

Kesha Buckner

From: Amber Pope
Sent: Friday, April 27, 2018 3:15 PM
To: Shelton Vance; Kesha Buckner
Cc: Dan Gaillet
Subject: Yandell Guardrail Repair

*claim #
0170481730101017*

From: Timothy Bryan
Sent: Thursday, April 26, 2018 12:35 PM
To: Amber Pope; Dan Gaillet
Subject:

The accident on Yandell took out the guardrail on the south side of the road and the headwall on the SE corner. Using term bid items the headwall will cost the following to fix:

Mobilization: \$8250.00
Drive 20ft of H pile: \$1260.00
Furnish and install headwalls 300 bd ft @ \$2.16/bd ft = \$864.00
Guardrail posts = \$1515.00 (price from Forterra)
25 ft guardrail and 2 ends = \$675

Total: \$12,564.00

Tim Bryan, P.E., PTOE
Assistant County Engineer
Madison County Board of Supervisors
Engineering and Road Management Department
3137 South Liberty Street
Canton, Mississippi 39046
Phone – 601-790-2525
Cell – 601-573-5394

MADISON COUNTY
P O BOX 608
CANTON, MS. 39046

Cash Receipt

Receipt No. 181663 Date 09/12/2018 Transaction 181753
Deposit No. 180546 Deposit Date 09/12/2018 Bank 100
Vendor GEICO GENERAL INSURANCE CO

		Cash Account 000	001
001-000-346	INSURANCE SETTLEMENT	12564.00	
001-000-346	GUARDRAILS		
Total		12564.00	

Approved _____

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number
0 0 4 5

Agency Case Number
2 0 1 8 - 5 1 3 0

Page 0 1 of 0 4

Agency Name

MADISON COUNTY SHERIFF OFFICE

G1. County

4 5

G2. Status Code

C P U

G3. Reported Date (MM/DD/YYYY)

0 4 / 1 4 / 2 0 1 8

G4. Reported Time (2400)

1 7 0 2

Arrival Time (2400)

1 7 0 6

10-24 Time (2400)

1 8 0 0

G6. Vehicles

0 1

G7. Killed

0 0

G8. Injured

0 1

G9. Address Number

G10. Street Name

Y A N D E L L R O A D

G11. Hwy/County Road #

G12. Trafficflow Direction

N E
 S W

G13. Int.

Y
 N

G14. Distance

0 0 0 . 2 4

G15. Direction

N E
 S W

G16. Intersecting Street Name

S M I T H C A R R R O A D

G17. Int. Hwy/County Road #

G18. City Name

G19. Latitude

N 3 2 3 1 . 0 2 2

G20. Longitude

W 0 9 0 0 3 . 3 5 0

Crash with OMV in Road

- Rear end slow or stop
- Rear end turn
- Left turn same roadway
- Left turn cross traffic
- Right turn cross traffic
- Head on
- Slideswipe
- Angle
- Hit and run

Non-Crash in Road

- Overturn
- Jackknife
- Fell from vehicle
- Other

Crash of MV in Road with

- Pedestrian
- Parked Vehicle
- Train
- Bicyclist
- Deer
- Animal (other than deer)

Fixed Object

- Bridge/Culvert
- Embankment/Ditch/Curb
- Guardrail/Median Barrier
- Tree
- Utility pole/light support
- Other fixed object
- Sign Post
- Signal standard

Non-Fixed Object

- Building/Other Structure
- Maint. Equip. - Not Moving
- Maint. Equip. - Moving
- Other non-fixed object

Roadway

- Off-Roadway
- Median
- Roadside
- Shoulder
- Parking Lot
- Gore

None

- Four-way Inter
- T - Intersection
- Crossover
- Driveway
- Five-point or more
- Off Ramp
- On Ramp
- Path/Trail
- RR Xing
- Traffic Circle/Round
- Y - Intersection

City Street

- State Highway
- U.S. Highway
- County Road
- Parking Lot/Private Drive
- Interstate
- Off Road
- State Park

Daylight

- Dark-Lit
- Dark-Unlit
- Dawn
- Dusk

- Dry
- Wet
- Water
- Sand/Mud/Dirt/Oil/Gravel
- Ice
- Slush
- Snow

- Clear
- Rain
- Cloudy
- High winds
- Blown Debris
- Fog/Smog/Smoke
- Sleet/Hail
- Snow

- Not Workzone Related
- Within Construction Zone
- Advance Warning Area

None

- Intermittent or Moving Work
- Lane Closure
- Lane Shift/Crossover
- Shoulder/Median Work
- Utility

WITNESS(S)

G30. First Name

M

Last Name

G31. Address

G32. Phone Number

G33. City

G34. State

G35. Zip Code

G36. Sex M F

G37. Age

G38. First Name

M

Last Name

G39. Address

G40. Phone Number

G41. City

G42. State

G43. Zip Code

G44. Sex M F

G45. Age

G46. Badge Number

S O - 4 0

G47. Investigating Officer Name (Please Print)

John Garcia

G48. Officer Signature

John Garcia

G49. Reviewing Badge Number

S O 3 6

G50. Reviewing Officer Initials

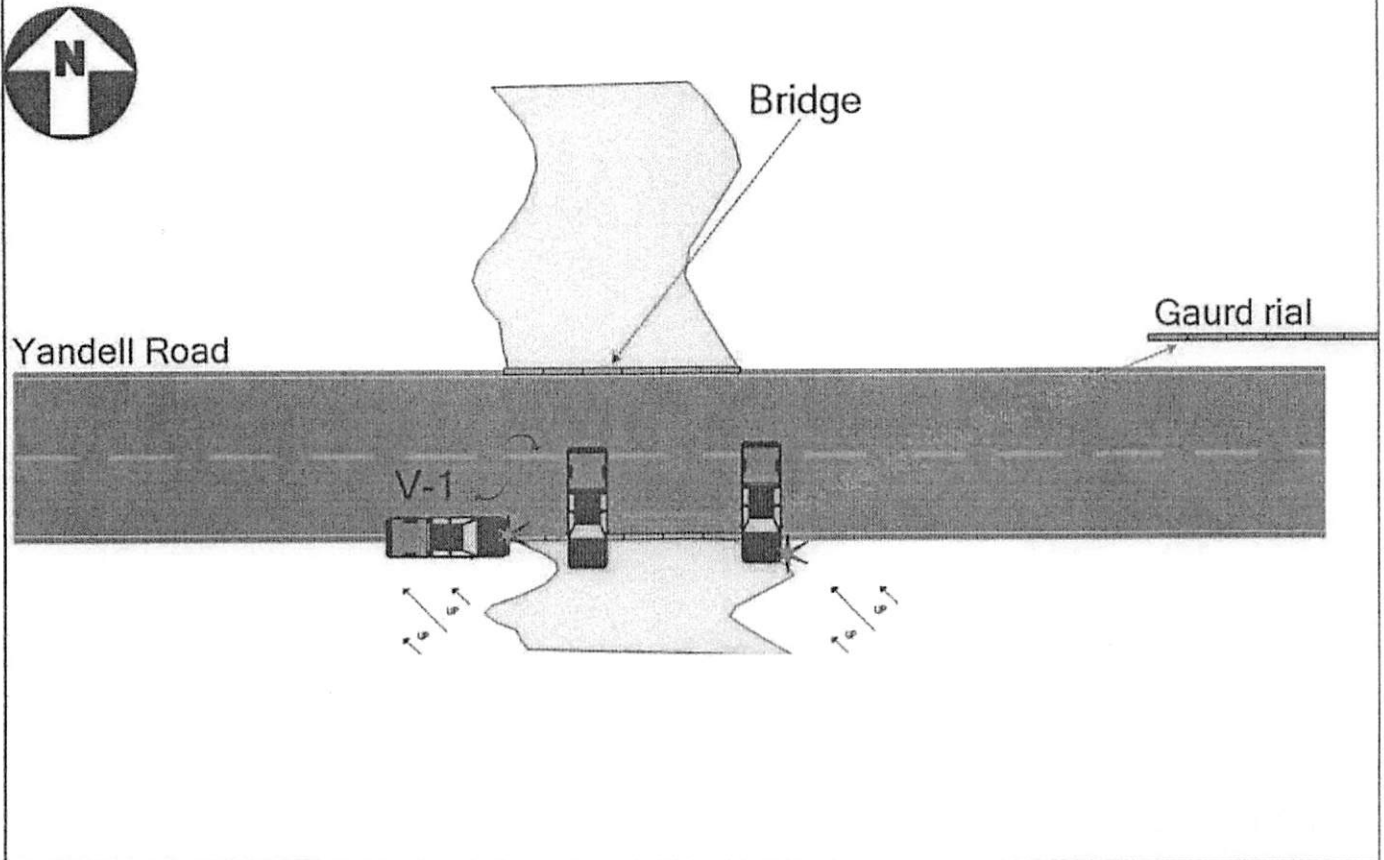
S M

G51. Photos Taken

Y N

G52. Photographer and Badge #

N1 - Collision Diagram



N2 - Collision Narrative

V-1 WAS EAST BOUND ON YANDELL ROAD. THE DRIVER OF V-1 STATED SHE LOST CONSCIOUSNESS. V-1 THEN STRUCK THE GUARD RAIL SENDING IT APPROX 60FT ACROSS THE WEST BOUND LANE OF TRAFFIC. V-1 THEN SLID ON THE BRIDGE UNTIL IT STRUCK THE EAST EMBANKMENT OF THE BRIDGE. V-1 THEN CAUGHT FIRE AND WAS LATER EXTINGUISHED.

P1. Person Type Driver Pedestrian Bicyclist Skater Other non-motorist Train Engineer Hit and Run Driver LE

P2. Driver License# P652765751192 P3. State MI

Regular Operator Regular Operator Motorcycle Class D (MS only) CDL Class A B C

P5. DOB MM/DD/YYYY 03 / 13 / 1970

P6. First Name SHEILA M.I. R Last Name PRINCE

P12. Drivers License Class Valid Suspended - DU No License Learner Permit Expired Improper DL Suspended Other

P7. Address 208 VILLAGE CIRCLE

P8. Phone Number 8108369273

P9. City CANTON P10. State MS

P11. Zip Code 39046

P13. Gender Y N P

P12. Status None Complaint of Pain Moderate Life Threatening Killed Not Partially Totally

P14. Transported Not Transported Police Hearse EMS Private Vehicle

P17. EMS Agency Code P18. Medical Facility Code

P19. Offense No Defects Apparent Unknown Hit and Run Drinking - Not Impaired Drinking - Impaired Fell Asleep/Fainted/Fatigue Obviously Intoxicated Physical Impairment Affected by Exhaust Fumes Using Drugs - Impaired Using Drugs - Not Impaired Pending Lab Results

P20. Transported/Action Unknown Entering/Crossing Roadway Walking/running/playing/cycling Working Pushing vehicle Approaching/leaving vehicle Playing/working on vehicle Standing

P21. Contributing Circumstances No Apparent Improper Driving Failed to Yield Right of Way Following Too Closely Speed Too Fast For Conditions Driving Under The Influence Animal on Roadway Faulty Equipment Exceeded Lawful Speed Improper Passing/Overtaking Made Improper Turn Left of Center Failure to keep proper lane/Run off road Avoidance Drove on Wrong Side of Road Fatigued/Asleep Illegally Crossing Median Improper Lane Change Lying and/or Illegally in roadway Not Visible (Dark Clothing) Operating Defective Equipment Passed Stop Sign Pedestrian Actions Ran Red Light Roadway Defects Visibility Obstructed Improper Backing See Crash Description

P22. Safety Equip. Shoulder & Lap Belt None Lap Belt Automated Restraint Shoulder Belt Child Safety Seat Helmet

Occupant 00. Vehicle #: 01. First Name M Last Name 02. Address Same as Person # 03. Address 04. City 05. State Unborn Child

06. Position Front-Driver Front-Middle Front-right 2nd-left 2nd-middle 2nd-right 3rd-left 3rd-middle 3rd-right Sleeper of Truck Cab Encl. Pass./Cargo Area Unencl. Pass./Cargo Area Riding on Exterior Towed Vhcl/Trailer

08. Sex M F 09. Race White Black Hispanic Other 010. Age 011. Education M Y N Y

012. Ejection Not Partially Totally 013. Injury Type None Life Threatening Complaint of Pain Moderate Killed

014. Airbag Deployed - Front Deployed - Side Deployed - Both Not Deployed No Airbag

016. EMS Agency Code 017. Medical Facility Code

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Cellular Phone In Use? Y N

MUCR Vehicle

V0. Vehicle 01

V1. Total Occupants 01

Agency Number 0045

Agency Case Number 2018-5130

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Vehicle Information

Owner Information

V. VIN: 3GCUKTEC0JG241280

V2. State: MS V3. Year: 2018 V3a. Non-Expiring: V4. License Plate Number: MD4833 V9. Damage: H L N

V5. Make: CHEVROLET V6. Model Year: 2018 V10. Speed Zone: 40

V7. Vehicle Model: SILVERADO V8. Vehicle Color: SILV V11. Est. Speed: 30

V12. Owner Name: DOUGLAS PRINCE

V13. Address: 208 VILLAGE CIRCLE

V14. City: CANTON V15. State: MS V16. Zip Code: 39046

V17. No Proof of Insurance: V18. Insurance Company Name: GEICO V19. Policy Number: 4471816910

Collision w/ Person, Vehicle/Non-Road Object

1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bicyclist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance Equip.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moving Vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parked Vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pedestrian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Train
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slowing Vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stopped Vehicle in Road
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Moveable Object

Non-Collision

1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cargo Loss/Shift
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crossover
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Failure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fell/Jump from Vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Explosion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immersion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jackknife
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Median/Centerline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrown/Falling Object
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Off roadway/Left
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Off roadway/Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overturn/Rollover
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unit Separation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Correcting/Steering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downhill runaway

Collision w/ Fixed Object

1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attenuator/Cushion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Culvert
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Curb
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ditch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Embankment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mailbox
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Median Barrier
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post/Pole/Support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Fixed Object

V20a. State Property? Y N

V20b. State Property Damaged (Select all that apply):

<input type="checkbox"/>	Signage	<input type="checkbox"/>	Cable Barrier
<input type="checkbox"/>	Signals	<input type="checkbox"/>	Concrete Barrier
<input type="checkbox"/>	Lighting	<input checked="" type="checkbox"/>	Other Concrete Structure
<input checked="" type="checkbox"/>	Guardrail	<input type="checkbox"/>	Other (See Narrative)

V21. Vehicle Action

<input checked="" type="radio"/>	Going Straight	<input type="radio"/>	Avoidance
<input type="radio"/>	Making Left Turn	<input type="radio"/>	Lane Change
<input type="radio"/>	Stopped	<input type="radio"/>	Leaving Parking
<input type="radio"/>	Slow/Stop in Road	<input type="radio"/>	Overtaking/Passing
<input type="radio"/>	Parked	<input type="radio"/>	Parking Position
<input type="radio"/>	Backing	<input type="radio"/>	Making U Turn
<input type="radio"/>	Making Right Turn	<input type="radio"/>	In Tow

V22. Vehicle Type

<input type="checkbox"/>	Passenger Car	<input type="checkbox"/>	Bus
<input checked="" type="checkbox"/>	Pickup Truck	<input type="checkbox"/>	Truck/Tractor/Trailer(s)
<input type="checkbox"/>	SUV	<input type="checkbox"/>	Farm Tractor
<input type="checkbox"/>	Van/Stationwagon	<input type="checkbox"/>	Farm Equipment
<input type="checkbox"/>	P/Veh Towing Trailer	<input type="checkbox"/>	Emergency Vehicle
<input type="checkbox"/>	Motorcycle	<input type="checkbox"/>	Other
<input type="checkbox"/>	RV	<input type="checkbox"/>	Unknown Truck
<input type="checkbox"/>	ATV	<input type="checkbox"/>	Train

V22a. Hazmat Placard/Cargo? Yes No

V23. Road Structure

<input type="checkbox"/>	Channel-Painted	<input type="checkbox"/>	Officer
<input type="checkbox"/>	Channel-Physical	<input type="checkbox"/>	RR Flashing Signal
<input type="checkbox"/>	Flag Person	<input type="checkbox"/>	RR Signal & Gate
<input type="checkbox"/>	Flashing Signal (Red)	<input type="checkbox"/>	Signal
<input type="checkbox"/>	Flashing Signal (Yellow)	<input type="checkbox"/>	Stop Sign
<input type="checkbox"/>	No Passing	<input type="checkbox"/>	Railroad Sign
<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Yield Sign

V27. Device Functioning? Yes No

V23. Initial Contact

<input type="checkbox"/>	Under
<input type="checkbox"/>	Overturn
<input type="checkbox"/>	None
<input type="checkbox"/>	Other

V24. Direction of Travel

V25. Bliseway Type

<input checked="" type="radio"/>	None
<input type="radio"/>	Right only
<input type="radio"/>	Left Only
<input type="radio"/>	Both Sides
<input type="radio"/>	Separate
<input type="radio"/>	Signed

V26. Road Orientation

<input type="checkbox"/>	Straight/Level	<input checked="" type="checkbox"/>	Bridge
<input type="checkbox"/>	Intersect two roads	<input type="checkbox"/>	Private Drive
<input type="checkbox"/>	Straight/Grade	<input type="checkbox"/>	Curve/Hillcrest
<input type="checkbox"/>	Curve/Level	<input type="checkbox"/>	Crossover
<input type="checkbox"/>	Straight/Hillcrest	<input type="checkbox"/>	Begin/End Divided Road
<input type="checkbox"/>	Curve/Grade	<input type="checkbox"/>	One-Way

V28. Road Surface Type

<input checked="" type="checkbox"/>	2 Lane	<input type="checkbox"/>	3 Lane
<input type="checkbox"/>	4+ Lane	<input type="checkbox"/>	Frontage/Ramp
<input type="checkbox"/>	Parking Lot	<input type="checkbox"/>	One Way
<input type="checkbox"/>	1 Lane	<input type="checkbox"/>	Unpaved

V30. Divided? Yes No

V31. Center Turn Lane? Yes No

V29. Road Design

V30. Divided? Yes No

V31. Center Turn Lane? Yes No

V32. Road Surface Type

<input checked="" type="checkbox"/>	Asphalt
<input type="checkbox"/>	Concrete
<input type="checkbox"/>	Dirt
<input type="checkbox"/>	Gravel
<input type="checkbox"/>	Other - See Narrative

V33. Towed? Yes No

V33a. Due to Disabling Damage? Yes No

V34. Authority: Owner Police Other

V35. Towed By: WARDS TOWING

Commercial Vehicle

C1. Carrier ID Number: [] [] [] [] [] [] [] [] [] []

C2. Authority: US DOT State Mexico MC Canada

C3. Carrier Name: [] [] [] [] [] [] [] [] [] []

C4. Carrier Address: [] [] [] [] [] [] [] [] [] []

C5. City: [] [] [] [] [] [] [] [] [] []

C6. State: [] [] C7. Zip Code: [] [] [] [] [] []

C8. GVWR/GCWR

<input type="checkbox"/>	10,000 lbs or less	<input type="checkbox"/>	Auto transporter	<input type="checkbox"/>	Cargo tank	<input type="checkbox"/>	Pole
<input type="checkbox"/>	10,001 lbs to 26,000 lbs	<input type="checkbox"/>	Bus (seats 9-15 incl. driver)	<input type="checkbox"/>	Flatbed	<input type="checkbox"/>	Log
<input type="checkbox"/>	Greater than 26,000 lbs	<input type="checkbox"/>	Bus (seats 16 or >, incl. driver)	<input type="checkbox"/>	Garbage/refuse	<input type="checkbox"/>	Dump
		<input type="checkbox"/>	Vehicle Towing Motor Vehicle	<input type="checkbox"/>	Intermodal	<input type="checkbox"/>	Other
		<input type="checkbox"/>	Van/enclosed box	<input type="checkbox"/>	Concrete Mixer	<input type="checkbox"/>	None
		<input type="checkbox"/>	Grain/chips/gravel				

C10. Commodity Hauled: [] [] [] [] [] [] [] [] [] []

C11. Placard ID: [] [] [] [] [] [] [] [] [] []

C12. HAZMAT Released: Yes No

C13. Vehicle Classification

<input type="checkbox"/>	Passenger Car (only if has HM Placard)	<input type="checkbox"/>	Truck/Trailer(s) (Single-Unit Truck with Trailer(s))
<input type="checkbox"/>	Light Truck (only if has HM Placard)	<input type="checkbox"/>	Truck/Tractor (Bobtail)
<input type="checkbox"/>	Bus (seats 9-15 incl. driver)	<input type="checkbox"/>	Truck/Semi-Trailer (one trailer)
<input type="checkbox"/>	Bus (seats 16 or more, incl. driver)	<input type="checkbox"/>	Tractor/Doubles (two trailers)
<input type="checkbox"/>	Single-Unit Truck (2 axles, 6 tires)	<input type="checkbox"/>	Tractor/Triples (three trailers)
<input type="checkbox"/>	Single-Unit Truck (3 or more axles)	<input type="checkbox"/>	Other Heavy Truck (> 10,000 lbs)

C14. Carrier Types

<input type="checkbox"/>	Intrastate	<input type="checkbox"/>	Not in Commerce - Other Truck or Bus
<input type="checkbox"/>	Interstate	<input type="checkbox"/>	Not in Commerce - Government
<input type="checkbox"/>		<input type="checkbox"/>	Other Operations/Not Specified