



Invoice

Date	Invoice #
10/19/2015	6435

Bill To
LAKE COUNTY PUBLIC WORKS PO BOX 7800 TAVARES, FL 32778

RECEIVED
 OCT 19 2015
 LAKE COUNTY
 ROAD OPERATIONS

Project Description	GUARDRAIL REPAIR
Contract #	
Financial Project #	G7850-C
Dates of Service/ Date of Completion	
Location	CR 450 OCALA STREET

Work Order No	
---------------	--

Item No	Quantity	Description	U/M	Unit Price	Total
MISC EACH	2	GUARDRAIL POST	EA	65.00	130.00
MISC EACH	1	END ANC ASSY TYPE CRT	EA	2,000.00	2,000.00
MISC EACH	3	REFLECTORS	EA	4.00	12.00
MISC LF	37.5	REMOVAL	LF	1.00	37.50
MISC SY	4	MISC PAVING	sqyd	21.00	84.00
MISC LF	25	SHOP BENT	LF	12.00	300.00

JK 10/21/15

OK TO PAY FOR
~~XXXXXXXXXX, INC.~~

TO RISK MGMT: 10/26/15
Goods Recd: 10/16/15

CONTRACTOR'S SIGNATURE:

Balance Due	\$2,563.50
--------------------	-------------------

FDOT DBE CERTIFIED
PALM BEACH COUNTY SWBE CERTIFIED

AB 10-20-15
BP
9/10/21/15
10/20/15

**Guardrail
Work Quote Request**
All prices include installation

Project Name and Location

CR 450/OCEANAST

Contractor

SOUTHEAST GUARDRAIL

ITEM	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1.	Resetting Guardrail (Single Face)		LF	\$ _____	\$ _____
2.	Resetting Guardrail (Double Face)		LF	\$ _____	\$ _____
3.	Re-alignment of existing guardrail		LF	\$ _____	\$ _____
4.	New Guardrail-Including Post, Offset Blocks, Reflectors, Delineator Assemblies, Hardware etc.		LF	\$ _____	\$ _____
5.	Guardrail Panels		LF	\$ _____	\$ _____
⑥	Guardrail Posts	2	EA	\$ 65.00	\$ 130.00
7.	Encased Guardrail Post		EA	\$ _____	\$ _____
8.	Offset Blocks		EA	\$ _____	\$ _____
9.	Special End Shoes		EA	\$ _____	\$ _____
10.	Terminal Connector		EA	\$ _____	\$ _____
11.	Flared End Section		EA	\$ _____	\$ _____
12.	Half Rounded End Section		EA	\$ _____	\$ _____
13.	Full Rounded Buffer End Section		EA	\$ _____	\$ _____
14.	Anchor Plate Assembly		EA	\$ _____	\$ _____
15.	Type II End Anchorage Assembly		EA	\$ _____	\$ _____
16.	End Anchorage Assembly Type MELT		EA	\$ _____	\$ _____
⑬	End Anchorage Assembly Type CRT	1	EA	\$ 2000.00	\$ 2000.00
18.	End Anchorage Assembly Type ET-2000		EA	\$ _____	\$ _____
19.	End Anchorage Assembly Type SRT-350 (8 post system)		EA	\$ _____	\$ _____
20.	End Anchorage Assembly Type BEST		EA	\$ _____	\$ _____
21.	End Anchorage Assembly Type LET		EA	\$ _____	\$ _____
22.	End Anchorage Assembly Type SKT-350		EA	\$ _____	\$ _____
23.	End Anchorage Assembly Type FLEAT-350		EA	\$ _____	\$ _____
24.	End Anchorage Assembly Type REGENT		EA	\$ _____	\$ _____
25.	Repair Existing Bridge End Assembly		EA	\$ _____	\$ _____
26.	Steel Anchor Post (Bridge)		EA	\$ _____	\$ _____
27.	Concrete Anchor Post (Bridge)		EA	\$ _____	\$ _____
28.	End Post with Special End Shoe Recess (Bridge)		EA	\$ _____	\$ _____
29.	Special Steel Guardrail Post for Single or double face Guardrail (where culverts or other structures precludes Normal installation).		EA	\$ _____	\$ _____
30.	Transition Panel from tie-beam to w-beam		EA	\$ _____	\$ _____
31.	Detail J Bridge Anchorage		EA	\$ _____	\$ _____
32.	ET 2000 Extruder Head		EA	\$ _____	\$ _____
33.	SKT - 350 Extruder Head		EA	\$ _____	\$ _____
34.	FLEAT 350 Extruder Head		EA	\$ _____	\$ _____
⑳	Reflectors	3	EA	\$ 4	\$ 12.00
36.	4" Linear Reflective System (include the manufacture type and specifications)		EA	\$ _____	\$ _____
37.	6" Linear Reflective System (include the manufacture type and specifications)		EA	\$ _____	\$ _____
38.	Brackets for Linear Reflective System		EA	\$ _____	\$ _____

- 39 Removal/Disposal of Existing Guardrail
- 40 Special Safety Pipe Rail
- 41 Miscellaneous Asphalt Paving
- 42 Miscellaneous Concrete Paving
- 43 Shop Bent (Radius)
- 44 Miscellaneous sod installed

<u>37.5</u>	LF	\$ 1.00	\$ 37.50
	LF	\$	\$
<u>4</u>	SY	\$ 21.00	\$ 84.00
	SY	\$	\$
<u>25</u>	LF	\$ 12.00	\$ 300.00
	SF	\$	\$

Total Guardrail Cost Quote:

\$ 2563.50
10-14-15 DR

**HANDRAIL
Work Quote Request**

Project Name and Location

ITEM DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1. Posts 2" NPS (Sch. 40)	_____	LF	\$ _____	\$ _____
2. Rails 2" NPS (Sch. 40)	_____	LF	\$ _____	\$ _____
3. Rail joint/splice	_____	EA	\$ _____	\$ _____
4. Handrail joint/splice	_____	EA	\$ _____	\$ _____
5. Handrail 1 1/2" NPS	_____	LF	\$ _____	\$ _____
6. Handrail support bar 1"	_____	LF	\$ _____	\$ _____
7. Mounting base plates	_____	EA	\$ _____	\$ _____
8. Anchors/bolts	_____	EA	\$ _____	\$ _____
9. Two rail assembly	_____	LF	\$ _____	\$ _____
10. Three rail assembly	_____	LF	\$ _____	\$ _____

Total Handrail Cost Quote:

\$ _____

Emergency Response Fee

\$ _____

Total Project Cost Estimate:

\$ 2563.50

County Representative

Print Brenda Press

Sign [Signature]

Date 10/15/15

Contractor Representative

Print DAVE REEL

Sign [Signature]

Date 10/14/15

**** Please complete, sign, and return to Lake County

sent 10-2-15



LAKE COUNTY
FLORIDA

To:	From: Public Works Road Operations Div.
Fax:	Phone: (352) 343-6439
Phone:	Date: 9/29/2015
E-Mail:	Pages: 3

Re: 11-0604, Guardrail / Handrail Repair Service Request

WORK QUOTE REQUEST

Road Name: Ocala St (CR 450) Segment Number: 3-7850-01

Guardrail Number: G7850-A

Location: Ocala St @ Wilson Parrish Rd

Nearest City: Umatilla

Section: 14 Township: 18 Range: 26

Length of damage if not an end: Two 13' 6" sections, 4 posts.

Ends damaged? Yes No

If yes, how many? 1

Comments: _____

Questions should be addressed and agreed upon in writing by either the Project Manager or designee prior to the performance of work.

Approved by: _____

S.L.

County Representative

Work completed OK to Pay Date :	Invoice #	
Approved by:	Goods Received	

BP
9/30/15

Request Details Report

Request Number
MA3-13872-R

Associated Work Order

Observed Date/Time
9/25/15 12:13:P

Citizen Information

Name

Phone

Ext.

Address

Alternate Phone

Email Address

Organization

Requestor Lake County Sheriff's Office

Contact

Issue and Location

Activity

Issue

Guardrail

Map Page

SEC TWN RNG

Address Number

Route Ocala St (7850)

Intersect Route Wilson Parrish Rd (7660)

Details

LCSO reports that a van hit the guardrail on CR 450 near Wilson Parrish Rd (approximately 30' of guardrail was taken out)

Notes

History

9/28/2015 Contract guardrail repair requested.

Lee, Steven

Resolution _____

Request Response Date 09/25/2015

Date _____

Time Arrived _____

Time Departed _____



**LAKE
COUNTY**
FLORIDA

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
Robert Baker		Public Works	Road Operations	Contract Technician
Date of Incident	Time of Incident	Name of Supervisor	Phone Number of Supervisor	
9-25-15	N/A	Jeff Johnson	343-6439	
Name of Division Director (If Applicable)			Name of Department Director	
Lori Koontz			Jim Stivender	
Specific Location of Incident			Type of damage	
intersection of Ocala Street and Wilson Parrish Rd.			Guardrail auto damage	
Names of all Witnesses	N/A			
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.				
Supervisor Investigation: Robert Baker received email notice that on 9-25-2015 a guardrail (G7850-C) had been damaged on CR 450, Ocala Street from a auto crash.				

Section II – Preventative Action

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.

Supervisor Preventative Action:

Forward completed report to the Office of Employee Services & Quality Improvement ,
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

HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

LONG FORM SHORT FORM UPDATE

Crash Date 9/25/2015	Time of Crash 11:50 AM	Date of Report 9/25/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD15OFF088613	HSMV Crash Report Number 85155036-01
-------------------------	---------------------------	-----------------------------	--	---	---

CRASH IDENTIFIERS

County Code 12	City Code 62	County of Crash LAKE	Place or City of Crash UMATILLA	Within City Limits NO	Reported Date/Time 9/25/2015 11:55 AM	Dispatched Date/Time 9/25/2015 11:58 AM
On Scene Date/Time 9/25/2015 12:13 PM		Cleared Scene Date/Time 9/25/2015 12:37 PM	Investigation Completed Reason (if Investigation Not Complete) YES		Notified By LAW ENFORCEMENT AGENCY	

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway WILSON PARRISH RD			At Street Address #	At Latitude N 28 55.8150	And Longitude W 81 41.6064
At Feet 10	Or Miles	Direction S	From Intersection With Street, Road, Highway COUNTY ROAD 450		Or From Milepost Number
Road System Identifier LOCAL		Type of Shoulder UNPAVED	Type of Intersection T-INTERSECTION		

CRASH INFORMATION

Light Condition DAYLIGHT		Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT		First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location SHOULDER	Within Interchange NO	First Harmful Event's Relation to Junction INTERSECTION-RELATED
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment	
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone	

VEHICLE

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 092YVF	State FL	Reg. Expires 4/27/2016	Permanent Reg. NO	VIN 2B5WB35YX2K105093
Year 2002	Make DODG	Model OTHER	Style SW	Color WHI	Extent of Damage FUNCTIONAL	Est. Damage 3,000	Towed Due to Damage NO
Insurance Company SECURITY NAT INS CO				Insurance Policy Number G00669765301			
Name of Vehicle Owner JOSE JESUS ALVAREZ		Business <input type="checkbox"/>	Current Address 5303 CR 561		City CLERMONT	State Zip Code FL 34714-0001	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Vehicle Traveling NORTH	Direction NORTH	On Street, Road, Highway WILSON PARRISH RD			At Est. Speed 35	Posted Speed 35	Total Lanes 2
CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR	Trailer Type (Trailer One)		Trailer Type (Trailer Two)		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class				
Motor Carrier Name		US DOT Number					
Motor Carrier Address		Address Other		City	State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type PASSENGER VAN	Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION WITH FIXED OBJECT		Most Harmful Event Detail GUARDRAIL END	
Traffic Control Device for this Vehicle STOP SIGN	First (1) Sequence of Events COLLISION WITH FIXED OBJECT		Second (2) Sequence of Events GUARDRAIL END		Third (3) Sequence of Events		Fourth (4) Sequence of Events

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name JOSE JESUS ALVAREZ	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 04/27/1957	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 5303 CR 561, CLERMONT FL 34714		Phone Number	
Driver License Number A416430571470	State FL	Expires 04/27/2019	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED	Helmet Use	Eye Protection NOT APPLICABLE		
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

Crash Date 9/25/2015	Time of Crash 11:50 AM	Date of Report 9/25/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD15OFF088613	HSMV Crash Report Number 85155036-01
-------------------------	---------------------------	-----------------------------	--	---	---

NON VEHICLE PROPERTY DAMAGE

Property Damage (Other than Vehicle) GUARDRAIL	Est. Damage 2,500	Business YES	Person#	Property Owner LAKE COUNTY ROAD DEPT (315 Main St, Tavares, Fl 32778)
---	----------------------	-----------------	---------	--

NARRATIVE

ID Number 2553	Rank TROOPER	Name C.L. THOMPSON	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300
-------------------	-----------------	-----------------------	-------------------	--	------------------------------

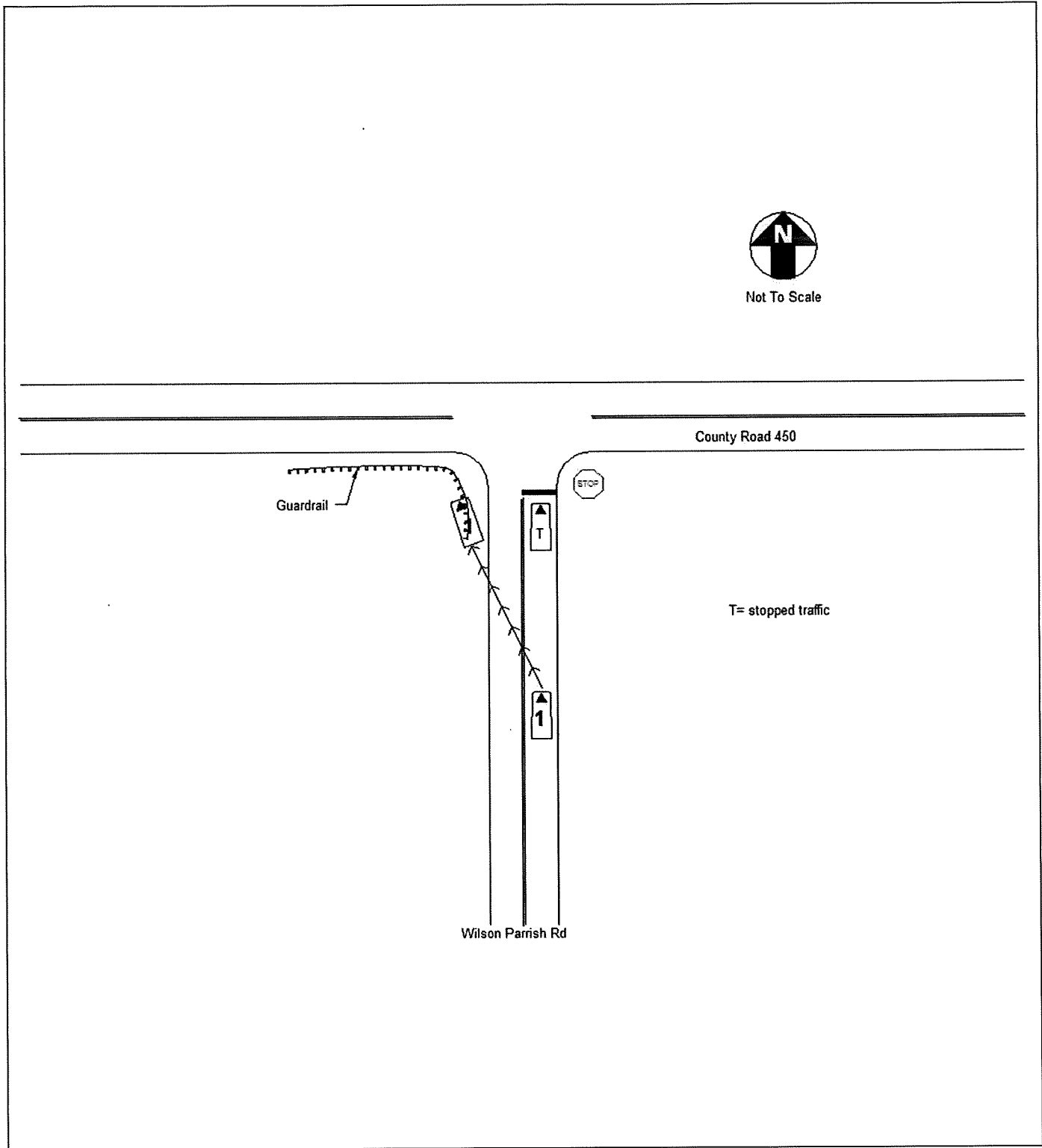
V01 was northbound on Wilson Parrish Rd south of County Road 450. Traffic was stopped in front of V01. D01 pressed the gas and brake at same time and entered the west shoulder. The front of V01 struck the guardrail.

REPORTING OFFICER

ID Number 2553	Rank TROOPER	Name C.L. THOMPSON	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300
-------------------	-----------------	-----------------------	-------------------	--	------------------------------

Crash Date 9/25/2015	Time of Crash 11:50 AM	Date of Report 9/25/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPD15OFF088613	HSMV Crash Report Number 85155036-01
-------------------------	---------------------------	-----------------------------	--	---	---

DIAGRAM OF CRASH





10.01.2015 10:47



10.01.2015 10:48



10.01.2015 10:50



10-20-2015 12:44



10.20.2015 12:45



10.20.2015 12:43