

LEGAL INVESTIGATIVE SERVICES, INC.

LEGAL VIDEO PRODUCTIONS

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E-MAIL: lislvp@lisinc.info

March 10, 2014

Private Investigator
Agency Lic. No: 2010008266

Private Investigator
Lic. No: 2010008252

Ms. Melanie J. MacDonald
Senior Research Associate
SAFETY RESEARCH & STRATEGIES, INC.
340 Anawan Street, Suite 200
Rehoboth, Massachusetts 02769

RE: GUARDRAIL @ Highway 291 & I-70

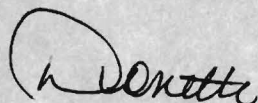
Dear Ms. MacDonald:

Enclosed please find a CD containing the photographs you'd requested concerning the above-referenced guardrail.

Also enclosed please find our billing statement in this matter.

Please feel free to contact us should you have any questions or concerns regarding the enclosed materials or if you require anything additional in this matter.

Respectfully submitted,


Donette Vick

/dv

Encs.



Informed Consent for a Research Study

Sponsor: National Highway Traffic Safety Administration (NHTSA)
Principal Investigator: Christopher Michetti, M.D.
Site of Investigation: Inova Fairfax Hospital
Department of Trauma Service
3300 Gallows Road
Falls Church, Virginia 22042-3300

INTRODUCTION

You may be eligible to take part in a research study. Please take your time to make your decision. Discuss it with your family and friends. It is important that you read and understand several general principles that apply to all who take part in our studies:

- (a) Taking part in the study is entirely voluntary;
- (b) Personal benefit to you may or may not result from taking part in the study, but knowledge may be gained from your participation that may benefit others;
- (c) You may withdraw from the study at any time without any of the benefits you would have received normally being limited or taken away.

The nature of the study, the benefits, risks, discomforts and other information about the study is discussed below. Any new information discovered which might affect participation in the study, will be provided to you. You are urged to ask any questions you have about this study with the staff members who explain it to you. The investigator (person in charge of this research study) is Christopher Michetti, MD.

BACKGROUND

You are being asked to take part in a research study because you were injured in a motor vehicle crash. The purpose of this study is to gather information on injuries received by occupants of motor vehicles involved in crashes. It is hoped that we will learn how to reduce the severity of motor vehicle injuries by improved vehicle design once we are able to correlate different types of injuries with identifiable features of the crash, treatment at the scene, and medical care provided following the trauma.

PURPOSE

The purpose of the research at Inova Fairfax Hospital is to determine how a vehicle and its occupant move during a crash and to determine how different safety features of motor vehicles affect the injuries people receive. The ultimate goal is to improve the design of vehicles and the care of patients involved in motor vehicle crashes in order to improve the prevention, treatment and rehabilitation of motor vehicle crash injuries. It also hopes to reduce the death, disability and human and economic costs of motor vehicle injuries by these improvements.

BY

INITIALS _____



PROCEDURES

The study will consist of a patient interview in the hospital with a series of questions regarding information about the crash, views about your health and activities, your use of alcohol and drugs, general information, and a medical evaluation of injuries as related to the vehicle crash.

The research staff will have access to your medical record to obtain information about your injury. You will also be asked questions and your cooperation in answering questions will be of great help in providing services to families of other trauma patients. The interview should require approximately 20 to 30 minutes of your time. Information on the nature of your injuries will be recorded and photographs of injuries will be taken, if possible. Information on the hospital and professional charges during your hospital stay will also be recorded, as will detailed information about the crash. In addition, we would like to contact you by telephone for follow-up interviews in 6 and 12 months. Again, you will be asked questions about your health status, medical follow-up and your recovery process. These telephone interviews will take approximately 15 – 20 minutes and will be scheduled at your convenience.

VEHICLE OWNERS

If you are also the vehicle owner we are asking you to authorize an accident reconstruction specialist to inspect your vehicle and take measurements and pictures. This person is an employee of the CIREN research project and is not affiliated with any outside legal or law enforcement agency. The information they will collect is only for use in this research project and will be entered into a confidential database.

In some cases members of the local police department may have already inspected your vehicle. If this is the case, we are asking you, as owner of the vehicle, to also authorize the release of any data obtained by the local law enforcement agency during their routine investigation. If you agree to make this information available to us, this information will be entered into a confidential database.

You will be asked to answer some questions about your vehicle. The questions will ask you if the vehicle has been in a crash before, and if so what alterations have been made to the vehicle. You will also need to provide the researchers with the current location (tow lot site) of the vehicle if you know it.

LENGTH OF PARTICIPATION

If you agree to participate you will be interviewed as outlined above. Your total participation time in the hospital once you have finished reading this form should take no more than 30 minutes. Your telephone interviews will take place at 6 and 12 months after you crash and should take no more than 20 minutes each.

You can stop participating at any time without penalty or loss of benefits to you. Your decision to participate is completely voluntary. You are not waiving any legal claims or rights because of your participation in this study.

RISKS

Participation in this study is voluntary and does not involve any change in your medical care. The interview contains questions about alcohol and drug use. You may refuse to answer any question that makes you uncomfortable.

① 4

BENEFITS

INITIALS _____

Title: Patterns And Consequences of Injuries
Occurring in Collisions of Vehicles with Modern
Occupant Protection Systems
Principal Investigator: Christopher Michetti, MD

APPROVED: Inova IRB
Date Approved: [REDACTED]
Authorized by: [REDACTED], IRB Manager
IRB File # [REDACTED]
Expiration Date: [REDACTED]



1RESCNT

If you agree to take part in this study, there may or may not be direct benefit to you. However, your participation will enable the researchers to get a clearer picture of how motor vehicle injuries occur and how they may be prevented in the future. We hope the information learned from this study will benefit others in the future.

CONFIDENTIALITY

The researchers at Inova Fairfax Hospital have obtained a Certificate of Confidentiality from the Department of Health and Human Services and the National Institutes of Health which will help them protect your privacy, unless you consent in writing to the release of research information. However, if the researchers learn that you or someone else is in serious danger of harm (such as in cases of child abuse) they may make disclosures to protect you and/or the other person. The Certificate of Confidentiality does not indicate an endorsement of the CIREN research by the Department of Health and Human Services or the National Institutes of Health.

Any information gathered from you will be identified by a random number and will remain as confidential as permitted by law. You will not be identified by name.

Efforts will be made to protect your personal information to the extent allowed by law. Medical records and research material of research study participants are stored and kept according to legal requirements. You will not be identified in any reports or publications resulting from this study. The sponsor of the study, Human Research Protection Program, Institutional Review Board (IRB) may request, inspect and/or copy your research and medical records for quality assurance and data analysis. Members of the research team will also have access to your research records.

You understand that my patient photographs, X-rays, CT-scans, MRIs, and detailed medical information and/or history (e.g., surgical procedures and medical treatment, pre-existing medical conditions, laboratory results) will be entered into a database that will be accessible to trauma centers that are CIREN participants and their funding private sector partners, NHSTA, and Volpe. Further, you understand that NHSTA may authorize access to this data by others for limited research purposes and that NHTSA will protect all sensitive medical information residing on the CIREN database from public dissemination to the full extent authorized by 5 USC 552.

COST

You will not be paid for your participation in this study. You will not be responsible for any of the costs of the procedures related to the study.

VOLUNTARY PARTICIPATION

Taking part in this study is voluntary. You may choose not to take part in or leave the study at any time. If you choose to not take part in or to leave the study, your medical care will not be affected and you will not lose any of the benefits you would have received normally.

You will be told about new information that may affect your health, welfare, or participation in this study.

INJURY

There is no anticipated injury involved from participating in this study. In the event that you believe participation in this research study has led to harm, contact, **Dr. Christopher Michetti**, principal investigators, at (703) 776-3373 and he will review the matter with you.

INITIALS _____

CM

Protocol revised date: [REDACTED]

Consent version date: [REDACTED]



Title: Patterns And Consequences of Injuries
Occurring in Collisions of Vehicles with Modern
Occupant Protection Systems
Principal Investigator: Christopher Michetti, MD

APPROVED: Inova IRB
Date Approved: November 20, 2013
Authorized by: Laura Miller, IRB Manager
IRB File # 00.087
Expiration Date: 11/19/2014



1RESCNT

You should understand that neither Inova Health System, the investigators, nor the Federal Government, have any programs to provide compensation for persons participating in research projects who may experience injury. However, necessary facilities, emergency treatment and professional services will be available to you. You should not expect any one to pay you for pain, worry, lost income, or non-medical care costs that occur from taking part in this research study. No funds have been set aside, by the Inova Health System to repay you in case of injury.

You do not waive any of your legal rights by signing this form.

QUESTIONS

Please ask any questions or concerns you have about the study now. Should you have any questions or concerns related to the study, any injury, or bad effect, you should immediately contact the Principal Investigator. Should you have any problem or question that may arise in connection with this study, or with regard to your rights as a participant in research, you may contact **Dr. Christopher Michetti at (703) 776-3373.**

You should know that Inova Fairfax Hospital, and Dr. Michetti as the primary investigator, are being reimbursed by the sponsor to cover the cost to conduct this research study.

If you would like more information about your rights as a participant in a research study, contact the Inova Human Research Protection Program at:

(703) 776-3167
Human Research Protection Program
Inova Fairfax Hospital
3300 Gallows Road
Falls Church, VA 22042

The IRB may contact you by mail or telephone to find out if you were satisfied with your study participation.

INITIALS _____

Protocol revised date: [redacted]
Consent version date: [redacted]



Title: Patterns And Consequences of Injuries
Occurring in Collisions of Vehicles with Modern
Occupant Protection Systems
Principal Investigator: Christopher Michetti, MD

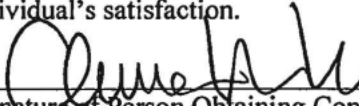
APPROVED: Inova IRB
Date Approved: November 20, 2013
Authorized by: Laura Miller, IRB Manager
IRB File # 00.087
Expiration Date: 11/19/2014



1RESCNT

Signature Page

As a member of the research team, I have explained the purpose, the procedures, the benefits and risks that are involved in this research study. Any questions that have been raised have been answered to the individual's satisfaction.

 CHRISTINE vs 5/1/14
Signature of Person Obtaining Consent/Witness Printed Name Date

You, the undersigned have been informed about this study's purpose, procedures, possible benefits and risks, and you have read this consent and received a copy of this consent. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to give your consent to participate in this research study.

You are free to withdraw from the study at any time and you do not have to say why you no longer wish to participate. You will notify the Principal Investigator if you are leaving the study because of any side effects you might experience. This withdrawal will not in any way affect your future treatment or medical management. You agree to cooperate with Christopher Michetti, MD, and the research staff and to inform them immediately if you experience any unexpected or unusual

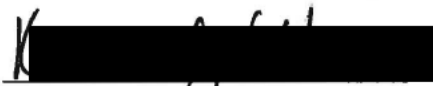
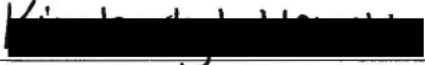

  
  

Printed Name of Subject



Signature of Legally Authorized Representative (When applicable) Date

Printed Name of Legally Authorized Representatives and Relationship to Participant

If the person conducting the informed consent discussion has signed above as witness. The following witness lines may be left blank, unless an impartial witness is required.

  
Signature of Witness Printed Name of Witness Date

INITIALS _____

Protocol revised date: 
Consent version date: 

DOB: 
72 y Female MFM: 
Adm:  CSN: 
IFH



INVOICE

Please Remit To:

Commonwealth of Virginia
Virginia Department of Transportation
Attn: Fiscal Division - Cash Receipts
1401 E. Broad Street
Richmond VA 23219
United States

Page: 1
Invoice No: [REDACTED]
Invoice Date: [REDACTED]
Customer Number: [REDACTED]
Payment Terms: Net 30
Due Date: [REDACTED]

Bill To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

AMOUNT DUE: [REDACTED] USD

Amount Remitted

For billing questions, please call 703-259-2979

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		GRIM7911-1	GR Terminal 7,9,11 - High Co 4/22/2014 - HARRY BYRD HWY .25 MILES EAST OF IVANDALE RD - ALTERNATE BREAKAWAY TERMINAL	1.00	EA	3,500.00	3,500.00
SUBTOTAL:							3,500.00
TOTAL AMOUNT DUE :							3,500.00

LONG FORM SHORT FORM

(Electronic Version)

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

Date of Crash [REDACTED]	Time of Crash 10/11/2013 10:00 AM	Date of Report [REDACTED]	Invest. Agency Report Number [REDACTED]	HSMV Crash Report Number [REDACTED]
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CRASH IDENTIFIERS

County Code 20	City Code 50	County of Crash ST. JOHNS	Place or City of Crash [REDACTED]	Within City Limits No	Time Reported [REDACTED]	Time Dispatched [REDACTED]
Time on Scene 16 Nov 2013	Time Cleared Scene 16 Nov 2013 :55	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway STATE ROAD 9 SB		At Street Address# [REDACTED]	At Latitude [REDACTED]
At Feet [REDACTED]	Or Miles .50	Direction North	From Intersection With Street, Road, Highway STATE ROAD 207
Road System Identifier 1 Interstate	Type Of Shoulder 1 Paved	Type Of Intersection 1 Not at Intersection	Or From Milepost # [REDACTED]

CRASH INFORMATION (Check if Pictures Taken)

Light Condition 1 Daylight	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 4 Sideswipe, same direction
First Harmful Event Type [REDACTED]	First Harmful Event 14	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 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number [REDACTED]	State VT	Reg. Expires [REDACTED]	Permanent Reg. No	VIN 2C4RDGEG6ER103978
Year 2014	Make DODG	Model VAN	Style VAN	Color BLK	Extent of Damage Minor	Est. Damage 500	Towed Due To Damage No
Insurance Company HARTFORD INS CO		Insurance Policy Number [REDACTED]		Vehicle Removed By [REDACTED]		Rotation [REDACTED]	
Name of Vehicle Owner (Check Box if Business) <input type="checkbox"/>			Current Address (Number and Street) 1253 US 7 SOUTH		City and State WALLINGFORD VT		Zip Code 05773
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling:	Direction South	On Street, Road, Highway STATE ROAD 9 SB		At Est. Speed 70	Posted Speed 70	Total Lanes 6	
CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR	Trailer Type (trailer one)		Trailer Type (trailer two)		[Diagram of vehicle damage]		
Haz. Mat. Release	Haz Mat. Placard	Number	Class		[Diagram of vehicle damage]		
Motor Carrier Name		US DOT Number		City and State		Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type 2 Passenger Van	Vehicle Defects (one) 1 None	Vehicle Defects (two)		Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function	
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 14 Motor Vehicle in Transport		
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object		Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events		
First (1) Sequence of Events 14 Motor Vehicle in Transport		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number 172RH	State FL	Reg. Expires 17/Aug/2015	Permanent Reg. No	VIN [REDACTED]
Year 2007	Make INFI	Model G35	Style 4D	Color GRY	Extent of Damage Disabling	Est. Damage 12000	Towed Due To Damage Yes
Insurance Company STATE FARM INS CO		Insurance Policy Number [REDACTED]		Vehicle Removed By [REDACTED]		Rotation Rotation	
						5653834594	

Name of Vehicle Owner (Check Box if Business) <input type="checkbox"/>		Current Address (Number and Street)				City and State		Zip Code	
ORANGE PARK		100 011201				ORANGE PARK FL		32073-0000	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axes
Vehicle Traveling:	Direction	On Street, Road, Highway				Year	Make	Length	Axes
	South	STATE ROAD 9 SB				At Est. Speed	Posted Speed	Total Lanes	
GMV Configuration		Cargo Body Type		Area of Initial Impact		Most Damaged Area			
Comm GVWR/GCWR		Trailer Type (trailer one)		Trailer Type (trailer two)		18. Undercarriage		19. Overturn	
Haz. Mat. Release		Haz. Mat. Placard		Number		20. Windshield		21. Trailer	
Motor Carrier Name		US DOT Number		Motor Carrier Address		City and State		Zip Code	
Comm/Non-Commercial		Vehicle Body Type		Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use	
1 Passenger Car		1 Passenger Car		1 None		1 None		1 No	
Vehicle Maneuver Action		Traficway		Roadway Grade		Roadway Alignment		Most Harmful Event	
6 Changing Lanes		4 Two-Way, Divided, Positive Median Barrier		1 Level		1 Straight		3 Collision with Fixed Object	
Traffic Control Device For This Vehicle		First (1) Sequence of Events		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
1 No Controls		2 Collision with Non-Fixed Object		28 Guardrail End		14 Motor Vehicle in Transport		28 Guardrail End	

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam No
1	1 Driver	1			1 Male		
Address		City	State	Zip Code			
466 CHARLES PINCKNEY ST		ORANGE PARK	FL				

Used	Deployed-Combination	3 Not Applicable	Seating Location	Seating Location Row	Seating Location Other
			1 Left	1 Front	1 Not Applicable
Drivers Actions at Time of Crash (first)		Drivers Actions at Time of Crash (second)		Driver Distracted By	
25 Failed to Keep in Proper Lane				1 Not Distracted	
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Vision Obstruction	
				1 Vision Not Obscured	
Suspected Alcohol Use		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC
1 No		1 Test Not Given			
Source of Transport to Medical Facility		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To	
2 EMS		TRAUMA 1		SHANDS	

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Injury Severity	Ejection
2	3 Passenger	1	ANGIE DIANE CONNER	17/AUG/1936	2 Female	3 Non-incapacitating	1 Not Ejected
Address		City	State	Zip Code			
466 CHARLES PINCKNEY ST		ORANGE PARK	FL	32073			

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	6 Deployed-Combination		3 Not Applicable	1	1	1
Source of Transport to Medical Facility		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		
2 EMS		ST. JOHNS COUNTY EMS		FLAGLER HOSPITAL		

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam No
3	1 Driver	2	JEFFREY E PATCH	06/Oct/1953	1 Male		
Address		City	State	Zip Code			
1252 US 7		WALLINGFORD	VT	05773			

Driver License Number	State	Expires	DL Type	Req. End. Endorsement	Injury Severity	Ejection
30418088	VT	06/Oct/2014	5 E/Operator	3 No Req Endorsement	1 None	1 Not Ejected
Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Drivers Actions at Time of Crash (first)		Drivers Actions at Time of Crash (second)		Driver Distracted By	
1 No Contributing Action				1 Not Distracted	
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Vision Obstruction	
				1 Vision Not Obscured	
				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 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

PERSON RECORD

Person# 4	Description 3 Passenger	Vehicle # 2	Name [REDACTED]	Date of Birth [REDACTED]	Sex 2 Female	Injury Severity 1 None	Ejection 1 Not Ejected	
Address 1253 US 7			City WALLINGFORD			State VT		Zip Code 05773
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 1	Seating Location Other 1		
Source of Transport to Medical Facility 1 Not Transported		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		

WITNESSES

Name NANCY GENE... [REDACTED]	Address 4001 LINDSEY... [REDACTED]	City [REDACTED]	State FL	Zip Code 33760
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WITNESSES

Name HEATHER... [REDACTED]	Address 350 CROSSING BLVD [REDACTED]	City ORANGE PARK [REDACTED]	State FL	Zip Code 32073
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NON VEHICLE PROPERTY DAMAGE

Person# 1	Name [REDACTED]	Florida Statute Number [REDACTED]	Charge IMPROPER CHANGE-OF-LANE/PASSING WHEN MEETING ONCOMING VEHIC	Citation A1A.JNWE
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NARRATIVE

Vehicle#	Person#	Property Damage - Other Than Vehicle GUARDRAIL	Est. Amount 5000	Business Yes	Owner's Name DOT	Address DOT ROAD	City & State ST AUGUSTINE FL	Zip Code 32084
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ID Number 2619	Rank TROOPER	Name J.H. BEDENBAUGH	Troop / Post [REDACTED]	Officer Agency [REDACTED]	Phone Number [REDACTED]	Date Created [REDACTED]
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ID/Badge # 2619	Rank and Name TROOPER J.H. BEDENBAUGH	Department FLORIDA HIGHWAY PATROL	Type of Department FHP
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State Road 9
(SB Lanes Only)

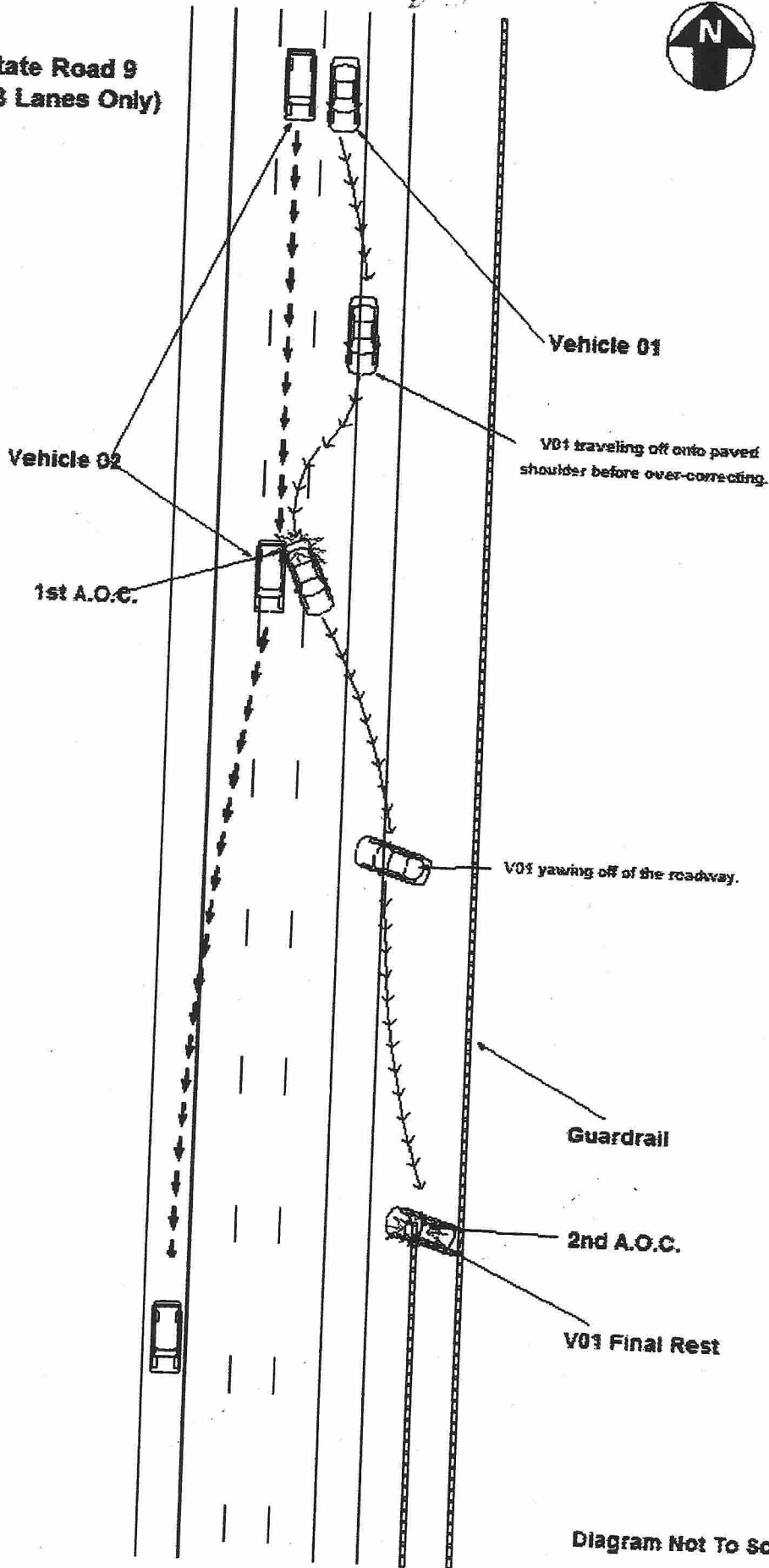


Diagram Not To Scale

From: [Ann Boudreau](#)
To: [Lisa Burtan](#)
Subject: FW: OSI -- Guardrail
Date: Monday, October 13, 2014 11:15:53 AM
Attachments: [2014-04-22_Police_Crash_Report.pdf](#)
[ATT00001.htm](#)
[2014-05-01_INOVA_IRB_NHTSA_Research_Consent.pdf](#)
[ATT00002.htm](#)
[2014-05-30_VDOT_Invoice.pdf](#)
[ATT00003.htm](#)
[2014-04-22_PHI_Medical_Flight_Info.pdf](#)
[ATT00004.htm](#)
[ATT00005.htm](#)
[ATT00006.htm](#)
[ATT00007.htm](#)
[ATT00008.htm](#)
[ATT00009.htm](#)
[ATT00010.htm](#)
[ATT00011.htm](#)
[ATT00012.htm](#)

Noticed that I still had this in my inbox.

From: Melanie MacDonald
Sent: Sunday, September 28, 2014 9:07 PM
To: Ann Boudreau
Cc: Sean Kane
Subject: OSI -- Guardrail

Please add to OSI list.

Melanie J. MacDonald
Safety Research & Strategies, Inc.
340 Anawan Street, Ste. 200
Rehoboth, MA 02769
(508) 252-2333 – Ofc. Phone
(407) 902-1230 – Cellular
Email: melanie@safetyresearch.net
Web: www.safetyresearch.net

Check out: www.thesafetyinstitute.org

The information in this message is confidential and may be legally privileged. It is intended solely for the addressee. Access to this message by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful. In the event that you inadvertently received this confidential email, please notify the sender immediately and delete, destroy, or otherwise dispose of the email message not intended for you.

From: Jamie Schaefer-Wilson [<mailto:jamie@thesafetyinstitute.org>]
Sent: Saturday, September 27, 2014 2:49 PM

To: Melanie MacDonald
Subject: Fwd: Attn: Melanie MacDonald

Begin forwarded message:

From: [REDACTED]
Date: September 27, 2014 at 1:02:26 PM EDT
To: jamie@thesafetyinstitute.org
Subject: Attn: Melanie MacDonald

Hi Melanie,

Thank you for taking the time to talk to me last week. As you can imagine, we are just a bit overwhelmed by the events of, and information we have learned since my daughter and mother's car accident on, April 22, and we want to do whatever we can to prevent this from happening to another person.

I cannot begin to explain how the events of that day haunt me. From the call from my daughter telling me they had an accident and my initial relief when she told me they hit a guardrail and not another car, the confusion when I learned a helicopter was enroute, and then being met at the emergency room entrance by a social worker who first told me the extent of my mom's injuries, to the chief trauma surgeon telling me to prepare myself that she wouldn't survive. I'm sure from your own experiences you know that sinking feeling.

The accident happened on a route that my daughter regularly travels to school, and she no doubt struggles with the visions, smells, sounds, and emotions of that day, every morning. My mother continues to make progress with mobility but in addition to the traumatic amputation of her legs, this event has aged this young 73-year old in so many ways. Naturally, we have concerns about the two of them having to relive that day over and over again in court, but understand that it may be necessary in order keep another family from experiencing similar horrific events.

I'm not sure what information will be most helpful, so I've attached the following list of things, and included some relevant contact information below.

- Copy of Police Crash Report with a diagram of the crash and indicating that the most harmful event was from the guardrail
- Copy of original invoice from VDOT for the guardrail replacement
- Copy of PHI Air Medical flight information - *The name of the nurse on board is listed at the bottom.*
- Photos (4) my husband took of the car exterior while it was at River Creek towing. *He would not take photos of the interior.*
- Photos (4) of my mom's injuries **(these are graphic)**
- Copy of a Consent for Research Study my mom signed while in the hospital *(Dr. Michetti is listed as principal investigator for this study. He is part of the trauma surgical team at Fairfax Hospital and performed one of my mom's nine surgeries.)*

I believe that the Hamilton Fire & Rescue and/or Loudoun County Sheriff's departments must have photos from the scene. Also, the anesthesiologist who worked on my mom's first and second surgeries asked me if I had seen the photos of the accident. When I told him I hadn't, he said "Just know, your daughter is very very lucky". So I can't help but think that the hospital also has photos. Not sure if they keep them on file or what they do with

them, and if they have them, how we get copies of them.

As I mentioned on the phone, my sister has an attorney friend (Everett Sanderson) who has inquired about representing my mother. We have not yet reached out to him, but he will probably be who we call when she is ready to talk to a lawyer. I've included his contact info below. He probably doesn't even know my name, Shanna McBride is my sister's name and they have known each other for years.

If you need written consent to get information from any of these, or have any questions for us, don't hesitate to call me. I look forward to talking to you again soon.

Best,

[REDACTED]

Contacts

Hamilton Volunteer Fire Department

39071 E Colonial Hwy
Hamilton, VA 20158
540-338-6001

Hamilton Volunteer Rescue Squad

39071 E. Colonial Hwy
Hamilton, VA 20158
540-338-3111

Purcellville Volunteer Fire Department

500 N Maple Avenue
Purcellville, VA 20132
540-338-5961

Purcellville Volunteer Rescue

500 N Maple Avenue
Purcellville, VA 20132
540-338-4706

I believe [REDACTED] Leesburg Vol Fire & Rescue responded as well, but my understanding is that Hamilton & Purcellville were the two primary responders and that Hamilton was first to arrive.

PHI Air Medical

Leesburg, VA
703-321-7719
Flight #67-14-47636A

[REDACTED]

Loudoun County Sheriff
Crash Reconstruction Unit
Investigator, [REDACTED]

703-777-1021
ronald.beach@loudoun.gov

River Creek Towing & Recovery
9 Fort Evans Road, SE
Leesburg, VA 20175
703-771-0177

VDOT
Fiscal Division – Cash Payments
703-259-2979

State Farm
Claims Agent: Carrie Greenhalgh (*she has been absolutely wonderful in helping us with the claims for all this!*)
800-238-3099

Everett Sanderson
Shaw Cowart, LLP
Austin, TX
512-634-8131 – Office
409-781-8347 – Mobile

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
CONTRACT MAINTENANCE WORK DOCUMENT

375-020-05
 MAINTENANCE
 10/10

Page 1 of 1

WORK ACTIVITY Guardrail repair

CONTRACT NUMBER E2P08-R2

JOB NUMBER 41021437234 / 41021447201

DATE ISSUED 11/19/2013

*DATE RECEIVED 11/14/13 SB

DATE WORK BEGAN 11/16/13 SB

UNIT DESCRIPTION St Augustine Maintenance #73 1 of 2

ITEM NO.	LOCATION	WORK DESCRIPTION	**DATE COMPLETED	WORK UNITS	
			***DATE ACCEPTED	EST	ACTUAL
E536-3140	N 29.87059 W 081.39780	Standard panel replace	11/19/13 SB	62.5	62.5
E536-12603	See Below	Plastic blocks replace	11-22-13 MM 1/9 SB		0
E536-12605	Southbound	Steel post	11/19/13 SB	2	1
E536-12613		Rub Rail	11-22-13 MM 11/19/13 SB	1	1
E536-12602		Wood blocks replace	11-22-13 MM 11/19/13 SB	2	9
E536-308 507		End Treatment	11-22-13 MM 11/19/13 SB		1
03391		asphalt	11-22-13 MM 11/19/13 SB		2
		FHP... 50270			
E536 12608		wood post	11-22-13 MM 11/19/13 SB		5
E536 12611		reflector	11-22-13 MM 11/19/13 SB		3
UNITS ACCOMPLISHED:					
PRIMARY _____ INTERSTATE _____ TOLL _____			TOTAL		

REMARKS:
 No work on weekends without approval. Location is GPS locations on I-95.

CERTIFIED CORRECT:

MATERIAL COMPLIANCE 

CONTRACTOR NAME Jorgensen (JCS)

PHONE _____ FAX _____

VERIFIED 

INSPECTOR MATERIAL SOURCE _____

First Copy - Job File Second Copy - Contractor Third Copy - Contractor Fourth Copy - Contract Inspector

- * Contractor Must Initial Date Received.
- ** Contractor Must Date & Initial When Completed.
- *** Inspector Must Date & Initial When Accepted; this is the Official Date of Final Acceptance for Work Referenced.

14-PDL-16344
PVI

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**REPORT OF REPAIR
AND
CERTIFICATION OF FUNDS EXPENDITURE**

850-005-01
MAINTENANCE
1/99

FLORIDA TRAFFIC CRASH REPORT OR

"INCIDENT" REPORT NO. 83329353 ; NONE SENT _____ DATE OF DAMAGE 11/16/2013

DATE REPAIR/REPLACEMENT BEGAN 11/16/2013 DATE COMPLETED 11/19/2013

PROPERTY REPAIRED/REPLACED Guardrail

LOCATION 1/2 Mile North of SR 207

DRIVER'S NAME, ADDRESS See Attached Crash Report

OWNER'S NAME, ADDRESS See Attached Crash Report

INTERSTATE PRIMARY TURNPIKE OTHER TOLL BRIDGE NO. _____

DECLARATION OF EMERGENCY EMERGENCY REPAIR NON-EMERGENCY REPAIR

STATE FORCES; CONTRACT; MINI-CONTRACT; CONTRACT NO. E2P08

FINANCIAL PROJECT ID: N/A

TOTAL FUNDS EXPENDED FOR REPAIR/REPLACEMENT \$ 3,279.49

COST CENTER NUMBER 297

I hereby certify that the information contained in this report and the documents attached are accurate to the best of my understanding.

[Signature]
Maintenance Engineer

Sworn to and subscribed before me this 8 day of January, 2014 by Yongmau Palubita (name of affiant). He/She is personally known to me or has produced _____ as identification.

State of Florida



(Notary's printed name) _____ My commission expires _____

Distribution: Accident damage--3 copies (original signatures and seals) to Office of the General Counsel*
*Office of the General Counsel will provide a copy, with collected funds, to Office of Comptroller

- Attachments:
- Florida State Accident Report; _____ DOT Accident Report
 - _____ Other Report
 - State Force Cost Documentation
 - _____ Copy of contractor's invoice (original sent to Office of Comptroller)
 - _____ Photographs of damage
 - _____ Most recent bridge inspection report and post-accident inspection report
 - _____ Additional explanation
 - _____ Report of Bridge Accident

DOT GENERAL COUNSEL
REC'D LEGAL
14 JAN -9 PM 12:07



COHEN MILSTEIN

August 29, 2014

Via Email: FDOT.PublicRecords@dot.state.fl.us

Florida Department of Transportation
1405 Thomas Avenue
Leesburg, FL 34748

Re: Date of Accident [REDACTED]

Location: S [REDACTED]

Driver: [REDACTED]

Dear Sir or Madam:

Our law firm represents [REDACTED], regarding an accident that occurred on November 16, 2013 on SR 9 SB one half mile North of SR 207 in St. Augustine, Florida. Pursuant to the Public Records Act, Chapter 119 of the Florida Statutes, I am writing to request any and all of the following:

1. All documents related to the purchase of the subject guardrail end terminal involved in the subject accident;
2. All documents related to the original installation of the guardrail end terminal involved in the subject accident;
3. All documents related to the repair of the subject guardrail end terminal;
4. Any and all paper and/or computer files (e-mail included) regarding items 1-4 above.

This request includes copies of every document related to the above matters, regardless of the format in which the information was stored or whether it is currently in your possession or in storage.

If you refuse to provide this information, Chapter 119 of the Florida Statutes requires you to advise me in writing and indicate the applicable exemption to the Public Records Act. Also, please state with particularity the reasons for your decision, as required by Section 119.07(2). If the exemptions you are claiming only applies to a portion of the records, please delete that portion and provide photocopies of the remainder of the records according to Section 119.07(2). I reserve the right to appeal your decision to withhold any information.

I would appreciate it you would provide this information to me, as required by statute, by no later than September 19, 2014.

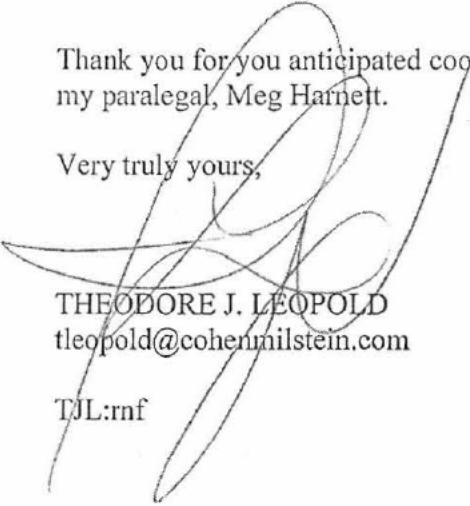
Florida Dept. of Transportation

██████████

Page 2

Thank you for your anticipated cooperation. Should you have any questions, please contact me or my paralegal, Meg Harnett.

Very truly yours,



THEODORE J. LEOPOLD
tleopold@cohenmilstein.com

TJL:rnf



ANDERSON COLUMBIA CO., INC.

P.O. Box 1829 • Lake City, FL 32056-1829
(904) 752-7585 • (904) 755-5853 FAX

LETTER OF TRANSMITTAL

DATE	5/9/03	JOB NO.	22105
ATTENTION	Alexa		
RE	I-95	st. Johns	County

To Earth Tech Inc
280 Business Circle
St. Augustine FL 32092

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings
 Prints
 Plans
 Samples
 Specifications
 Copy of letter
 Change order
 Certs.

COPIES	DATED	NO.	DESCRIPTION
1	5/9/03		Guardrail Certs.



THESE ARE TRANSMITTED as checked below:

- | | | |
|--|---|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Submit _____ copies for distribution |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> FOR BIDS DUE _____ | 19 | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |

REMARKS _____

COPY TO _____

SIGNED: Jay [Signature]

HIGHWAY SAFETY DEVICES, INC
 5340 US Highway 92 West
 Plant City, FL 33567
 (813)759-1559 Fax (813) 757-0924

LETTER OF TRANSMITTAL

TO: Anderson Columbia Co. Inc.
P. O. Box 1829
Lake City, FL 32056-1829

Date:	5/6/2003	HSD #	489-S
ATTN:	Tony Williams		
RE:	FIN # 213505-1-52-01		
	St Johns County		

WE ARE SENDING YOU Attached Under separate cover via mail the following items:
 Shop Drawings Prints Plans Samples Specifications
 Copy of letter Change Order

Copies	Date	No	Description
1	5/6/2003	1	Guardrail Certification of Compliance

THESE ARE TRANSMITTED AS CHECKED BELOW:

For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for correction Return _____ Corrected prints
 For review and comment Resubmit _____ copies "as built drawings"
 FOR BIDS DUE _____ Prints returned after loan to us
 PLEASE RETURN _____ COPIES MARKED "APPROVED" _____

REMARKS Please forward to the Florida Department of Transportation

COPY TO:
FILE

HIGHWAY SAFETY DEVICES, INC.

SIGNED: 
 JOE LOUIS, SIGN COORDINATOR

SCANNED

ROAD SYSTEMS, INC.

CERTIFICATION OF COMPLIANCE

WE CERTIFY THAT OUR PROCEDURES FOR QUALITY CONTROL OF THE SEQUENTIAL KINKING TERMINAL AND FLARED ENERGY ABSORBING TERMINAL MEET THE STRUCTURAL STEEL SPECIFICATION A-36 AND 50 KSI

GALVANIZING TO MEET SPECIFICATION ASTM 123

BOLTS AND NUTS COMPLY WITH ASTM A-307, A-325, AND ARE GALVANIZED TO MEET ASTM-153

ALL GUARDRAIL MEETS AASHTO M-180

ALL STRUCTURAL STEEL MEETS AASHTO M-183

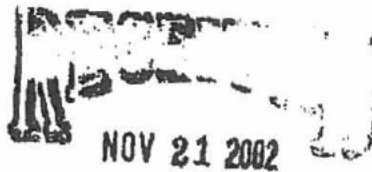
ALL BOLTS, NUTS AND CABLES ARE OF DOMESTIC ORIGIN

ALL TIMBER POST AND BLOCKS MEET AASHTO M-168 AND PRESERVED TO AASHTO M-133

THIS PRODUCT IS MADE, MELTED AND MANUFACTURED IN THE UNITED STATES.

CUSTOMER: Central Fabricators, Inc.
Industrial Park Drive
Kosciusko, MS

PROJECT: Stock
PO # 1007



CENTRAL FABRICATORS, INC.

DESCRIPTION	PIECES
FLEAT Impact Head	308
Cable Anchor Boxes	308
1/2 Structural Bolts	2464
1/2 Structural Nuts	2464
1/2 Structural Washers	4928

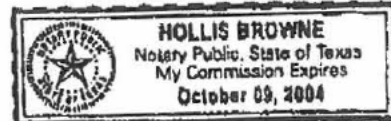
ROAD SYSTEMS, INC.
CERTIFIED BY: [Signature]

STATE OF TEXAS COUNTY OF HOWARD
SWORN AND SUBSCRIBED BEFORE ME

THIS 15 DAY OF November 2002

NOTARY PUBLIC: [Signature]

MY COMMISSION EXPIRES: 10-9-04



ROAD SYSTEMS, INC.
P.O. BOX 2163 BIG SPRING, TEXAS 79721

SCANNED

S.I. Storey Lumber Company, Inc.

Phone: (706) 234-1605

P.O. Box 99, Annuchee, GA 30105

Fax: (706) 235-8132

CERTIFICATE OF COMPLIANCE

NOVEMBER 19, 2002

CENTRAL FABRICATORS
KOSCIUSKO, MS

THE FOLLOWING MATERIAL DELIVERED ON 11/12/02 ON BILL OF LADING NUMBER N09699 HAS BEEN INSPECTED BEFORE AND AFTER TREATMENT AND IS IN FULL COMPLIANCE WITH AASHTO M168 & M133 AND AWWA C-14 SPECIFICATIONS FOR CCA TREATED SOUTHERN PINE TIMBER GUARDRAIL COMPONENTS.

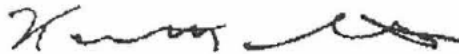
MATERIAL	CHARGE #	DATE	RETENTION	QUANTITY
5½x7½x42½ BCT Post	02-730		0.71	240

THIS CERTIFICATE APPLIES TO MATERIAL TREATED FOR your stock order number: 1006.

FOR ANY INQUIRIES, PLEASE RETAIN THIS DOCUMENT FOR FUTURE REFERENCE.

THANK YOU FOR YOUR ORDER.

SINCERELY,



Kenneth Storey

SIGNED BEFORE ME THIS 19TH DAY OF

November 2002

NOTARY



NOTARY PUBLIC CHATTOOGA COUNTY, GEORGIA
MY COMMISSION EXPIRES APRIL 1, 2006

SCANNED

ASTRO OPTICS CORP.
156 Williams Street
Carpentersville, IL 60110
847/428-3181 FAX: 847/428-3979

April 29, 2002

Highway Safety Devices, Inc.
5340 US Hwy 92 West
Plant City, FL 33567

RE: Certification Advanced Guardrail or Barrier Delineator

This is to certify that the AGR-1(2) Guardrail or Barrier Wall Delineator conforms to the Florida Dept. of Transportation specifications.

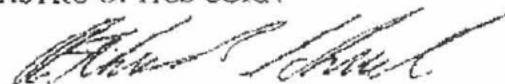
The AGR-1(2) consists of a 3 1/4" round centermount delineator riveted to a high impact lexan mounting bracket. The mounting bracket is constructed to permit adhering to the inside fold of a W-beam guardrail or flat surface with adhesive cement.

Intensity test of each reflector shall be equal to or exceed the following minimum values.

<u>Entrance Angle</u>	<u>Specific Intensity</u>	
Degrees	cp/ft	
	Crystal	Amber
0	119	71
+20	47	28

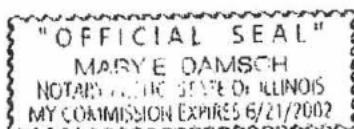
If we can be of any further assistance to you, please do not hesitate to contact our office.

Sincerely,
ASTRO OPTICS CORP.



Arthur P. Schueler
President

Subscribed and sworn before me this 29th day of April, 2002.



Mary E. Damsch

Notary Public

SCANNED



S.I. Storey
LUMBER COMPANY, INC.

CERTIFICATE OF COMPLIANCE

OCTOBER 17, 2003

CENTRAL FABRICATORS
KOSCIUSKO, MS

THE FOLLOWING MATERIAL DELIVERED ON 10/16/13 ON BILL OF LADING NUMBER N 11329 HAS BEEN INSPECTED BEFORE AND AFTER TREATMENT AND IS IN FULL COMPLIANCE WITH APPLICABLE SPECIFICATIONS FOR CCA TREATED SOUTHERN PINE TIMBER GUARDRAIL COMPONENTS FOR THE BEST/FLEAT/SKT 350/Regent-C AND AASHTO M168 & M133; FLDOT SEC. 536-2; ALDOT SEC. 864; LADOTD SEC. 1014; AHTD SEC. 617.02.

MATERIAL	CHARGE #	DATE	RETENTION	QUANTITY
6x8x6' CRT Post	03-671	8/4/03	0.71	35
6x8x6' CRT Post	03-672	8/4/03	0.64	35
6x8x6' CRT Post	03-673	8/5/03	0.68	35
6x8x6' CRT Post	03-726	8/19/03	0.62	35
6x8x6' CRT Post	03-733	8/21/03	0.64	105
6x8x6' CRT Post	03-775	9/5/03	0.69	35
6x8x6' CRT Post	03-790	9/11/03	0.73	70
5 1/2 X 7 1/2 X 45" BCT Post	03-892	10/15/03	0.72	144
6x8x14" Blockout	03-616	7/18/03	0.74	140
6x8x14" Blockout	03-678	8/6/03	0.76	70
6x8x14" Blockout	03-679	8/6/03	0.70	140

THIS CERTIFICATE APPLIES TO MATERIAL TREATED FOR your order no.: 108.

FOR ANY INQUIRIES, PLEASE RETAIN THIS DOCUMENT FOR FUTURE REFERENCE.

SINCERELY,

Karen Storey

Project #: _____

Contract #: _____

County: _____

Contractor: _____

By: _____

SIGNED BEFORE ME THIS 17 DAY OF OCTOBER 20 03.

NOTARY

NOTARY PUBLIC FLOYD COUNTY, GEORGIA
 My Commission Expires April 1, 2006

FLDOT STATE MATERIALS OFFICE
 Qualified Timber Producer: T-002

Our status as a FLDOT pre-qualified timber producer can be confirmed at:

<http://www11.myflorida.com/statematerialsoffice/Administration/approvedlistings/postjuly2002.htm>

Phone: 706-234-1605

P.O. Box 99, Armuchee, GA 30105

Fax: 706-235-8132



S.I. Storey

LUMBER COMPANY, INC.

CERTIFICATE OF COMPLIANCE

OCTOBER 17, 2003

CENTRAL FABRICATORS
KOSCIUSKO, MS

THE FOLLOWING MATERIAL DELIVERED ON 10/16/13 ON BILL OF LADING NUMBER N 11329 HAS BEEN INSPECTED BEFORE AND AFTER TREATMENT AND IS IN FULL COMPLIANCE WITH APPLICABLE SPECIFICATIONS FOR CCA TREATED SOUTHERN PINE TIMBER GUARDRAIL COMPONENTS FOR THE BEST/FLEAT/SKT 350/Regent-C AND AASHTO M168 & M133; FLDOT Sec. 536-2; ALDOT Sec. 864; LADOTD Sec. 1014; AHTD Sec. 617.02.

MATERIAL	CHARGE #	DATE	RETENTION	QUANTITY
6x8x6' CRT Post	03-671	8/4/03	0.71	35
6x8x6' CRT Post	03-672	8/4/03	0.64	35
6x8x6' CRT Post	03-673	8/5/03	0.68	35
6x8x6' CRT Post	03-726	8/19/03	0.62	35
6x8x6' CRT Post	03-733	8/21/03	0.64	105
6x8x6' CRT Post	03-775	9/5/03	0.69	35
6x8x6' CRT Post	03-790	9/11/03	0.73	70
5½X7½X45" BCT Post	03-892	10/15/03	0.72	144
6x8x14" Blockout	03-616	7/18/03	0.74	140
6x8x14" Blockout	03-678	8/6/03	0.76	70
6x8x14" Blockout	03-679	8/6/03	0.70	140

THIS CERTIFICATE APPLIES TO MATERIAL TREATED FOR your order no.: 108.

FOR ANY INQUIRIES, PLEASE RETAIN THIS DOCUMENT FOR FUTURE REFERENCE.

SINCERELY,

Karen Storey

Project #:	_____
Contract #:	_____
County:	_____
Contractor:	_____
By:	_____

SIGNED BEFORE ME THIS 17 DAY OF OCTOBER 2003.

NOTARY Charles R. [Signature]
NOTARY PUBLIC FLOYD COUNTY, GEORGIA
My Commission Expires April 1, 2006

FLDOT STATE MATERIALS OFFICE
Qualified Timber Producer: T-002

Our status as a FLDOT pre-qualified timber producer can be confirmed at:

<http://www11.myflorida.com/statematerialsoffice/Administration/approvedlistings/postjuly2002.htm>

Phone: 706-234-1605

P.O. Box 99, Armuchee, GA 30105

Fax: 706-235-8132

fz
WP220



JULY 29, 2003

LETTER OF GUARDRAIL CERTIFICATION

Central Fabricators
Kosciusko, Ms 39090

To Whom it may Concern:

This notarized letter is to accompany our invoice N 10854 for your P.O. #:64. For future reference the treatment charge numbers and accompanying assay retentions for this order are as follows:

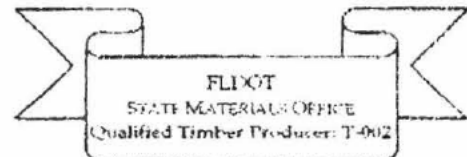
Charge Number	Treatment Date	Assay Retention
03-511	June 19, 2003	0.57
03-512	June 20, 2003	0.53
03-553	June 30, 2003	0.41

This letter certifies that these materials were produced according to all DOT specifications. For any inquiries please retain this document for future reference to these materials. Thank you for your order.

Sincerely,
Karen Storey
Karen Storey

Project #: _____
 Contract #: _____
 County: _____
 Contractor: _____
 By: _____

Notary *Charles R. Ch...*
Notary Public Chattooga County Georgia
My Commission Expires April 1, 2006



CENTRAL FABRICATORS, INC.
P.O. BOX 849 - KOSCIUSKO, MS 39090
(662) 289-1880

BILL OF LADING		7742-50		ANALYSIS REPORT				CUSTOMER PO #:		13183-486G					
QTY	PART NUMBER	DESCRIPTION	GALV	HEAT NO	CTRL NO	YIELD	TENSILE	2%ENL	8%ENL	C	MN	P	S	SI	
51	WB222	12" 6" X 6" 3" W-BEAM - 12GA (GALV)	4.0 OZ	J55811	15	60300.00	70900.00	30.00	0.00	0.07	0.48	0.01	0.01	0.017	
20	RR210	12" 6" X 6" 3" RUBRAIL - 16 GA (GALV)	4.0 OZ	20568		50000.00	70000.00	23.00	0.00	0.20	0	0.01	0	0.022	
27	TB532	THRIE BEAM TRANSITION SECTION (GALV)	4.0 OZ	30071	30071	66100.00	74300.00	0.00	27.00	0.07	0.65	0.01	0.016	0.02	
27	TB152	25" 0" X 3" 1 1/2" T-BEAM - 12GA (GALV)	4.0 OZ	343-36119	343-36119	64520.00	77440.00	0.00	24.00	0.14	0	0.01	0	0.21	
54	TB252	12" 6" X 3" 1 1/2" T-BEAM - 12GA (GALV)	4.0 OZ	384-N30646	384-N30646	61000.00	73500.00	26.00	0.00	0.07	0.71	0.02	0.003	0.04	
27	TT62	30" THRIE BEAM FLAT END SHOE (GALV)	4.0 OZ	254787	254787	41.30	60.70	0.00	34.00	0.08	0.39	0.01	0.01	0.01	

We certify that the above listed product meets the requirements of the Florida D.O.T. and Section 536-2 (Guardrail Assemblies) of the Contract Specifications.

Guardrail meets requirements of AASHTO M-190; Galv.: ASTM A-123, ASTM A-36; Post: AASHTO M-183, ASTM A-36 domestic steel.
galv. ASTM A-123; Cable: AASHTO M-30; Bolts comply with ASTM-307 and/or A-325 specifications and are galv. per ASTM-153. All other galv. materials conforms with ASTM-123 or ASTM-153. All material listed above was produced and fabricated in the United States of America.

CONTRACTOR: HIGHWAY SAFETY DEVICES DOT PROJECT #: 213505-1-52-01 DOT CONTRACT #: _____ LOCATION: ST JOHNS

State of Mississippi, County of Attala; Sworn and subscribed before me this 27th day of OCT, 2003. MARK LINDSEY
CENTRAL FABRICATORS, INC.

NOTARY PUBLIC MY COMMISSION EXPIRES APRIL 13, 2007 MARK LINDSEY

PRIDE Enterprises, Union Forestry
 PO Box 308
 Raiford, Florida 32083
 ph386-431-1912 sc 831-2411 fx 386-431-1520



Customer: High Safety Devices

Address: 5340 US Hwy 92 W

District: _____

city/st/zip: PLANT CITY, FLA. 33566

Date: 10/6/03

To whom it may concern,

This notarization is to accompany your order US# 009358 for D.O.T. project # _____
 The treatment charge numbers and accompanying assay retentions for your order are as follows:

Charge #	Assay Retention	Qty	Description of Order
<u>888-)</u>	<u>.40</u>	<u>2,268</u> ea	<u>6" x 8" x 1/4" Hole Black</u>
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____

This letter certifies that these materials were produced according to all D.O.T. specifications. For any inquiries please retain this document for any future references to these materials. Thank you for your order.

Sincerely,
~~Al Shadd~~ Tim Hannon

Tim Hannon

Production Manager

County of _____ Union _____

Signed before me this 6 day of Oct.

Notary [Signature]

My Commission expires 2/26/06

Personally known or Identification _____



PRIDE Enterprises, Union Forestry
PO Box 308
Raiford, Florida 32083
ph386-431-1912 sc 831-2411 fx 386-431-1520



Customer: Highway Safety Devices

Address: 5340 US. HWY. 92 N.

city/st/zip: Plant City FLA 33566

District: _____

Date: 10/13/03

To whom it may concern,

This notarization is to accompany your order _____ for D.O.T. project # _____
The treatment charge numbers and accompanying assay retentions for your order are as follows:

Charge #	Assay Retention	Qty	Description of Order
<u>880-J</u>	<u>.42</u>	<u>2,268</u> ea	<u>6" X 8" 1/4" / Hole On Block</u>
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____

This letter certifies that these materials were produced according to all D.O.T. specifications. For any inquiries please retain this document for any future references to these materials. Thank you for your order.

Sincerely,

Al Shadd

al shadd

Production Manager

County of _____ Union _____

Signed before me this 10 day of Oct.

Notary Laura Crawford

My Commission expires 2/26/06

Personally known or Identification _____



CENTRAL FABRICATORS, INC.
P.O. BOX 849 - KOSCIUSKO, MS 39090
(662) 289-1888

BILL OF LADING		7742-44		ANALYSIS REPORT				CUSTOMER PO #:		13183-489G				
QTY	PART NUMBER	DESCRIPTION	GALV	HEAT NO	CTRL NO	YIELD	TENSILE	2%ENL	8%ENL	C	MN	P	S	SI
100	GP292	1W6 X 8 5 X 6 6" POST - T-BEAM - WOOD/STEEL - SIN	4.0 OZ	J26955	J26955	47500.00	64700.00	0.00	25.00	0.09	0	0.01	0	0.17
380	GP212R	1W6 X 8 5 X 6 6" POST - DOUBLE FACED - FL RUB RA	4.0 OZ	J26950	J26950	47600.00	67500.00	0.00	26.00	0.11	0	0.01	0	0.18
250	RR210	12" 6" X 6" 3" RUBRAIL - 10 GA (GALV)	4.0 OZ	20568	20568	50000.00	70000.00	23.00	0.00	0.20	0	0.01	0	0.022
1	TB532	THRIE BEAM TRANSITION SECTION (GALV)	4.0 OZ	33071	33071	66100.00	74300.00	0.00	27.00	0.07	0.65	0.01	0.016	0.02
1	TB132	25" 0" X 3" 1 1/2" T-BEAM - 12GA (GALV)	4.0 OZ	343-36119	343-36119	64520.00	77440.00	0.00	24.00	0.14	0	0.01	0	0.21
2	TB232	12" 6" X 3" 1 1/2" T-BEAM - 12GA (GALV)	4.0 OZ	384-N30648	384-N30648	61000.00	73500.00	26.00	0.00	0.07	0.71	0.02	0.003	0.04
1	TT62	30" THRIE BEAM FLAT END SHOE (GALV)	4.0 OZ	254787	254787	41.30	60.70	0.00	34.00	0.08	0.39	0.01	0.01	0.01
1	AP572	12" X 20 1/2" X 5/8" T-BEAM BRIDGE PLATE (GALV)	0.00	-	-	0.00	0.00	0.00	0.00	0.00	0	0.00	0	0
1	AP572A	8" X 12" X 1 1/4" T-BEAM FILLER PLATE - FOR 5 HOLE	4.0 OZ	314-3815	314-3815	39600.00	59900.00	0.00	39.00	0.15	0	0.03	0	0.031

We certify that the above listed product meets the requirements of the Florida D.O.T. and Section 536-2 (Guardrail Assemblies) of the Contract Specifications.

Guardrail meets requirements of AASHTO M-180; Galv.: ASTM A-123, ASTM A-36; Post: AASHTO M-183, ASTM A-36 domestic steel.
galv. ASTM A-123; Cable: AASHTO M-30; Bolts comply with ASTM-307 and/or A-325 specifications and are galv. per ASTM-153. All other galv. materials conforms with ASTM-123 or ASTM-153. All material listed above was produced and fabricated in the United States of America.

CONTRACTOR: HIGHWAY SAFETY DEVICES DOT PROJECT #: 213605-1-52-01 DOT CONTRACT #: _____ LOCATION: ST JOHNS

State of Mississippi, County of Attala: Sworn and Subscribed before me this 13th day of OCTOBER, 2003

CENTRAL FABRICATORS, INC.

NOTARY PUBLIC MARK LINDSEY MY COMMISSION EXPIRES APRIL 13, 2007

CENTRAL FABRICATORS, INC.
P.O. BOX 849 - KOSCIUSKO, MS 39090
(662) 289-1980

BILL OF LADING		7742-49	ANALYSIS REPORT				CUSTOMER PO #:	13183-489G						
QTY	PART NUMBER	DESCRIPTION	GALV	HEAT NO	CTRL NO	YIELD	TENSILE	2%ENL	8%ENL	C	MN	P	S	SI
100	WB222	12' 6" X 6' 3" W-BEAM - 12GA (GALV)	0.00	N33141	20	0.00	0.00	0.00	0.00	0.00	0	0.00	0	0
8	WB622	12' 6" X ANCHOR PANEL W-BEAM - 12GA (GALV)	4.0 OZ	1306754	13	82500.00	84400.00	25.00	0.00	0.21	0	0.01	0	0.01
8	ET92	FLARED END TERMINAL (GALV)	4.0 OZ	20201190	20201190	41280.00	58214.00	0.00	37.00	0.06	0	0.01	0	0.03
21	AP12	2" X 6" PIPE SLEEVE (GALV)	4.0 OZ	Y47914	Y47914	57748.00	67606.00	29.00	0.00	0.20	0.77	0.02	0.008	0.018
21	AP2H2	8" X 8" X 5/8" MELT BEARING PLATE (GALV)	4.0 OZ	W4176	W4176	45900.00	70500.00	37.00	-	0.15	-	0.01	-	0.23
8	AP32	ANCHOR PLATE (GALV)	4.0 OZ	A3N0109	A3N0109	53900.00	72700.00	29.60	0.00	0.19	0.46	0.01	0.011	0.04
8	AP52	5" STEEL TUBE - 3 HOLE (GALV)	4.0 OZ	2904932	2904932	55300.00	67600.00	24.40	0.00	0.07	0.875	0.01	0.0248	0.265

We certify that the above listed product meets the requirements of the Florida D.O.T. and Section 536-2 (Guardrail Assemblies) of the Contract Specifications.

Guardrail meets requirements of AASHTO M-180; Galv.: ASTM A-123, ASTM A-36; Post: AASHTO M-183, ASTM A-36 domestic steel, galv. ASTM A-123; Cable: AASHTO M-30; Bolts comply with ASTM-307 and/or A-325 specifications and are galv. per ASTM-153. All other galv. materials conforms with ASTM-123 or ASTM-153. All material listed above was produced and fabricated in the United States of America.

CONTRACTOR: HIGHWAY SAFETY DEVICES DOT PROJECT #: 213605-1-52-01 DOT CONTRACT #: _____ LOCATION: ST. JOHNS

State of Mississippi, County of Attala: Sworn and Subscribed before me this 24 day of OCT, 2003

CENTRAL FABRICATORS, INC.

NOTARY PUBLIC: MARK LINDSEY MY COMMISSION EXPIRES APRIL 13, 2007

ROAD SYSTEMS, INC.

CERTIFICATION OF COMPLIANCE

WE CERTIFY THAT OUR PROCEDURES FOR QUALITY CONTROL OF THE SEQUENTIAL KINKING TERMINAL AND FLARED ENERGY ABSORBING TERMINAL MEET THE STRUCTURAL STEEL SPECIFICATION A-36 AND 50 KSI

GALVANIZING TO MEET SPECIFICATION ASTM 123

- BOLTS AND NUTS COMPLY WITH ASTM A-307, A-325, AND ARE GALVANIZED TO MEET ASTM-153
- ALL GUARDRAIL MEETS AASHTO M-180
- ALL STRUCTURAL STEEL MEETS AASHTO M-183
- ALL BOLTS, NUTS AND CABLES ARE OF DOMESTIC ORIGIN
- ALL TIMBER POST AND BLOCKS MEET AASHTO M-168 AND PRESERVED TO AASHTO M-133

THIS PRODUCT IS MADE, MELTED AND MANUFACTURED IN THE UNITED STATES.

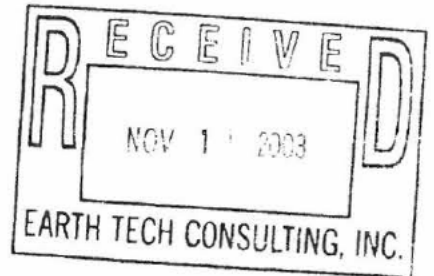
CUSTOMER: Central Fabricators, Inc.
Industrial Park Drive
Kosciusko, MS

OCT 16 2003

CENTRAL FABRICATORS INC

PROJECT: Stock
PO # 106

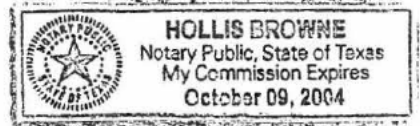
DESCRIPTION	PIECES
SKT Impact Heads	72
FLEAT Impact Heads	176
Cable Anchor Boxes	248
1/2 Structural Bolts	1984
1/2 Structural Nuts	1984
1/2 Structural Washers	3968



ROAD SYSTEMS, INC.
CERTIFIED BY: Hollis Browne

STATE OF TEXAS COUNTY OF HOWARD
SWORN AND SUBSCRIBED BEFORE ME

THIS 9 DAY OF October 2003
NOTARY PUBLIC: Hollis Browne



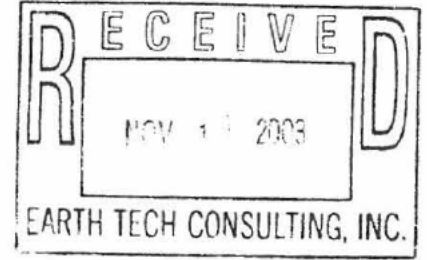
MY COMMISSION EXPIRES: 10-9-04

ROAD SYSTEMS, INC.
P.O. BOX 2163 BIG SPRING, TEXAS 79721



S.I. Storey
LUMBER COMPANY, INC.

CERTIFICATE OF COMPLIANCE



OCTOBER 17, 2003

CENTRAL FABRICATORS
KOSCIUSKO, MS

THE FOLLOWING MATERIAL DELIVERED ON 10/16/03 ON BILL OF LADING NUMBER N 11329 HAS BEEN INSPECTED BEFORE AND AFTER TREATMENT AND IS IN FULL COMPLIANCE WITH APPLICABLE SPECIFICATIONS FOR CCA TREATED SOUTHERN PINE TIMBER GUARDRAIL COMPONENTS FOR THE BEST/FLEAT/SKT 350/Regent-C AND AASHTO M168 & M133; FLDOT Sec. 536-2; ALDOT Sec. 864; LADOTD Sec. 1014; AHTD Sec. 617.02.

MATERIAL	CHARGE #	DATE	RETENTION	QUANTITY
6x8x6' CRT Post	03-671	8/4/03	0.71	35
6x8x6' CRT Post	03-672 ✓	8/4/03	0.64	35
6x8x6' CRT Post	03-673	8/5/03	0.68	35
6x8x6' CRT Post	03-726	8/19/03	0.62	35
6x8x6' CRT Post	03-733	8/21/03	0.64	105
6x8x6' CRT Post	03-775	9/5/03	0.69	35
6x8x6' CRT Post	03-790	9/11/03	0.73	70
5½X7½X45" BCT Post	03-892	10/15/03	0.72	144
6x8x14" Blockout	03-616	7/18/03	0.74	140
6x8x14" Blockout	03-678	8/6/03	0.76	70
6x8x14" Blockout	03-679	8/6/03	0.70	140

THIS CERTIFICATE APPLIES TO MATERIAL TREATED FOR your order no.: 108.

FOR ANY INQUIRIES, PLEASE RETAIN THIS DOCUMENT FOR FUTURE REFERENCE.

SINCERELY,

Karen Storey

Project #: _____
 Contract #: _____
 County: _____
 Contractor: _____
 By: _____

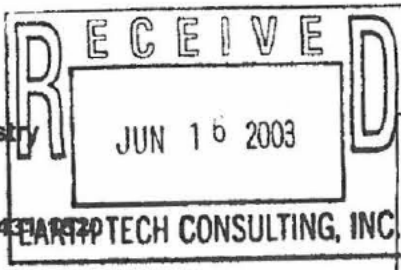
SIGNED BEFORE ME THIS 17 DAY OF OCTOBER 2003.

NOTARY Charles R. Chism
 NOTARY PUBLIC FLOYD COUNTY, GEORGIA
 My Commission Expires April 1, 2006

FLDOT STATE MATERIALS OFFICE
 Qualified Timber Producer: T-002

T-0033

PRIDE Enterprises, Union Forestry
PO Box 308
Raiford, Florida 32083
ph 386-431-1912 sc 831-2411 fx 386-431-1912



EARPTTECH CONSULTING, INC

Customer: Heavy Safety Device
Address: 5340 US Hwy 92 W
city/st/zip: Plant City, FL 33566

District: _____
Date: 6/12/03

To whom it may concern,
This notarization is to accompany your order US 9358 for D.O.T. project # _____
The treatment charge numbers and accompanying assay retentions for your order are as follows:

Charge #	Assay Retention	Qty	Description of Order
<u>838-J</u>	<u>.40</u>	<u>2268</u> ea	<u>6"x8"x14" DOT Block</u> ^{Wooden spacer}
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____
_____	_____	_____ ea	_____

This letter certifies that these materials were produced according to all D.O.T. specifications. For any inquiries please retain this document for any future references to these materials. Thank you for your order.

Sincerely,
Al Shadd

Production Manager

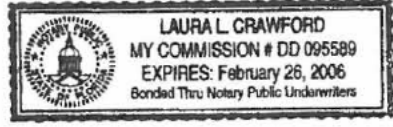
County of Union

Signed before me this _____ day of _____

Notary Laura Crawford

My Commission expires 2/26/06

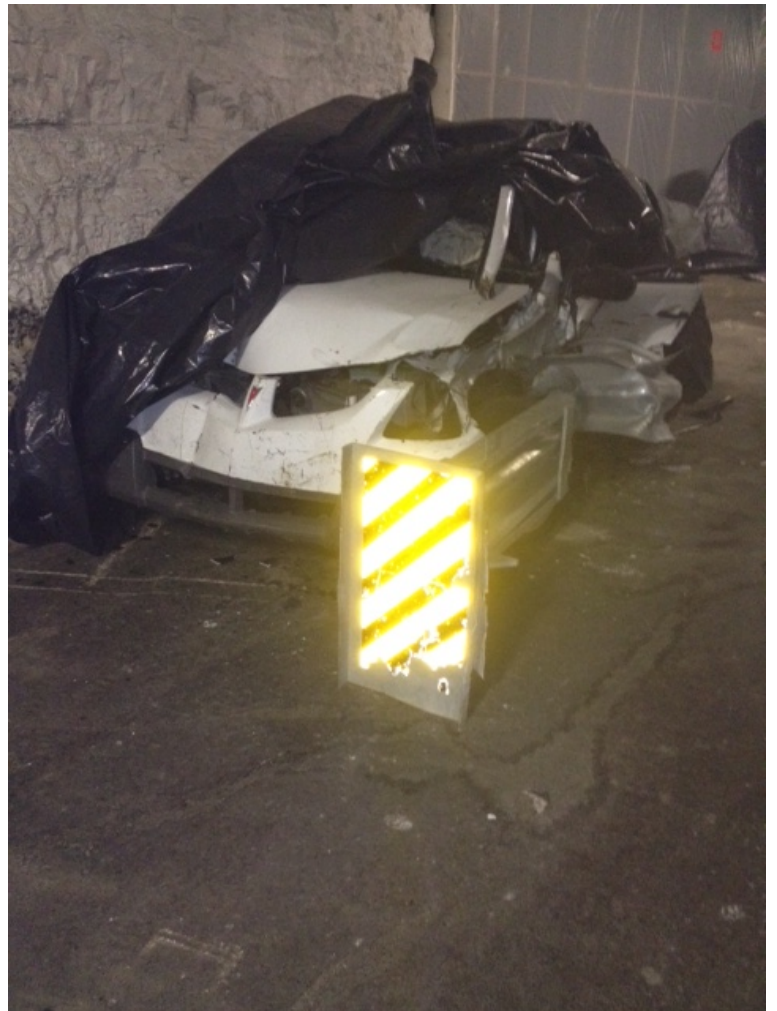
Personally known or Identification _____

















Significant photos—

Holes in weak post bottoms

No holes in strong post bottoms

4 slots in rail just after ET for cable

ET+ =4 rails each 12' with 8 bolts overlap 1'

50 feet of rail + ET

Posts are 4 feet apart-police report says "6 posts

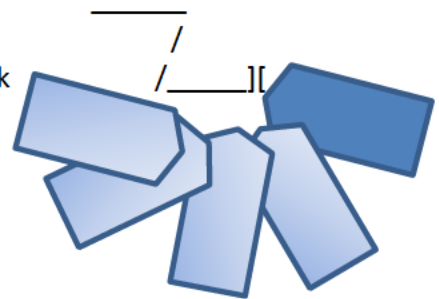
And 3 rails damaged". Doug, Green acres guy, said end cut off with blow torch. Thought it was 2nd or 3rd rail still in ET.

ET Plus sticker on top of ET

2 rails still in car one going in and one going out— if ET did job on 2 rails, it could be good for us. Looks like the post bolt ripped the rail when the ET stopped feeding for some reason. The car still pushing forward caused

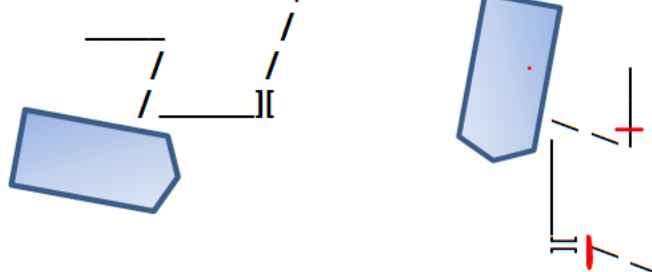


One of the rails to kink



Both rails bear dates —same-but heat numbers-different. No sign of Bolts linking 2 pieces in either rail pieces you can see. Ingoing rail is torn shredded maybe from post bolt in center

Piece inside car is not connected to ingoing rail—ripped? End folded over on seat. I will bet the bolted overlap is outside the car and the rail broke at the fold point.

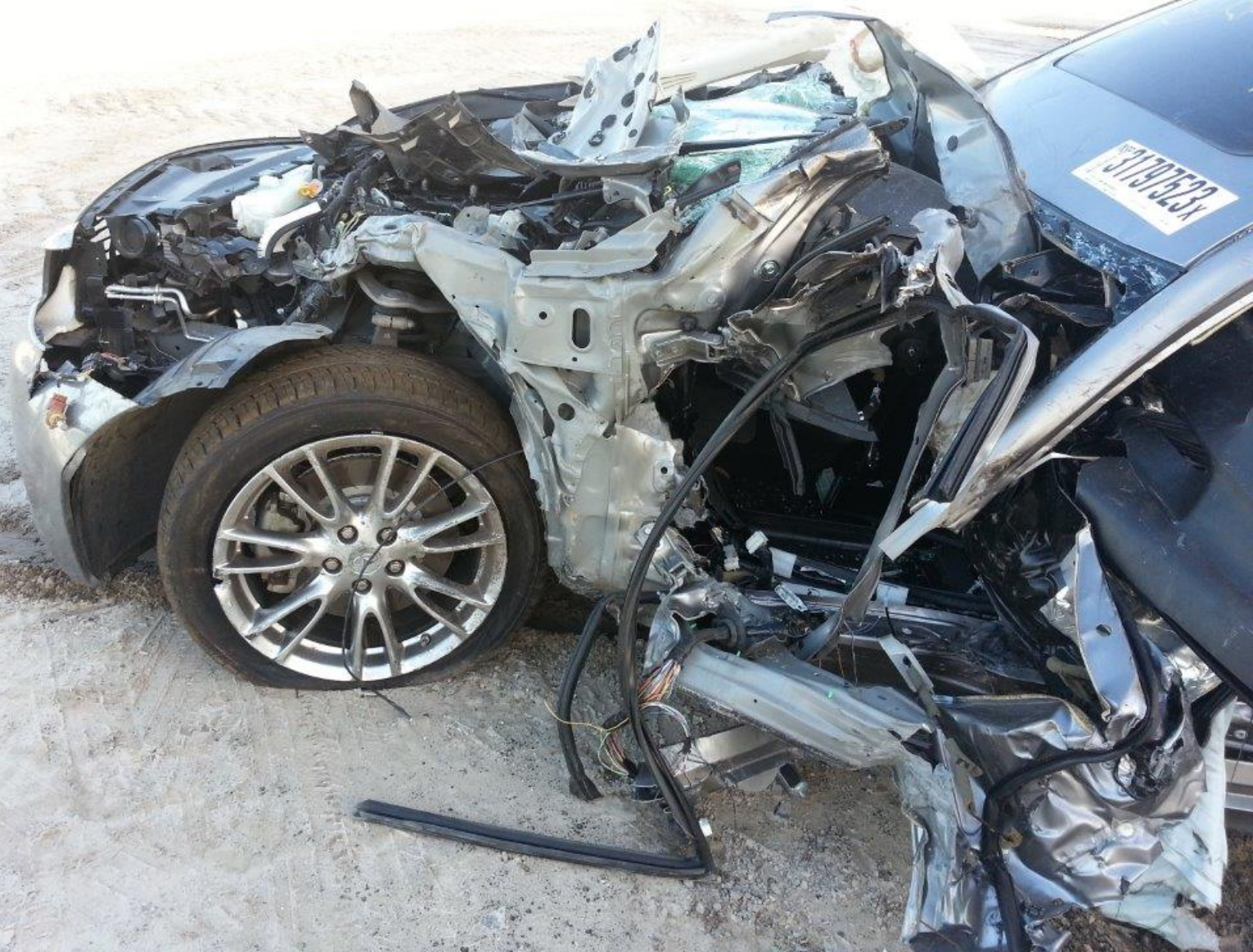
















310











31191223

810



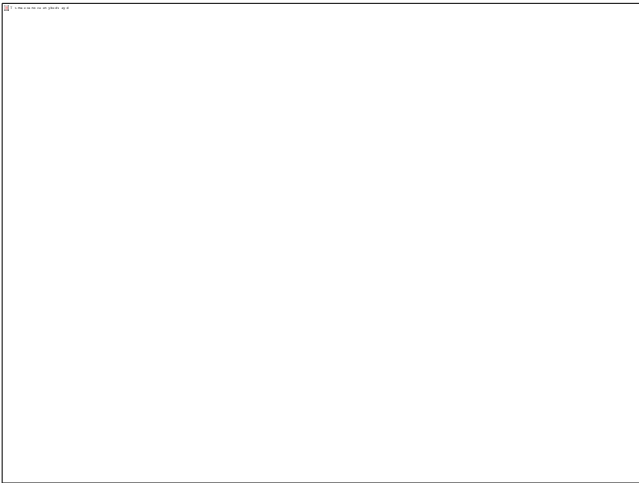
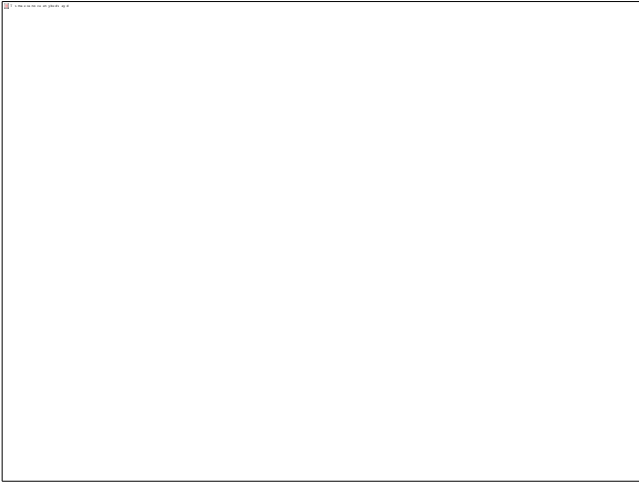


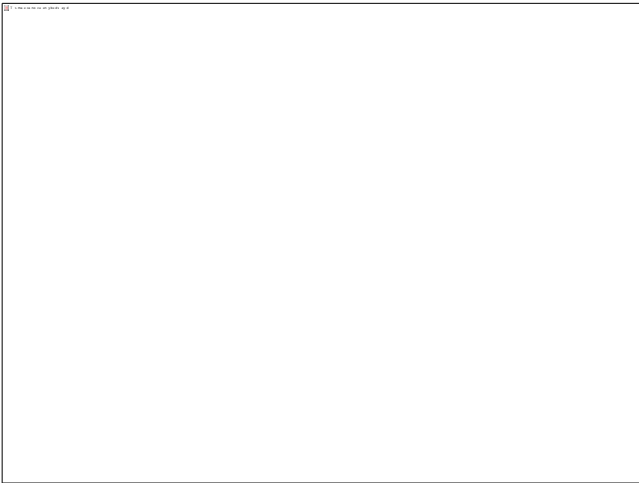
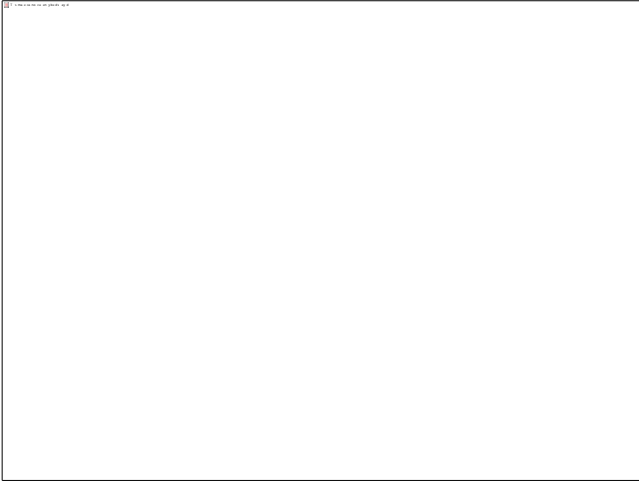


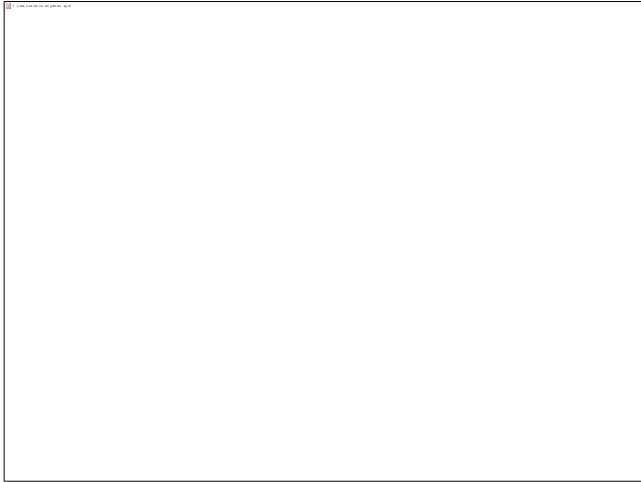














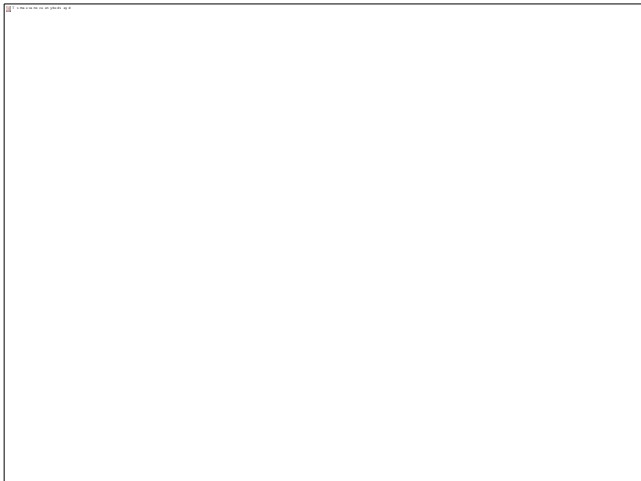
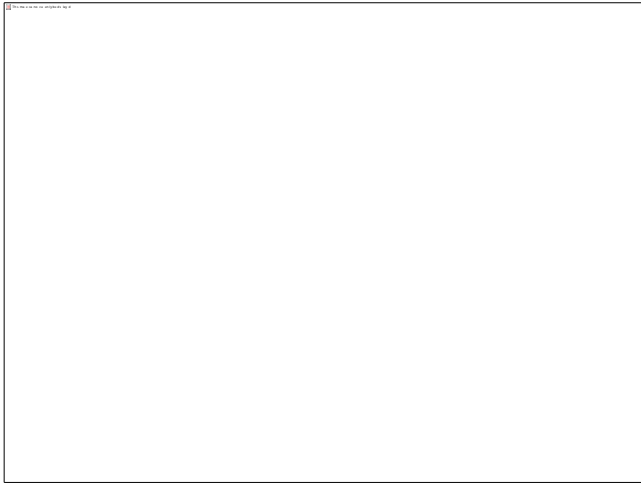








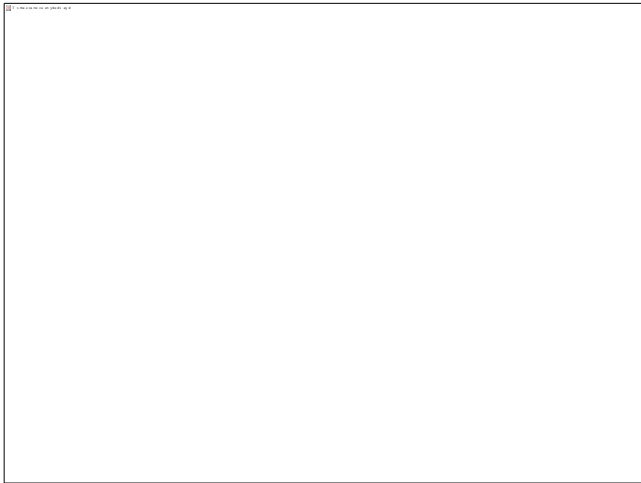
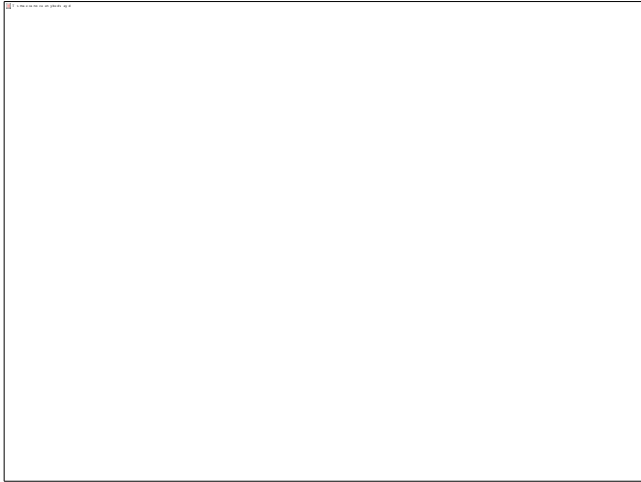














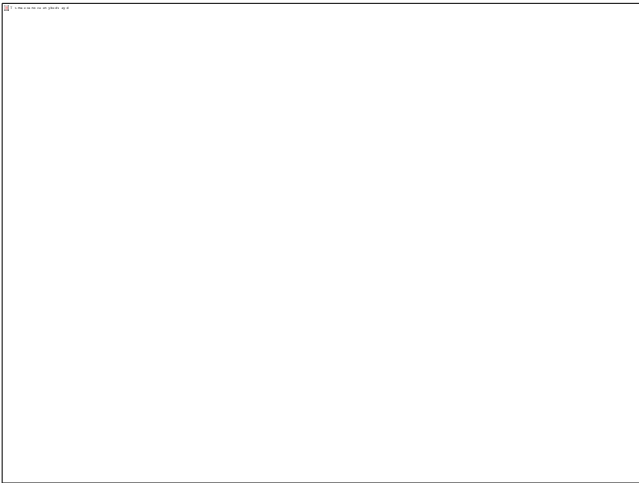








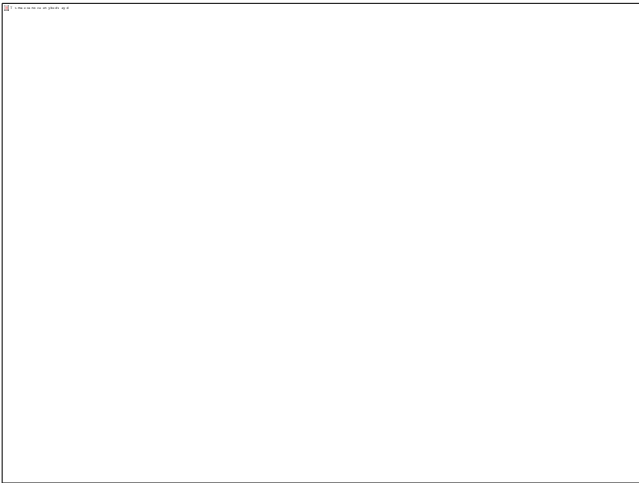
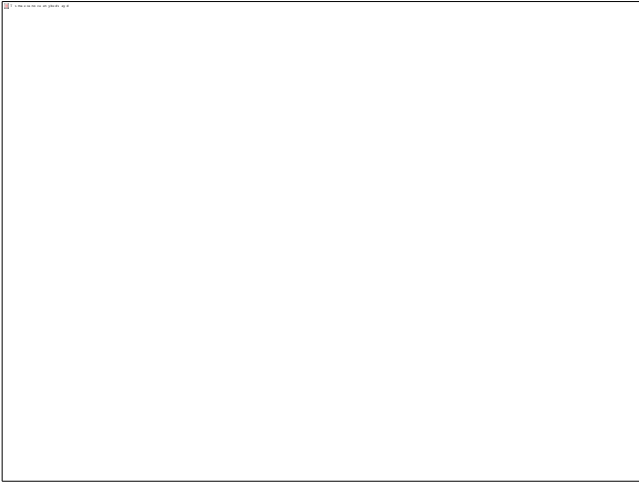


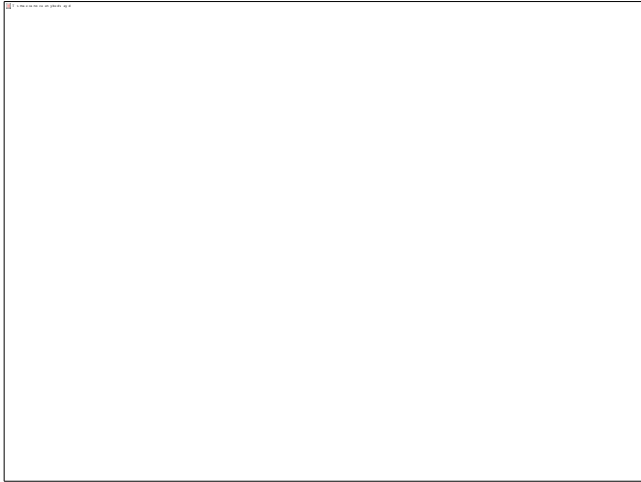
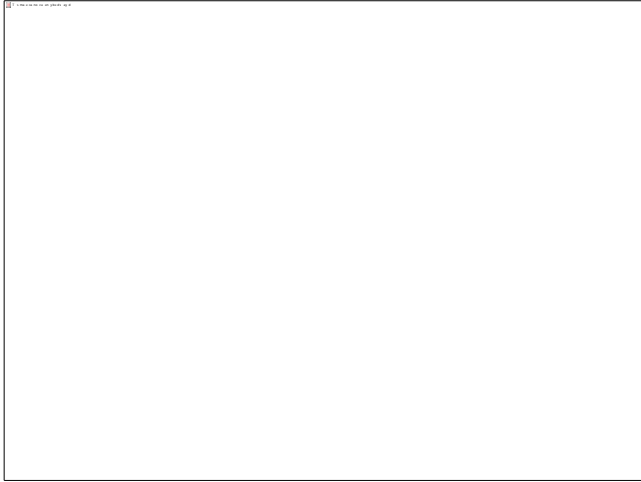




















Below are three state police photos taken at the scene. It appears that the guardrail was torched both at the extruded tail that had been flattened by the ET and also at the point of its insertion into the vehicle and its continuation at the post. Pics #2 and #3 show the extruded rail lying on the ground in the weeds shortly after the wreck.







Ron Eck, (roadway defect expert) and Bob Nocivelli (expert mechanic) and I went to the scene on June 12, 2009 but the guiderail repairs had already been made by Penn Line.

Cynthia M. Danel, Esquire
Edgar Snyder & Associates, LLC
10th Floor US Steel Tower
600 Grant Street
Pittsburgh, PA 15219
cdanel@edgarsnyder.com
412-394-4454
412-391-7017 fax

CERTIFIED AS A CIVIL TRIAL ADVOCATE BY THE NATIONAL BOARD OF TRIAL ADVOCACY

From: Kwass, David [<mailto:dkwass@smbb.com>]
Sent: Thursday, March 13, 2014 9:46 AM
To: [REDACTED]
Cc: Johnson, Annmarie; Baer, Benjamin; Cynthia M. Danel; Powell, Nancy
Subject: RE: As per our phone conversation..... [Dryer v. Trinity Industries]

Mr. Dryer: I am Dave Kwass, the partner in charge of your daughter's case. We know for certain that the end terminal did ride down the guardrail for some distance, and that some guardrail was extruded through the end terminal. Look at this photograph:



It shows beyond question that there was some guardrail that extruded in a ribboned, pigtail fashion, and that somebody at the scene used a blowtorch to cut it off. That extruded section is now missing, and we need to find it. It is completely understandable that you believed it didn't exist because you didn't see it. In fact, you didn't see it because someone cut it off and removed it from the scene before you arrived. We need any assistance you can give us with this issue. It is absolutely critical to the case, because Trinity is saying that the end terminal worked as it was intended. We need to prove that is a lie.

Best,

David L. Kwass

Saltz, Mongeluzzi, Barrett & Bendesky, PC
1650 Market Street, 52nd Floor
Philadelphia, PA 19103
(215) 575-2978

From: Z71dryer [REDACTED]
Sent: Wednesday, March 12, 2014 10:08 PM
To: Johnson, Annmarie
Subject: Re: As per our phone conversation.....

Ann There was no spooling or pigtail section of guardrail. The section of the guardrail in the car did not spool it folded in half and formed a V the V or arrow head shape is what went through the car. A portion of both ends of the guardrail are still sticking out of the car. The end of V that was still attached was cut off so that the could haul the car away. Picture number 2 and 3 show the end that was cut off you can see the burn marks on the door of the vibe, Picture 29 is the section of guardrail that they cut off so that the car could be loaded on a roll back. It did not spool. That is why the guardrail went into the car. If it had spooled it would not have penetrated the car. Hope this helps call me and we can talk more about it. There was no spool because it didn't I said that from the beginning. Bob

-----Original Message-----

From: Johnson, Annmarie <AJohnson@smbb.com>
To: 'z71dryer@aol.com' <[REDACTED]>
Sent: Wed, Mar 12, 2014 3:35 pm
Subject: As per our phone conversation.....

Robert,

Attached are the photos that you provided of the accident scene, as well as a slide depicting how the guardrail is supposed to work. We are trying to calculate the length of W-Beam that was pushed through the extruder. If you look at Picture #3 of the Extruding Guardrail End Treatment slide, the spooling or "pigtail" appearance is what the W-Beam should look like when the guardrail works properly. In your scene photos there does not appear to be a piece of W-Beam that is "pigtailed"; we strongly believe that that piece was cut off by someone at the scene. Do you remember seeing a piece of metal that looked like the "pigtailed" piece of W-Beam in that photo?

Thanks,
Ann

Annmarie Johnson, RN, BSN, CLNC
Legal Nurse to DAVID L. KWASS & EUNICE TREVOR
Saltz Mongeluzzi Barrett & Bendesky, P.C.
One Liberty Place
1650 Market Street | 52nd Floor
Philadelphia, PA 19103
v.215.575.3869
f 215.496.0999
AJohnson@smbb.com

This is a privileged and confidential communication. If you are not the intended recipient, you must (1) notify the sender of the error, (2)

3/13/2014

Y this is an accident that occurred in Birmingham I don't know if anyone get hurt. If you shoot and part of the squeezer section came apart part. Local deformation of the top and bottom of the WB show that there was a high force on the inside of the feeder shoot which probably led to the failure