



Lake County Property Damage – *Supervisor Investigation*

Lake County Board of County Commissioners

Supervisor must complete this report **immediately** following property damage.

Report must include **FULL** details concerning the property damage incident

Section I – Property Damage/Conditions/Facts

Name of Employee		Department		Division		Job Title	
None		Public Works		Road Operations / MA III			
Date of Incident		Time of Incident		Name of Supervisor		Phone Number of Supervisor	
03/05/14		21:30		Lee, Steve		352-669-2814	
Name of Division Director (If Applicable)				Name of Department Director			
Conway, Lori				Stivender, Jim			
Specific Location of Incident				Type of damage			
36310 & 36320 CR 44A, Eustis				Damaged pavement, culverts, driveways, and Right-of-Way			
Names of all Witnesses		John Adams - 352-989-7117					
<p>Specifically, describe the items / property damaged in the incident. Describe in full detail, with serial numbers, property tag numbers, associated costs, etc., if applicable. Describe how the damage occurred and the extent of damage. Describe the task being done; conditions at the worksite (example: sunny, slippery, indoors, etc.). Details are crucial for processing and prevention.</p> <p>Supervisor Investigation: At approximately 21:30, Morgan Cates (who was on call) received a call from the LCSO regarding an accident. There was an overturned tanker in the Right-of-Way. Hector, from Traffic Operations, responded to close the road. On the morning of 03/06/14, I went to the site to evaluate the area and take photographs. A copy of the police report (# 140035931) has been requested.</p>							

Section II – Preventative Action

<p>What preventative action will eliminate/minimize the risk of this type of incident again? What would employee do to prevent incident? Examples: Written procedure, training, equipment change, corrective actions-warning/suspension to employee, , etc.</p> <p>Supervisor Preventative Action: Homeowner at address 36310 said that the truck driver took the turn way too fast. He said that he told the police that he saw the accident occur.</p>

Forward completed report to the Department of Employee Services,
315 W. Main St, Admin. Building, Rm. 430 / Tavares, FL 32778.

(Please attach Employee and Witness Statements, repair estimates, police reports and pictures and submit reports/forms as one packet, if possible, to Employee Services.)

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

Date of Crash 05/Mar/2014 04:29 PM	Time of Crash 05/Mar/2014 04:29 PM	Date of Report 05/Mar/2014 06:29 PM	Invest. Agency Report Number FHPD14OFF019055	HSMV Crash Report Number 83687258
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CRASH IDENTIFIERS

County Code 12	City Code	County of Crash LAKE	Place or City of Crash EUSTIS	Within City Limits No	Time Reported 05/Mar/2014 04:29 PM	Time Dispatched 05/Mar/2014 04:40 PM
Time on Scene 05/Mar/2014 05:52 PM	Time Cleared Scene 05/Mar/2014 11:35 PM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway CR- 44 A			At Street Address#		At Latitude and Longitude 28.8771206020837 -81.634842870051301	
At Feet 250	Or Miles	Direction South	From Intersection With Street, Road, Highway W ELDORADO DR		Or From Milepost #	
Road System Identifier 4 County		Type Of Shoulder 2 Unpaved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 2 Cloudy	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 77 Other, Explain in Narrative
First Harmful Event Type	First Harmful Event 1	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number AKPK69	State FL	Reg. Expires 31/May/2014	Permanent Reg. No	VIN 1FUJDSEB6VH683482		
Year 1997	Make FRHT	Model OTHER	Style TR	Color WHI	Extent of Damage Disabling	Est. Damage 60000	Towed Due To Damage No	Vehicle Removed By	Rotation
Insurance Company ILLINOIS NATIONAL INSURANCE				Insurance Policy Number TP988109602					
Name of Vehicle Owner (Check Box If Business) <input checked="" type="checkbox"/> D & A LEASING INC			Current Address (Number and Street) PO BOX 126246			City and State HIALEAH FL		Zip Code 33012-0000	
Trailer One:	License Number 1938697	State ME	Reg. Expires 02/28/2019 00:00	Permanent Reg. No	VIN 1P9CP43209B343217	Year 2009	Make PRAT	Length 50	Axles 2
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling: North	Direction	On Street, Road, Highway CR 44A				At Est. Speed 45	Posted Speed 45	Total Lanes 2	
CMV Configuration 6		Cargo Body Type 6				Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR 3 More than 26,000 lbs (11,793 kg)		Trailer Type (trailer one) Tank Trailer		Trailer Type (trailer two)					
Haz. Mat. Release 1	Haz. Mat. Placard 1	Number	Class						
Motor Carrier Name PORTSIDE TRUCKING				US DOT Number 1262512					
Motor Carrier Address 7601 NW 72ND AVE				City and State MIAMI FL		Zip Code 33166		Phone Number	
Comm/Non-Commercial 1	Vehicle Body Type 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function		
Vehicle Maneuver Action 3 Turning Left	Trafficway 1 Two-Way, Not Divided	Roadway Grade 4 Downhill	Roadway Alignment 3 Curve Left	Most Harmful Event 1 Non-Collision		Most Harmful Event Detail 1 Overturn/Rollover			
Traffic Control Device For This Vehicle 77 Other, Explain in Narrative	First (1) Sequence of Events 1 Non-Collision 1 Overturn/Rollover		Second (2) Sequence of Events 38 Mailbox		Third (3) Sequence of Events 33 Utility Pole/Light Support		Fourth (4) Sequence of Events		

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name CARLOS A RIVAS ARIAS	Date of Birth 31/Dec/1969	Sex 1 Male	Phone Number	Re-Exam No
Address 6104 PIERCE ST		City HOLLYWOOD		State FL		Zip Code 33024	
Driver License Number R126101694710	State FL	Expires 31/Dec/2020	DL Type 1 A	Req. End. 1 Yes	Injury Severity 4 Incapacitating	Ejection 1 Not Ejected	

Date of Crash 05/Mar/2014 04:29 PM	Date of Report 05/Mar/2014 04:29 PM	Invest. Agency Report Number FHPD14OFF019055	HSMV Crash Report Number 83687258
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Restraint System 2 None Used -Motor Vehicle Occupant	Air Bag Deployed 1 Not Applicable	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other		
Drivers Actions at Time of Crash (first) 77 Other Contributing Action		Drivers Actions at Time of Crash (second)		Driver Distracted By 1 Not Distracted	Vision Obstruction 1 Vision Not Obscured			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 2 EMS		EMS Agency Name or ID AIR CARE		EMS Run Number 8233	Medical Facility Transported To ORMC			

VIOLATIONS

Person# 1	Name CARLOS A RIVAS ARIAS	Florida Statute Number 316.215(1)	Charge DRIVER OPERATING VEHICLE WITH UNSAFE/DEFECTIVE EQUIPMENT	Citation A1XJAOE
Person# 1	Name CARLOS A RIVAS ARIAS	Florida Statute Number 316.1925(1)	Charge CARELESS DRIVING	Citation A1XJANE

NON VEHICLE PROPERTY DAMAGE

Vehicle#	Person#	Property Damage - Other Than Vehicle UTILITY POLE	Est. Amount 9000	Business Yes	Owner's Name SECO ENERGY	Address 293 SOUTH US HIGHWAY 301	City & State SUMTERVILLE FL	Zip Code 33585
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NON VEHICLE PROPERTY DAMAGE

Vehicle#	Person#	Property Damage - Other Than Vehicle DRIVE WAY MAIL BOX	Est. Amount 1000	Business No	Owner's Name JOHN LAWSON ADAMS	Address 36310 N COUNTY RD 44A	City & State EUSTIS FL	Zip Code 32736
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NARRATIVE

ID Number 2669	Rank TROOPER	Name W.S. MCKENZIE	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300	Date Created Mar 05, 2014
<p>V01 is a semi truck with a tank trailer loaded with concentrated orange juice. Prior to the left hand curve where the collision occurred was a right hand curve. Both curves have a posted suggested safe speed of 35mph.</p> <p>V01 was traveling northbound on CR- 44A. V01 attempted to negotiate a left hand curve resulting in the load shifting in the tank and causing V01's trailer to start to lean to the right. The trailer proceeded to overturn onto the grassy shoulder, as V01's trailer overturned the trailer collided with the mailbox at 36610 N CR- 44A. Also as V01's trailer overturned it caused V01 to overturn as well. The left side of V01's trailer then collided with a utility pole on the north east grassy shoulder. V01 and the trailer came to final rest on its roof facing northwest on the northeast grassy shoulder still resting against the utility pole.</p> <p>V01 caused damage to the concrete driveway at 36610 N CR- 44A.</p> <p>D01 was air lifted to ORMC before we arrived on scene.</p> <p>Note: Property Owner Adams was also a witness to the crash.</p>						

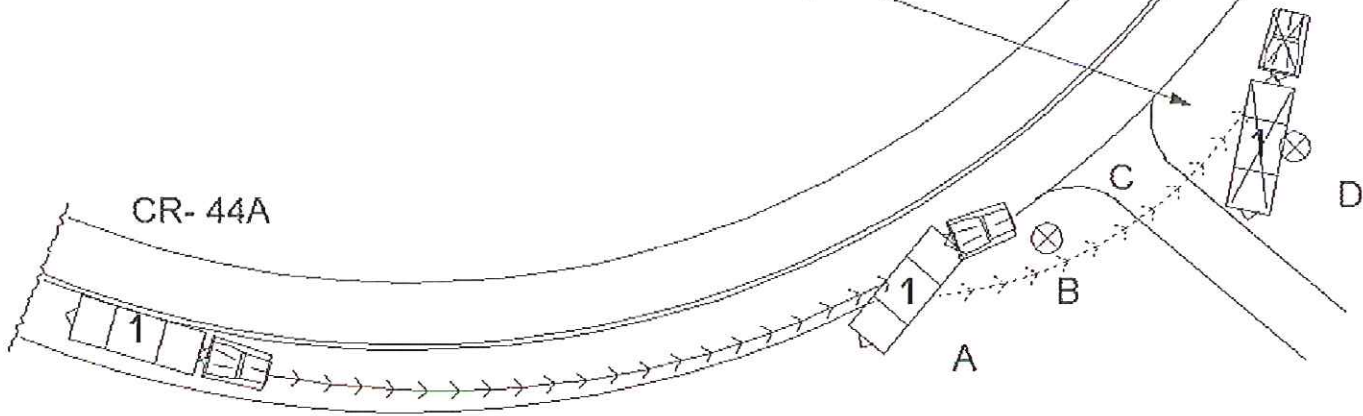
REPORTING OFFICER

ID/Badge # 2669	Rank and Name TROOPER W.S. MCKENZIE	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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- A- Trailer starts to overturn
- B- Trailer collides with mailbox
- C- Trailer damages concrete driveway
- D- Trailer collides with utility pole
V01 comes to final rest on its roof



Grassy Shoulder



FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at:
www.buycrash.com

Crash Number 89687258	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD140FF019055	Reporting Agency CAD Number ORCC14CAD026032
CRASH IDENTIFIERS			
County of Crash LAKE	City or Place of Crash EUSTIS	City Limits <input type="checkbox"/>	Crash Date/Time 09/05/2014 04:29 PM
Roadway Description for Location of Occurrence CR-44 A			
VEHICLE			
Year 1987	Make FRHT	Model OTHER	Color WHI
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix
Address PO BOX 120246	Address Other	City HIALEAH	State FL
Owner Phone Number	Owner Phone Number (other)	Insurance Company ILLINOIS NATIONAL INSURANCE	Insurance Policy Number TP888108602
PERSON RECORD			
Person Type DRIVER	Vehicle# V01	First Name CARLOS	Middle Name A
Address 6104 PIERCE ST	Address Other	City HOLLYWOOD	State FL
Phone Number	Phone Number (other)	Other Comments (Write in)	
PERSON RECORD			
Person Type PROPERTY OWNER	Vehicle#	First Name JOHN	Middle Name LAWSON
Address 3630 N COUNTY RD 44A	Address Other	City EUSTIS	State FL
Phone Number 3529897117	Phone Number (other)	Other Comments (Write in)	
BUSINESS RECORD			
Business Name SECO ENERGY	Address 283 SOUTH US HIGHWAY 301	Phone Number 3525669845	Phone Number (other)
ID Number 2688	Rank TROOPER	City SUMTERVILLE	State FL
Name W.S. MCKENZIE	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300

F A X | C o v e r

LAKE COUNTY PUBLIC WORKS
19720 EAST FIFTH STREET
UMATILLA, FLORIDA 32784



LAKE COUNTY
FLORIDA

P: 352 669-2814
F: 352 669-2836
lakecountyfl.gov

Attention: LCSO Records
Fax No.: 352-343-9540
Phone:

From: Treeva Wall
Subject: Police Report
Total Pages: 1, including cover

Will you please fax me a copy of police report # 140035931? *Incident occurred last night.*

Thank you,

A handwritten signature in blue ink, appearing to read "Treeva Wall".

Treeva Wall
Office Associate III

Mx Transmittal



Sheriff of Lake County
Gary S. Borders

Lake County Sheriff's
Office
360 West Ruby Street
Tavares, Florida 32778
Phone: 352-343-9500

Date: **03/06/2014**

To: LAKE COUNTY PUBLIC WORKS
Attention: **TREEVA WALL**
Fax number: **669-2836**
REF: 140035931

Number of pages: **4 (Including this page)**

From: **LINDA COFFEY**

If you do not receive all pages, please notify the sender as soon as possible at:
352-343-9578 (Records Department)

Note: This facsimile transmission is intended only for the use of the individual or entity in which it is addressed, and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.



03/06/14
10:12

LAKE COUNTY SHERIFF'S OFFICE
Deputy Report

Incident Number: 140035931
Nature: S4F

Case Numbers:

Addr: WEST ELDORADO DR & N CR 44A
City: EUSTIS

St: FL Zip: 32726

Area: L2 L2

Contact: SPRINT NEXTEL - CDMA

Complainant:

Alert Codes:

Lst:
DOB: **/**/** SSN:
Rac: Sx: Tel:

Fst:
Adr:
Cty:

Mid:
St: Zip:

Reported: 9044 TRAFFIC CRASH REPORT
Observed:
Offense
Codes: 9044 TRAFFIC CRASH REPORT

Circumstances:

Responding Officers: DOZIER 1357 1357
NEIMAN 742 742
BATCHELOR 1742 1742
ALDRIDGE 1931 1931
OLIVER 1914 1914
WARDINGLEY 117 117
DOLAN 1135 1135
FHP AGENCY UNIT FHP
PARKER 929 929

Rspnsbl Officer: PARKER 929
Received By: OTOOLE 2085
How Received: 9 911 Line

Agency: LCSO
Last RadLog: 23:24:52 03/05/14 CMPLT
Clearance: FHP TRAFFIC TOT FHP

When Reported: 16:24:18 03/05/14

Disposition: INA Disp Date: 03/05/14

Occurrd between: 16:23:58 03/05/14
and: 16:24:01 03/05/14

Judicial Sts:
Misc Entry:

Modus Operandi:
Factor

Description

Method

INVOLVEMENTS:

Date Description

Relationship

Responsible LEO:

Approved by:

Date

CAD Call info/comments

=====

CR 450 & 44A

COMPL ADV TRUCK THAT HAS FLIPPED OVER

16:25:15 03/05/2014 - OTOOLE 2085

ADV WILL BE SEMI TYPE OF VEH

16:25:27 03/05/2014 - OTOOLE 2085

DRIVERS FACE IS BLEEDING

16:25:32 03/05/2014 - OTOOLE 2085

DRIVER IS OUT OF THE VEH

16:25:38 03/05/2014 - OTOOLE 2085

54/S16

16:25:46 03/05/2014 - OTOOLE 2085

VEH FLIPPED ON THE SIDE OF THE RD

16:26:05 03/05/2014 - OTOOLE 2085

WILL BE ON N 44 & ELDORADO AREA

16:26:07 03/05/2014 - DEJESUS 2225

ANOTHER CALL PX 352-551-8989 COMPL IS SAYING THEY ARE ON CR 44A & WEST
ELDORADO***** SAYING A TRUCK FLIPPED OVER

16:26:19 03/05/2014 - DEJESUS 2225

TRN TO EMS...THE VEH IS COMPLETELY TURNED OVER

16:26:45 03/05/2014 - DEJESUS 2225

COMPL ADV THAT SHE IS ABOUT 300 FEET AWAY FROM THE S4*****

16:27:40 03/05/2014 - HINDS-GRACEY

S4 SEMI FLIPPED OVER ..LEAKING GAS SHOWING 44A & WEST ELDORADO..XFER TO EMS ON
911 ..352 504 5550

16:27:42 03/05/2014 ~ OTOOLE 2085

EMS 26

16:29:28 03/05/2014 - BERRIDGE 2257

GOT A CALL FROM DAN 305 393 1334 ADV'ING THAT THE SEMI IS FLIPPED OVER IN HIS
YARD... 36320 N CR 44A

16:29:48 03/05/2014 - BERRIDGE 2257

****COMP ADV THAT THE NEIGHBOR IS ARGUING WITH THE DRIVER OF THE SEMI*****

16:30:15 03/05/2014 - HINDS-GRACEY

FHP 1026

16:32:18 03/05/2014 - MCMENNAMY 1539

TRACTOR & TRAIL COMBINATION .. ITS A TANKER

16:33:05 03/05/2014 - MCMENNAMY 1539

NO MARKINGS....SAYS FOOD GRADE?

16:33:43 03/05/2014 - MCMENNAMY 1539

WILL BE A ROLL OVER TRACTOR TRAILER IF COULD ADV FHP

16:34:26 03/05/2014 - MCMENNAMY 1539

1357- ALSO AN ELECTRICAL POLE HIT BY TRACTOR TRAILER

16:34:33 03/05/2014 - MCMENNAMY 1539

DRIVER DOES HAVE SERIOUS INJURIES

16:35:56 03/05/2014 - MCMENNAMY 1539

PER 1357 WILL NEED TO BLOCK THE ROAD... 1742 10-26

16:35:59 03/05/2014 - MCMENNAMY 1539

1039'D TO FHP

16:37:52 03/05/2014 - MCMENNAMY 1539

742 - MAKE SURE SECO IS AWARE ALSO

16:38:04 03/05/2014 - MCMENNAMY 1539

PER 1357 LEAKING DIESEL AND FD IS 10-97

16:42:16 03/05/2014 - MCMENNAMY 1539

1039'D TO SECO WHO WILL NEED A POLE NUMBER

16:44:34 03/05/2014 - MCMENNAMY 1539

44A & ESTES - 742 AT BLOCKING TRAFFIC

16:49:05 03/05/2014 - MCMENNAMY 1539

1357 - HE IS GOING TO BE FLOWN OUT... JUST TRYING TO FIND AN LZ
16:49:26 03/05/2014 - MCMENNAMY 1539
THEY ARE LOOKING UP AROUND BILL COLLINS
16:51:57 03/05/2014 - MCMENNAMY 1539
CP1931 - 1097 ELDORADO & CR 44A
17:00:44 03/05/2014 - MCMENNAMY 1539
2 SECO TRUCKS 10-97 PER 742
17:04:08 03/05/2014 - MCMENNAMY 1539
FOR LZ 36947 N CR 44A - 1357
17:13:18 03/05/2014 - MCMENNAMY 1539
LANDING ZONE IS CLEAR
18:16:19 03/05/2014 - DUNNING 2238 - From: DOLAN 1135
10-4 ... ADV SHES NOT 10-12 WITH ANYONE ELSE
18:49:17 03/05/2014 - DUNNING 2238
1135 ADV SHE IS BEING A ROAD BLOCKAGE
18:54:17 03/05/2014 - DUNNING 2238
MADE 1025 W/ FHP, THEY ADV THEY ARE OUT THERE AT THIS TIME
19:45:22 03/05/2014 - PLACENSIO 891 - From: ALDRIDGE 1931
STILL ON THE S4F 516-3757
21:28:37 03/05/2014 - GOODKNIGHT 809 - From: PARKER 929
NEED TO MAKE 1025 WITH THE ROAD DEPT, HAVE THEM SEND SOMEONE OUT TO ASSESS THE
DAMAGE OUT HERE REF TO S98 AT THE SHOULDERS OF THE ROAD, THEY ARE GETTING READY
TO FLIP THIS SEMI OVER AND THERE IS PROBABLY GOING TO BE MORE DAMAGE CREATED.
WE ARE ALSO GOING TO NEED TEMPORARY ROAD CLOSED SIGNS
21:29:56 03/05/2014 - GOODKNIGHT 809
PAGED THE ROAD DEPT
21:33:21 03/05/2014 - PLACENSIO 891
MR. CHASE CALLED IN ADVISING WE PAGED THE WRONG PEOPLE
21:36:22 03/05/2014 - PLACENSIO 891
PAGED 241-1343
21:39:55 03/05/2014 - ORTIZ-GONZALEZ
ROAD DEPT 51 FROM MASCOTTE HE WILL HAVE THE SIGNS
22:40:11 03/05/2014 - GOODKNIGHT 809 - From: DOLAN 1135
ROAD DEPT IS 1097















Request Details Report

Request Number MA3-11737-R **Associated Work Order** MA3-19375-WO **Observed Date/Time** 3/5/14 9:30:P

Citizen Information

Name	Phone	Ext.
Address	Alternate Phone	
	Email Address	

Organization

Requestor Lake County Sheriff's Office
Contact

<i>Issue and Location</i>	Issue	Asphalt, other
Activity	Map Page	SEC TWN RNG

MSC Field Inspection

Address Number

Route CR 44A (6678)

Intersect Route West Eldorado Dr (6379)

Details

Overturned tanker caused damage to pavement, culverts, driveways, and Right-of-Way.

Notes

History

Resolution _____

Request Response Date 03/05/2014 _____

Date _____

Time Arrived _____

Time Departed _____

Wall, Treeva

From: Bautista, Natali
Sent: Thursday, March 06, 2014 7:52 AM
To: Johnson, Jeff
Cc: Conway, Lori; Sherk, Adam; Burt, Karen; Kent, Charlie; Cates, Morgan; Lee, Steve; Dean, Randy; Wall, Treeva
Subject: Call Out

FYI-

3/5/14 – Morgan received a call from LCSO @ 9:30pm about an accident at CR 42 and CR 450 involving a semi being turned over on the shoulder. They were referred to Traffic Ops for information on closing the road. Randy, Morgan said you might want to check the right-of-way for any damage, Morgan did have to go out.

Thanks,

☺

Natali Bautista on behalf of Morgan Cates
Office Associate II
Lake County Public Works
Maintenance Area I
2310 Griffin Rd.
Leesburg, FL 34748
(352) 787-0074
(352) 787-1465 (fax)

nbautista@lakecountyfl.gov

PLEASE NOTE: Florida has a very broad public records law. Most written communication to or from government officials regarding government/public business is public record, available to the public and media upon request. Your e-mail communications may be subject to public disclosure.

3633φ → 744 A
432φ
2632φ South of
W Eldorado

14φφ 35931



LAKE COUNTY
FLORIDA

Lake County Public Works

Daily Activity Worksheet

MAR 06 2014
CW

Admin	<input type="checkbox"/>
MA I	<input type="checkbox"/>
MA II	<input type="checkbox"/>
MA III	<input type="checkbox"/>
Spec Proj	<input type="checkbox"/>
Traffic Ops	<input type="checkbox"/>

IS FEMA:

STATUS: IN PROGRESS / COMPLETE

WO Number: 19375

Assoc Request: MA3-11737-R

DATE: 3/6/14

TIME A: _____ TIME D: _____

PROBLEM: _____

ADDRESS OR INTERSECTION: _____

SOLUTION: _____

LABOR

Emp Name (Labor ID)	Activity (Include WOWR# if different from above)	Std Hrs	OT Hrs	SOT Hrs
S. Lee	(MSC) Field Inspection	1		
TOTAL HOURS		1		

ASSETS

Asset ID (Road # or MSAG#)	Description	Activity
6678-1	CR-44A	Same

EQUIPMENT

Equip ID (Property No.)	Description	Operator:	Activity	HRS
25889	Ford pickup	Steve	Same	1

MATERIAL

Material ID (Description)	Unit	Qty

Lake County Public Works
Traffic Operations
Citizen or Internal Requests

Date: 3-5-14 Time: 9:30 PM Relayed By: _____

Request From: LCSD Case/Event # 140035931

Address: _____

Telephone: _____ Additional Contact Information: _____

ON Road Name: CR 44A Road # _____

AT Road Name: West Eldorado Rd Road # _____

Map Page: _____ Section: _____ Maint. Area: _____

Issue: "Road Closed"

Description: put up Barracks and Road closed At 44A light and At West Eldorado Rd

Supervisor Note: (Accident) Truck was flipped upside down.

Completed By: Heidi Rain Date: 3-6-14 Time: 12:30 AM

Road Name		Sign #		Retro Light	
Sign Code	EG HI DG HIP VIP	Support #		Retro Dark	
Legend		Ratio			
Installed		Type	UC R SQ AL	Support Size	1 ft.
Road Ahead		Condition	E G F P M	Sign Size	W H
Road Back		Direction	N S E W	Side of Road	L R Center
<input type="checkbox"/> New Installation <input type="checkbox"/> Relocate <input type="checkbox"/> Remove <input type="checkbox"/> Remove Temporary <input type="checkbox"/> Picture Yes ___ No ___ <input type="checkbox"/> Repair/Reset <input type="checkbox"/> Sign Replace <input type="checkbox"/> Sign Unit Replace <input type="checkbox"/> Support Replace <input type="checkbox"/> Temporary Installation <input type="checkbox"/> Other Why _____ Hours <u>3.0</u> D3 Decal Yes ___ No ___					

Road Name		Sign #		Retro Light	
Sign Code	EG HI DG HIP VIP	Support #		Retro Dark	
Legend		Ratio			
Installed		Type	UC R SQ AL	Support Size	1 ft.
Road Ahead		Condition	E G F P M	Sign Size	W H
Road Back		Direction	N S E W	Side of Road	L R Center
<input type="checkbox"/> New Installation <input type="checkbox"/> Relocate <input type="checkbox"/> Remove <input type="checkbox"/> Remove Temporary <input type="checkbox"/> Picture Yes ___ No ___ <input type="checkbox"/> Repair/Reset <input type="checkbox"/> Sign Replace <input type="checkbox"/> Sign Unit Replace <input type="checkbox"/> Support Replace <input type="checkbox"/> Temporary Installation <input type="checkbox"/> Other Why _____ Hours _____ D3 Decal Yes ___ No ___					

Road Name		Sign #		Retro Light	
Sign Code	EG HI DG HIP VIP	Support #		Retro Dark	
Legend		Ratio			
Installed		Type	UC R SQ AL	Support Size	1 ft.
Road Ahead		Condition	E G F P M	Sign Size	W H
Road Back		Direction	N S E W	Side of Road	L R Center
<input type="checkbox"/> New Installation <input type="checkbox"/> Relocate <input type="checkbox"/> Remove <input type="checkbox"/> Remove Temporary <input type="checkbox"/> Picture Yes ___ No ___ <input type="checkbox"/> Repair/Reset <input type="checkbox"/> Sign Replace <input type="checkbox"/> Sign Unit Replace <input type="checkbox"/> Support Replace <input type="checkbox"/> Temporary Installation <input type="checkbox"/> Other Why _____ Hours _____ D3 Decal Yes ___ No ___					

Data Entry Information: _____ Request #: _____ Work Order #: _____