

THE CITY OF UNIVERSITY HEIGHTS, OHIO
CITY COUNCIL MEETING AGENDA via ZOOM

7:00PM

MONDAY, APRIL 5, 2021

Join Zoom Meeting

<https://us02web.zoom.us/j/81775126065?pwd=aHhYdWZHck9oZ2ZlQ2ZTYUhNZNTEdz09>

Meeting ID: 817 7512 6065

Passcode: 217035

Dial by your location

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

Meeting ID: 817 7512 6065

Passcode: 217035

NOTE: Executive Session may follow meeting to discuss legal, personnel and real estate matters.
(Motion Required)

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Approval of Minutes
5. Comments from the Audience (Speakers are limited to 5 minutes, total time allowed 15 min. per meeting, unless otherwise permitted by Council Ord. No. 91-25)
6. Reports and Communications from the Mayor and the taking of action
7. Agenda Items:
 - A) Motion Confirming Mr. Timothy Loyd to the Board of Zoning Appeals for a Two Year Term Commencing February 2021 through January 2023
 - B) Ordinance 2021-11 Amending Codified Ordinance Section 1280.10 Entitled "Rental of One-and-Two-Family Dwelling Units in U-1 and U-2 Districts." (on first reading)
 - C) Motion Authorizing the Mayor to Enter into Contract with James G. Zupka, CPA Inc. in the Amount, not to exceed, \$24,850 for Auditing Services for the Year Ending December 31, 2020 in Accordance with the Provisions of Ohio Revised Code Section 117
 - D) Motion Authorizing the Payment to Signal Service for the Repairs to the Pedestrian Crossing Signal at 2384 Warrensville Center Road in an amount not to exceed \$16,914.00
 - E) Motion to Hold an Executive Session immediately following this Regular Meeting for the Purpose of Discussing Personnel, Legal and/or Real Estate Matters

Directors Reports:

- a) Finance
 - b) Law
 - c) Public Safety (Police/Fire)
 - d) Service
 - e) Building/Housing/Development
 - f) City Engineer
 - g) Communications / Civic Engagement
 - h) Economic Development
8. Adjournment

AGENDA
MONDAY, APRIL 5, 2021
REPORTS FROM STANDING COMMITTEES

BUILDING/HOUSING

Chairman
Barbara Blankfeld

COMMUNITY OUTREACH

Chairman
Susan Pardee

ECONOMIC DEVELOPMENT

Chairman
John Rach

FINANCE

Chairman
Michele Weiss

RECREATION

Chairman
Phillip Ertel

SAFETY

Chairman
Saundra Berry

SERVICE AND UTILITIES

Chairman
Justin Gould

COMMITTEE OF THE WHOLE

Vice Mayor Michele Weiss

ORDINANCE NO. 2021-11

INTRODUCED BY: COUNCILPERSON BLANKFELD

AN ORDINANCE AMENDING CODIFIED ORDINANCE SECTION 1280.10 ENTITLED “RENTAL OF ONE-AND-TWO-FAMILY DWELLING UNITS IN U-1 AND U-2 DISTRICTS.”

WHEREAS, the City wishes to avoid overcrowding in U-1 and U-2 zoning districts and wishes to promote the health, safety and tranquility of said districts;

WHEREAS, an evaluation of the City’s Rental Registration Program, dated February 14, 2020, was conducted and prepared by the Housing and Community Development Department, and concluded that the rental registration fee structure set forth herein is both rationally related to the City’s costs and expenses of administering rental registration permits, and adequate to support the City’s rental registration program;

WHEREAS, Council wishes to regulate uses of residential property that conflict with a stable, uncongested single-family environment, such as high density or transient uses;

WHEREAS, Council wishes to enact health and safety regulations relating to the size and configuration of the dwelling unit for the promotion of habitability and sanitary conditions; and

WHEREAS, Council wishes to provide a means for stable, non-traditional living arrangements to be permitted under the same provisions applicable to related family members;

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF UNIVERSITY HEIGHTS, OHIO THAT:

Section 1. Council hereby amends Codified Ordinance Section 1280.10 entitled “Rental of One-and-Two-Family Dwelling Units in U-1 and U-2 Districts,” to read in its entirety as follows:

1280.10 RENTAL OF ONE-AND-TWO-FAMILY DWELLING UNITS IN U-1 AND U-2 DISTRICTS

(a) Findings Purpose and Intent. By adopting this section, the City of University Heights acknowledges the overall general increase of rental properties and ~~states that~~because the U-1 and U-2 Districts have special features, characteristics, needs, issues, concerns and problems that are not prevalent in other zoning districts. The concerns include the safety and the tranquility of the residential neighborhood, both of which may be impaired by, among other things, the significant increase in parking of vehicles at one-and two-family dwellings, and the health and safety of residents renting homes with space limitations. It is with these concerns in mind that the City now adopts this section in an effort to help ensure safe living conditions and adequate parking areas, as well as to avoid overcrowding in the U-1 and U-2 zoning districts.

(b) Permit Required.

(1) No owner, renter, tenant or regular occupant of any single-family or two-family dwelling in the U-1 and U-2 zoning districts shall rent, lease or regularly occupy any dwelling unit without first obtaining a rental permit from the City Housing and Community Development~~Building~~ Department or its designee, except in the following circumstances:

~~A. The owner resides in the dwelling unit; or~~

AB. Both of the following criteria are met:

(i)4. The dwelling unit is occupied by one family as defined in Section 1240.10 or one “functional family equivalent,” as such term is defined in Section 1280.10(e)(2) hereof, and the family or functional family equivalent is related by blood, marriage, domestic partnership or adoption to the owner of the dwelling unit; and

(ii)2. No monetary or in-kind consideration is exchanged between the owner and the subject family or functional family equivalent. For purposes of this section, in-kind consideration does not include child care, elder care, other caregiving among family members, housekeeping, landscaping, repairs or maintenance, household chores or services, and such other customary deeds or services among family members.

B. For purposes of this ordinance, the term “domestic partnership” shall refer to a relationship between Domestic Partners.

C. For purposes of this ordinance, the term “Domestic Partners” shall mean individuals who meet the following criteria:

- (i) They have a single dedicated relationship of at least 12 months;
- (ii) They share the same permanent residence and the common necessities of life for at least 12 months;
- (iii) They are not related by blood to a degree of closeness that would prohibit legal marriage in the State of Ohio;
- (iv) They are at least eighteen (18) years of age;
- (v) They are mentally competent to consent to the domestic partnership;
- (vi) Neither is currently married to another person under either statutory or common law, in another domestic partnership, civil union, or legally separated from someone else; and
- (vii) They are financially interdependent on each other. In order to be considered financially interdependent on each other, at least three of the following interdependencies must be provable by supporting documentation: joint ownership of real estate property or joint tenancy on a residential lease; joint ownership of an automobile; joint bank account or credit account; a Will, designating the domestic partner as the primary beneficiary; Retirement plan or life insurance policy designating the domestic partner as the primary beneficiary; and/or durable power of attorney, signed to the effect that powers are granted to one another.

(2) A dwelling unit may be occupied by one family as defined in Section 1240.10 and/or 1472.14 (or related by blood, marriage, domestic partnership or adoption), or one functional family equivalent as defined in Section 1280.10(e)(2), or can be occupied by the number of not more than three unrelated persons that does not exceed the number of bedrooms located in the dwelling unit. For purposes of calculating the number of bedrooms in a dwelling unit, in order to be considered a bedroom, a room must meet the requirements set forth in Section 1280.10(c)(2)(D) hereof. For purposes of determining occupancy of a dwelling unit under this Section 1280.10, “occupancy” of a dwelling unit “Regular occupancy” means the physical presence of a person in the dwelling unit overnight for at least 15 nights in a consecutive 30-day period.

(3) Any one- or two-family dwelling including those with a rentable third floor shall be required to obtain a rental permit.

A. One-family dwelling. Each third floor unit shall be limited to one tenant and have its own private bath complete with shower and/or tub, toilet, and sink. No culinary or cooking equipment shall be permitted within this area. (See Section 147.30 for definition of “culinary facilities”).

B. Two-family dwelling. Each third floor unit must meet all the requirements of a one-family third floor unit. In addition, the unit must have direct access to the outside without traversing through any other unit.

(c) Rental Permit Application.

(1) The application for a rental permit shall contain the following information and any additional information the Director of Housing and Community Development ~~Building Commissioner~~ finds necessary:

A. The name and signature of the owner of the property, including the mailing address and the telephone number;

B. The name and phone numbers of the primary contact tenant;

C. The name of each tenant and, if under the age of ~~26~~21, his or her permanent address.

D. Affirmation that the property is not delinquent on property taxes or is enrolled in a payment plan for delinquent property taxes.

~~E. Any application shall be accompanied with the fee provided for in division (f) of this section. The name and identity of a Local Authorized Representative. For purposes of this section, the term “Local Authorized Representative” shall mean a person or entity designated by the owner of property to manage the real property and rental units. The Local Authorized Representative may be an owner or a third-party. The Local Authorized Representative must maintain a home or business address in Cuyahoga County or a neighboring county. The Local Authorized Representative shall be authorized to conduct all business related to rental property or rental units and shall be authorized to accept service of all notices regarding any action or proceeding.~~

~~F. If the property owner is a limited liability company, corporation, partnership, trust, or other entity or organization, the following information: (i) statutory agent; and (ii) a current Certificate of Good Standing with the State of Ohio or evidence of a current, valid registration with the Ohio Secretary of State to conduct business in Ohio.~~

~~G. Any application shall be accompanied with the fee provided for in division (f) of this section.~~

(2) Upon filing an application for a rental permit, the ~~Building~~Housing and Community Development Department shall inspect the dwelling unit to determine the following, subject to the consent of the owner and/or occupant(s) of the dwelling unit and their respective rights set forth in Section 1280.10(c)(2)(G), and subject further to the limitations set forth on Section 1280.10(c)(2)(H):

A. That the dwelling unit is of adequate size and has an adequate number of sleeping rooms to accommodate the proposed number of tenants, renters or regular occupants, including the requirements under this Zoning Code and the Building Code that are applicable.

B. That one off-street parking space per tenant shall be provided.

C. That the dwelling unit shall not contain culinary facilities outside of the kitchen. (See Section 1472.30 for the definition of “culinary facilities”.)

D. That each unrelated tenant shall be provided with his or her own bedroom which shall be approved by the ~~Director of Housing and Community Development~~Building Commissioner. Bedrooms must (i) have a full bathroom directly attached or abut a hallway leading to a full bathroom on the same floor that is accessible without passing through another room, and (ii) shall be a minimum of ~~80~~120 square feet in area with no dimension being less than eight feet, (iii) shall contain a built-in closet, and (iv) shall have a minimum of two means of egress. For purposes of this ordinance, a “full bathroom” shall mean a bathroom with a toilet, sink, shower and/or bathtub. Bedrooms in basements or otherwise below grade are prohibited.

~~E. That such dwelling unit is not and will not be used as a day care center, fraternity house, sorority house, residential cooperative, commune, dormitory, rooming house, boarding house, halfway hours or equivalent occupancy. (See Sections 1472.31 and 1472.32.)~~

~~EF.~~ That the dwelling unit satisfies the provisions of Part Fourteen – Building and Housing Code and Part Sixteen – Fire Prevention Code of the Codified Ordinances of the City.

~~FG.~~ That the owner/landlord acknowledges responsibility for all maintenance, both exterior and interior, adhering to all the adopted State and all local Codified Ordinances within the City and within the U-1 and U-2 Districts of the City.

G. The owner or occupant(s) of a dwelling unit may refuse inspection of said dwelling unit. In the event that the owner or occupant(s) denies consent to the performance of an inspection hereunder, then the Housing and Community Development Director shall either promptly issue a rental permit hereunder or shall promptly procure an administrative search warrant as provided by law to gain entry to the dwelling unit to conduct a rental permit inspection thereof. In the event that the City files for an administrative search warrant for an inspection of the dwelling unit, if the search warrant is granted, the City shall conduct its inspection within the time periods set forth in the search warrant, but not later than ten (10) Business Days following execution of the search warrant by a court of competent jurisdiction. In the event that the City's application for a search warrant is denied, the City shall promptly issue its rental permit. For purposes of this section, the term "Business Days" shall mean any day on which the City is open for the conducting of business, excluding Saturdays, Sundays and legal holidays.

H. Inspection of a dwelling unit hereunder shall be required on a bi-annual basis.

(3) Upon filing an application for a rental permit, the ~~Building~~Housing and Community Development Department also shall inspect Cuyahoga County property tax records to ensure the owner/landlord ~~is not~~is not delinquent in payment of property taxes for the subject property. ~~or is~~In order for the applicant to be eligible for a rental registration permit, the applicant must be current in the payment of Cuyahoga County property taxes for the subject property or be enrolled in a payment plan for delinquent taxes for the subject property. ~~listed on the rental application.~~

(d) Rental Permit Duration. A rental permit shall be valid for the property, for up to the number of occupants authorized in the permit for a ~~two~~one year period from the date of inspection. Should the property ownership change, the rental permit is non-transferable and a new application must be applied for and all requirements must be met by the new owner(s). The owner or occupant is required to notify the City ~~Housing and Community Development~~Building Department within thirty (30) days whenever there is any change in tenants, renters or regular occupants, however, such a change(s) will not invalidate the rental permit, so long as timely notice (as set forth herein) is provided and the number of tenants, renters, or regular occupants permitted on the leased premises does not exceed the maximum tenancy allowed for the property.

(e) Appeal and Special Application ~~for for a Functional Family Equivalent~~More than Three Unrelated Persons as Tenants.

(1) —(1)—An owner or tenant of a single-family or two-family dwelling may make a written application to the Board of Zoning Appeals to allow occupancy by a number of unrelated persons that exceeds the number of bedrooms meeting the requirements of Section 1280.10(c)(2)(D), or more than three unrelated persons in a dwelling unit either as a functional family equivalent or otherwise. The applicant shall have the burden of proving a functional family equivalent by a preponderance of the evidence. In reviewing such an application, the Board of Zoning Appeals shall consider the criteria contained in subsection (e)(2) below, division (e) of this section. However, no provision of this section shall be applied in circumstances where the application of such provision would violate the fair housing rights of the disabled as defined by applicable Federal, State or local law.

(2) A "functional family equivalent" shall mean a group of unrelated individuals living together and functioning together as a traditional family. A group of unrelated individuals that utilizes a dwelling unit as a day care center, fraternity house, sorority house, residential cooperative, commune, dormitory, rooming house (as defined in Codified Ordinance Section 1472.31), boarding house (as defined in Codified Ordinance Section 1472.32), halfway house, or a use equivalent to any of the foregoing, shall not qualify as a functional family equivalent. In determining whether or not a group of unrelated individuals constitutes a functional family equivalent for purposes of this ordinance, the Board of Zoning Appeals shall consider the following factors.

A. Whether the group shares the entire dwelling unit and lives and cooks together as a single housekeeping unit.

- B. Whether the group shares expenses for food, rent or ownership costs, utilities and other household expenses.
- C. Whether the group is permanent and stable. Evidence of such permanence and stability may include the following: (i) the presence of minor dependent children regularly residing in the household who are enrolled in local schools; (ii) members of the household have the same address for purpose of voter registration, driver's license, motor vehicle registration and filing of taxes; (iii) members of the household are employed in the area; (iv) the household has been living together as a unit for a year or more whether in the current dwelling unit or other dwelling units; (v) there is common ownership of furniture and appliances among the members of the household; and (vi) the group is not transient or temporary in nature.
- D. Whether the group is a temporary living arrangement or a framework for transient living;
- E. Whether the composition of the household changes from year to year or within a year;
- A-F. Any other factors reasonably related to whether or not the group of persons is the functional family equivalent of a family.

(32) An applicant who has been denied a rental permit by a decision of the Board of Zoning Appeals may seek further administrative appeal to the Cuyahoga County Court of Common Pleas.

(f) Application Fee/Late Fee. An applicant for a rental permit shall pay an application fee in accordance with the following schedule of application fees.

<u>Type of Dwelling</u>	<u>Application Fee</u>
<u>Single Family Dwelling</u>	<u>\$150</u>
<u>Two Family Dwelling (1 Unit Inspection)</u>	<u>\$150</u>
<u>Two Family Dwelling (2 Unit Inspection)</u>	<u>\$200</u>
<u>3rd Floor Unit</u>	<u>\$ 50</u>

A late fee of \$100/month per rental unit shall be assessed against the owner of any property for any month or portion thereof during which an owner fails to comply with the requirement of this ordinance that a rental permit be issued for the rental of any dwelling unit. The fee charged for a rental permit shall be three hundred dollars (\$300.00) for a single family dwelling. The fee charged for a rental permit shall be four hundred dollars (\$400.00) for both units of a two family dwelling. The fee charged for one half of a two family dwelling shall be three hundred dollars (\$300.00). The fee charged for a rental permit shall be one hundred dollars (\$100.00) for a rentable third floor unit. Fees shall be paid at the time the application for a rental permit is filed with the City and for any renewal thereof. For every month, or portion thereof, an additional fee of two hundred dollars (\$200.00) shall be assessed to the owner(s), should the owner(s) fail to comply with this section.

(g) Revocation of Rental Permit; Notice to Show Cause. In addition to any other remedy or penalty otherwise provided in these Codified Ordinances, should the Director of Housing and Community Development~~Building Commissioner~~ have information or other reasonable cause to find that the holder of any rental permit or his or her tenants has been cited for failure to be in compliance in any respect with the conditions contained in this chapter or in Chapters 648 or 1442 on three different occasions within the duration of the rental permit, the Director of Housing and Community Development~~Building Commissioner~~ shall issue, upon the holder thereof by residence service, a notice to show cause to the Director of Housing and Community Development~~Building Commissioner~~ within five calendar days thereafter why said permit should not be revoked because of three (3) or more chronic violations. The Director of Housing and Community

~~Development~~Building Commissioner may revoke said rental permit forthwith. Said permit holder may appeal said revocation to the Board of Zoning Appeals as otherwise provided in these Codified Ordinances. The form of said notice to show cause shall be on a form prepared by the Director of Housing and Community Development~~Building Commissioner~~ and approved as to form by the Law Department. In determining if a rental permit should be revoked, the Director of Housing and Community Development~~Building Commissioner~~ may consider the following:

- (1) Submission of inaccurate or misleading information to the Building Housing and Community Development -Department- to secure a rental permit.
- (2) Failure to notify the Building Housing and Community Development Department within 30 days of any change of information supplied in the application for the rental permit, including, but not limited to, the names and permanent addresses of tenants.
- (3) Failure to correct violations discovered during inspection within the time specified in a Notice of Violation or three violations of Chapter 1442 during the duration of the rental permit.
- (4) Three violations of Section 648.17 during the duration of the rental permit.
- (5) Chronic parking violations on or about the premises, including overnight parking on public street, blocking the public sidewalk and driving or parking on landscaped areas.
- (6) Repeated complaints from adjacent residents that conditions exist which are detrimental to the peace and quality of the neighborhood. The Housing and Community Development Director~~Building Commissioner~~ or Mayor/Safety Director shall use only such complaints that have been investigated and verified to be valid and based on fact.
- (7) Evidence supplied by the permit holder that the nuisance property is being rented to tenants not involved in prior violations of Section 648.17.
- (8) County tax rolls that demonstrate the owner/landlord is delinquent in the payment of property taxes or failed to complete a payment plan for delinquent taxes.

(h) Duty to Provide Accurate Information. The Owner of a rental unit shall have a duty to provide accurate and up-to-date information relating to the rental registration application. A violation of this duty to provide accurate and up-to-date information shall be a violation of this ordinance. An owner may face a citation hereunder for any of the following:

- (1) Submission of inaccurate or misleading information to the Housing and Community Development Department to secure a rental permit.
- (2) Failure to notify the Housing and Community Development Department within 30 days of any change of information supplied in the application for the rental permit, including, but not limited to, the names and permanent addresses of tenants.

(i) Nuisance. Failure or refusal to comply with the rental registration requirement of this ordinance and/or failure to correct building and housing code violations cited in connection with rental inspection hereunder shall be prima facie evidence of unsafe or nuisance conditions in violation of Codified Ordinance Section 1442.01, and shall be a violation of this ordinance.

(j) Penalty. Whoever violates any provision of this section is guilty of a misdemeanor of the first degree and shall be fined not more than one thousand dollars (\$1,000.00) or imprisoned not more than six months, or both, for each offense. A separate offense shall be deemed committed each day during or on which a violation occurs or continues.

Section 2. It is hereby found and determined that all formal actions of this Council concerning and relating to the passage of this ordinance were adopted in an open meeting of this Council, and that all deliberations of this Council and any of its committees that resulted in such formal action, were in meetings open to the public, in compliance with all legal requirements.

CITY OF UNIVERSITY HEIGHTS, OHIO

**_____
MICHAEL DYLAN BRENNAN, MAYOR**

FIRST READING: _____

PASSED: _____

ATTEST:

**_____
KELLY M. THOMAS, CLERK OF COUNCIL**

APPROVED AS TO FORM:

**_____
LUKE F. MCCONVILLE, LAW DIRECTOR**

**CITY OF UNIVERSITY HEIGHTS
INTEROFFICE MEMORANDUM**

TO: CITY COUNCIL MEMBERS/MAYOR MICHAEL BRENNAN

FROM: DENNIS KENNEDY, FINANCE DIRECTOR

SUBJECT: FISCAL YEAR 2020 AUDIT CONTRACT

DATE: MARCH 22, 2021

CC: KELLY THOMAS, CLERK OF COUNCIL

For fiscal years ending December 31 in 2020 through 2024, the Auditor of State has awarded the annual contract to James G. Zupka, CPA Inc. through a competitive process. We were notified in January of the IPA award based on a result of an RFP issued by Auditor Faber's office in December 2020. The Auditor traditionally issues an RFP for external audit work on a rotating basis. For 2019, the audit work was completed by the Auditor of State.

I have received the estimate for the 2020 audit, which is a fixed fee of \$24,850. This estimate is higher than prior years due to federal audit standards related to CARES Act monies the City received in 2020. We have a federal single audit requirement for 2020 because our federal funding exceeded \$750,000 in 2020.

I am requesting that Council be requested to approve on emergency a contract with James G. Zupka, CPA Inc. in the amount, not to exceed, \$24,850 for auditing services for the year ending December 31, 2020 in accordance with the provisions of Ohio Revised Code Section 117. I am hopeful that this request is added to the agenda for the April 5, 2021 meeting.

We are still awaiting the opinion on the 2019 financial statements submitted to the Auditor. The Office of the Auditor of State is still completing work on the 2019 audit. Delays they have encountered due to COVID related logistical issues have complicated their ability to complete the audit on a timely basis.

I have been assured by the Northeast Ohio Office of the Auditor that there are no material issues with any representations on the 2019 financial statements and they hope to have a post-audit conference scheduled in the immediate future.

Attached are the original notices of the RFP award and a fee schedule for audit years 2020 through 2024. Please let me know if you have any questions.

Attachment

OHIO AUDITOR OF STATE KEITH FABER



Lausche Building, 12th Floor
615 Superior Avenue, NW
Cleveland, Ohio 44113-1801
(216) 787-3665 or (800) 626-2297
NortheastRegion@ohioauditor.gov

January 13, 2021

James G. Zupka, Inc.
Attn: James Zupka
5240 E. 98th St.
Garfield Heights, OH 44125

Dear Mr. Zupka:

On behalf of Auditor of State Keith Faber, I am pleased to inform you that the contract to audit the City of University Heights, Cuyahoga County, for the fiscal period(s) January 1, 2020 through December 31, 2024, in accordance with the items and conditions set forth in the Request for Proposals dated November 19, 2020, has been awarded to James G. Zupka, Inc.

Attached you will find a PDF document of the Memorandum of Agreement (MOA) form. This document is to be executed by an authorized representative of your firm and forwarded to the City of University Heights. Electronic signatures are acceptable.

The public office will then sign the MOA and a Certification of Compliance (also attached) and **return all signed documents to this office**. When fully approved by the Auditor of State, a fully executed document will be sent to you and to the public office. No audit work may be performed or payments lawfully made regarding this contract until such approval is obtained.

Should you have any questions, please contact me at 330-471-0000. We look forward to working with you and, in advance of your cooperation, please accept my appreciation.

Sincerely,

KEITH FABER
Auditor of State

A handwritten signature in cursive script that reads "Melanie C. Kidd".

Melanie Kidd
IPA Correspondence
All Regions

Encls.

C: Dennis Kennedy, Finance Director

JAMES G. ZUPKA, C.P.A., INC.

*Certified Public Accountants
5240 East 98th Street
Garfield Hts., Ohio 44125*

Member American Institute of Certified Public Accountants

(216) 475 - 6136

Ohio Society of
Certified Public Accountants

January 15, 2021

Mr. Dennis Kennedy
Finance Director
City of University Heights
2300 Warrensville Center Road
University Heights, Ohio 44118

Dear Mr. Kennedy:

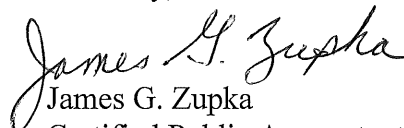
We received notification from the Auditor of State that our firm has been awarded the audit contract for the City of University Heights for the fiscal periods January 1, 2020 through December 31, 2024. We are very pleased to have been awarded this contract and the prospect of continuing our professional relationship and working with you and your staff on these engagements.

Please find a pdf file with the Memorandum of Agreement form and the Certificate of Compliance with Procurement Requirements form that we received from the Auditor of State in the attachment. Please sign and date these forms where indicated and e-mail them back to the Auditor of State's office at East_IPA@ohioauditor.gov at your earliest convenience.

Please feel free to contact our office if you have any questions regarding the attached documents.

Again, we are very pleased to have been awarded this contract and are looking forward to working with you and your staff on these engagements.

Sincerely,


James G. Zupka
Certified Public Accountant

JGZ/ab



JAMES G. ZUPKA, CPA, INC.

SCHEDULE OF PROFESSIONAL FEES AND EXPENSES
 TO SUPPORT THE ALL-INCLUSIVE TOTAL FIXED FEE
 FOR THE AUDIT OF THE FINANCIAL STATEMENTS OF THE
 CITY OF UNIVERSITY HEIGHTS

				Hours	Hourly Rate	Total Fixed Fee
Partner				44	\$ 70	\$ 3,080
Manager/Quality Control				77	70	5,390
Supervisory Staff/Senior				151	70	10,570
Staff				83	70	5,810
Other (specify):				0	70	0
Total for Fiscal Period Ending 2020				355	\$ 70	\$ 24,850
Amount attributable to MBE/EDGE (if applicable)						\$ 0
				Average		
				Hourly	Total	MBE/EDGE
				Hours	Rate	Fixed Fee (if applicable)
Fiscal Period Ending	2021			290	\$ 71	\$ 20,590
Fiscal Period Ending	2022			290	\$ 71	\$ 20,590
Fiscal Period Ending	2023			290	\$ 72	\$ 20,880
Fiscal Period Ending	2024			290	\$ 73	\$ 21,170
Total for Fiscal Periods				1,515	\$ 71.40	\$ 108,080

TM
 3-18-2021

**CITY OF UNIVERSITY HEIGHTS
INTEROFFICE MEMORANDUM**

TO: CITY COUNCIL MEMBERS/MAYOR MICHAEL BRENNAN

FROM: DENNIS KENNEDY, FINANCE DIRECTOR

SUBJECT: INVOICE APPROVAL – SIGNAL SERVICE

DATE: MARCH 29, 2021

CC: KELLY THOMAS, CLERK OF COUNCIL

Due to an accident involving non-City vehicles, the pedestrian crossing at 2384 Warrensville Center Road was damaged significantly. The Police Department requested a quote and repairs from Signal Service Company.

The repairs were completed in the amount of \$16,914.00. We are requesting Council approve payment of the invoice since it exceeds the Mayor's spending authority of \$15,000. We have contacted out insurance representative at Wichert Insurance, who has filed the appropriate documents with Grange Insurance (carrier for the driver) to recoup our expenses.

I would request Council approve by motion to allow for payment of invoice number 0135826-IN in the amount of \$16,914.00 from Signal Service Company. I have attached relevant documents from the Police Department and the vendor.

CITY OF UNIVERSITY HEIGHTS POLICE DEPARTMENT

DAMAGE TO CITY PROPERTY

POLICE FILE # 20200226

TO: TAYLOR VINEY
7230 HOPKINS RD
MENTOR, OH 44060

NATURE OF DAMAGE: DAMAGED PEDESTRIAN CROSS WALK
WARNING SIGNALS

LOCATION OF PROPERTY: 2384 WARRENSVILLE CTR RD.

CAUSE: TRAFFIC CRASH

DATE: 10/31/2020 TIME: 0739

SIGNED: _____
Traffic Division

ESTIMATED COST OF REPAIR

MATERIAL \$ _____
LABOR \$ _____
EXPENSE \$ _____
TOTAL COST \$ _____

REMARKS: _____

DATE OF REPAIR: _____

SIGNED: _____

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

20200226

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	LOCAL INFORMATION	CHIP UH-4	LOCAL REPORT NUMBER*			20200226			
<input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	REPORTING AGENCY NAME*	UNIVERSITY HEIGHTS	NCIC*	HIT/SKIP		NUMBER OF UNITS	UNITS IN ERROR	98 - ANIMAL	99 - UNKNOWN
<input type="checkbox"/> PRIVATE PROPERTY					01852	1 - SOLVED	0	0	0	0	0
2 - UNSOLVED						4	1 - FATAL				
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*			CRASH DATE / TIME*		CRASH SEVERITY				
18	1	UNIVERSITY HEIGHTS			10/31/2020 07:39		4				
1 - CITY	2 - VILLAGE						1 - FATAL				
3 - TOWNSHIP						2 - SERIOUS INJURY SUSPECTED					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH	LOCATION ROAD NAME		ROAD TYPE	LATITUDE DECIMAL DEGREES		3 - MINOR INJURY SUSPECTED		
			2 - SOUTH	WARRENSVILLE CENTER RD		RD	41.494582		4 - INJURY POSSIBLE		
			3 - EAST						5 - PROPERTY DAMAGE ONLY		
			4 - WEST								
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES				
			2 - SOUTH	2384			81.536269				
			3 - EAST								
			4 - WEST								

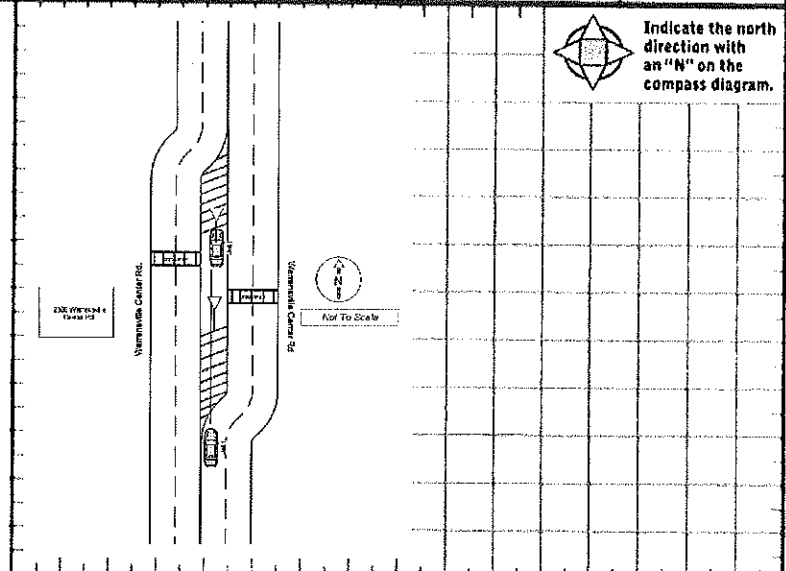
REFERENCE POINT	DIRECTION FROM REFERENCE	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED	
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE (TP)	AL - ALLEY	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE	<input type="checkbox"/> WITHIN INTERCHANGE AREA	
3 - HOUSE #	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD	NUMBER OF APPROACHES	
	4 - WEST	CR - NUMBERED COUNTY ROUTE	MP - MILEPOST	2	
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASURE	TR - NUMBERED TOWNSHIP ROUTE	OV - OVAL		
30	1 - MILES		ST - STREET		
	2 - FEET		TE - TERRACE		
	3 - YARDS		TL - TRAIL		
			WA - WAY		
			PL - PLACE		
				<input checked="" type="checkbox"/> ROADWAY DIVIDED	

LOCATION OF FIRST HARMFUL EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
1 - ON ROADWAY	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT	1 - NORTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - ON SHOULDER	2 - REAR-END	2 - SOUTH	2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
3 - IN MEDIAN	3 - HEAD-ON	3 - EAST	3 - DIVIDED, DEPRESSED MEDIAN
4 - ON ROADSIDE	4 - REAR-TO-REAR	4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
5 - ON GORE	5 - BACKING		9 - OTHER/UNKNOWN
6 - OUTSIDE TRAFFIC WAY	6 - ANGLE		
7 - ON RAMP	7 - SIDESWIPE, SAME DIRECTION		
8 - OFF RAMP	8 - SIDESWIPE, OPPOSITE DIRECTION		
9 - CROSSOVER	9 - OTHER / UNKNOWN		
10 - DRIVEWAY/ALLEY ACCESS			
11 - RAILWAY GRADE CROSSING			
12 - SHARED USE PATHS OR TRAILS			
13 - BIKE LANE			
14 - TOLL BOOTH			
99 - OTHER / UNKNOWN			

<input type="checkbox"/> WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN	1	1 - DRY	1 - CONCRETE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	2 - ADVANCE WARNING AREA		2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
<input type="checkbox"/> ACTIVE SCHOOL ZONE	3 - WORK ON SHOULDER OR MEDIAN	3 - TRANSITION AREA		3 - SNOW	3 - BRICK/BLOCK
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA		4 - ICE	4 - SLAG, GRAVEL, STONE
	5 - OTHER	5 - TERMINATION AREA		5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
				6 - WATER (STANDING, MOVING)	9 - OTHER/UNKNOWN
				7 - SLUSH	
				9 - OTHER/UNKNOWN	

LIGHT CONDITION	WEATHER
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

NARRATIVE
Unit 1 was traveling Northbound on Warrensville Center Rd. when they drove over the median and struck 2 electronic crosswalk signs.



CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	SCENE CLEARED DATE / TIME	REPORT TAKEN BY
10/31/2020 07:39	10/31/2020 07:43	10/31/2020 07:49	10/31/2020 08:31	<input checked="" type="checkbox"/> POLICE AGENCY
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	<input type="checkbox"/> MOTORIST
0	060	109	JOSEPH HUFFMAN	<input type="checkbox"/> SUPPLEMENT
			OFFICER'S BADGE NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OHSAP)
			078	
			CHECKED BY OFFICER'S NAME*	
			RONALD BOOTS	
			CHECKED BY OFFICER'S BADGE NUMBER*	
			073	

UNIT # 01 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER)
VINEY TAYLOR ALEXANDER

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
7230 HOPKINS RD MENTOR OH 44060

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

4

LP STATE OH **LICENSE PLATE #** HWN1979 **VEHICLE IDENTIFICATION #** 4T1B61HK3KJ299087 **VEHICLE YEAR** 2019 **VEHICLE MAKE** TOYT

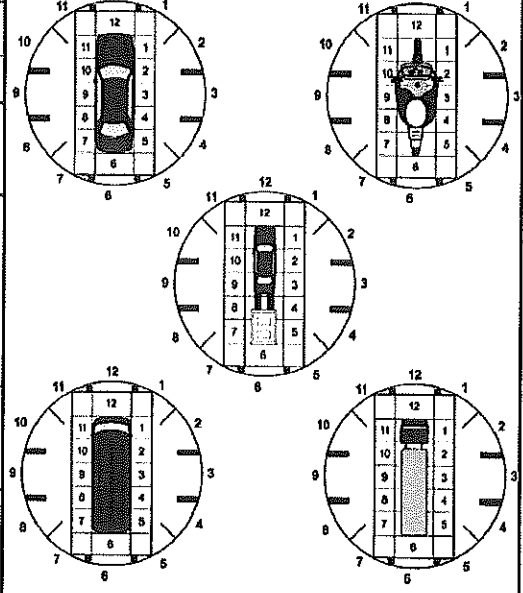
INSURANCE VERIFIED **INSURANCE COMPANY** GRANGE **INSURANCE POLICY #** 1087183 **COLOR** WHI / **VEHICLE MODEL** CAM

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE **US DOT #**

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR** 1 2 3

TOWED BY: COMPANY NAME **UNITED TOWING** **HAZARDOUS MATERIAL** MATERIAL RELEASED PLACARD **CLASS #** **PLACARD ID #**

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY
 1 2 10 11 12



UNIT TYPE 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (06 - PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
 1 - YES 2 - NO 3 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 1

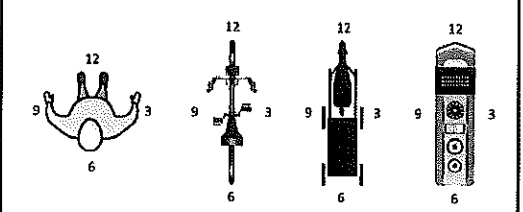
1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT
 3 - TAIL LAMPS 6 - TIRE BLOWOUT



NO DAMAGE [0] UNDERCARRIAGE [14]
 TOP [13] ALL AREAS [15]
 UNIT NOT AT SCENE [16]

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK

ACTION 3

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 17

1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 18 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING
 6 - IMPROPER TURN 12 - IMPROPER BACKING 16 - WRONG WAY 20 - IMPROPER CROSSING

TRAFFIC

TRAFFICWAY FLOW 2
 1 - ONE-WAY
 2 - TWO-WAY

TRAFFIC CONTROL 6
 1 - ROUNDABOUT 4 - STOP SIGN
 2 - SIGNAL 5 - YIELD SIGN
 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS

1 43
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDAL CYCLE 21 - PARKED MOTOR VEHICLE

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 1
 1 - NOT INVOLVED
 2 - INVOLVED-ACTIVE CROSSING
 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 3 **MOST HARMFUL EVENT**

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED

POSTED SPEED 35

DETECTED SPEED 3
 1 - STATED / ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
20200226

UNIT # 01	NAME: LAST, FIRST, MIDDLE VINEY TAYLOR ALEXANDER		DATE OF BIRTH 06/08/1998		AGE 22	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 7230 HOPKINS RD MENTOR OH 44060			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 4	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 432.29	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION TRAFFIC OFFENSES -DRIVING		CITATION NUMBER UH-E13170		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS: 1, TYPE: , VALUE: , STATUS: 1, TYPE: , RESULT: SELECT UP TO 4		DRUG TEST(S)

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH //		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS: , TYPE: , VALUE: , STATUS: , TYPE: , RESULT: SELECT UP TO 4		DRUG TEST(S)

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH //		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS: , TYPE: , VALUE: , STATUS: , TYPE: , RESULT: SELECT UP TO 4		DRUG TEST(S)

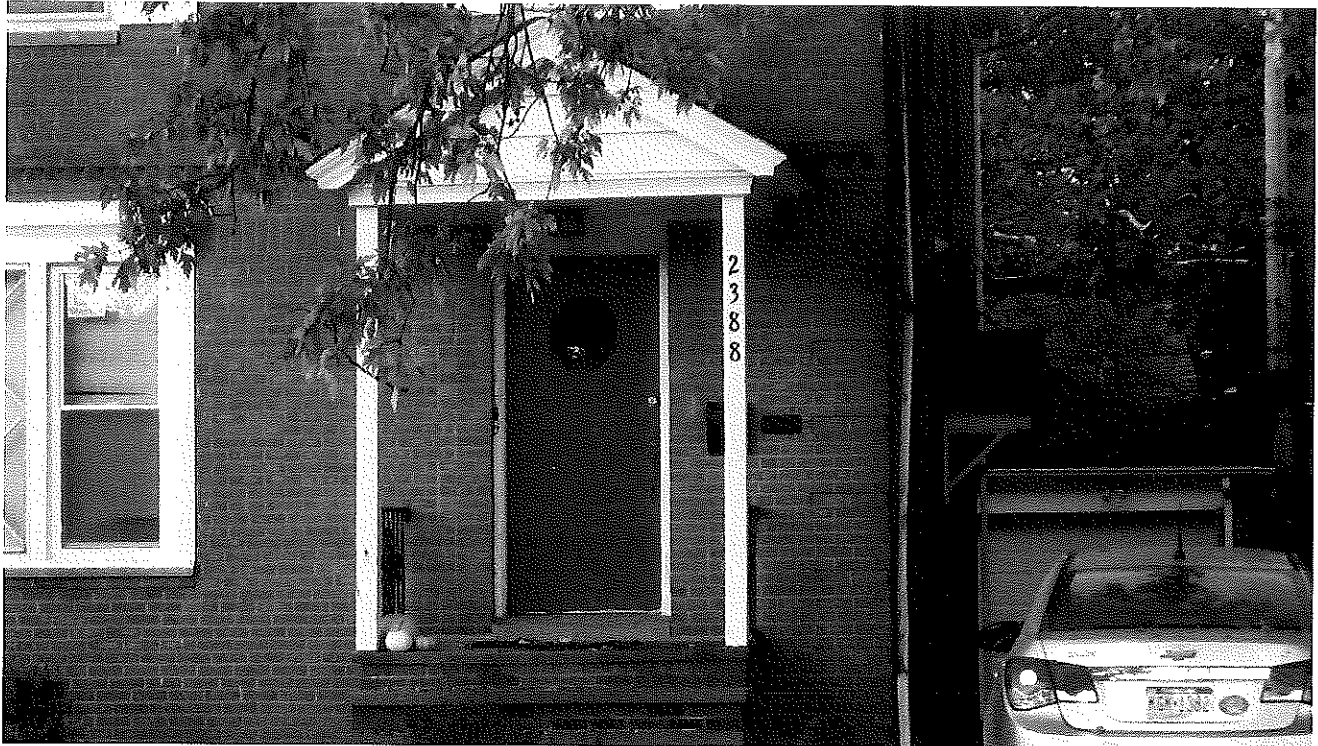
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1- FATAL	1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1- NOT DEPLOYED	1- CLASS A	1- ALCOHOL INTERLOCK DEVICE	1- NOT DISTRACTED	1- NONE GIVEN
2- SUSPECTED SERIOUS INJURY	2- FRONT - MIDDLE	2- DEPLOYED FRONT	2- CLASS B	2- CDL INTRASTATE ONLY	2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2- TEST REFUSED
3- SUSPECTED MINOR INJURY	3- FRONT - RIGHT SIDE	3- DEPLOYED SIDE	3- CLASS C	3- CORRECTIVE LENSES	3- TALKING ON HANDS-FREE COMMUNICATION DEVICE	3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4- POSSIBLE INJURY	4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4- DEPLOYED BOTH FRONT / SIDE	4- REGULAR CLASS (OHIO = D)	4- FARM WAIVER	4- TALKING ON HAND-HELD COMMUNICATION DEVICE	4- TEST GIVEN, RESULTS KNOWN
5- NO APPARENT INJURY	5- SECOND - MIDDLE	5- NOT APPLICABLE	5- M/C MOPED ONLY	5- EXCEPT CLASS A BUS	5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5- TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY	6- SECOND - RIGHT SIDE	9- DEPLOYMENT UNKNOWN	6- NO VALID OL	6- EXCEPT CLASS A & CLASS B BUS	6- PASSENGER	ALCOHOL TEST TYPE
1- NOT TRANSPORTED / TREATED AT SCENE	7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	OL ENDORSEMENT	7- EXCEPT TRACTOR-TRAILER	7- OTHER DISTRACTION INSIDE THE VEHICLE	1- NONE
2- EMS	8- THIRD - MIDDLE	1- NOT EJECTED	H- HAZMAT	8- INTERMEDIATE LICENSE RESTRICTIONS	8- OTHER DISTRACTION OUTSIDE THE VEHICLE	2- BLOOD
3- POLICE	9- THIRD - RIGHT SIDE	2- PARTIALLY EJECTED	N- MOTORCYCLE	9- LEARNER'S PERMIT RESTRICTIONS	9- OTHER / UNKNOWN	3- URINE
9- OTHER / UNKNOWN	10- SLEEPER SECTION OF TRUCK CAB	3- TOTALLY EJECTED	P- PASSENGER	10- LIMITED TO DAYLIGHT ONLY	CONDITION	4- BREATH
SAFETY EQUIPMENT	11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4- NOT APPLICABLE	N- TANKER	11- LIMITED TO EMPLOYMENT	1- APPARENTLY NORMAL	5- OTHER
1- NONE USED	12- PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	Q- MOTOR SCOOTER	12- LIMITED - OTHER	2- PHYSICAL IMPAIRMENT	DRUG TEST TYPE
2- SHOULDER BELT ONLY USED	13- TRAILING UNIT	1- NOT TRAPPED	R- THREE-WHEEL MOTORCYCLE	13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)	1- NONE
3- LAP BELT ONLY USED	14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2- EXTRICATED BY MECHANICAL MEANS	S- SCHOOL BUS	14- MILITARY VEHICLES ONLY	4- ILLNESS	2- BLOOD
4- SHOULDER & LAP BELT USED	15- NON-MOTORIST	3- FREED BY NON-MECHANICAL MEANS	T- DOUBLE & TRIPLE TRAILERS	15- MOTOR VEHICLES WITHOUT AIR BRAKES	5- FELL ASLEEP, FAINTED, FATIGUED, ETC.	3- URINE
5- CHILD RESTRAINT SYSTEM - FORWARD FACING	99- OTHER / UNKNOWN		X- TANKER / HAZMAT	16- OUTSIDE MIRROR	6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4- OTHER
6- CHILD RESTRAINT SYSTEM - REAR FACING				17- PROSTHETIC AID	9- OTHER / UNKNOWN	DRUG TEST RESULT(S)
7- BOOSTER SEAT				18- OTHER		1- AMPHETAMINES
8- HELMET USED						2- BARBITURATES
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)						3- BENZODIAZEPINES
10- REFLECTIVE CLOTHING						4- CANNABINOIDS
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY						5- COCAINE
99- OTHER / UNKNOWN						6- OPIATES / OPIOIDS
						7- OTHER
						8- NEGATIVE RESULTS

University Heights Pd

Accident 20200226

Picture Date 10/31/2020

Description: NEW PICTURE1526993



Invoice

Signal Service Company

4341 CRANWOOD PARKWAY
WARRENSVILLE HTS., OHIO 44128-4015
(216) 662-4820 PHONE
(216) 662-4823 FAX

PAGE: 1 of 1

INVOICE NUMBER: 0135826-IN

INVOICE DATE: 2/28/2021

ORDER NUMBER: 0185102

ORDER DATE: 2/8/2021

SOLD TO :

CITY OF UNIVERSITY HEIGHTS
ATTN: RITA K. DREW / FINANCE
2300 WARRENSVILLE CTR ROAD
UNIVERSITY HTS, OH 44118

LOCATION:

2384 WARRENSVILLE CENTER ROAD

SALESMAN	CUSTOMER #		CUSTOMER P.O. #	TERMS	
0001	UNI2		2020-00856	NET 20 DAYS	
ITEM #	QUANTITY	U/M	DESCRIPTION	PRICE	AMOUNT

02/08/21 DT#185102

COMPLETED REPLACEMENT OF MID BLOCK RECTANGULAR RAPID FLASHING
BEACON CROSSWALK SIGNS, POLES, AND CONTROLLER AS PER
AGREEMENT

NOTE: A DEDUCTION OF \$1,000.00 FROM THE ORIGINAL QUOTED PRICE
FOR NOT REPLACING FOUNDATIONS. WAS NOT NEEDED

Net Invoice:	16,914.00
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	16,914.00

REMITTANCE COPY

Signal Service Company

4341 CRANWOOD PARKWAY WARRENSVILLE HTS., OHIO 44128-4105
PHONE (216) 662-4820/21 FAX (216) 662-4823
signal@signalservicecompany.net

185102
CONTROLS
TRAFFIC SIGNALS
INSTALLATION

2/8/21

To University HTS

2020-00856

Purchase Order No. _____

Location 2384 Warrensville Ctr Rd

Job No. _____

- | | | | | | |
|---------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|
| Service | <input type="checkbox"/> | Accident Damage | <input type="checkbox"/> | Storm Damage | <input type="checkbox"/> |
| Shop Repairs | <input type="checkbox"/> | Construction Damage | <input type="checkbox"/> | Work Not Completed | <input type="checkbox"/> |
| Installations | <input type="checkbox"/> | Lightning Damage | <input type="checkbox"/> | Work Completed | <input type="checkbox"/> |

Serviceman _____

DESCRIPTION OF WORK OR MERCHANDISE PURCHASED: _____

Completed replacement of
Med Block Rectangular Rapid
plating Beams crosswalk
Signs, poles, controllers
foundations as per Agreement

CITY OF UNIVERSITY HEIGHTS PURCHASE REQUISITION

VENDOR INFORMATION		Emergency P. O. #	
Name	Signal Service Co.	Department Name	Police
Address	4341 Cranwood Parkway	Date	11-16-20
City, State, Zip	Warrensville Heights Ohio 44128	Other Instructions <i>Insurance Claim Associated with Accident 20200226. -DR</i>	
Telephone	216-662-4820		
Fax	216-662-4823		

Requisitioner: Michael Haught
 Department Approval *DR* Date: *11-18-20*

I hereby certify that the supplies/services specified in this requisition are absolutely necessary for use in this department.

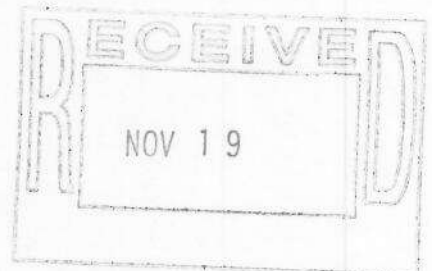
Qty.	Description	Account	Unit	Total
2	Replace Mid Block Pedestrian Rapid Flashing	100-1140-55210	8,957.00	17,914.00
	Beacon Crosswalk Signs, Poles, Controller			0.00
	Foundations			0.00
				0.00
				0.00
	Equipment for Traffic Accident			0.00
	2384 Warrensville Ctr. Rd.			0.00
				0.00
				0.00
TOTAL				17,914.00

Purchase Order Instructions

THIS SECTION MUST BE COMPLETED!!!

Mail P.O. to Vendor	Yes	No	X	Return Vendor Copy to department	Yes	X	No
Fax P.O. to Vendor	Yes	No	X	P.O. Confirms Order Already Placed or Received	Yes	No	X
Hold P.O.	Yes	No	X	Receipt/Invoice Attached	Yes	No	X

Approved: _____ Date: _____
Director of Finance



Signal Service Company

CONTROLS
TRAFFIC SIGNALS
INSTALLATION AND
MAINTENANCE

Phone: (216) 662-4820/21

Fax: (216) 662-4823

Email: signal@signalservicecompany.net

4341 Cranwood Parkway • Warrensville Heights, Ohio 44128

CITY OF UNIVERSITY HEIGHTS
2304 WARRENSVILLE CENTER RD.
UNIVERSITY HEIGHTS, OHIO 44118

NOVEMBER 11, 2020

QUOTE: UNI2--999C

ATTN: MIKE HAUGHT

APPROVED _____ DECLINED _____

QUOTATION

We are pleased to quote on the installation and/or purchase of Traffic Signal Equipment at the intersection of:

2384 WARRENSVILLE CENTER ROAD

2	EA	REPLACE MID BLOCK RECTANGULAR RAPID FLASHING BEACON CROSSWALK SIGNS, POLES, CONTROLLER FOUNDATIONS	@ \$8,957.00	\$17,914.00
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Date _____ PO# _____

Authorized Acceptance Signature _____

Above signed agrees to pay in full 30 days upon completion of work.

NOTE: Prices subject to change after 3 months.

"An Equal Opportunity Employer"

Complete Price Materials and Installation \$17,914.00

Complete Price Materials Only _____

Approximate Price _____

Sales Tax _____

Total \$17,914.00

Quoted By David Boush