

The Hoosier Company Inc
5421 W. 86th St
Indianapolis, IN 46268
Phone: 317-876-6675
E-Mail: jspires@hoosierco.com



Quote

Quote #: 11973
Quote Date: 12/20/2019
Sales Rep: Josh Coulter

Quote Date: 12/20/2019

Sold To:

Account Number: 3230
C-Tech Corporation
Attention: Amy Cox
5300 W. 100N
Boggestown, IN 46110

Ship To:

C-Tech Corporation
5300 W. 100N
Boggestown, IN 46110

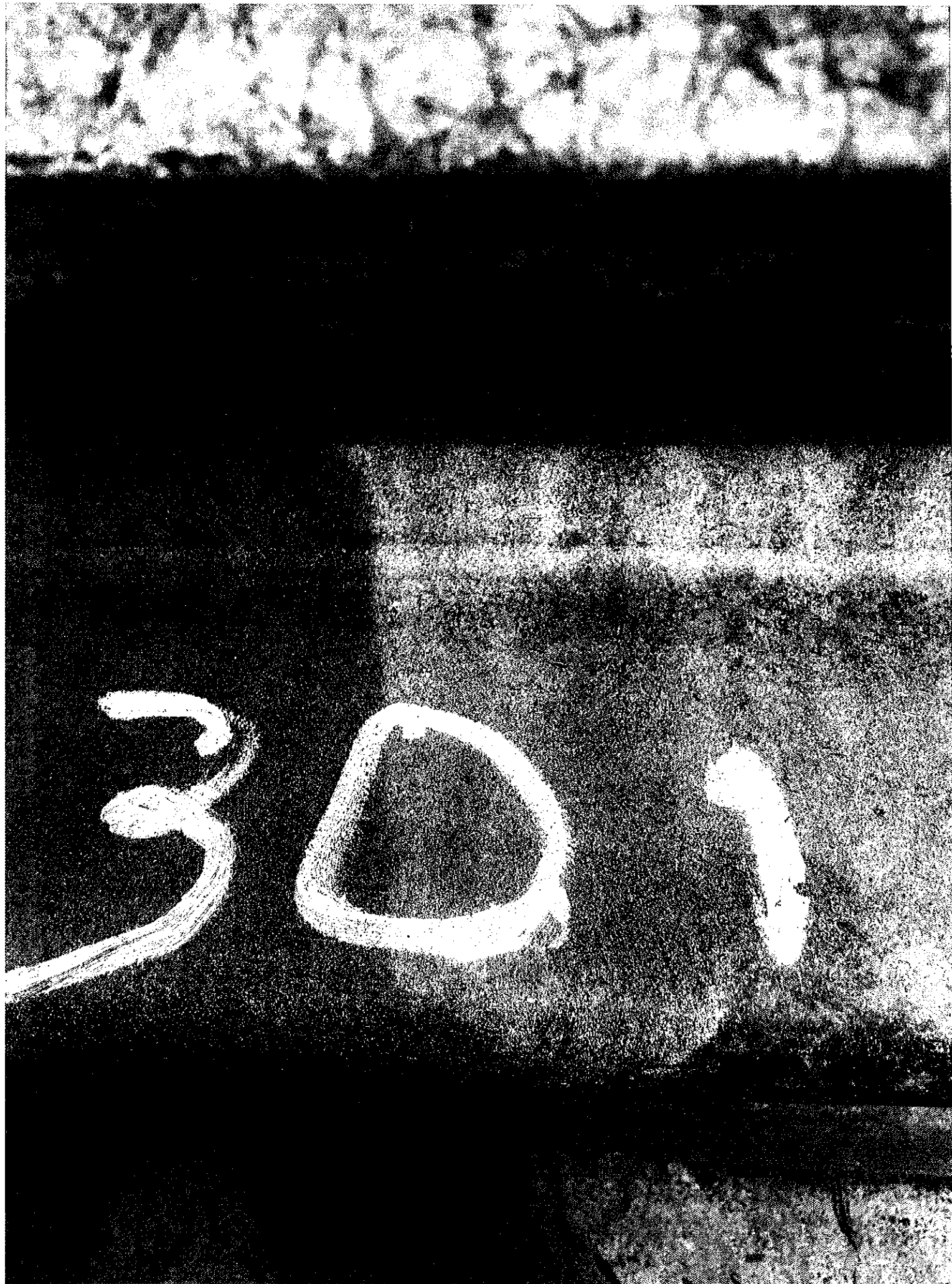
Reference: Beth Werner - CZ Repair - Job 949, Unit 301
Shipping Charges: Quoted
Notes: N/A

ORD QTY	ITEM NO	DESCRIPTION	Unit of Measure	UNIT PRICE	TOTAL AMT
2.0	77007	QG Cartridge Support Bracket, Diaph		\$46.14	\$92.28
1.0	77020	QG Fender Panel Assembly		\$731.46	\$731.46
1.0	77010	QG Plastic Nose Assembly, Yellow		\$776.16	\$776.16
12.0	71414	3 1/2" Alum Delineator Amber		\$1.56	\$18.72
3.0	77001	QG Cartridge Assembly, Type I		\$844.68	\$2,534.04
1.0	77002	QG Cartridge Assembly, Type II		\$888.00	\$888.00
1.0	SHIPPING	Shipping		\$250.00	\$250.00

Total SHIP QTY: 21.0
Total Shipping Weight: 0.000

Sub Total: \$5,290.66
Tax Exempt: \$0.00
Shipping: \$0.00
Total Due: \$5,290.66

NOTICE: TMA/TrMA availability and production time vary greatly during construction season.
Please contact our office if you require pricing and availability for Affirmative Action.









QuadGuard®
TYPE I
FRONT →
USE WITH QUADGUARD SYSTEM ONLY

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INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903487521

Local ID

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19MU09042

Date of Crash 11/13/2019	Day of Week Wed	Actual Local Time 12:47 AM	County LAKE	Township NORTH	# Motor Vehicles 1	# Injured 0	# Dead 0	# Commercial Vehicles 0	# Deer 0
Road Crash Occurred On CALUMET AVE			Nearest/Intersecting Road/Mile Marker/Interchange 45TH ST		If not an intersection, number of feet from 969		Direction N	Road Classification LOCAL/CITY ROAD	
Inside Corporate Limits? YES		City/Town or Nearest City/Town MUNSTER			Property? PRIVATE		Crash Latitude		Crash Longitude
Driver #1 BEVINEAU, RALPH, E			Driver #2		Driver #3			Driver #4	

Primary Cause		Vehicle Contributing		Vehicle Contributing		Environment Contributing		Area Information	
Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hit and Run	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Zone	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rumble Strips	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locality	URBAN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Condition	DARK (LIGHTED)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weather Conditions	CLEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surface Condition	ICE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Median	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Roadway Junction	NO JUNCTION INVOLVED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Road Character	STRAIGHT/LEVEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roadway Surface	ASPHALT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction	YES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Construction Type	LANE CLOSURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control Devices	OTHER REGULATORY SIGN/MARKING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control Device Operational?	NA

Total Estimate of all damage in the Crash:

\$2501 TO \$5000

Was this crash the result of aggressive driving? NO

Other Property Damage (1) GUARDRAIL	State Property NO	Owner's Name and Address WELSH CONSTRUCTION 1260 E SUMMIT ST CROWN POINT IN 46307
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant			Non-Motorist	
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)	
<input type="checkbox"/> Other Participant				
Address etc.			Non-Motorist Type	Non-Motorist Action
Phone #			Apparent Physical Condition	
Location at Time of Crash			Cited?	Direction
<input type="checkbox"/> Witness	#	Name	Street/Highway	
<input type="checkbox"/> Other Participant				
Address etc.			Traffic Control? If yes, was traffic control operational?	
Phone #			Location at Time of Crash	

Local ID

19MU09042

**Type of
Crash**

COLLISION WITH OBJECT IN ROAD

Time Notified 12:47 AM	Time Arrived 12:47 AM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? YES
Assisting Officer		ID No.	Agency	Date of Report 11/13/2019	
Investigating Officer MURPHY, P		ID No. 79	Agency MUNSTER PD	Reviewing Officer KUHLENSCHMIDT	

Narrative

While traveling south in the 9400 block of Calumet Ave, Vehicle one struck a concrete road construction barrier.

Driver one, who operating a stolen vehicle, was fleeing from police at a high rate of speed. Driver one then entered the construction zone in the 9400 block of Calumet, where he lost control of his vehicle, sliding on ice due to his speed. This caused him to slide into the concrete barricade, striking the front passenger side of the truck.

UNIT INFORMATION

Local ID

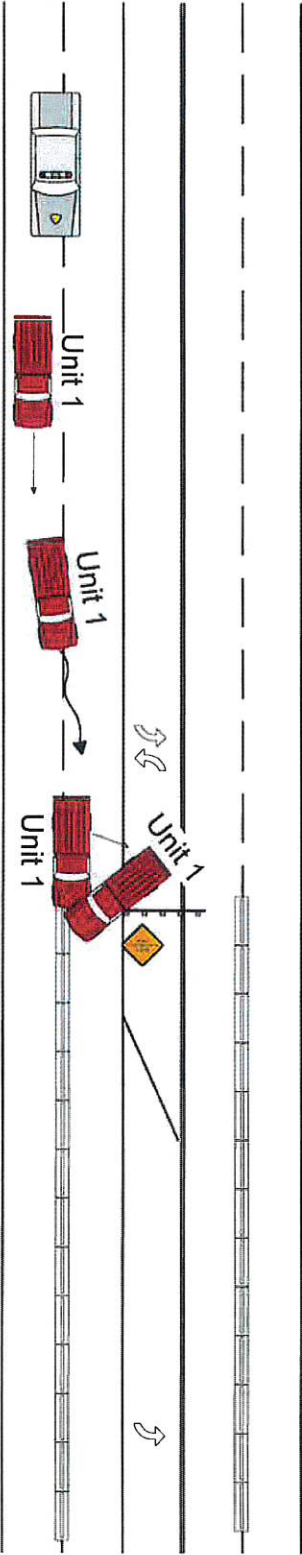
19MU09042

903487521

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1		Driver's Name (Last, First, MI) BEVINEAU, RALPH, E		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 4329 STATE LINE AVE				Safety Equipment Effective? YES	
HAMMOND		IN		46394	
Date of Birth 01/11/1995		Age 24		Gender MALE	
Driver's License #		Lic Type U		CDL Class Lic State IN	
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None		Nature of Most Severe Injury	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results	
Veh# 1		Color RED		Vehicle Year 2000	
# Occupants 1		Lic Year 2020		License # AIA663	
# Axles 2		Speed Limit 35		Insured By FOUNDERS	
Vehicle Identification# 1FTRX17WCYNB04585		Registered Owner's Name (Last, First, MI) MUNOZ, AURORA		Address (Street, City, State, Zip) 960 E MICHIGAN ST	
HAMMOND		IN		46320	
Towed? YES		To HAMMOND PD GARAGE		Due to Disabling Damage YES	
By WOODMAR		Lic State		Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver	
License#		Address (Street, City, State, Zip)		Vehicle Type PICKUP	
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT	
Lic State		Lic Year		Direction of Travel SOUTH	
Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		Address (Street, City, State, Zip)		Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input checked="" type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp	
HAZMAT Proper Shipping Name:		State DOT#		Event Collision With 1. CONCRETE TRAFFIC BARRIER	
US DOT#		ICC#		CMV Inspection <input type="checkbox"/> If Yes	
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
				Hazard Class #	

9400 Block of
Calumet Ave



NOT TO SCALE