



WILLIAMSON COUNTY, TEXAS
CHANGE ORDER NUMBER: 36

Received

JAN 4 2012

HNTB Corporation
Round Rock

1. CONTRACTOR: Dan Williams Construction Company
2. Change Order Work Limits: Sta. 19+30 Sta. 19+80
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 needs (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 2/9/2011. 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 19+80 on SH 29 per Sheet 58A of Phase II Step 1A of the Traffic Control Plans.

** Tx DOT 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>\$966.06</u></p>
<p>THE CONTRACTOR</p> <p>By <u>[Signature]</u> Date <u>1/4/12</u></p> <p>Typed/Printed Name <u>GEORGE M. M. M.</u></p> <p>Typed/Printed Title <u>PM</u></p>	

RECOMMENDED FOR EXECUTION:

[Signature] P.E. 1/10/12
Project Manager Date

N/A
Design Engineer Date

[Signature] 1/10/2012
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] 1-27-2
☒ APPROVED County Judge Date

WILLIAMSON COUNTY, TEXAS

CHANGE ORDER NUMBER: HDR 37

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	
999-0037	CRASH CUSHION REMOVAL AND REPLACEMENT FOR ACCIDENT (2/9/2011)	LS	\$966.06	\$0.00	\$0.00	1.00	1.00	\$966.06	\$966.06
TOTALS					\$0.00			\$966.06	\$966.06

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. 36

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 2/9/2011. At the time of the incident, the crash cushion was located at the north end of CTB at approximately Sta 19+80 of SH 29 per Sheet 58A of Phase II Step 1A 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
999-0037	CRASH CUSHION REMOVAL AND REPLACEMENT FOR ACCIDENT ON 2/9/2011	LS	1

This Change Order results in a net increase of \$966.06 to the Contract amount, for an adjusted total Contract amount of \$15,433,202.04. The original Contract amount was \$14,677,727.84. As a result of this and all Change Orders to date, \$755,474.20 has been added to the Contract, resulting in a 5.15% 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 :
 LINE ITEM: NA
 COUNTY : WILLIAMSON
 DATE OF WORK: 2-09-11 2-10-11
 LOC/DESC: REMOVE CRASH CUSHION
 QTY: NA

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	QTY	REG RATE		TOTAL
L120 E LOADER 03'	1	4.00	67.24	\$268.96	342 JOSEPH JEIRLES	4.00	1.00	\$20.00		\$80.00
05' PICK UP	1	4.00	\$19.78	\$79.12	ROBERTO SIMENTAL	4.00	1.00	\$31.25		\$125.00
					118 ALFREDO ALZURATE	4.00	1.00	\$12.00		\$48.00
					118 FELIPE REYES	4.00	1.00	\$14.00		\$56.00
										\$0.00
										\$0.00
										\$0.00
TOTAL				\$348.08	TOTAL	16.00			0.00	\$309.00

15 % COMP
 TOTAL

15.00%

\$52.21
 \$400.29

55% BURDEN 55.00%
 25% COMP 25.00%

\$169.95
 \$77.25

TOTAL

\$556.20

MTL

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

25 % COMP 25.00%
 TOTAL

\$0.00
 \$0.00

TOTAL LABOR , EQP, MTL
 DWCO BOND 1%
 TOTAL

\$956.49
 \$9.56
 \$966.06

DAN WILLIAMS COMPANY

DAN WILLIAMS COMPANY DAILY TIME SHEET

BY INITIALING NEXT TO MY NAME, I CERTIFY THAT THE ABOVE HOURS ARE CORRECT AND THAT I WAS NOT INVOLVED IN AN ACCIDENT OR INJURED WHILE AT WORK.

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

2/1/2011

Law Enforcement and TxDOT Use Only
☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Amt. Insured _____ Total Amt. Paid _____ TxDOT Crash ID _____



TEXAS PEACE OFFICER'S CRASH REPORT (Form CR-3 1/1/2010)
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 140340, Austin, TX 78714 Questions? Call (512) 460-5780
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

*Crash Date (MM/DD/YYYY) 02.10.2011		*Crash Time (24-HR MM) 05.46		Case ID CH-02-02790		Local Use	
*County Name Williamson				*City Name Liberty Hill			
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				Latitude (decimal degrees)		Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rwy. Sra. SH		*Hwy. Num. 29		*2 Rwy. Part 1		*Block Num. 11300	
*3 Street Prefix W		*4 Street Name State Hwy. 29		*5 Street Suffix Hwy		*6 Street Suffix Hwy	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane			
*Speed Limit 55				*Constr. Zone No		*Workers Present No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
*At Int. Yes		*1 Rwy. Sra. US		*Hwy. Num. 183		*2 Rwy. Part 1	
*3 Street Prefix W		*4 Street Name U.S. Hwy. 183		*5 Street Suffix Hwy		*6 Street Suffix Hwy	
Distance from Int. or Ref. Marker 300		*3 Dir. From Int. or Ref. Marker W		*Reference Marker 115		*Street Desc.	
*ARX Num.							
VEHICLE, DRIVER, & PERSONS							
*Unit Num. 1		*5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
*Veh. Year 1999		*6 Veh. Color Red		*Veh. Make Chevrolet		*Veh. Model Silverado	
*8 DLAD Type 1		*9 DLAD State TX		*10 DLAD Num. 07268193		*11 DLAD Class A	
*12 DLAD End. 99		*13 DLAD Real. A		*14 DLAD DOB (MM/DD/YYYY) 02.12.1954		*15 DLAD	
Address (Street, City, State, ZIP) P.O. Box 240, Liberty Hill, TX 78642							
*Person Num. 1		*12 Person Type 1		*13 Person Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
*14 Injury Severity A		*15 Age 56		*16 Sex M		*17 Effect 1	
*18 Race 1		*19 Height 1		*20 Weight 1		*21 Hair 1	
*22 Eye 1		*23 Skin 1		*24 Alcohol Spec. 96		*25 Drug Result 96	
*26 Drug Spec. 96		*27 Drug Result 96		*28 Drug Category 96		*29 Drug Category 96	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Stephens, Johnny Robert P.O. Box 240, Liberty Hill, TX 78642					
*Proof of Fin. Resp. Yes		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		*20 Fin. Resp. Type 1		*Fin. Resp. Name Metropolis	
*Fin. Resp. Phone Num. 800-668-4308		*27 Vehicle Damage Rating 1		*28 Vehicle Damage Rating 2		*29 Vehicle Damage Rating 3	
*Towed by Liberty Hill Towing		*Towed To 7860 FM 745, Liberty Hill, TX 78642					
VEHICLE, DRIVER, & PERSONS							
*Unit Num.		*5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
*Veh. Year		*6 Veh. Color		*Veh. Make		*Veh. Model	
*8 DLAD Type		*9 DLAD State		*10 DLAD Num.		*11 DLAD Class	
*12 DLAD End.		*13 DLAD Real.		*14 DLAD DOB (MM/DD/YYYY)		*15 DLAD	
Address (Street, City, State, ZIP)							
*Person Num.		*12 Person Type		*13 Person Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
*14 Injury Severity		*15 Age		*16 Sex		*17 Effect	
*18 Race		*19 Height		*20 Weight		*21 Hair	
*22 Eye		*23 Skin		*24 Alcohol Spec.		*25 Drug Result	
*26 Drug Spec.		*27 Drug Result		*28 Drug Category		*29 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
*Proof of Fin. Resp. Yes		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		*20 Fin. Resp. Type		*Fin. Resp. Name	
*Fin. Resp. Phone Num.		*27 Vehicle Damage Rating 1		*28 Vehicle Damage Rating 2		*29 Vehicle Damage Rating 3	
*Towed by		*Towed To					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prtn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)						
	1	1	Georgetown Hospital	medic 25								
CHARGES	Unit Num.	Prtn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicle		Owner's Name	Owner's Address								
	metal Guardrail		Tx. DOT									
CAV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 4+ Capacity	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name	Carrier's Primary Addr.										
	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class				
	33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GWR	34 Trlr. Type	Trailer 2	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GWR				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axes	Total Num. Tires					
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 Alignment	43 Surface Condition	44 Traffic Control
	1	4/100				4	2	92	2	1	6	11
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)						Field Diagram - Not to Scale					
	<p>Unit 1 WAS TRAVELING EAST IN the 1200 BLOCK OF SH 29. Unit 1 swerved to the right to avoid being hit by another CAR, AND STRUCK A GUARDRAIL HEAD ON.</p>						<p>Indicate North ↑ N</p>					
AVES FOR	Time Notified (24HRMM)	05:46	How Notified	Dispatched	Time Arrived (24HRMM)	06:14	Report Date (MM/DD/YYYY)	02/09/2011				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	B. Due	ID Num.	2278	Dispatch Area	West				
	Onl Num.	2460000	Agency	Williamson Co. Sheriff's Office								