equipment. Used
existing comm manager & ICCU. Operations ok
- (2) _____
- (3) _____

TOTAL TIME: 2.75 Hr/s

COMPENSATION: OVERTIME PAY 2.75 Hr/s COMPENSATION TIME _____ Hr/s

SIGNATURE of Employee: [Signature] DATE: 7/31/24

SIGNATURE of Supervisor: [Signature] DATE: 8/1/24

SIGNATURE of Traffic Engineer: [Signature] DATE: 8/1/24

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

Unit # 24626
 Beginning mileage 236
 Ending mileage 255

DATE	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACK IN SERVICE
7-31-24	0800	Shop/ Morning meeting w/Brian, checked out unit 24626	0830
	0845	Boyd + Asp / Installed new signal cabinet + BBU + checked	
R.A.		all operations -ok	1040
8 hrs.	1047	Dons Lock Shop / got spare key made for 24626	1155
D.B.	1230	Shop / unloaded old signal cabinet	1302
hrs.	1317	located fiber on Jenkins between Lindsey + Timberdale	1448
B.B.	1530	shop / completed paperwork, loaded up cabinet for	
hrs.		Classen + SH9 N	1630
B.H.			
hrs.			
B.R.			
hrs.			
D.W.			
hrs.			
TOTAL			
CALCS			
			0

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

Unit # 624
 Beginning mileage 89169
 Ending mileage 89287

DATE	X	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACK IN SERVICE
7/31/24		0800	Shop - morning meeting with Brian and Mike.	0830
		0845	Boyd/Rp - replaced serial and battery backup cabinets and wired up - watched operation - all.	1045
R.A.		1105	Conference 24th NW - assist TSI removing Sth Pro power panel. Checked and label all cameras. Set up IP address in Cam Manager & hooked up to switch. 1240	1348
D.B.		1300	Conference 24th NW - adjusted all cameras detection - all.	1500
		1418	Lowers - ordered ladders and picked up supplies.	1500
		1530	Shop - misc - work.	
A.F.		1625	Seth/Chassen - set out portable stops due to signal cabinet getting damaged.	1670
B.H.				
D.W.				
TOTAL CALLS				

0

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

627

Unit #

Beginning mileage 58509.1

Ending mileage 58534.7

DATE	N	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACK IN SERVICE
7/31-24		0800	Shop-morning meeting, grab equipment for cabinet install.	0828
		0840	Boyd Asp - Replaced damaged signal cabinet, installed new inverter, found fiber	
R.A.			was damaged during cabinet installation, watched operations - OK	0947
		1110	Jenkins from Lindsey to Imhoff - Locate signal, power feeds, lighting	1349
D.B.		1425	Shop - unpack and stow ped poles and bases. Load new cabinet and equipment for classen + 9.	1630
B.B.				
B.F.				
B.R.				
D.W.				
TOTAL CALLS				0

CITY OF NORMAN
 TRAFFIC CONTROL DIVISION
 SIGNAL SECTION DAILY WORK SHEET

Unit # 24626
 Beginning mileage 277
 Ending mileage 305

DATE	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACK IN SERVICE
8-1-24	0800	Shop / Morning meeting w/Brian, Loaded up equipment to install BBU at SH9 + Classen N, checked out unit #4626	0900
R.A. G hfs.	0917	SH9 + Classen N. / installed BBU + checked operation - OK	1036
	1109	Checked signals on list #1 (Flood + Acres - Main + Hal Muldrow)	1551
D.B. hfs.	1607	shop / worked in shop + completed paperwork	1630
B.B. hfs.			
B.H. hfs.			
B.R. hfs.			
D.W. hfs.			
TOTAL			
CALLS			

0

CITY OF NORMAN
TRAFFIC CONTROL DIVISION
SIGNAL SECTION DAILY WORK SHEET

Unit # 627
Beginning mileage 58531.7
Ending mileage 58571.6

DATE	N	TIME ARRIVED AT THE SCENE	LOCATION AND DESCRIPTION OF WORK PERFORMED	TIME BACKIN SERVICE
8-7-24		0800	Shop - Morning meeting, load BBU, batteries, and other equipment for install	0855
		0912	Shop + Classen N. - install new BBU + (AV BB) light	1040
R.A.		1101	Classen + Imhoff - Clean NB camera	1108
hrs.		1127	Shop - take out trash, lunch	1232
D.B.		1246	Signal list #	1518
hrs.		1605	Shop - finish paperwork	1630
B.B.				
hrs.				
B.R.				
hrs.				
D.W.				
hrs.				
TOTAL				
CALLS				0



Quotation

8/5/2024

To:

*Ship To Address to be verified URO	Quote Name: Norman 1 Cabinet Project Reference: Econolite Reference: Q-46273-94C9
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Item #	Part	Qty	Description	Tariff	Price per	Extended
1	COBG1010000 0000000	1	COBALT G-SERIES SM EOS CV TS2-T1 NO RECEIPT/DATAKEY/COMM	\$27.75	\$3,300.00	\$3,300.00
2	CAB17886	1	TS2-1 PNG P44 BM 16 HORIZ CAB CITY OF NORMAN, OK IN-WHITE/OUT BARE	\$51.31	\$14,544.00	\$14,544.00
3	CAB17886-PI	1	PLUG-IN KIT FOR CAB17886 CITY OF NORMAN, OK	\$56.90	\$2,735.00	\$2,735.00

Subtotal	\$20,579.00
Shipping & Handling*	\$300.00
Taxes**	\$0.00
Tariffs**	\$135.96
TOTAL	\$21,014.96

Quote Valid For Days: 60
FOB: Econolite Factory
Terms: NET30
*Ship Terms:
**Taxes and Tariffs Estimated (if included)

Tully McCrory
Tully McCrory, Account Manager
Mobile: 918-399-0502
tmccrory@econolite.com

Shipping Date: To be determined at time of receipt of order

AGENCY	JOB #	COUNTY	STATE
CITY of NORMAN	QUOTE	CLEVELAND	OKLAHOMA
OPENS:	8/1/2024		
DESCRIPTION	QTY.	UNIT	EXT.
TRAFFIC SIGNAL CONTROLLER ASSEMBLY TESCO BATTERY BACKUP SYSTEM TESCO MODEL 1500VA DUAL CONVERSION BATTERY BACKUP SYSTEM WITH AMBIENT TEMPERATURE ENCLOSURE ANODIZED ALUMINUM COMPLETE (46"H x 20"W x 10"D) WITH SIX (6) 24 VOLT BATTERIES WITH FULL LED	1	10,774.00	10,774.00

Name **Brian McNabb**
 Agency **City of Norman**
 Address **1311 Da Vinci St.**
 City State Zip **Norman, OK 73069**
 Phone Number(s) **405-307-7239**
 Email Address brian.mcnabb@normanok.gov



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 Dub Janczys
 (479)270-0340
dub.janczys@ctc-traffic.com

Please Reference our Quote Number on your PO, thanks.
Due to electronic component shortages and large increases in metal prices, this quote is only good for Thirty Days. We apologize for having to do this and hope it will be temporary.

CTC Part Number	Description	Paint Color	Qty	Unit Price	Total Price
	Polara Pushbuttons and APS		1	\$	-
CABLE-A	Cable A, Ped Head Load Switch for ICCU-52		1	\$ 44.00	\$ 44.00
CABLE-C	Cable C, Ped Inputs for ICCU-52		1	\$ 41.00	\$ 41.00
Total Before Tax					\$ 85.00
Sales Tax (if applicable)					\$ -
Shipping					
Grand Total					\$ 85.00

Notes