

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

~~Ord~~ Ord No.: 4766

Sponsor(s): Alfred Jordan

Date: September 14, 2015

<p>SUBJECT</p>	<p>Action Requested <input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>Transfer of insurance settlement for 2007 Crown vehicle Patrol Vehicle to Line item auto equipment</u></p>														
<p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p>	<table border="1" data-bbox="310 548 1190 800"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$2,412.46.</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$2,412.46.</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$0</td> </tr> <tr> <td>Source of funding (name of fund) and account code #</td> <td></td> </tr> <tr> <td>FROM: Undesignated fund balance #004-2810</td> <td>\$2,412.46</td> </tr> <tr> <td>TO: Road and Bridge fund 004-4201-56530</td> <td>\$2,412.46</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: Estimated Use: \$</p> <p>Prior Year Budget (if applicable): Prior Year Actual Amount Spent (if applicable):</p>	Amount authorized by this legislation this fiscal year:	\$2,412.46.	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$2,412.46.	Amount budgeted for this item * (including transfers):	\$0	Source of funding (name of fund) and account code #		FROM: Undesignated fund balance #004-2810	\$2,412.46	TO: Road and Bridge fund 004-4201-56530	\$2,412.46
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Source of funding (name of fund) and account code #															
FROM: Undesignated fund balance #004-2810	\$2,412.46														
TO: Road and Bridge fund 004-4201-56530	\$2,412.46														
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date):</p> <p>Prior resolutions and (date):</p>														
<p>CONTACT INFORMATION</p>	<p>RLA drafted by Captain Dave Epperson Jackson County Sheriff's Office Commander (816) 524-4302</p>														
<p>REQUEST SUMMARY</p>	<p>Request \$2,412.46 be transferred from the undesignated fund balance of 004-2810 to line item 004-4201-56530 to repair damage to a 2007 Ford Crown Victoria Patrol vehicle VIN#2FAHP71W07X107982. Funds were received from Progressive Casualty Insurance company for the repair of the Patrol vehicle via check through claim #12-3451615 from the insured, Angela Jones , reference an accident occurring on 11/09/2013. Draft # 2009330123 was received by Jackson County from Progressive Casualty Insurance Company in the amount of \$2,412.46.</p>														
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>														

ATTACHMENTS		
REVIEW	Department Director:	Date:
	Finance (Budget Approval): <i>If applicable</i> <i>[Signature]</i>	Date: <i>9/2/15</i>
	Division Manager: <i>[Signature]</i>	Date: <i>9/8/15</i>
	County Counselor's Office:	Date:

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in _____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # _____
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.

PROGRESSIVE
PO BOX 512926
LOS ANGELES, CA 90051

*Need an RLA
for these monies
from Vanbibbers accident.
(This is the second check)*

PROGRESSIVE

Ord. 4766

JACKSON COUNTY
415 E 12TH ST STE 105
KANSAS CITY, MO 64106-2706

DRAFT NUMBER: **2009330123**

AMOUNT:

\$***2,412.46**

ISSUE DATE: **August 17, 2015**

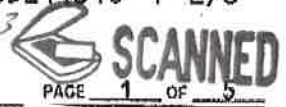
Form 2721 (02/10)

KEEP THIS TOP PORTION FOR YOUR RECORDS

PROGRESSIVE PAYABLE THROUGH PNC BANK, N.A. 070 ASHLAND, OH 1-877-448-9544	VOID IF NOT PRESENTED WITHIN 90 DAYS	DRAFT NUMBER: 2009330123	56-389
	CLAIM NUMBER: 13-3451615 NAME: JACKSON COUNTY,	August 17, 2015	412
TWO THOUSAND, FOUR HUNDRED TWELVE AND 46/100 *****		PAY EXACTLY	\$*****2,412.46
PAY TO THE ORDER OF: JACKSON COUNTY	BY: <i>Thomas A. King</i>		AUTHORIZED SIGNATURE

⑈ 2009330123⑈ ⑆041203895⑆ 4239694516⑈

VAN BUREN # 43
V PEN



Ord. 4766

MISSOURI UNIFORM CRASH REPORT

1 - GENERAL CRASH INFORMATION		AGENCY NAME AND ORI
SPACE USED FOR BARCODE #9011		MISSOURI STATE HIGHWAY PATRI MOMHPAA00 R3676000

LEFT THE SCENE DRIVER NO <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CLEARED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY NO INJURED 0	NO KILLED 0	REPORT / CASE / INCIDENT NUMBER 130712230
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NO. VEH INV. 2	CRASH DATE 11/09/2013	CRASH TIME (MIL) 1830	NOTIFIED DATE 11/09/2013	TIME NOTIFIED (MIL) 1833	INVESTIGATION DATE 11/09/2013	TIME ARRIVED (MIL) 1848	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On <input type="checkbox"/> Roadway <input type="checkbox"/> Off <input type="checkbox"/> Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From HV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other <input type="checkbox"/> Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	Railway Vehicle <input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input checked="" type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by HV)	<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1 Does this crash involve any of the following?
 1a A person fatally injured; OR
 1b A person transported for medical attention; OR
 1c A vehicle towed due to disabling damage
 No - No commercial vehicle fields need completion.
 Yes - Go to number 2. →

2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:
 2a A truck/cargo van with GVWR/GCVWR of more than 10,000 lbs. OR
 2b A motor vehicle with seating for 9 or more including driver; OR
 2c. A vehicle with a hazardous materials placard.
 No - No commercial vehicle fields need completion.
 Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY JACKSON	MUNICIPALITY INDEPENDENCE	BEAT / ZONE 06	TRP/DIST/PCT A	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N39 08 23.3 LONG: W94 16 17.2
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ON US 24	RDWY. DIR E	DISTANCE FROM 378 Feet	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	INTERSECTING GRD FRONTAGE ROAD
SPEED LIMIT 65	ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			SPEED LIMIT INT. DIR. GEO - CODE NA N NA

TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided; Positive Median Barrier <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
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INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)
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ROAD SURFACE <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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LIGHT CONDITION
 Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

4 - WITNESS None Identified Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
NAPIER, GABRIELLE	901 RESER BUCKNER, MO 64016	(816)777-7767
HILDEN, JASON	206 COLLEGE STREET A-2 WELLINGTON, MO 64097	(816)284-7268

5 - PEDESTRIAN NA Low Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown
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CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> NA/None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)
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PROBABLE CONTRIBUTING CIRCUMSTANCES None

<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Page Not Used

REPORT # 130712230

PAGE 3 OF 5

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER	
1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) VANBIBER, DREW 6223 NE QUINCE LEE'S SUMMIT, MO 64064												(816)624-4300	
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired		LIC TYPE		<input checked="" type="checkbox"/> Operator Class E <input type="checkbox"/> Permit <input type="checkbox"/> Unknown		MC ENDORSEMENT	
T201101005		MO		<input type="checkbox"/> NA <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		<input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown		<input type="checkbox"/> NA <input type="checkbox"/> Interm / Grad		<input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)	
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	
04/23/1986		M	FL	5	1	2	3	5	<input type="checkbox"/> NA	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Other (Explain)	
PROOF OF INSURANCE			INSURANCE COMPANY					PHONE NO (Optional)		POLICY NUMBER			<input type="checkbox"/> NA <input checked="" type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			MOPERM							LP2036-201301			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO JACKSON COUNTY SHERIFF'S DEPARTMENT 3376 RENNAU DRIVE LEE'S SUMMIT, MO 64064												(816)624-4300	
YEAR	MAKE	MODEL	COLOR	VEH TYPE	TOTAL NO. OF OCC								
2007	FORD	CROWN VICTORIA #9011	BLK	NA	1							1	
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE			
83		MO		NA		2FAHP71W07X107882		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage								TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA					
INITIAL IMPACT NO:		1		2		3		4		5		6	
<input type="checkbox"/> NA		13		15		16		17		18		19	
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