

Fri, 18 August 2023

STATE OF TEXAS §

This is to certify that I, Jim Markham, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Fri, 11 August 2023, which occurred in Tarrant County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.



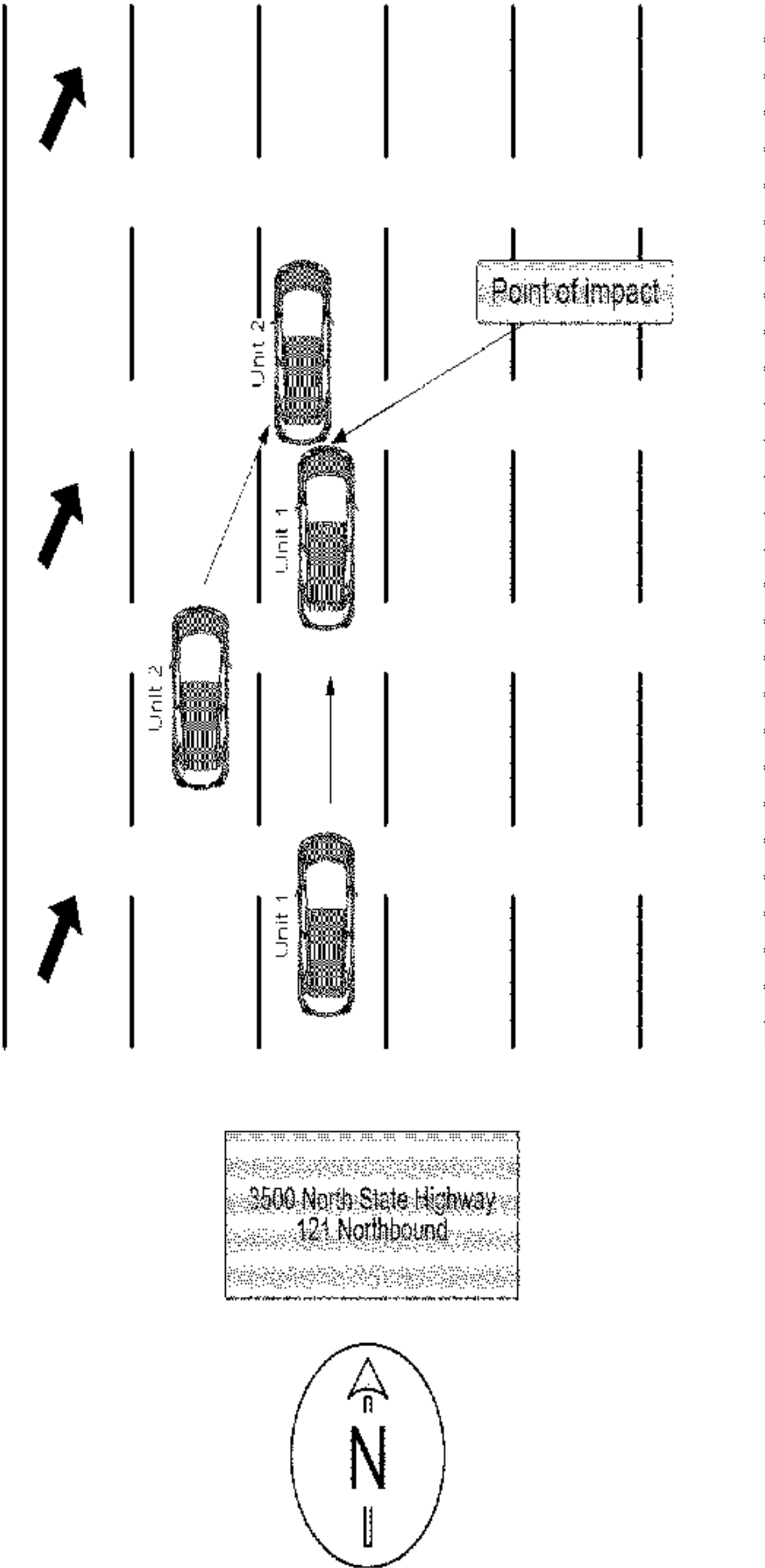
Jim Markham
Director, Crash Data & Analysis Section
Traffic Safety Division
125 East 11th Street
Austin, TX 78701-2483





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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY)	08 / 11 / 2023	*Crash Time (24HRMM)	1 6 5 8	Case ID	2300037711	Local Use															
	*County Name	TARRANT	*City Name	GRAPEVINE				<input type="checkbox"/> Outside City Limit														
	In your opinion, did this crash result in at least \$1000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees)			3 2 . 9 6 8 4 8	Longitude — (decimal degrees)	0 9 7 . 0 3 2 7 8														
	ROAD ON WHICH CRASH OCCURRED																					
	*1 Rdwy. Sys.	SH	*Hwy. Num.	121	2 Rdwy. Part	1	Block Num.	3500	3 Street Prefix	N	* Street Name	State Highway 121	4 Street Suffix									
	<input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	N	<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit	65	Const. Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Secondary Crash	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																						
At Int.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part	1	Block Num.	1100	3 Street Prefix		Street Name	North Point	4 Street Suffix	DR							
Distance from Int. or Ref. Marker	300	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	E	Ref. Marker		Speed Limit	30	Street Desc.		RRX Num.											
Unit Num.	1	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	TX	LP Num.	DT2G722	VIN	1 H G C G 5 6 7 2 Y A 1 2 8 2 7 3											
Veh. Year	2 0 0 0	6 Veh. Color	GLD	Veh. Make	HONDA	Veh. Model	ACCORD	7 Body Style	P4													
<input type="checkbox"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit			NO			9 Autonomous Level Engaged			NO AUTOMATION			<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)								
10 DL/ID Type	1	DL/ID State	TX	DL/ID Num.	36107415	11 DL Class	C	12 CDL End.	96	13 DL Rest.	96	DOB (MM/DD/YYYY)	0 7 / 2 3 / 1 9 9 1									
Address (Street, City, State, ZIP) 513 Ferguson DR Lewisville, TX 75057																						
Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category	
1	1	1	Rase, Julianna					C	32	W	2	1	1	2	97	N	96		96	97	97	
																	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 Rase, Julianna, 513 Ferguson DR Lewisville, TX 75057																				
Proof of Fin. Resp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		28 Fin. Resp. Type	2	Fin. Resp. Name		ALLSTATE		Fin. Resp. Num.		000000416633727									
Fin. Resp. Phone Num.					(800) 255-7828			29 Vehicle Damage Rating 1			1 2 - F D - 2			29 Vehicle Damage Rating 2			-			Vehicle Inventoried		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By					B&B WRECKER (817) 283-2121			Towed To					1201 W EULESS BLVD. EULESS, TX 76040									
Unit Num.	2	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	TX	LP Num.	kgt9962	VIN	1 H G C P 2 6 8 0 9 A 0 5 0 0 4 9											
Veh. Year	2 0 0 9	6 Veh. Color	SIL	Veh. Make	HONDA	Veh. Model	ACCORD	7 Body Style	P4													
<input type="checkbox"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit			NO			9 Autonomous Level Engaged			NO AUTOMATION			<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)								
10 DL/ID Type	1	DL/ID State	TX	DL/ID Num.	41990170	11 DL Class	C	12 CDL End.	96	13 DL Rest.	96	DOB (MM/DD/YYYY)	0 5 / 1 4 / 1 9 9 6									
Address (Street, City, State, ZIP) 322 Lake Park #413 RD Lewisville, TX 75057																						
Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category	
1	1	1	Adhikari, Amrit					N	27	A	1	1	1	2	97	N	96		96	97	97	
																	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 Adhikari, Amrit, 322 Lake Park #413 RD Lewisville, TX 75057																				
Proof of Fin. Resp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		28 Fin. Resp. Type	2	Fin. Resp. Name		PROGRESSIVE		Fin. Resp. Num.		926394933									
Fin. Resp. Phone Num.					(800) 776-4737			29 Vehicle Damage Rating 1			6 - B D - 2			29 Vehicle Damage Rating 2			-			Vehicle Inventoried		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By					B&B WRECKER (817) 283-2121			Towed To					1201 W EULESS BLVD. EULESS, TX 76040									

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID 2300037711		TxDOT Crash ID 19707546.1/2023397245		Page 2 of 2																										
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)																							
	1	1	Baylor Grapevine		Medic5																											
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.																							
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address																									
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> Transporting Hazardous Material	<input type="checkbox"/> 9+ Capacity	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.																							
	Carrier's Corp. Name			Carrier's Primary Addr.					32 Veh. Type																							
	33 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	34 HazMat Class Num.	HazMat ID Num.				34 HazMat Class Num.	HazMat ID Num.			35 Cargo Body Type																
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			36 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				36 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence Of Events	37 Seq. 1	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight						Total Num. Axles																	
FACTORS & CONDITIONS	38 Contributing Factors (Investigator's Opinion)					39 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions																					
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control																
	1	22																														
	2	4								1	1	97	3	1	1	17																
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale																										
	Unit 2 was northbound on North State Highway 121 in lane 2. He changed lanes while unsafe to lane 3 which caused unit 1 to strike unit 2 in the rear. Unit 2 driver stated it was stop and go traffic at time of accident. Unit 1 driver complained of knee and chest pain and was transported to Baylor Grapevine.					<div>Indicate North</div> 																										
INVESTIGATOR	Date Notified (MM/DD/YYYY)				0 8 / 1 1 / 2 0 2 3				Time Notified (24HRMM)				1 6 5 8				How Notified DISPATCHED															
	Date Arrived (MM/DD/YYYY)				0 8 / 1 1 / 2 0 2 3				Time Arrived (24HRMM)				1 7 2 4				Report Date (MM/DD/YYYY)				0 8 / 1 1 / 2 0 2 3											
	Date Roadway Cleared (MM/DD/YYYY)				0 8 / 1 1 / 2 0 2 3				Time Roadway Cleared (24HRMM)				1 7 4 0				Date Scene Cleared (MM/DD/YYYY)				0 8 / 1 1 / 2 0 2 3				Time Scene Cleared (24HRMM)				1 7 4 5			
	Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)										Christian, T										ID Num.		12711					
	ORI Num.		T X 2 2 0 1 3 0 0		*Agency										GRAPEVINE POLICE DEPARTMENT										Service/Region/DA		0 1					