



WILLIAMSON COUNTY, TEXAS
CHANGE ORDER NUMBER: 35

Received

JAN 4 2012

HNTB Corporation
Round Rock

1. CONTRACTOR: Dan Williams Company
2. Change Order Work Limits: Sta. 1046+67 Sta. 1046+67
3. Type of Change(on federal-aid non-exempt projects): Minor (Major/Minor)
4. Reasons: 21 (3 Max. - In order of importance - Primary first)

Project: 09WC720

Roadway: US 183

CSJ
Number: 0151-04-063, etc.

5. Describe the work being revised:

21: Differing Site Conditions (unforeseeable). Additional safety concerns (unforeseeable). This Change Order compensates the Contractor for work associated with the removal and replacement of a crash cushion that was damaged by a vehicle on 4/8/2011. A police report is available for the accident. At the time of the incident, the crash cushion was located at the north end of CTB at approximately Sta 1046+67 on US 183 per Sheet 73 of Phase II Step 2 of the Traffic Control Plans.

*TxDOT non-participating

6. Work to be performed in accordance with Items: See Attached
7. New or revised plan sheet(s) are attached and numbered: N/A
8. New Special Provisions to the contract are attached: ☐ Yes ☒ No
9. New Special Provisions to Item N/A No. N/A, Special Specification Item N/A are attached.

Each signatory hereby warrants that each has the authority to execute this Change Order (CO).

<p>The contractor must sign the Change Order and, by doing so, agrees to waive any and all claims for additional compensation due to any and all other expenses; additional changes for time, overhead and profit; or loss of compensation as a result of this change.</p>	<p>The following information must be provided</p> <p>Time Ext. #: <u>N/A</u> Days added on this CO: <u>0</u></p> <p>Amount added by this change order: <u>\$998.21</u></p>
<p>THE CONTRACTOR Date <u>1/4/12</u></p> <p>By <u>[Signature]</u></p> <p>Typed/Printed Name <u>GEORGE MAYFIELD</u></p> <p>Typed/Printed Title <u>Pm</u></p>	

RECOMMENDED FOR EXECUTION:

[Signature] P.E. 1/18/12
Project Manager Date

N/A
Design Engineer Date

[Signature] 1/18/2012
Program Manager Date

Design Engineer's Seal:

N/A

County Commissioner Precinct 1 Date
☐ APPROVED ☐ REQUEST APPROVAL

County Commissioner Precinct 2 Date
☐ APPROVED ☐ REQUEST APPROVAL

County Commissioner Precinct 3 Date
☐ APPROVED ☐ REQUEST APPROVAL

County Commissioner Precinct 4 Date
☐ APPROVED ☐ REQUEST APPROVAL

[Signature] 1-27-2012
County Judge Date
☒ APPROVED

WILLIAMSON COUNTY, TEXAS

CHANGE ORDER NUMBER: 35

Project # 09WC720

TABLE A: Force Account Work and Materials Placed into Stock

	LABOR	HOURLY RATE			HOURLY RATE

TABLE B: Contract Items

ITEM	DESCRIPTION	UNIT	UNIT PRICE	ORIGINAL + PREVIOUSLY REVISED		ADD or (DEDUCT)	NEW		OVERRUN/ UNDERRUN
				QUANTITY	ITEM COST	QUANTITY	QUANTITY	ITEM COST	
999-0036	CRASH CUSHION REMOVAL AND REPLACEMENT FOR ACCIDENT (4/8/2011)	LS	\$998.21	0.00	\$0.00	1.00	1.00	\$998.21	\$998.21
TOTALS					\$0.00			\$998.21	\$998.21

CHANGE ORDER REASON(S) CODE CHART

1. Design Error or Omission	1A. Incorrect PS&E 1B. Other
2. Differing Site Conditions (unforeseeable)	2A. Dispute resolution (expense caused by conditions and/or resulting delay) 2B. Unavailable material 2C. New development (conditions changing after PS&E completed) 2D. Environmental remediation 2E. Miscellaneous difference in site conditions (unforeseeable)(Item 9) 2F. Site conditions altered by an act of nature 2G. Unadjusted utility (unforeseeable) 2H. Unacquired Right-of-Way (unforeseeable) 2I. Additional safety needs (unforeseeable) 2J. Other
3. County Convenience	3A. Dispute resolution (not resulting from error in plans or differing site conditions) 3B. Public relations improvement 3C. Implementation of a Value Engineering finding 3D. Achievement of an early project completion 3E. Reduction of future maintenance 3F. Additional work desired by the County 3G. Compliance requirements of new laws and/or policies 3H. Cost savings opportunity discovered during construction 3I. Implementation of improved technology or better process 3J. Price adjustment on finished work (price reduced in exchange for acceptance) 3K. Addition of stock account or material supplied by state provision 3L. Revising safety work/measures desired by the County 3M. Other
4. Third Party Accommodation	4A. Failure of a third party to meet commitment 4B. Third party requested work 4C. Compliance requirements of new laws and/or policies (impacting third party) 4D. Other
5. Contractor Convenience	5A. Contractor exercises option to change the traffic control plan 5B. Contractor requested change in the sequence and/or method of work 5C. Payment for Partnering workshop 5D. Additional safety work/measures desired by the contractor 5E. Other
6. Untimely ROW/Utilities	6A. Right-of-Way not clear (third party responsibility for ROW) 6B. Right-of-Way not clear (County responsibility for ROW) 6C. Utilities not clear 6D. Other

Williamson County Pass Through Financing

**US 183 Riva Ridge Drive to SH 29
Williamson County Project No. 09WC720**

Change Order No. 35

Reason for Change

This Change Order compensates the Contractor for work associated with the removal and replacement of a crash cushion that was damaged by a vehicle on 4/8/2011. At the time of the incident, the crash cushion was located at the north end of CTB at approximately Sta 1046+67 of US 183 per Sheet 73 of Phase II Step 2 of the Traffic Control Plans.

Compensation is for the labor and equipment to remove the damaged crash cushion and install its replacement. A police report is available for the accident. The cost of this Change Order will not be eligible for reimbursement with TxDOT funds.

Following is a summary of new items required for this Change Order:

Item	Description	Unit	Qty
999-0036	CRASH CUSHION REMOVAL AND REPLACEMENT FOR ACCIDENT (4/8/2011)	LS	1

This Change Order results in a net increase of \$998.21 to the Contract amount, for an adjusted total Contract amount of \$15,432,235.98. The original Contract amount was \$14,677,727.84. As a result of this and all Change Orders to date, \$754,508.14 has been added to the Contract, resulting in a 5.14% net increase in the Contract Cost. No additional days will be added to or deducted from the Contract as a result of this Change Order.

HDR Engineering, Inc.

J. Paul Bowen, S.E.T.
Resident Representative

ITEM NUMBER : CRSH CUSH REM & REPL-REV 10-19-11

LINE ITEM: NA

COUNTY : WILLIAMSON

DATE OF WORK: 4-08-11

LOC/DESC: STA 3050+00

QUANTITY:

1.00 LS

PROJECT: PTF 2009 (886)
CONTROL: 0151-04-063, ETC.

WORK ORDER NO

HWY: US 183

EQUIPMENT

LABOR

DESCRIPTION	QTY	HOURS	RATE	TOTAL	LABOR CLASS/ NAME	REG HOURS	OT HRS	REG RATE		TOTAL
07' PICK UP	1	2.00	\$28.13	\$56.27	WILLIE REED	2.00		\$32.50		\$65.00
06' CAT 345CL EXCAVATOR	1	2.00	\$188.62	\$377.23	205 JOSE OLIVERA	2.00		\$13.75		\$27.50
03' L120 E VOLVO LOADER	1	2.00	\$68.57	\$137.13	342 SILVERIO RIVERA	2.00		\$16.00		\$32.00
				\$0.00	205 ROBERTO RIVERA	2.00		\$12.00		\$24.00
				\$0.00	342 FIDEL CAMPOS	2.00		\$18.00		\$36.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
TOTAL				\$570.63	TOTAL	10.00			0.00	\$184.50

15 % COMP

15.00%

\$85.60

55% BURDEN

55.00%

\$101.48

TOTAL

\$656.23

25% COMP

25.00%

\$45.13

TOTAL

\$332.10

MATERIAL

DESCRIPTION	UNIT	QTY	PRICE	COST
				\$0.00
				\$0.00
				\$0.00
TOTAL				\$0.00

25 % COMP

25.00%

\$0.00

TOTAL

\$0.00

TOTAL LABOR, EQP, SUB

\$988.33

DWCO BOND 1%

\$9.88

TOTAL

\$998.21

DATE _____

4-8-44

DAN WILLIAMS COMPANY DAILY TIME SHEET

I = IDLE / NOT BEING USED
D = DOWN / IN NEED OF REPAIR

used Liberty Hill Police 8:15 am - 12:15 pm
Charge 2-hrs for Excavator 345-TH

623-7291

RECEIVED

Law Enforcement and TxDOT Use Only

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAP ☐ SUPPLEMENT ☐ SCHOOL ZONE

APR 13 2011

Total Num. 2 Total Num. 1 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/12/2010)
 Monitor: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512) 466-5780
 Refer to Attached Code Sheet for Numbered Fields
 * These fields are required on all additional sheets submitted for this crash (ex. additional vehicles, occupants, injured, etc.).

Page 1 of 2

1 Crash Date (MM/DD/YYYY) 04/08/2011		2 Crash Time (24HRMM) 0552		3 Case ID		4 Local Use C11-04-02546	
5 County Name Williamson				6 City Name			
7 In your opinion, did this crash result in at least \$1,000 (damage to any one person's property)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
8 ROAD ON WHICH CRASH OCCURRED							
9 1 Rwy. Sys. US		10 2 Rwy. Num. 183		11 3 Rwy. Post. 1		12 4 Rwy. Block Num. 900	
13 5 Rwy. Prefix N		14 6 Rwy. Street Name		15 7 Rwy. Street Name		16 8 Rwy. Street Suffix	
17 Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input type="checkbox"/> Toll Road/Toll Lane <input type="checkbox"/> Speed Limit 55							
18 INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
19 At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20 1 Rwy. Sys. CR		21 2 Rwy. Num. 213		22 3 Rwy. Post. 1	
23 4 Rwy. Block Num. 0		24 5 Rwy. Street Name		25 6 Rwy. Street Name		26 7 Rwy. Street Suffix	
27 Distance from Int. or Ref. Marker		28 1 FT. <input type="checkbox"/> MI <input type="checkbox"/>		29 3 Dir. From Int. or Ref. Marker		30 Reference Marker	
31 Street Desc.		32 RRX Num.					
33 Unit Num. 1 34 Unit Desc. 1 35 Parked Vehicle <input type="checkbox"/> 36 Hit and Run <input type="checkbox"/> 37 LP State TX 38 LP Num. 2EV445 39 VIN 1XKDD29X1TR730778							
40 Veh. Year 1996		41 5 Veh. Color MAR		42 6 Veh. Make KENWORTH		43 7 Veh. Model T800	
44 8 DOB Type 2		45 9 State TX		46 10 DL Num. 08707486		47 11 DL Class A	
48 12 DL End		49 13 COL End		50 14 DL Rest		51 DOB (MM/DD/YYYY) 10/05/1933	
52 Address (Street, City, State, ZIP) 50 LIVE OAK TRAIL, LIBERTY HILL TX 78642							
53 Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
54 1 Unit Num. 1		55 2 Unit Desc. 1		56 3 Unit Type 1		57 4 Unit Position 1	
58 5 Unit Name HALL, ELVERY		59 6 Unit Age 77		60 7 Unit Sex W		61 8 Unit Height 1	
62 9 Unit Weight 1		63 10 Unit Eyes 97		64 11 Unit Hair 97		65 12 Unit Skin N	
66 13 Unit Spec. 96		67 14 Unit Result 06		68 15 Unit Drug Spec. 07		69 16 Unit Drug Result 07	
70 Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
71 Owner <input checked="" type="checkbox"/> Lessee <input type="checkbox"/> 72 Owner/Lessee Name & Address TIMOTHY HALL, 52 LIVE OAK, LIBERTY HILL TX 78642							
73 Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		74 26 Fin. Resp. Type 2		75 27 Fin. Resp. Name TITAN		76 28 Fin. Resp. Num. 8197354	
77 29 Vehicle Damage Rating 1 1, 2, F, D, 7		78 30 Vehicle Damage Rating 2		79 31 Vehicle Damage Rating 3		80 32 Vehicle Damage Rating 4	
81 Towed by BOHANAN'S		82 Towed To 4509 FM 971, GEORGETOWN TX 78681					
83 Unit Num. 2		84 5 Unit Desc. 6		85 6 Unit Type 1		86 7 Unit Position 1	
87 8 Unit Name LUFKIN		88 9 Unit Age 20		89 10 Unit Sex M		90 11 Unit Height 1	
91 12 Unit Weight 1		92 13 Unit Eyes 1		93 14 Unit Hair 1		94 15 Unit Skin 1	
95 16 Unit Spec. 1		96 17 Unit Result 1		97 18 Unit Drug Spec. 1		98 19 Unit Drug Result 1	
99 Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
100 Owner <input type="checkbox"/> Lessee <input type="checkbox"/> 101 Owner/Lessee Name & Address							
102 Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		103 26 Fin. Resp. Type 2		104 27 Fin. Resp. Name TITAN		105 28 Fin. Resp. Num. 8197354	
106 29 Vehicle Damage Rating 1 V, X, 2		107 30 Vehicle Damage Rating 2		108 31 Vehicle Damage Rating 3		109 32 Vehicle Damage Rating 4	
110 Towed by BOHANAN'S		111 Towed To 4509 FM 971, GEORGETOWN TX 78681					

Case ID

TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRRMM)
	1	1		SETON WILLIAMSON	MEDIC 25	

CHARGES	Unit Num.	Prsn Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	CRASH CUSHION	DAN WILLIAMS COMPANY	7459 SH 130 NFR, AUSTIN TX
	CONCRETE BARRICADE	DAN WILLIAMS COMPANY	7459 SH 130 NFR, AUSTIN TX

Unit Num.	Prsn Num.	Weight	HAZARDOUS MATERIAL	9+ Capacity	28 Veh. Oper.	29 Camer ID Type	29 Camer Num.	30 Camer ID Num.
1		10,001+ LBS			2	2		006258805C

Carrier's Corp Name	Carrier's Primary Addr
ALH TRUCKING	52 LIVE OAK TRAIL, LIBERTY HILL TX 78642

30 Hwy. Access	31 Veh. Type	32 HazMat Class	32 HazMat ID Num.	32 HazMat Class	32 HazMat ID Num.
1	8	X:GWR	8, 0, 0, 0, 0		

33 Cargo Body Style	34 Trailer 1 Unit Num.	34 Trailer 1 Type	34 Trailer 2 Unit Num.	34 Trailer 2 Type	34 Trailer 3 Unit Num.	34 Trailer 3 Type
6	2	X:GWR	1, 2, 4, 2, 0	2		

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axes	Total Num. Tires
	18				5	18

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather cond	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Assignment	43 Surface Condition	44 Traffic Control
1	41					1	2	4	1	1	1	96
2												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Field Diagram - Not to Scale
	<p>DRIVER OF UNIT # 1 STATED THAT WHILE HE WAS TRAVELING SOUTHBOUND ON US 183 AN UNKNOWN VEHICLE APPEARED TO BE TRAVELING NORTHBOUND IN HIS SOUTHBOUND LANE. DRIVER STATED THAT HE SWERVED INTO THE CONSTRUCTION AREA AND OFF OF THE ROADWAY TO AVOID A COLLISION.</p>	<p>Indicate North ↓</p> <p>US 183</p> <p>CR 313</p> <p>Not to Scale</p>

INVESTIGATOR	Time Notified (24HRRMM)	How Notified	Time Arrived (24HRRMM)	Report Date (MM/DD/YYYY)	ID Num.	District/Area
Invest [X] Yes Comp. [] No	0, 6, 0, 2	DISPATCHED	0, 6, 1, 7	0, 4, 0, 8, 2, 0, 1, 1	10031	E
Investigator Name (Printed)	S. WILSON					
ORI Num.	T, X, 2, 4, 6, 0, 0, 0, 0					
Agency	WILLIAMSON COUNTY SHERIFF'S OFFICE					