PD 4/24/26
CK 293159
VN 109661

PURCHASING POLICY EXCEPTION FORM

FROM:

DATE: 3/26/26
DEPARTMENT: Fleet Management
VENDOR: South FL Emergency Vehicles

DEPT DIRECTOR/
MGR SIGNATURE: _____ DATE: 3/26/26

Amount of Invoice: 11,501.67 **Invoice Date:** 12/24/25

The attached request for disbursement does not appear to be in compliance with County Purchasing Policy, for the following reason:

Aerial ladder truck #22908 was sent to SFLEV for accident repairs in November 2025. Fleet was under the impression all repairs would be paid directly to the vendor. Insurance sent the funds to the County instead. Fleet has requested that all accident repairs be paid directly to the vendor.

Please attach to this form any quote, invoice, and letter of explanation, to the Chief Procurement Officer.

TO: CHIEF PROCUREMENT OFFICER
Please review, and upon approval, forward to County Administration.

_____ Date: 4/1/26

Resolution: Approved.

To process this disbursement, the request must be approved by the County Administrator.

TO: COUNTY ADMINISTRATOR
Please review, and upon approval, forward to the Finance Department for processing.
APPROVED FOR PAYMENT:

COUNTY ADMINISTRATOR (or designee): _____
DATE: 4/2/26

APPROVED FOR PAYMENT:
FINANCE DIRECTOR/
ASST. FINANCE DIRECTOR _____ Date: _____

South Florida Emergency Vehicles LLC.
4655 Cummins Ct
Fort Myers, FL 33905
239-267-5300

Invoice: **33215**
Date: **12/24/2025**

Bill To
HERNANDO COUNTY FIRE & EMERGENCY SERVICES
15470 Flight Path Drive
Brooksville, FL 34604
P: 352-428-0662

Remit Payment To
South Florida Emergency Vehicles
4655 Cummins Ct
Fort Myers, FL 33905

Service Order	Terms	Due Date	Authorizer	Customer PO	Service Writer	Unit #
20251513	Net 30	1/23/2026			Rubias, John	HS-7348 T-14

Item	Description	Quantity	Rate	Amount
Return from unit				
Labor	Return Unit From SFEV to Hernando 12/18/25 (2 CDL DRIVERS)	6.75000	$65.00 -65% ~~$185.00~~	$438.75 ~~$1,248.75~~
			Subtotal	$438.75
Complaint: BUCKET CRASH DAMAGE **Cause:** Platform striking building **Type:** Accident				
Labor	**Correction:** Aerial / Aerial Structure / Replace platform and assoc. parts damaged during accident. DT diag bucket leveling. found Danfoss module not communicating with leveling system, ordered new controller and was received un-programmed, was shipped out for additional programming 12-9-25	22.50000	$185.00	$4,162.50
Parts	3RD PARTY AERIAL TESTING - AERIAL TESTING	1.00000	$1,377.50	$1,377.50
Parts	PLATFORM (BUCKET) HANDRAIL - SUT-10066234	1.00000	$578.04	$578.04
Parts	71658216 (SQ10029247)-1Z4772240141976586=11/12 - SHIPPING - OVERNIGHT	1.00000	$226.99 -31% ~~$329.14~~	$226.99 ~~$329.14~~
Parts	LIGHT POLE, SIDE MOUNT, PULL UP, SUTPHEN A/C - FRC-LTP547-AC1-X6-H-T100	1.00000	$771.7821	$771.78
Parts	FRC PO#94779294-S0120971-FED EX 445082262272=11/18 - SHIPPING	1.00000	$40.96749	$40.97
Parts	GUARDIAN SERIES POLE MOUNTED LED SCENE LIGHT, BLACK HOUSING, ON-OFF SWITCH, 20K LM - FT-SL-GESM-110-SW-B	1.00000	$1,446.433	$1,446.43
Parts	FIRE TECH PO#11847941-SO#52616- 1ZJ7W1760325772581=11/21 - SHIPPING	1.00000	$74.733	$74.73
Parts	BASE, CONTROLLER, MC050-110 (PROGRAM 11130954) (PGR11131280) - SUT-10173701	1.00000	$1,927.24719	$1,927.25
Parts	SUTPHEN PO#61684891-SO#20113099-(SQ10029592) -1Z7R22X30351468896=12/9 - SHIPPING - OVERNIGHT	1.00000	$17.98 -31% ~~$26.07~~	$17.98 ~~$26.07~~
			Subtotal	$10,624.17
Return from unit				

Item	Description	Quantity	Rate	Amount
Labor	Return from unit from Hernando to SFEV 12/18/25	6.75000	$65.00 -65% ~~$185.00~~	$438.75 ~~$1,248.75~~
			Subtotal	$438.75

Unit: HS-7348 T-14 **VIN:** 1S9A3JNE7P1003009
2023 Sutphen SPH-100
In Service Date: 7/17/2023
Aerial: 15.50 Hours
Chassis: 23,774 Miles
Engine: 1,725.70 Hours
Fire Pump: 0 Hours

Labor	$5,040.00
Parts	$6,461.67
Pre-Charge Subtotal	$11,501.67
Exempt (0% of $0.00)	$0.00
Total	$11,501.67
Payments & Credits	$0.00
Balance Due	$11,501.67

Total Savings: $1,730.24

Hernando County
Accident/Incident Report

	Damage or Loss to Government Property	Complete Sections 1, 2, 5, 6, & 7
	County Motor Vehicle Accident	Complete Sections 1, 3, 5, 6, & 7
	Public Accident/Injury	Complete Sections 1, 4, 5, 6, & 7
	Other	Complete All Appropriate Sections

NOTE: All injured employees must complete a Worker's Comp, First Report of Injury

1. General Information			
Date & Time of Incident:	October 28, 2025 2015 hrs		
Location of Incident:	85 Veterans Ave. Brooksville, Fl. 34601	Dept. #:	
2. Damage To, Loss of Government Property (Materials/Equipment Stolen, Destroyed or Damaged)			
Property #:		Name of Item:	
3. County Motor Vehicle Accident			
Year, Make & Model of Vehicle:	5/2023 Suphen SPH-100		
Driver's Name:	Thomas Nickola	Driver's License #:	[redacted]
Vehicle Property #:	22908	Vin #:	Estimated Repair:
Extent of Damage:	Damage to bucket handrail and light		
Police called to scene?	Yes	No X	Name of Agency: HCFR
Who was charged with the incident?		Case #:	
4. Public Accident/Injury			
Person Injured (Name):		Phone #:	
Address:			
Nature/Extent of Injury:		Taken to Home or Hospital	
Property Damage: Year, Make & Model of Vehicle Damaged:			
Tag #	Owner's Name:		
Street Address:		Phone #:	
City:	State:	Zip	
Owner's Insurance Company & Policy #			

Hernando County
Accident/Incident Report

5. Description of Accident/Incident

While entering the bay at station 10 , the aerial bucket was in the non-leveled position

which caused the handrail to point up above the roofline. The handrail of the bucket struck the roof of the building, bending intself up

,catching the light and damaging both the handrail and building.

Name, address & phone # of any witnesses:

Daniel Papa

25231 Ash street, Brooksville, Fl 34601 352-238-1157

6. Supervisor's Comments

While at special detail this evening ,aerial was up and self-level was operating properly.

When the aerial was lowered, the self-leveler did not work causing bucket to remain in tilted position.

When truck arrived back at station and pulled into bay, handle caught outer roof line of station causing handle

and light to bend and minor damage to roof line of building. Bucket or aerial has no other damage.

Suggestions to prevent similar accident/incident:

Stop apparatus prior to entering bay to assure clearance.

Corrective Action Taken:	Yes		No	✔	If yes, describe:	

7. Signatures

Signature of Employee Involved in Accident/Incident:	[signature]	Date:	10/25/23
Signature & Title of Supervisor:	I Daniel Papa Captain	Date:	10/25/23
Signature of Assistant Director:		Date:	
Signature of Department Director:		Date:	

Remainder of Form to be completed by County Insurance Department

Date Completed Form Received in Insurance Department:	
Date Processed to Insurance Company:	
Signature of County Processor:	