E-911 Administration Office

146 W. Center Street, Room 203, PO Box 608, Canton, MS 39046 T: (601) 859-6485 F: (601) 859-4743

DATE:

September 11, 2013

TO:

Madison County Board of Supervisors

FROM:

Butch Hammack

**Emergency Management Office** 

RE:

Road Claim

Linda Jennings

After further investigation on the above referenced claim, it is the recommendation of the Emergency Management Office to approve and pay the claim to the order of Linda Jennings in the amount of \$165.85 (the lesser of the two attached quotes) for stated repairs. If any further information is needed, please contact our office.

The damaged was caused by county equipment. Police report and Road Dept. received.

#### ROAD CLAIM INCIDENT REPORT

In order to process claim, please print & fill out completely, then return to Madison County Road Dept. or Madison Co. EMA office along with two signed estimates for damages being claimed.

Personal	Date: $9 - 9 - 13$
Information	Name: Linda Jennings
	Mailing Address:
	2311 Memorial Circle
	Flora, Ms 39071
	Contact #: 601-331-2519
	Make/ Model of Vehicle: 1998 Nissan Evontier
Incident	Please answer questions below in relations to the
Information	incident being reported:
Into I matto ii	Date: <u>G-5-13</u> Time: <u>C. 12:55 p.m.</u>
	Location: Hoshway 463 - 500th of 22 (name of road incident occurred)
	Area Landmarks: a little south of Mansdele Elementary
	Approx. Speed at time of incident: 40-45
	Direction of Travel: <u>Sovth</u>
	Cause of Incident: (ie: pothole, rock, etc)
	Area of vehicle damaged: passenger windship ld
Incident	Please write a brief summary of the incident (use back
Summary	if needed):
Summary .	Passing mowing equipment
	when a rock (or somethingh)
	hit the pessenger wind smith
,	+ shattered it. I never saw
,	the item that hit the window.
	Went back to site & equipment
	operator save me the number to
	call, which I did.

OFFICE USE ONLY:

Date Received: 9.10.13

Received by:

\_ Dept: EM

Perkins Metro Glass Co., Inc.

5295 I 55 North Ste. C Jackson, Ms 39206

## **Estimate**

Date	Estimate #
9/5/2013	41127

Name / Address	, , , , , , , , , , , , , , , , , , , ,	
LINDA JENNINGS 601-331-2519		

	*			Project
Description		Oty	Cost	Total
D21237GTY PASSENGER FRONT DOOR GLAS	SS		155.00	155.00
Barbara Williams 601-9	281-3383		Subtotal Sales Tax (7.0%)	\$155.00 \$10.85
			Total	\$165.85

Phone # 601-981-3383

#### DIXIE GLASS & MIRROR

6362 Cole Road Ridgeland, MS 39157

### **Estimate**

Date	Estimate #
9/6/2013	6151609

	Ship
JENNINGS, LINDA	H;
	B
	e

Hiram Jennings a
Bellsouth. Net
ennail:

Total

\$197.95

		P.O. 1	No.	Rep	Project
Description	Q	ty		Cost	Total
1998 NISSAN FRONTIER PASS FRONT DOOR GLASS				185.00	185.00T
Storce Ma	K			·	
DIXIE GLASS & MIRRO 6362 COLE ROAD RIDGELAND, MS 39157 (601) 956-0246	R Subto	tal			\$185.00
RIDGELAND, MS 39157 (601) 956-0246	Sales	Tax (7.0	<b>%</b> )		\$12.95

Phone #	Fax#
601-956-0246	601-956-2453

# MADISON COUNTY DEPARTMENT OF ROAD MANAGEMENT VEHICLE /EQUIPMENT ACCIDENT FORM

Date of Accident:9/5/2013	Phone:
	The state of the s
LOCATION OF ACCIDENT: Hwy 463, Mad	ison, MS
TIME OF ACCIDENT: 1:00 p.m.	
NARRATIVE REPORT/SUMMARY OF ACCIDENT:	
Rock thrown from tractor mow	ing hit passenger side glass of claimant's
vehicle	
Driver's Name: Ball C.L.	DOB;
Last Name, Fire	st Name MI M/D/Y
Driver's License No.	State:
Address: Post Office Box 761, Flor	a, MS 39071
Telephone Number: Office: 601-855-5670	Home: 601-879-3906
Check one: County Vehicle County E	quipment X Inventory Number M-22
Vehicle/Equipment Identification Number: ZB	JH05729
Year: 2012 Make New	Holland Model: T5060
Description of Injuries, if any: none	wiodel:
Demograp to Vous Vahialas DODE	
Damages to Your Vehicle:none	rement County Sheriff Dept.
Authority Notified: Madison Police Depa	TEMELL (OUNT) THUTT DO.
Y	
Officer's Name:	
Officer's Name:	Report or File Number:
	Report or File Number:
Officer's Name: OTHER PERSON(S) INVOLVED Name: Linda Jennings	Report or File Number:
Officer's Name: OTHER PERSON(S) INVOLVED Name: Linda Jennings	Report or File Number:  DOB:
Officer's Name: OTHER PERSON(S) INVOLVED Name: Linda Jennings	Report or File Number:
Officer's Name:  OTHER PERSON(S) INVOLVED  Name: Linda Jennings	Report or File Number:  DOB:
Officer's Name: OTHER PERSON(S) INVOLVED Name: Linda Jennings Address: 2311 Memorial Circle, Flor	Report or File Number:  DOB:  a, MS 39071
Officer's Name: OTHER PERSON(S) INVOLVED  Name: Linda Jennings  Address: 2311 Memorial Circle, Flor	Report or File Number:  DOB:  a, MS 39071
Officer's Name: OTHER PERSON(S) INVOLVED  Name: Linda Jennings  Address: 2311 Memorial Circle, Flor	Report or File Number:  DOB:  a, MS 39071
Officer's Name: OTHER PERSON(S) INVOLVED  Name: Linda Jennings  Address: 2311 Memorial Circle, Flor  Oriver's License Number:  Vork #: Home #	Report or File Number:  DOB:  a, MS 39071
Officer's Name: OTHER PERSON(S) INVOLVED  Name: Linda Jennings  Address: 2311 Memorial Circle, Flor  Driver's License Number: Home #	Report or File Number:  DOB:  a, MS 39071
Officer's Name: OTHER PERSON(S) INVOLVED  Name: Linda Jennings  Address: 2311 Memorial Circle, Flor  Oriver's License Number:	DOB:   DOB:   Other # 601-331-2519
Officer's Name: OTHER PERSON(S) INVOLVED  Name: Linda Jennings  Address: 2311 Memorial Circle, Flor  Oriver's License Number:  Work #: Home #  VEHICLE INVOLVED  Is this a county vehicle/piece of equipment?	DOB:
Officer's Name: OTHER PERSON(S) INVOLVED  Name:Linda Jennings  Address:2311 Memorial Circle, Flor  Oriver's License Number:  Vork #: Home #  'EHICLE INVOLVED  s this a county vehicle/piece of equipment? 'ehicle Identification Number:	DOB:
Officer's Name: OTHER PERSON(S) INVOLVED  Name:Linda Jennings  Address:2311 Memorial Circle, Flor  Oriver's License Number:  Work #: Home #  YEHICLE INVOLVED  Is this a county vehicle/piece of equipment?  Yehicle Identification Number:  Year:1998	DOB:
Officer's Name: OTHER PERSON(S) INVOLVED  Name: Linda Jennings  Address: 2311 Memorial Circle, Flor  Oriver's License Number:  Work #: Home #  VEHICLE INVOLVED  Is this a county vehicle/piece of equipment? Vehicle Identification Number: Vehicle Identification Number: Vehicle Involved  Wake: Nissan  None	DOB:
Officer's Name: OTHER PERSON(S) INVOLVED  Name:Linda Jennings  Address:2311 Memorial Circle, Flor.  Oriver's License Number:  Work #: Home #  /EHICLE INVOLVED  Is this a county vehicle/piece of equipment?  Vehicle Identification Number:	DOB:
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