



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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.).

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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 2 / 2 4 / 2 0 2 2				*Crash Time (24HRMM) 1   3   5   5					Case ID 223580248						Local Use									
	*County Name CALDWELL				*City Name MUSTANG RIDGE											Outside City Limit <input type="checkbox"/>									
	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) 3   0   *   0   2   9   9   8					Longitude (decimal degrees) 0   9   7   *   6   7   5   9   4															
	<b>ROAD ON WHICH CRASH OCCURRED</b>																								
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.			2 Rdwy. Part 1		Block Num. 17500			3 Street Prefix			* Street Name			4 Street Suffix								
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<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		Street Desc. AKA CAMINO REAL											
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																								
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.			1 Rdwy. FM Hwy. Num. 1854		2. Rdwy. Part 1		Block Num.			3 Street Prefix			Street Name			4 Street Suffix								
	Distance from Int. or Ref. Marker 550				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E			Reference Marker		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. RLG9998			VIN 1 G 8 A Z 5 5 F 2 7 Z 1 8 9 2 6 8												
Veh. Year 2 0 0 7	6. Veh. Color BLU			Veh. Make SATURN				Veh. Model ION				7 Body Style P4			Pol., Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/>										
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 24669426			9 DL Class C		10 CDL End. 96			11 DL Rest. A		DOB (MM/DD/YYYY) 0 5 / 0 1 / 1 9 8 2												
Address (Street, City, State, ZIP) 661 MESA #2 DR DEL VALLE, TX 78617																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	PARKER, CHRISTOPHER ALLEN								A	40	W	1	1	96	1	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address MCPHILOMY, CHRISTINA J, 143 PANTHER TRL BASTROP, TX 78602																								
<input type="checkbox"/> Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type			Name								Fin. Resp. Num.													
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1   2   -   R   P   -   2								27 Vehicle Damage Rating 2   -   -   -   -   -   -   -						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Towed By Magic Towing					Towed To 8606 Evelyn Rd. Buda, TX 78610																				
Unit Num. 2	5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX			LP Num. RYH4946			VIN 1 B 7 H C 1 3 Z 5 1 J 2 2 3 0 0 9												
Veh. Year 2 0 0 1	6. Veh. Color BLU			Veh. Make DODGE				Veh. Model RAM 1500				7 Body Style PK			Pol., Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/>										
8 DL/ID Type 5	DL/ID State		DL/ID Num.			9 DL Class 5		10 CDL End. 5			11 DL Rest. 5		DOB (MM/DD/YYYY) 0 6 / 2 7 / 1 9 6 8												
Address (Street, City, State, ZIP) 3600 APT B DR AUSTIN, TX 78741																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	SOCORRO GUTIERREZ, JOSE								N	54	H	1	1	1	2	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address GUTIERREZ MOLINA, MARIA LETICIA, 3600 APT B DR AUSTIN, TX 78741																								
<input type="checkbox"/> Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2			Name OLD AMERICAN COUNTY MUTUAL FIRE INS. CO.								Fin. Resp. Num. TXY 000910358													
Fin. Resp. Phone Num. (877) 437-5007					27 Vehicle Damage Rating 1   1   2   -   F   D   -   2								27 Vehicle Damage Rating 2   -   -   -   -   -   -   -						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Towed By					Towed To																				

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	ASCENSION SETON HAYS MEDICAL CENTER	MEDICAL HELICOPTER		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37						1	1	4	2	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	UNIT 1 WAS TRAVELING WESTBOUND ON CAMINO REAL (SH 21) WHEN AT THE 17500 BLOCK, IT TURNED SOUTHBOUND TO ENTER THE EXXON GAS STATION TRAVELING THE WRONG WAY TOWARD THE EXIT RAMP. UNIT 2 WAS TRAVELING EASTBOUND ON CAMINO REAL (SH 21) WHEN UNIT 1 ENTERED HIS LANE WITHOUT DUE CAUTION AND FAILED TO YIELD THE RIGHT OF WAY TO UNIT 2. UNIT 2 IMPACTED UNIT 1 AT A "T-BONE" ANGLE, MAKING UNIT 1 SPIN 180 DEGREES.										<p>17500 BLOCK</p> <p>SH 21</p> <p>FM 105A</p> <p>N</p> <p>Not To Scale</p>				

INVESTIGATOR	Time Notified (24HR:MM)	1	3	5	5	How Notified/Dispatch	Time Arrived (24HRMM)	1	4	0	0	Report Date (MM/DD/YYYY)	1 2 / 2 4 / 2 0 2 2	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Solis, Hector Alfonso	ID Num.	1062								
	ORI Num.	T	X	2	2	7	2	3	0	0	*Agency	MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA	C H



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Page 1 of 2

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 1 / 0 6 / 2 0 2 2	*Crash Time (24HRMM) 0 4 3 5	Case ID 41949012	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 2 9 * 9 9 0 6 0	Longitude (decimal degrees) 0 9 7 * 7 5 4 6 0

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 300		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SE	Reference Marker 540	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NTK8549	VIN 1 N 4 B I 2 4 E X 8 C 1 8 7 7 8 2	
Veh. Year 2 0 0 8	6. Veh. Color BLU	Veh. Make NISSAN			Veh. Model ALTIMA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 42847986	9 DL Class C	10 CDL End. 96	11 DL Rest. A, B	DOB (MM/DD/YYYY) 0 6 / 1 1 / 1 9 9 9	

Address (Street, City, State, ZIP) 2111 HIGH RD KYLE, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	VALLEJO, IRVING ELIAS					A	23	H	1	1	1	2	97	N	2		2	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 VALLEJO, IRVING ELIAS, 2111 HIGH RD KYLE, TX 78640																				
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name PROGRESSIVE					Fin. Resp. Num. 958657966													
Fin. Resp. Phone Num. (888) 671-4405					27 Vehicle Damage Rating 1 1 2 - F D - 5					27 Vehicle Damage Rating 2 9 - L & T - 3					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Towed By COMMERCIAL TOWING (ROTATIONAL)	Towed To 1124 N BLANCO ST, LOCKHART, TX 78644
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN															
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.														

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - - -					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By	Towed To													

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	SETON HAYS			LOCKHART EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	FAIL TO CONTROL SPEED						TX 6FT60JOXXJ		

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address				
	PROPERTY MAILBOX			DUDA, ROBERT			12500 CAMINO REAL KYLE, TX 78640				

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22	67	68				1	2	97	2	2	1	11

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	UNIT 1 WAS TRAVELING SOUTHEAST ON SH 21 NEAR MP 540. THE DRIVER OF UNIT 1 FAIL TO CONTROL SPEED FOR THE SLIGHT GRADE IN THE ROADWAY AND IMMEDIATELY WENT INTO A FAULTY EVASIVE MANEUVER AND A SIDE SKID FOR A SIGNIFICANT AMOUNT OF TIME. THE AMOUNT OF SIDE SKID MARKED ON THE ROADWAY TELLS ME AS AN INVESTIGATOR THAT THE DRIVER WAS DRIVING AT A HIGH RATE OF SPEED AND THEN TRIED TO MANEUVER THE UNIT IN WHICH THE UNIT COULD NOT OPERATE PROPERLY. UNIT 1 CROSSED OVER THE MARKED LANE AND THE NORTHBOUND SHOULDER COLLIDING WITH A MAILBOX. AFTER COLLIDING WITH THE MAILBOX UNIT 1 TRAVELED UP A GRASS EMBANKMENT. UNIT 1 KEPT TRAVELING INTO A THICKET OF TREES CLEARING A PATHWAY. UNIT 1 CAME OUT THE OTHER SIDE OF THE THICKET OF TREES COMING TO REST ON ITS TOP FACING EAST. UNIT 1 SUSTAINED SIGNIFICANT FRONT END DAMAGE AND LEFT AND TOP ROLLOVER DAMAGE. THE DRIVER OF UNIT 1 WAS TRANSPORTED TO SETON HAYS VIA LOCKHART EMS. LOCKHART EMS ADVISED THE SERGEANT WITH THE CALDWELL COUNTY SHERIFF'S OFFICE ON SCENE THAT THE DRIVER OF UNIT 1 GAVE AN ODOR OF AN ALCOHOLIC BEVERAGE WHO THEN ADVISED ME. THE NURSE AT THE HOSPITAL ALSO ADVISED ME THAT THE DRIVER GAVE OFF AN ODOR OF AN ALCOHOLIC BEVERAGE. THE DRIVER'S MEDICAL RECORDS ARE BEING SUBPOENAED IN REGARD TO THE ABOVE INFORMATION TO DETERMINE IF THE DRIVER WAS UNDER THE INFLUENCE WHILE OPERATING A MOTOR VEHICLE. INVESTIGATING THE CRASH SCENE AND INSIDE UNIT 1 AMONGST ALL THE GLASS AND CAR PARTS WERE ALSO EVIDENCE OF THC THROUGH MANUFACTURED PACKAGING. NOT ONLY DO I HAVE REASON TO BELIEVE THE DRIVER WAS UNDER THE INFLUENCE OF ALCOHOL BUT ALSO MAYBE DRUGS.														



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Page 1 of 2

*Crash Date (MM/DD/YYYY) 1 0 / 2 5 / 2 0 2 2				*Crash Time (24HRMM) 1 0 1 0				Case ID 2022-00062221						Local Use															
*County Name HAYS								*City Name SAN MARCOS								<input type="checkbox"/> Outside City Limit													
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 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num. 2000		3 Street Prefix		* Street Name				4 Street Suffix															
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 50		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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. LR Sys.				Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name Newberry				4 Street Suffix TRL													
Distance from Int. or Ref. Marker 150				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker		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. KPG8768		VIN	3	C	4	P	D	C	G	B	0	J	T	2	8	8	5	2	3
Veh. Year	2	0	1	8	6. Veh. Color BLK		Veh. Make DODGE		Veh. Model JOURNEY		7 Body Style SV				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
Address (Street, City, State, ZIP) 2900 Century Park BLVD Austin, TX 78727																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																													
Person Num.	12 Prsn. Type	13 Seat Position													14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	Williams Sr, Paris Raynard												A	35	B	1	1	96	5	97	N	96		96	97	97	
2	2	3	Boyd, Jessica Marie												A	35	W	2	1	1	5	97	N						
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 Moore, Katherine Marie, 150 Amberwood S Kyle, TX 78640																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Expired <input type="checkbox"/> Exempt <input type="checkbox"/>				26 Fin. Resp. Type 2				Fin. Resp. Name Progressive				Fin. Resp. Num. 934081698													
Fin. Resp. Phone Num. 800-776-4737				27 Vehicle Damage Rating 1				F C - 5				27 Vehicle Damage Rating 2								Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Towed By SOUTHWEST TOWING								Towed To 211 W. GROVE ST. SAN MARCOS TX 78666																					
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																	
Veh. Year				6. Veh. Color		Veh. Make		Veh. Model		7 Body Style				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																	
Address (Street, City, State, ZIP)																													
Person Num.	12 Prsn. Type	13 Seat Position													14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																													
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee		Owner/Lessee Name & Address																											
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Expired <input type="checkbox"/> Exempt <input type="checkbox"/>				26 Fin. Resp. Type				Fin. Resp. Name				Fin. Resp. Num.													
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1				F C - 5				27 Vehicle Damage Rating 2								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Towed By								Towed To																					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						
	1	2	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	23	60		68					1	1	97	1	1

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale					
	Unit 1 Driver, Williams, was unable to provide an account of what occurred. A medic stated that he told them he had fallen asleep. Williams was unable to or would not provide a statement to the police. Due to his injuries he was treated by medics and transported from the scene prior to receiving a statement. Passenger, Boyd, stated they were enroute back to Buda from San Marcos when she was in the process of putting on her seat belt. She stated the next thing she saw was trees and they crashed. Boyd required to be extricated from the vehicle. Williams was in the ground on the driver's side upon officers arrival. Both occupants were transported to the hospital by medics due to their injuries. There were no witnesses to the crash.												

INVESTIGATOR	Time Notified (24HR:MM)	1   0   1   9	How Notified Dispatched	Time Arrived (24HRMM)	1   0   2   1	Report Date (MM/DD/YYYY)	1 0 / 2 6 / 2 0 2 2
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Charleswell, Eric		ID Num.	11125
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency	SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0   0	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 0 / 2 3 / 2 0 2 2				*Crash Time (24HRMM) 0 5 1 9				Case ID				Local Use												
	*County Name HAYS				*City Name														<input checked="" type="checkbox"/> Outside City Limit						
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Latitude (decimal degrees) 3 0 * 0 2 2 4 6				Longitude (decimal degrees) 0 9 7 * 7 0 9 2 1 2																
	<b>ROAD ON WHICH CRASH OCCURRED</b>																								
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix												
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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		Street Desc.														
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																								
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. CR Hwy. Num. 211		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name SCHUBERT		4 Street Suffix LN												
	Distance from Int. or Ref. Marker 0.5				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N		Reference Marker		Street Desc.		RRX Num.													
	Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State TX		LP Num. NRM1523		VIN 1 N 4 A L 3 A P 9 F C 5 7 1 3 7 7																
Veh. Year 2 0 1 5	6. Veh. Color RED	Veh. Make NISSAN				Veh. Model ALTIMA				7 Body Style P4		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 5	DL/ID State	DL/ID Num.				9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 3 / 0 7 / 1 9 8 6																
Address (Street, City, State, ZIP) 2705 HOEKE #85 LN AUSTIN, TX 78744																									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	MALDONADO ROGEL, NAHUM								99	36	H	1	99	99	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	Owner/Lessee										Name & Address MALDONADO RANGEL, NAHUM, 2705 HOEKE #85 LN AUSTIN, TX 78744														
<input type="checkbox"/> Lessee																									
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. INFINITY COUNTY MUTUAL Name INSURANCE COMPANY				Fin. Resp. Num. 142550563746001																			
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt																									
Fin. Resp. Phone Num. (800) 782-1020					27 Vehicle Damage Rating 1 1 2 - F L - 5				27 Vehicle Damage Rating 2 5 - R B Q - 3				Vehicle Inventoried <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No										
Towed By SOUTHWEST TOWING (512) 392-4442					Towed To 211 GROVE ST, SAN MARCOS, TX																				
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State TX		LP Num. 486C4U		VIN 1 H D 1 B J Y 1 8 5 Y 0 9 0 3 4 5																	
Veh. Year 2 0 0 5	6. Veh. Color SIL	Veh. Make HARLEY-DAVIDSON				Veh. Model FLSTC				7 Body Style MC		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 13783766				9 DL Class CM	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 1 6 / 1 9 7 1																
Address (Street, City, State, ZIP) 1480 CABELAS DR APT 1436 BUDA, TX 78610																									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	5	1	SALAS, REBECCA								K	51	W	2	97	97	97	4	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	Owner/Lessee										Name & Address SALAS, REBECCA, 1480 CABELAS DR APT 1436 BUDA, TX 78610														
<input type="checkbox"/> Lessee																									
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Name LIBERTY COUNTY MUTUAL				Fin. Resp. Num. Y9318132																			
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt																									
Fin. Resp. Phone Num. (800) 578-6701					27 Vehicle Damage Rating 1 - M C - 1				27 Vehicle Damage Rating 2 - - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No										
Towed By INTERSTATE TOWING (830) 609-7121					Towed To 1316 HWY 123, SAN MARCOS, TX																				

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	TRAVIS COUNTY MEDICAL EXAMINER'S OFFICE			LEGENDS FUNERAL HOME			1 0 / 2 3 / 2 0 2 2		0 7 0 5	

CHARGES	Unit Num.	Prsn. Num.	Charge							Citation/Reference Num.		
	1	1	FAIL TO STOP AND RENDER AID (RESULTING IN DEATH)							WARRANT #F22-013CCL2		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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
1	23	70		45	21				1	2	97	1	1	1	12

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 southbound on SH 21 and Unit #2 was traveling northbound on SH 21. The driver of Unit #1 FAILED TO DRIVE IN SINGLE LANE and DROVE ON THE WRONG SIDE OF THE ROAD - NOT PASSING and struck Unit #2. Both Unit #2 and its driver were thrown off the east side of roadway and into a field. Unit #1 spun around counterclockwise, struck a guardrail, and came to a final stop. The driver of Unit #1 fled the scene. The driver of Unit #2 was pronounced deceased by Justice of the Peace Pct. 2 Beth Smith at 7:05 AM. Autopsy report pending for Unit #2 driver. A warrant of arrest has been issued for the driver of Unit #1 for Fail to Stop and Render Aid (Resulting in Death).</p>															

INVESTIGATOR	Time Notified (24HR:MM)	0 5 4 6	How Notified DPS COMM-AUSTIN	Time Arrived (24HRMM)	0 6 4 5	Report Date (MM/DD/YYYY)	1 0 / 2 6 / 2 0 2 2									
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	SIFUENTES, JOSE A.		ID Num.	13696									
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS							Service/Region/DA	H	P	6	B	0	6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 0 / 2 2 / 2 0 2 2	*Crash Time (24HRMM) 0 4 2 5	Case ID	Local Use
*County Name TRAVIS		*City Name MUSTANG RIDGE	
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) 3 0 * 0 4 3 8 0	Longitude (decimal degrees) 0 9 7 * 6 8 8 7 4

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 130	2 Rdwy. Part 2	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. CR	Hwy. Num. 176	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. RWN7815	VIN 1 G 1 A I 1 8 H 0 9 7 1 8 7 3 7 6	
Veh. Year 2 0 0 9	6. Veh. Color GRN	Veh. Make CHEVROLET			Veh. Model COBALT	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State MX	DL/ID Num. CUAM97072914MCRGR0	9 DL Class 98	10 CDL End. 98	11 DL Rest. 98	DOB (MM/DD/YYYY) 0 7 / 2 9 / 1 9 9 7	

Address (Street, City, State, ZIP) 5693 FM 1854 DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	CRUZ AGUIRRE, MARTIN					K	25	H	1	1	1	5	97	N	98	0.16	98	1	11
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 AGUIRRE VAZQUEZ, DANIEL, 5693 FM 1854 DALE, TX 78616																			
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. OLD AMERICAN COUNTY MUTUAL Name FIRE INS. CO.					Fin. Resp. Num. TEJ01931887-00												
Fin. Resp. Phone Num. (877) 437-5007						27 Vehicle Damage Rating 1 3 - R P - 4	27 Vehicle Damage Rating 2 3 - R F Q - 3					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								

Towed By MAGIC TOWING					Towed To 8606 EVELYN RD, BUDA, TX 78610													
-----------------------	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. LZS5403	VIN 2 C 3 C D Y B T X C H 1 4 1 5 0 8	
Veh. Year 2 0 1 2	6. Veh. Color BLK	Veh. Make DODGE			Veh. Model CHALLENGER	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 16299548	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 2 7 / 1 9 8 2	

Address (Street, City, State, ZIP) 13420 FM 86 DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	MALDONADO, DEREK ALEXIS					N	40	H	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 MALDONADO, DEREK ALEXIS, 13420 FM 86 DALE, TX 78616																			
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. PROGRESSIVE (COUNTY MUTUAL) Name INS. CO.					Fin. Resp. Num. 943499203												
Fin. Resp. Phone Num. (800) 776-4737						27 Vehicle Damage Rating 1 1 2 - F D - 4	27 Vehicle Damage Rating 2 1 - 1 - 1 -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Towed By MAGIC TOWING						Towed To 8606 EVELYN RD, BUDA, TX 78610														

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)					
	1	1	TRAVIS COUNTY MEDICAL EXAMINER'S OFFICE			TRAVIS COUNTY MEDICAL EXAMINER			10 / 22 / 2022		0   4   4   7					
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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.						
	Carrier's Corp. Name			Carrier's Primary Addr.							30 Veh. Type					
	31 Bus Type		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type					
	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles						
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	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	67	35							1	3	4	4	1	1	8
	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale					
	UNIT 1 WAS TRAVELING EAST OF CR-176 APPROACHING A STOP INTERSECTION AT SH-130 N. FRONTAGE ROAD THAT IS EQUIPPED WITH A FLASHING RED LED STOP SIGN AND 2 RED FLASHING TRAFFIC SIGNALS FOR THE CR-176 TRAFFIC. UNIT 2 WAS TRAVELING NORTHBOUND ON THE FRONTAGE ROAD OF SH-130 APPROACHING CR-176. THE SH-130 N. FRONTAGE ROAD IS EQUIPPED WITH YELLOW FLASHING TRAFFIC SIGNALS. UNIT 1 FAILED TO STOP AT THE STOP SIGN AND ENTERED THE INTERSECTION. UNIT 2 STRUCK UNIT 1 AND CONTINUED NORTH ONTO THE IMPROVED SHOULDER COMING TO A STOP FACING NORTH. UNIT 1 SPUN AND STRUCK THE TRAFFIC LIGHT POLE COMING TO A STOP FACING WEST. THE DRIVER OF UNIT 1 WAS PRONOUNCED DEAD AT THE SCENE. BASED ON TRAVIS COUNTY MEDICAL EXAMINERS REPORT WITH THE TOXICOLOGY REPORT, THE DRIVER OF UNIT 1 BLOOD RESULTS SHOWED HIS BAC LEVEL TO BE 0.16 AND TESTED POSITIVE FOR COCAINE AND METHAMPHETAMINE.															

<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	0    4    5    4	How Notified	DPS    AUSTIN    COMMS	Time Arrived (24HRMM)	0    5    4    5	Report Date (MM/DD/YYYY)	0 2 / 2 3 / 2 0 2 3						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) COCHRAN, BRIAN				ID Num.	15179						
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS							Service/ Region/DA	H	P	6	B	0	1



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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 0 / 2 2 / 2 0 2 2				*Crash Time (24HRMM) 0 4 2 5					Case ID						Local Use									
	*County Name TRAVIS										*City Name MUSTANG RIDGE										<input type="checkbox"/> Outside City Limit				
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?				<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees) 3 0 * 0 4 3 8 0		Longitude (decimal degrees) 0 9 7 * 6 8 8 7 4																	
	<b>ROAD ON WHICH CRASH OCCURRED</b>																								
	*1 Rdwy. SH Sys.		*Hwy. Num. 130		2 Rdwy. Part 2		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix												
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.															
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																								
	At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No Sys.				Hwy. Num. 176		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name						4 Street Suffix						
	Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker		Reference Marker		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. RWN7815		VIN 1 G 1 A I 1 8 H 0 9 7 1 8 7 3 7 6																	
Veh. Year 2 0 0 9	6. Veh. Color GRN	Veh. Make CHEVROLET				Veh. Model COBALT				7 Body Style P2				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 1	DL/ID State MX	DL/ID Num. CUAM97072914MCRGR0		9 DL Class 98	10 CDL End. 98		11 DL Rest. 98	DOB (MM/DD/YYYY) 0 7 / 2 9 / 1 9 9 7																	
Address (Street, City, State, ZIP) 5693 FM 1854 DALE, TX 78616																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	CRUZ AGUIRRE, MARTIN								K	25	H	1	1	1	5	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner	Owner/Lessee															Name & Address AGUIRRE VAZQUEZ, DANIEL, 5693 FM 1854 DALE, TX 78616									
<input type="checkbox"/> Lessee																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2	26 Fin. Resp. Name OLD AMERICAN COUNTY MUTUAL FIRE INS. CO.				Fin. Resp. Num. TEJ01931887-00																				
Fin. Resp. Phone Num. (877) 437-5007	27 Vehicle Damage Rating 1 3 - R P - 4				27 Vehicle Damage Rating 2 3 - R F Q - 3												Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Towed By MAGIC TOWING	Towed To 8606 EVELYN RD, BUDA, TX 78610																								
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. LZS5403		VIN 2 C 3 C D Y B T X C H 1 4 1 5 0 8																		
Veh. Year 2 0 1 2	6. Veh. Color BLK	Veh. Make DODGE				Veh. Model CHALLENGER				7 Body Style P2				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 16299548		9 DL Class C	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 2 7 / 1 9 8 2																	
Address (Street, City, State, ZIP) 13420 FM 86 DALE, TX 78616																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	MALDONADO, DEREK ALEXIS								N	40	H	1	1	1	2	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner	Owner/Lessee															Name & Address MALDONADO, DEREK ALEXIS, 13420 FM 86 DALE, TX 78616									
<input type="checkbox"/> Lessee																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2	26 Fin. Resp. Name PROGRESSIVE (COUNTY MUTUAL) INS. CO.				Fin. Resp. Num. 943499203																				
Fin. Resp. Phone Num. (800) 776-4737	27 Vehicle Damage Rating 1 1 2 - F D - 4				27 Vehicle Damage Rating 2 1 - 1 - 1 -												Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Towed By MAGIC TOWING	Towed To 8606 EVELYN RD, BUDA, TX 78610																								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	TRAVIS COUNTY MEDICAL EXAMINER'S OFFICE			TRAVIS COUNTY MEDICAL EXAMINER			1 0 / 2 2 / 2 0 2 2			0 4 4 7		

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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.			
	Carrier's Corp. Name			Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.		HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	35												

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 OF CR-176 APPROACHING A STOP INTERSECTION AT SH-130 N. FRONTAGE ROAD THAT IS EQUIPPED WITH A FLASHING RED LED STOP SIGN AND 2 RED FLASHING TRAFFIC SIGNALS FOR THE CR-176 TRAFFIC. UNIT 2 WAS TRAVELING NORTHBOUND ON THE FRONTAGE ROAD OF SH-130 APPROACHING CR-176. THE SH-130 N. FRONTAGE ROAD IS EQUIPPED WITH YELLOW FLASHING TRAFFIC SIGNALS. UNIT 1 FAILED TO STOP AT THE STOP SIGN AND ENTERED THE INTERSECTION. UNIT 2 STRUCK UNIT 1 AND CONTINUED NORTH ONTO THE IMPROVED SHOULDER COMING TO A STOP FACING NORTH. UNIT 1 SPUN AND STRUCK THE TRAFFIC LIGHT POLE COMING TO A STOP FACING WEST. THE DRIVER OF UNIT 1 WAS PRONOUNCED DEAD AT THE SCENE.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	0 4 5 4	How Notified DPS AUSTIN COMMS				Time Arrived (24HRMM)	0 5 4 5	Report Date (MM/DD/YYYY) 1 0 / 2 3 / 2 0 2 2			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) COCHRAN, BRIAN								ID Num.	15179
	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA	H P 6 B 0 1	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 0 / 1 5 / 2 0 2 2			*Crash Time (24HRMM) 1 0 0 7			Case ID						Local Use															
	*County Name CALDWELL										*City Name										<input checked="" type="checkbox"/> Outside City Limit							
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?			<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees) 2 9 * 9 4 4 4 1			Longitude - (decimal degrees) 0 9 7 * 7 3 2 5 18																				
	<b>ROAD ON WHICH CRASH OCCURRED</b>																											
	*1 Rdwy. FM Sys.		*Hwy. Num. 2001		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix															
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																	
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																											
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. I.R Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name ELM CREEK		4 Street Suffix RD															
	Distance from Int. or Ref. Marker 250			<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker N			Reference Marker		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. FLG5155			VIN J T D B T 9 2 3 6 8 4 0 1 0 7 8 8																			
Veh. Year 2 0 0 8	6. Veh. Color BLU	Veh. Make TOYOTA				Veh. Model YARIS				7 Body Style P4		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 13184524			9 DL Class 5	10 CDL End. 5			11 DL Rest. 5	DOB (MM/DD/YYYY) 0 9 / 1 7 / 1 9 6 3																		
Address (Street, City, State, ZIP) 241 PLACID LOCKHART, TX 78644																												
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category				
	1	1	1	PEREZ, JULIE L							A	59	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	Owner/Lessee																										
	<input type="checkbox"/> Lessee	Name & Address SCOTT, DANIEL J, 1515 WICKERSHAM LN AUSTIN, TX 78748																										
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																					
	Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	Resp. Type																										
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 - F L - 3					27 Vehicle Damage Rating 2 - R & T - 3					Vehicle Inventoried <input checked="" type="checkbox"/> Yes					<input type="checkbox"/> No							
	Towed By BARRENS WRECKER SERVICE						Towed To 1400 S. COMMERCE ST. LOCKHART TX 78644																					
	Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.			VIN																			
	Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type	DL/ID State	DL/ID Num.			9 DL Class	10 CDL End.			11 DL Rest.	DOB (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /					
Address (Street, City, State, ZIP)																												
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category				
	<input type="checkbox"/> Owner	Owner/Lessee																										
	<input type="checkbox"/> Lessee	Name & Address																										
	Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																					
	Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	Resp. Type																										
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - - -					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes					<input type="checkbox"/> No							
	Towed By						Towed To																					
	Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.			VIN																			
	Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
	8 DL/ID Type	DL/ID State	DL/ID Num.			9 DL Class	10 CDL End.			11 DL Rest.	DOB (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /					
Address (Street, City, State, ZIP)																												

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS HOSPITAL			STAR FLIGHT						

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

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address			

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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.			
Carrier's Corp. Name				Carrier's Primary Addr.								30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.		HazMat ID Num.	33 Cargo Body Type		
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions									
	Unit #	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	60	45															

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 SOUTH EAST ON FM 2001. UNIT 1 WAS TRAVELING AT AN UNSAFE SPEED APPROACHING A CURVE, UNIT 1 LEFT THE ROADWAY . UNIT 1 STRUCK A TREE AND ROLLED OVER TO THE RIGHT. UNIT 1 CAME TO REST FACING NORTH. UPON FURTHER INVESTIGATION THE DRIVER OF UNIT 1 STATED SHE WAS DRINKING AT A LOCAL BAR. NO STANDARDIZED FIELD SOBRIETY TEST WERE ADMINISTERED DUE TO DRIVER'S INJURIES SUSTAINED FROM THE CRASH. DRIVER WAS INFORMED THAT HER BLOOD WOULD BE SUBPOENA FOR THE PRESENCE OF ALCOHOL.</p>																			

INVESTIGATOR	Time Notified (24HR:MM)	1 0 1 2	How Notified CALDWELL CO				Time Arrived (24HRMM)	1 0 4 7	Report Date (MM/DD/YYYY) 10 / 18 / 2022					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Cardoso, Diego										ID Num. 12281	
	ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										Service/Region/DA	H P 6 B 1 0	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 0 / 0 9 / 2 0 2 2				*Crash Time (24HRMM) 1   8   1   2				Case ID 4149338				Local Use												
	*County Name CALDWELL				*City Name												<input checked="" type="checkbox"/> Outside City Limit								
	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) 3   0   *   0   3   2   8   3				Longitude - (decimal degrees) 0   9   7   *   6   6   6   7   1 5														
	ROAD ON WHICH CRASH OCCURRED																								
	*1 Rdwy. SH Sys.		*Hwy. 21W Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix												
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<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		Street Desc.													
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																								
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.			1 Rdwy. Hwy. Num.		2. Rdwy. Part		Block Num.		3 Street Prefix		Street Name		4 Street Suffix											
	Distance from Int. or Ref. Marker 0.15			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker 546		Street Desc.		RRX Num.													
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State UN	LP Num.		VIN																	
Veh. Year	6. Veh. Color SIL	Veh. Make CHEVROLET				Veh. Model		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 99	DL/ID State UN	DL/ID Num.		9 DL Class 99	10 CDL End. 99		11 DL Rest. 99	DOB (MM/DD/YYYY)		/	/	/	/	/	/	/	/								
Address (Street, City, State, ZIP)																									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	UNKNOWN, UNKNOWN								99		99	99	99	99	99	99	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																									
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee			Owner/Lessee Name & Address																						
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt			26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Towed By					Towed To																				
Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 3NL295		VIN	1	H	D	1	G	H	V	1	0	1	Y	3	0	9	0	8	1	
Veh. Year 2	0	0	1	6. Veh. Color BLK	Veh. Make HARLEY-DAVIDSON				Veh. Model UNKNOWN				7 Body Style MC		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 34865565		9 DL Class CM	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY)		0	8	/	0	4	/	1	9	9	5						
Address (Street, City, State, ZIP) 5677 CROSS OVER RD NEW BRAUNFELS, TX 78132																									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	5	1	HARRISON, CHASE TAYLOR								A	27	W	1	97	97	97	4	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 HARRISON, CHASE TAYLOR, 5677 CROSS OVER RD NEW BRAUNFELS, TX 78132																						
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt			26 Fin. Resp. Type 2		Fin. Resp. LIBERTY COUNTY MUTUAL Name INSURANCE				Fin. Resp. Num. Y9337720																
Fin. Resp. Phone Num. 1 (800) 290-8711					27 Vehicle Damage Rating 1 1   2   -   F   C   -   4				27 Vehicle Damage Rating 2 3   -   R   &   T   -   4				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Towed By COMMERCIAL TOWING					Towed To 895 S Loop 4, Buda, TX 78610																				

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	Ascension Seton Hays Hospital			CALDWELL COUNTY EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.							30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	98						1	1	97	1	1	1	17
	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)		Field Diagram - Not to Scale											

Investigator's Narrative Opinion of What Happened  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling East on SH-21 when Unit 1 did an illegal u turn. Unit 2 operator did not have enough time to slow down and was forced to lay down his motorcycle. Unit 1 slid on the pavement colliding with unit 1. Unit 1 stopped for a second until unit 1 operator saw eyewitnesses attempting to photograph their license plate, at which point unit 1 fled the scene. Unit 2 and unit 2 operator both slid off the roadway into the grass, leaving the roadway open. Unit 1 was described by eye witnesses as a silver Chevrolet passenger car with damage to the back right tail lamp.

INVESTIGATOR	Time Notified (24HR:MM)	1   8   2   1	How Notified	CALDWELL COUNTY COMM	Time Arrived (24HRMM)	1   8   4   4	Report Date (MM/DD/YYYY)	10 / 09 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	MORGAN, FRANKLIN			ID Num.	15938
	ORI Num.		*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS			Service/Region/DA	H   P   6   B   1   0



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

*Crash Date (MM/DD/YYYY) 1 0 / 0 4 / 2 0 2 2				*Crash Time (24HRMM) 1   2   0   0	Case ID						Local Use																			
*County Name HAYS										*City Name																				
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) 3   0   "   0   1   9   0   1				Longitude — (decimal degrees) 0   9   7   "   7   1   4   6   7				<input checked="" type="checkbox"/> Outside City Limit																
ROAD ON WHICH CRASH OCCURRED																														
*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. 1 Part		Block Num.		3 Street Prefix		* Street Name Camino Real						4 Street Suffix														
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 65		Const. Zone		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Workers Present		<input type="checkbox"/> Yes	Street Desc.															
<input checked="" type="checkbox"/> Yes		1 Rdwy. CR Sys.		Hwy. Num. 60		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name Niederwald						4 Street Suffix DR												
At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No				Distance from Int. or Ref. Marker		<input type="checkbox"/> FT	<input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker		Reference Marker		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. 1N08531		VIN	2	H	S	C	E	A	H	R	3	3	C	0	5	5	9	1	2					
Veh. Year 2   0   0   3	6. Veh. Color BLU		Veh. Make INTERNATIONAL		Veh. Model UNKNOWN		7 Body Style TT		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																					
8 DL/ID Type 2	DL/ID State TX		DL/ID Num. 08080707		9 DL Class AM	10 CDL End. N		11 DL Rest. S	DOB (MM/DD/YYYY) 1   1   /   2   4   /   1   9   5   5																					
Address (Street, City, State, ZIP) 18504 ORVIETO DR PFLUGERVILLE, TX 78660																														
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line													14 Injury Severity	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
1	1	1	ALVAREZ, JESSE													N	66	H	1	1	1	1	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	Owner/Lessee																													
<input type="checkbox"/> Lessee	Name & Address ALVAREZ, JESSE, 18504 ORVIETO DR PFLUGERVILLE, TX 78660																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Name SEBRITE AGENCY INC		Fin. Resp. Num. 005707035C TX DMV																										
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt																														
Fin. Resp. Phone Num. (800) 366-6466				27 Vehicle Damage Rating 1   1   2   -   F   D   -   2				27 Vehicle Damage Rating 2   -   -   -   -   -   -   -				Vehicle Inventoried <input type="checkbox"/> Yes		Vehicle Inventoried <input checked="" type="checkbox"/> No																
Towed By						Towed To																								
Unit Num. 2	5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State OK	LP Num. BJ5671		VIN	4	8	X	F	F	3	9	2	4	K	1	0	1	3	6	1	9					
Veh. Year 2   0   1   9	6. Veh. Color SIL		Veh. Make TRAVIS BODY & TRAILER		Veh. Model UNKNOWN		7 Body Style TL		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																					
8 DL/ID Type	DL/ID State		DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)																					
Address (Street, City, State, ZIP)																														
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line													14 Injury Severity	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
																Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.														
<input checked="" type="checkbox"/> Owner	Owner/Lessee																													
<input type="checkbox"/> Lessee	Name & Address ALVAREZ, JESSE, 18504 ORVIETO DR PFLUGERVILLE, TX 78660																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Name SEBRITE AGENCY INC		Fin. Resp. Num. 005707035C TX DMV																										
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt																														
Fin. Resp. Phone Num. (800) 366-6466				27 Vehicle Damage Rating 1   -   -   -   -   -   -   -				27 Vehicle Damage Rating 2   -   -   -   -   -   -   -				Vehicle Inventoried <input type="checkbox"/> Yes		Vehicle Inventoried <input checked="" type="checkbox"/> No																
Towed By						Towed To																								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.							
	1	1	FAIL TO CONTROL SPEED						TX6EWD0CCZRU							
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address									
CMV	Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 2	29 Carrier ID Type 1	Carrier ID Num. 01021485	30 Veh. Type 9						
CMV	Carrier's Corp. Name AGGREGATE HAULERS			Carrier's Primary Addr. 15080 TRADESMAN DR SAN ANTONIO, TX 78249												
CMV	31 Bus Type 0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR   8 0 0 0 0 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num. ID Num.	HazMat ID Num.	32 HazMat Class Num. ID Num.	HazMat ID Num.	33 Cargo Body Type 6								
CMV	Unit Num. 2	<input checked="" type="checkbox"/> RGVW <input type="checkbox"/> GVWR   0 0 0 0 0 0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR   0 0 0 0 0 0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles							
36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	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	22								1	1	2	1	1	1	12

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale			
Unit #1 was towing unit #2 which was behind unit #3 traveling southwest on SH 21. Unit #3 came to a stop at the intersection of SH 21 and CR 60 Niederwald Dr. waiting to turn left onto CR 60 Niederwald Dr. Unit #1 Failed to control its speed and struck unit #3 in its BD with its FD. All three units came to rest in the middle of the roadway facing southwest.													
Narrative and Diagram													

INVESTIGATOR	Time Notified (24HR:MM)	1	2	2	5	How Notified DPS SAN ANTONIO COMM	Time Arrived (24HRMM)	1	2	4	5	Report Date (MM/DD/YYYY)	10 / 04 / 2022
INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Harrison II, Larry Lee									ID Num.	13685
INVESTIGATOR	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS						Service/Region/DA	H P 6 B 0 6



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

*Crash Date (MM/DD/YYYY) 1 0 / 0 4 / 2 0 2 2				*Crash Time (24HRMM) 1   2   0   0				Case ID								Local Use																																																																														
*County Name HAYS				*City Name				<input checked="" type="checkbox"/> Outside City Limit																																																																																						
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) 3   0   *   0   1   9   0   1				Longitude — (decimal degrees) 0   9   7   *   7   1   4   6   7																																																																																						
<b>ROAD ON WHICH CRASH OCCURRED</b>																																																																																														
*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name Camino Real		4 Street Suffix																																																																																		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<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		Street Desc.																																																																																		
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																																																																																														
At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No Sys.				1 Rdwy. CR Hwy. Num. 60		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name Niederwald		4 Street Suffix DR																																																																																
Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.		RRX Num.																																																																																		
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. GPK7618		VIN 1 G K D M 1 9 W 9 R B 5 0 6 1 6 1																																																																																		
Veh. Year 1 9 9 4		6. Veh. Color GRY		Veh. Make GMC		Veh. Model SAFARI		7 Body Style VN		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																				
8 DL/ID Type 4		DL/ID State TX		DL/ID Num. 03570233		9 DL Class 5		10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY) 0 1 / 0 9 / 1 9 6 5																																																																																		
Address (Street, City, State, ZIP) 2606 WHELESS #3203 LN AUSTIN, TX 78723																																																																																														
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2">Person Num.</th> <th rowspan="2">12 Prsn. Type</th> <th rowspan="2">13 Seat Position</th> <th colspan="12">Name: Last, First, Middle</th> <th rowspan="2">14 Injury Severity</th> <th rowspan="2">15 Ethnicity</th> <th rowspan="2">16 Sex</th> <th rowspan="2">17 Eject.</th> <th rowspan="2">18 Restr.</th> <th rowspan="2">19 Airbag</th> <th rowspan="2">20 Helmet</th> <th rowspan="2">21 Sol.</th> <th rowspan="2">22 Alc. Spec.</th> <th rowspan="2">23 Drug Spec.</th> <th rowspan="2">24 Drug Result</th> <th rowspan="2">25 Drug Category</th> </tr> <tr> <th colspan="12">Enter Driver or Primary Person for this Unit on first line</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td colspan="12">BUENO, MAYOLO RODRIGUEZ</td> <td>A</td> <td>57</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td>96</td> <td>97</td> <td>97</td> </tr> </table>																	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle												14 Injury Severity	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Category	Enter Driver or Primary Person for this Unit on first line												1	1	1	BUENO, MAYOLO RODRIGUEZ												A	57	H	1	1	1	1	97	N	96	96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.										
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1	1	1	BUENO, MAYOLO RODRIGUEZ												A	57	H	1	1	1	1	97	N	96	96	97	97																																																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RODRIGUEZ BUENO, EDUARDO, 135 ARTESIAN DR CEDAR CREEK, TX 78612																																																																																												
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type 2				Fin. Resp. Name Assurance America Insurance				Fin. Resp. Num. PTX1475332																																																																																		
Fin. Resp. Phone Num. (512) 928-4249				27 Vehicle Damage Rating 1 6 - B D - 5				27 Vehicle Damage Rating 2 1 - 1 - 1 -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes																																																																																		
Towed By INTERSTATE TOWING (830) 609-7121				Towed To 1316 SH 123 SAN MARCOS, TX 78666																																																																																										
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																																																																																		
Veh. Year				6. Veh. Color		Veh. Make		Veh. Model		7 Body Style																																																																																				
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																																																		
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<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee		Owner/Lessee Name & Address RODRIGUEZ BUENO, EDUARDO, 135 ARTESIAN DR CEDAR CREEK, TX 78612																																																																																												
Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type				Fin. Resp. Name Assurance America Insurance				Fin. Resp. Num. PTX1475332																																																																																		
Fin. Resp. Phone Num. (512) 928-4249				27 Vehicle Damage Rating 1 6 - B D - 5				27 Vehicle Damage Rating 2 1 - 1 - 1 -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes																																																																																		
Towed By INTERSTATE TOWING (830) 609-7121				Towed To 1316 SH 123 SAN MARCOS, TX 78666																																																																																										
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																																																																																		
Veh. Year				6. Veh. Color		Veh. Make		Veh. Model		7 Body Style																																																																																				
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																																																		
Address (Street, City, State, ZIP)																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																													
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Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle												14 Injury Severity	15 Ethnicity				16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Category																																																																	
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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 (24HR:MM)	
	3	1	ASCENSION SETON HAYS HOSPITAL (KYLE)			HAYS COUNTY EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight		Total Num. Axles	<input type="checkbox"/> Yes

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	1	2	2	5	How Notified DPS SAN ANTONIO COMM			Time Arrived (24HRMM)	1	2	4	5	Report Date (MM/DD/YYYY)	10 / 04 / 2022					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Harrison II, Larry Lee							ID Num.	13685									
	ORI Num.									*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA	H	P	6	B	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 0 / 0 2 / 2 0 2 2		*Crash Time (24HRMM) 0 8 0 9		Case ID 222750153		Local Use											
	*County Name TRAVIS		*City Name MUSTANG RIDGE				<input type="checkbox"/> Outside City Limit											
	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 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	1	Block Num. 8701	3 Street Prefix	* Street Name Evelyn	4 Street Suffix RD										
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 45	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Reata	4 Street Suffix RD										
	Distance from Int. or Ref. Marker 300		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.											
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MXX2285	VIN 1 G N E C 1 6 R X V J 3 0 1 8 1 4											
Veh. Year 1 9 9 7	6. Veh. Color BLU	Veh. Make CHEVROLET			Veh. Model SUBURBAN	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 25589933	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 8 / 1 0 / 1 9 4 5												
Address (Street, City, State, ZIP) 8818 PISTOL PASS BUDA, TX 78610																		
Person Num. 12 Psnl. Type 13 Seat Position Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																		
1 1 1	WHITTLE JR, WYATT			14 Injury Severity A	15 Ethnicity B	16 Sex 1	17 Eject. 96	18 Restr. 5	19 Airbag 97	20 Helmet N	21 Sol. 96	22 Alc. Spec. 96	Alc. Result 97	23 Drug Spec. 97	24 Drug Result 97	25 Drug Category		
								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 Name & Address WHITTLE JR, WYATT, 8818 PISTOL PASS BUDA, TX 78610																		
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt			26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.											
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 1 2 - F D - 4				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Towed By Magic Towing				Towed To 8818 Pistol Pass Buda, TX 78610														
Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN												
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style												
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/		
Address (Street, City, State, ZIP)																		
Person Num. 12 Psnl. Type 13 Seat Position Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																		
1 1 1	WHITTLE JR, WYATT			14 Injury Severity A	15 Ethnicity B	16 Sex 1	17 Eject. 96	18 Restr. 5	19 Airbag 97	20 Helmet N	21 Sol. 96	22 Alc. Spec. 96	Alc. Result 97	23 Drug Spec. 97	24 Drug Result 97	25 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 Name & Address																		
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt			26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.											
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - -				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No						
Towed By				Towed To														

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	South Austin			EMS						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	Damage to wood fence and concrete retain			Mark				8701 Evelyn RD Buda, TX 78610			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22			10			1	1	97	1	1	1	96

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Unit 1 left roadway and struck a concrete retaining wall and wood fence.													

INVESTIGATOR	Time Notified (24HR:MM)	0 8 0 9	How Notified Phone call			Time Arrived (24HRMM)	0 8 1 1	Report Date (MM/DD/YYYY) 10 / 02 / 2022				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) MacMaster, Scott Alan								ID Num. 1059	
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT								Service/Region/DA C H	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 17 / 2022	*Crash Time (24HRMM) 0 1 3 5	Case ID 4119982	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3 0 * 0 0 7 4 2	Longitude (decimal degrees) 0 9 7 * 8 5 3 0 1

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.25		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker 544	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. GCZ7700	VIN 3 D 7 K A 2 8 C 0 3 G 8 4 9 4 5 4	
Veh. Year 2 0 0 3	6. Veh. Color SIL	Veh. Make DODGE			Veh. Model RAM TRUCK 2500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 48112051	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 1 0 / 0 1 / 2 0 0 4	

Address (Street, City, State, ZIP) 99 MISTY RD KYLE, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	CASTILLA CORTEZ, EDGAR YAHIR					N	17	H	1	1	1	2	97	N	2	0.178	96	97	97
2	2	3	JAIMES, JOVANNI					A	17	H	1	1	1	2	97	N					

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 CASTILLA-UVIEDO, ROGELIO, 99 MISTY RD KYLE, TX 78640										
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name HOME STATE COUNTY MUTUAL					Fin. Resp. Num. SNH417468				
Fin. Resp. Phone Num. (254) 776-4521					27 Vehicle Damage Rating 1 1 2 - F D - 5	27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By QUANTUM TOWING (ROTATIONAL)	Towed To 1124 N BLANCO ST LOCKHART, TX 78644
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. RYX5090	VIN K N A F U 4 A 2 2 C 5 4 7 9 6 6 2	
Veh. Year 2 0 1 2	6. Veh. Color TAN	Veh. Make KIA			Veh. Model FORTE	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 6 / 1 1 / 1 9 9 1	

Address (Street, City, State, ZIP) 8000 TONOPA LN AUSTIN, TX 78724

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	PEREZ REYNOSO, FELIPE					K	31	H	1	1	1	5	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 PEREZ REYNOSO, ALICIA, 8000 TONOPA LN AUSTIN, TX 78724										
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name PROGRESSIVE					Fin. Resp. Num. 922138303				
Fin. Resp. Phone Num. (210) 610-4000					27 Vehicle Damage Rating 1 1 2 - F D - 7	27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By 911 DISPATCH TOWING (ROTATIONAL)	Towed To 218 S MAIN ST, LOCKHART, TX 78644										

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	2	SETON HAYS	LOCKHART EMS		
	2	1	101 CENTERPOINT RD, SAN MARCOS, TX 78666	LEGENDS FUNERAL HOME	09 / 17 / 2022	0328

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	FAIL TO DRIVE IN SINGLE LANE	TX 6EF50JQXW2
	1	1	NO DRIVER LICENSE WHEN UNLICENSED	TX 6EF50JQXW2
	1	1	INTOXICATION MANSLAUGHTER	TX 6EF50JOXW2

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

<p><b>NARRATIVE AND DIAGRAM</b></p> <p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <p>UNIT 1 WAS TRAVELING WESTBOUND ON SH 21 NEAR MP 544. UNIT 2 WAS TRAVELING EASTBOUND ON SH 21 NEAR MP 544. UNIT 1 FAIL TO DRIVE IN A SINGLE LANE CROSSING THE CENTER/ STRIPE DIVIDER COLLIDING WITH UNIT 2. UNIT 1 SUSTAINED FRONT END DISTRIBUTED DAMAGE COMING TO REST IN THE WESTBOUND LANE AND NORTH SHOULDER OF SH 21 FACING NORTHWEST. UNIT 2 SUSTAINED FRONT END DISTRIBUTED DAMAGE COMING TO REST IN THE WESTBOUND LANE FACING WEST. THE DRIVER OF UNIT 1 AND THE PASSENGER OF UNIT 1 WERE TRANSPORTED BY LOCKHART EMS TO SETON HAYS. THE PASSENGER OF UNIT 1 SUSTAINED INCAPACITATING INJURIES. THE DRIVER OF UNIT 1 SUSTAINED NO INJURIES. THE DRIVER OF UNIT 2 WAS ENTRAPPED AFTER UNIT 1 COLLIDED WITH UNIT 2 AND SUCCOMBED TO HIS INJURIES, WHERE HE WAS PRONOUNCED DECEASED ON SCENE. LOCKHART EMS AND SETON HAYS HOSPITAL STAFF ADVISED ME THAT THE DRIVER OF UNIT 1 SMELT OF AN ALCOHOLIC BEVERAGE EMITTING FROM THE DRIVERS BREATH AND/OR CLOTHING. WHEN I WAS ABLE TO ASK THE DRIVER OF UNIT 1 IF HE HAD CONSUMED ANY ALCOHOLIC BEVERAGES HE ADVISED HE HAD NOT. THROUGH INVESTIGATION I HAVE WRITTEN A PRESERVATION LETTER AND SENT IT TO SETON HAYS FOR THE PRESERVATION OF THE DRIVER OF UNIT 1'S BLOOD AND FOLLOWING WILL BE A SEARCH WARRANT TO OBTAIN THE BLOOD. THEREFORE, BLOOD RESULTS ARE PENDING. CRIMINAL CHARGES WILL BE PENDING DEPENDING ON THE BLOOD RESULTS. A SUPPLEMENT WAS CREATED TO CHANGE/FIX THE DIRECTIONS OF WHERE THE UNITS CAME TO REST AND THE DIRECTION IN WHICH THEY WERE FACING.</p>	<p>Field Diagram - Not to Scale</p>
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<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	0   1   5   4	How Notified	DPS    AUSTIN    COMMS	Time Arrived (24HRMM)	0   2   5   1	Report Date (MM/DD/YYYY)	10 / 20 / 2022					
	Invest.	<input type="checkbox"/> Yes	Investigator Name (Printed)	Gouge, Max				ID Num.	15713				
	Comp.	<input checked="" type="checkbox"/> No											
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS						Service/ Region/DA	H	P	6	B	1	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 17 / 2022	*Crash Time (24HRMM) 0 1 3 5	Case ID 4119982	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3 0 * 0 0 7 4 2	Longitude (decimal degrees) 0 9 7 * 8 5 3 0 1

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.25		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker 544	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. GCZ7700	VIN 3 D 7 K A 2 8 C 0 3 G 8 4 9 4 5 4	
Veh. Year 2 0 0 3	6. Veh. Color SIL	Veh. Make DODGE			Veh. Model RAM TRUCK 2500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 48112051	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 1 0 / 0 1 / 2 0 0 4	

Address (Street, City, State, ZIP) 99 MISTY RD KYLE, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	CASTILLA CORTEZ, EDGAR YAHIR					N	17	H	1	1	1	2	97	N	98		96	97	97
2	2	3	JAIMES, JOVANNI					A	17	H	1	1	1	2	97	N					

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 CASTILLA-UVIEDO, ROGELIO, 99 MISTY RD KYLE, TX 78640																
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name HOME STATE COUNTY MUTUAL			Fin. Resp. Num. SNH417468												
Fin. Resp. Phone Num. (254) 776-4521				27 Vehicle Damage Rating 1 1 2 - F D - 5			27 Vehicle Damage Rating 2 - - - -			Vehicle Inventoried <input type="checkbox"/> Yes							

Towed By QUANTUM TOWING (ROTATIONAL)				Towed To 1124 N BLANCO ST LOCKHART, TX 78644										
--------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. RYX5090	VIN K N A F U 4 A 2 2 C 5 4 7 9 6 6 2	
Veh. Year 2 0 1 2	6. Veh. Color TAN	Veh. Make KIA			Veh. Model FORTE	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 6 / 1 1 / 1 9 9 1	

Address (Street, City, State, ZIP) 8000 TONOPA LN AUSTIN, TX 78724

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	PEREZ REYNOSO, FELIPE					K	31	H	1	1	1	5	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 PEREZ REYNOSO, ALICIA, 8000 TONOPA LN AUSTIN, TX 78724																
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name PROGRESSIVE			Fin. Resp. Num. 922138303												
Fin. Resp. Phone Num. (210) 610-4000				27 Vehicle Damage Rating 1 1 2 - F D - 7			27 Vehicle Damage Rating 2 - - - -			Vehicle Inventoried <input type="checkbox"/> Yes							
Towed By 911 DISPATCH TOWING (ROTATIONAL)				Towed To 218 S MAIN ST, LOCKHART, TX 78644													

## VEHICLE, DRIVER, &amp; PERSONS

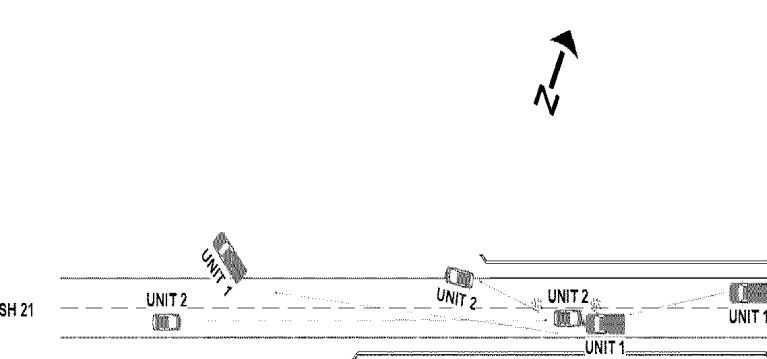
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	2	SETON HAYS			LOCKHART EMS								
	2	1	101 CENTERPOINT RD, SAN MARCOS, TX 78666			LEGENDS FUNERAL HOME			0 9 / 1 7 / 2 0 2 2			0   3   2   8		

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.				
	1	1	FAIL TO DRIVE IN SINGLE LANE						TX 6EF50JQXW2				
	1	1	NO DRIVER LICENSE WHEN UNLICENSED						TX 6EF50JQXW2				

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name	Carrier's Primary Addr.								30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> HazMat Released <input type="checkbox"/> No	<input type="checkbox"/> Yes Class Num.	32 HazMat ID Num.	<input type="checkbox"/> HazMat	32 HazMat Class Num.	<input type="checkbox"/> HazMat ID Num.	<input type="checkbox"/> HazMat	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> 34 Trlr. Type	<input type="checkbox"/> CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> 34 Trlr. Type	<input type="checkbox"/> CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	23	45					1	2	97	1	1	1	11

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	UNIT 1 WAS TRAVELING WESTBOUND ON SH 21 NEAR MP 544. UNIT 2 WAS TRAVELING EASTBOUND ON SH 21 NEAR MP 544. UNIT 1 FAIL TO DRIVE IN A SINGLE LANE CROSSING THE CENTER/ STRIPE DIVIDER COLLIDING WITH UNIT 2. UNIT 1 SUSTAINED FRONT END DISTRIBUTED DAMAGE COMING TO REST IN THE WESTBOUND LANE OF SH 21 FACING NORTHEAST. UNIT 2 SUSTAINED FRONT END DISTRIBUTED DAMAGE COMING TO REST IN THE EASTBOUND LANE FACING NORTHEAST. THE DRIVER OF UNIT 1 AND THE PASSENGER OF UNIT 1 WERE TRANSPORTED BY LOCKHART EMS TO SETON HAYS. THE PASSENGER OF UNIT 1 SUSTAINED INCAPACITATING INJURIES. THE DRIVER OF UNIT 1 SUSTAINED NO INJURIES. THE DRIVER OF UNIT 2 WAS ENTRAPPED AFTER UNIT 1 COLLIDED WITH UNIT 2 AND SUCCOMBED TO HIS INJURIES, WHERE HE WAS PRONOUNCED DECEASED ON SCENE. LOCKHART EMS AND SETON HAYS HOSPITAL STAFF ADVISED ME THAT THE DRIVER OF UNIT 1 SMELT OF AN ALCOHOLIC BEVERAGE EMITTING FROM THE DRIVERS BREATH AND/OR CLOTHING. WHEN I WAS ABLE TO ASK THE DRIVER OF UNIT 1 IF HE HAD CONSUMED ANY ALCOHOLIC BEVERAGES HE ADVISED HE HAD NOT. THROUGH INVESTIGATION I HAVE WRITTEN A PRESERVATION LETTER AND SENT IT TO SETON HAYS FOR THE PRESERVATION OF THE DRIVER OF UNIT 1'S BLOOD AND FOLLOWING WILL BE A SEARCH WARRANT TO OBTAIN THE BLOOD. THEREFORE, BLOOD RESULTS ARE PENDING. CRIMINAL CHARGES WILL BE PENDING DEPENDING ON THE BLOOD RESULTS.													

INVESTIGATOR	Time Notified (24HR:MM)	0   1   5   4	How Notified	DPS AUSTIN COMMS	Time Arrived (24HRMM)	0   2   5   1	Report Date (MM/DD/YYYY)	0 9 / 2 0 / 2 0 2 2						
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Gouge, Max					ID Num.	15713				
	ORI Num.								*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P	6   B	1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 09 / 14 / 2022				*Crash Time (24HRMM) 1 6 5 1				Case ID 2022-00056101				Local Use																
	*County Name HAYS				*City Name SAN MARCOS												<input type="checkbox"/> Outside City Limit												
	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)																				
	<b>ROAD ON WHICH CRASH OCCURRED</b>																												
	*1 Rdwy. I.R Sys.		*Hwy. Num.		2 Rdwy. Part		1		Block Num. 700		3 Street Prefix		*Street Name Sturgeon		4 Street Suffix DR														
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		30		Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.														
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																												
	At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No		1 Rdwy. I.R Sys.		Hwy. Num.		2. Rdwy. Part		1		Block Num. 200		3 Street Prefix		Street Name Clair		4 Street Suffix DR												
	Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		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. LRR0869			VIN	1	N	4	B	I	2	1	E	7	8	N	4	7	4	1	7	9			
Veh. Year 2	0	0	8	6. Veh. Color BLK	Veh. Make NISSAN			Veh. Model ALTIMA					7 Body Style P4						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 41778138			9 DL Class C	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 1 0 / 1		2	/	1	9	8	9												
Address (Street, City, State, ZIP) 607 Conway DR San Marcos, TX 78666																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line													<input type="checkbox"/> 14 Injury Severity	<input type="checkbox"/> 15 Ethnicity	<input type="checkbox"/> 16 Sex	<input type="checkbox"/> 17 Eject.	<input type="checkbox"/> 18 Restr.	<input type="checkbox"/> 19 Airbag	<input type="checkbox"/> 20 Helmet	<input type="checkbox"/> 21 Sol.	<input type="checkbox"/> 22 Alc. Spec.	<input type="checkbox"/> 23 Drug Spec.	<input type="checkbox"/> 24 Drug Result	<input type="checkbox"/> 25 Drug Category				
	1	1	1	Kemp, Helen													N	32	W	2	1	1	1	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	Owner/Lessee																											
	<input type="checkbox"/> Lessee	Name & Address Kemp, Helen, 607 Conway DR San Marcos, TX 78666																											
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Fin. Resp. Name Allstate				Fin. Resp. Num. 000000886291007																				
	Fin. Resp. Phone Num. 800-255-7828					27 Vehicle Damage Rating 1 9 - I P - 1				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
	Towed By Driven Away By Owner					Towed To Driven Away By Owner																							
	Unit Num. 2	5 Unit Desc. 3	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.			VIN																				
	Veh. Year 1	6. Veh. Color		Veh. Make			Veh. Model				7 Body Style						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 33611959			9 DL Class C	10 CDL End. 96		11 DL Rest. A	DOB (MM/DD/YYYY) 1 1 / 2 4 / 1 9 9 4																			
Address (Street, City, State, ZIP) 709 Sturgeon DR San Marcos, TX 78666																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line													<input type="checkbox"/> 14 Injury Severity	<input type="checkbox"/> 15 Ethnicity	<input type="checkbox"/> 16 Sex	<input type="checkbox"/> 17 Eject.	<input type="checkbox"/> 18 Restr.	<input type="checkbox"/> 19 Airbag	<input type="checkbox"/> 20 Helmet	<input type="checkbox"/> 21 Sol.	<input type="checkbox"/> 22 Alc. Spec.	<input type="checkbox"/> 23 Drug Spec.	<input type="checkbox"/> 24 Drug Result	<input type="checkbox"/> 25 Drug Category				
	1	3	16	CERVANTES, TY DANIEL PHILLIP													A	27	H	1	97	97	97	3	N	96	96	97	97
	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																												
	<input type="checkbox"/> Owner	Owner/Lessee																											
	<input type="checkbox"/> Lessee	Name & Address																											
	Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																				
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - -				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
	Towed By					Towed To																							

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	2	1	SETON HAYS MEDICAL CENTER	HAYS COUNTY E.M.S.		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Fail to Yield Right of Way- Turning Left	01134867

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	20						1	1	2	1	1	1	8

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	Unit 1 was traveling southeast in the 200blk Claire Dr. Unit 2 was traveling southwest in the 700blk Sturgeon Dr. Unit 1 pulled out from a stop sign to turn from Claire onto Sturgeon, in front of Unit 2. Unit 2 impacted the driver door of Unit 1. Unit 2 operator was wearing a helmet. Unit 1 operator was issued citation for fail to yield right of way.										<p>Not To Scale</p>				

INVESTIGATOR	Time Notified (24HR:MM)	1   6   5   5	How Dispatched	Time Arrived (24HRMM)	1   6   5   9	Report Date (MM/DD/YYYY)	09 / 14 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Poirier, Larry Todd		ID Num.	13752
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency	SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0   0	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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) 08 / 04 / 2022	*Crash Time (24HRMM) 2 0 5 5	Case ID 4057556	Local Use
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*County Name HAYS	*City Name	Outside City Limit <input checked="" type="checkbox"/>
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees) 2 9 * 9 5 7 6 5	Longitude - (decimal degrees) 0 9 7 * 7 8 6 4 4
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	*Street Name CAMINO REAL	4 Street Suffix RD
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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No	Street Desc.
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## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. CR Sys.	Hwy. Num. 129	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name COTTON GIN	4 Street Suffix RD
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Distance from Int. or Ref. Marker	<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 0109W85	VIN 2 T 1 B U R H E 8 E C 0 9 4 3 3 6
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Veh. Year 2 0 1 4	6. Veh. Color BLK	Veh. Make TOYOTA	Veh. Model COROLLA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/>
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8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 45098737	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 2 / 1 1 / 2 0 0 1
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Address (Street, City, State, ZIP) 122 EVERETT DR KYLE, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	BABCOCK, COLTON DALLAS	A	21	W	1	1	1	5	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	Owner/Lessee	Name & Address PADILLA, ANALICIA DANIELLE, 122 EVERETT DR KYLE, TX 78640													
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 9 - L P - 2	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes
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Towed By INTERSTATE TOWING (830) 312-2749	Towed To 208 S. FRONT ST., KYLE, TX 78640	Vehicle Inventoried <input type="checkbox"/> No
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. GGG1813	VIN 2 F M G K 5 B 8 X E B D 1 8 2 3 4
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Veh. Year 2 0 1 4	6. Veh. Color BLK	Veh. Make FORD	Veh. Model FLEX	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/>
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8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 4 / 2 3 / 1 9 8 2
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Address (Street, City, State, ZIP) 5406 HUDSON ST AUSTIN, TX 78721

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	LOPEZ ESTRADA, JORGE	N	40	H	1	1	1	5	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	Owner/Lessee	Name & Address LOPEZ, TEDORA, 5406 HUDSON ST AUSTIN, TX 78721													
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Name HOME STATE COUNTY MUTUAL	Fin. Resp. Num. 00100543
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Fin. Resp. Phone Num. (254) 776-4521	27 Vehicle Damage Rating 1 1 2 - F D - 2	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes
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Towed By QUANTUM TOWING (512) 295-8697	Towed To 500 S. OLD HIGHWAY 81, KYLE, TEXAS 78640	Vehicle Inventoried <input type="checkbox"/> No
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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 (24HR:MM)
	1	1	ASCENSION SETON HAYS HOSPITAL - KYLE	HAYS COUNTY EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	FAIL TO YIELD ROW AT STOP INTERSECTION (TXTRC 545.151)	TX6DLD0ZGSGN

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.
	34 Trlr. Type								
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	35						1	2	4	1	1	1	8

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	UNIT 1 WAS AT THE STOP SIGN FACING NORTHWEST ON CR 129 COTTON GIN RD. UNIT 2 WAS TRAVELING NORTHEAST ON SH 21 MP 537. UNIT 1 FAIL TO YIELD THE RIGHT OF WAY AT THE STOP SIGN AND WENT. UNIT 2 THEN STRUCK UNIT 1'S LEFT SIDE WITH ITS FRONT DISTRIBUTED.													
*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS														

INVESTIGATOR	Time Notified (24HR:MM)	2   1   0   0	How Notified DPS AUSTIN COMMS	Time Arrived (24HRMM)	2   1   1   5	Report Date (MM/DD/YYYY)	08 / 08 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Bustamante Jr, Rolando	ID Num.	15038		
	ORI Num.		*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P	6   B   0   6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 07 / 25 / 2022	*Crash Time (24HRMM) 0 5 5 0	Case ID 4040517	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3 0 * 0 2 0 5 7	Longitude (decimal degrees) 0 9 7 * 6 6 2 8 9

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. FM Sys.	*Hwy. Num. 1854	2 Rdwy. Part 1	Block Num. 12763	3 Street Prefix	*Street Name FM 1854	4 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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Tomahawk	4 Street Suffix TRL
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 0690H46	VIN 3 C 6 3 R 3 F L 9 E G 1 3 9 4 7 7	
Veh. Year 2 0 1 4	6. Veh. Color RED	Veh. Make DODGE			Veh. Model RAM 3500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 4 / 0 8 / 1 9 9 6	

Address (Street, City, State, ZIP) 210 Pikes Peak Bend RD Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Salazar Rangel, Josue Giovanni					C	26	H	1	1	1	2	97	N	2	0.103	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 Salazar Rangel, Josue Giovanni, 210 Pikes Peak Bend RD Dale, TX 78616																			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. State Farm Mutual Auto Ins. Name Co.	Fin. Resp. Num. 466 1302-F23-53																	
Fin. Resp. Phone Num. 800-782-8332				27 Vehicle Damage Rating 1 1 - F L - 3	27 Vehicle Damage Rating 2 1 - V X - 0	Vehicle Inventoried <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No													

Towed By ITX Towing Towed To 218 N. Main, Lockhart, Tx 78644

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. RBB4058	VIN 2 H G F E 2 F 5 8 N H 5 2 5 3 3 7	
Veh. Year 2 0 2 2	6. Veh. Color SIL	Veh. Make HONDA			Veh. Model CIVIC	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 1 / 3 1 / 2 0 0 0	

Address (Street, City, State, ZIP) 290 Rosewood DR Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Valle Medrano, Bryan Neftali					N	22	H	1	1	1	1	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 Valle Medrano, Bryan Neftali, 290 Rosewood DR Dale, TX 78616																				

Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Infinity County Mutual Ins. Name Co.	Fin. Resp. Num. 142560607961001																	
Fin. Resp. Phone Num. 800-782-1020				27 Vehicle Damage Rating 1 1 1 - I P - 1	27 Vehicle Damage Rating 2 1 1 1 - -	Vehicle Inventoried <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No													
Towed By	Towed To																			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Edgar B. Davis Hospital, Luling			Deputy Nickolas Nelson						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	Intoxication Manslaughter						TX6CXB0PXS96		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type	
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	70	67					1	2	97	1	1	1	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 driving south on FM 1854 just north of Tomahawk Trail. Unit # 1 driver stated that he had been on his cell phone and his vehicle crossed over into the north bound lane. Unit # 2 followed by Unit # 3 were driving north on FM 1854 when they drove up on Unit # 1 in the north bound lane driving south. Unit # 2 took evasive action by driving to the right but it's driver side mirror was struck as Unit # 1 drove by south bound in the north bound lane. Unit # 3 had no time to react and was struck head-on by Unit # 1. Unit # 3 driver was killed when Unit # 1, a Dodge 3500 pick-up with large wheels and raised kit, drove over Unit # 3. Unit # 1 was forced to the west side of the roadway when it drove over Unit # 3. Unit # 1 came to stop on the west side of the highway facing south. Unit # 3 was pushed back 25 feet it when was struck by Unit # 1 and came to stop in the north bound lane facing north. Unit # 2 had continued north then turned around and came back to the scene. Unit # 1 driver was found to be intoxicated and was arrested and transported to the hospital then to the jail.</p>																			
	<p>FM 1854</p>																			

INVESTIGATOR	Time Notified (24HR:MM)	0 5 5 5	How Notified CCSO	Time Arrived (24HRMM)	0 6 1 5	Report Date (MM/DD/YYYY)	0 9 / 2 5 / 2 0 2 2
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.			*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 6 B 1 O



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 07 / 25 / 2022	*Crash Time (24HRMM) 0 5 5 0	Case ID 4040517	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3 0 * 0 2 0 5 7	Longitude - (decimal degrees) 0 9 7 * 6 6 2 8 19

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. FM Sys.	*Hwy. Num. 1854	2 Rdwy. Part 1	Block Num. 12763	3 Street Prefix	*Street Name FM 1854	4 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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Tomahawk	4 Street Suffix TRL
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. GDJ9375	VIN J T K K T 6 0 4 4 5 0 1 2 8 8 3 1	
Veh. Year 2 0 0 5	6. Veh. Color SIL	Veh. Make TOYOTA			Veh. Model SCION XA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 23328664	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 2 / 2 5 / 1 9 8 8	

Address (Street, City, State, ZIP) 659 Hidden Oak RD Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Holland, Michael S.					K	34	W	1	1	1	5	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 Yelverton, Byron Marcus, 820 Fruit LN Kingsbury, TX 78638																			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name GEICO					Fin. Resp. Num. 4594699912													
Fin. Resp. Phone Num. 800-207-7847						27 Vehicle Damage Rating 1 1 2 - F D - 6	27 Vehicle Damage Rating 2 - - - - -													Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Quantum Towing	Towed To 1124 N. Blanco, Lockhart, Tx 78644
-------------------------	---

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																		
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style																		
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		

Address (Street, City, State, ZIP)																					
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																					
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address																				
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.														

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - - - -	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By	Towed To		

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	3	1	Legends Funeral Home			Legends Funeral Home			0 7 / 25 / 2022			0 7 1 0		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.							
	Carrier's Corp. Name	Carrier's Primary Addr.													30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type						
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight					Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	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		

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							

INVESTIGATOR	Time Notified (24HR:MM)	0 5 5 5	How Notified CCSO	Time Arrived (24HRMM)	0 6 1 5	Report Date (MM/DD/YYYY)	0 9 / 25 / 2022											
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840											
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS									Service/Region/DA	H	P	6	B	1	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 07 / 25 / 2022	*Crash Time (24HRMM) 0 5 5 0	Case ID 4040517	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3 0 * 0 2 0 5 7	Longitude (decimal degrees) 0 9 7 * 6 6 2 8 9

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. FM Sys.	*Hwy. Num. 1854	2 Rdwy. Part 1	Block Num. 12763	3 Street Prefix	*Street Name FM 1854	4 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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Tomahawk	4 Street Suffix TRL
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 0690H46	VIN 3 C 6 3 R 3 F L 9 E G 1 3 9 4 7 7	
Veh. Year 2 0 1 4	6. Veh. Color RED	Veh. Make DODGE			Veh. Model RAM 3500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 4 / 0 8 / 1 9 9 6	

Address (Street, City, State, ZIP) 210 Pikes Peak Bend RD Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Salazar Rangel, Josue Giovanni					C	26	H	1	1	1	2	97	N	2		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 Salazar Rangel, Josue Giovanni, 210 Pikes Peak Bend RD Dale, TX 78616																
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. State Farm Mutual Auto Ins. Name Co.	Fin. Resp. Num. 466 1302-F23-53	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Fin. Resp. Phone Num. 800-782-8332		27 Vehicle Damage Rating 1 1 - F L - 3	27 Vehicle Damage Rating 2 1 - V X - 0														

Towed By ITX Towing Towed To 218 N. Main, Lockhart, Tx 78644

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. RBB4058	VIN 2 H G F E 2 F 5 8 N H 5 2 5 3 3 7	
Veh. Year 2 0 2 2	6. Veh. Color SIL	Veh. Make HONDA			Veh. Model CIVIC	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 1 / 3 1 / 2 0 0 0	

Address (Street, City, State, ZIP) 290 Rosewood DR Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Valle Medrano, Bryan Neftali					N	22	H	1	1	1	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 Valle Medrano, Bryan Neftali, 290 Rosewood DR Dale, TX 78616																				

Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Infinity County Mutual Ins. Name Co.	Fin. Resp. Num. 142560607961001	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fin. Resp. Phone Num. 800-782-1020		27 Vehicle Damage Rating 1 1 1 - I P - 1	27 Vehicle Damage Rating 2 1 1 1 - -		
Towed By	Towed To				

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Edgar B. Davis Hospital, Luling			Deputy Nickolas Nelson						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	Intoxication Manslaughter						TX6CXB0PXS96		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type	
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	70	67					1	2	97	1	1	1	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 driving south on FM 1854 just north of Tomahawk Trail. Unit # 1 driver stated that he had been on his cell phone and his vehicle crossed over into the north bound lane. Unit # 2 followed by Unit # 3 were driving north on FM 1854 when they drove up on Unit # 1 in the north bound lane driving south. Unit # 2 took evasive action by driving to the right but it's driver side mirror was struck as Unit # 1 drove by south bound in the north bound lane. Unit # 3 had no time to react and was struck head-on by Unit # 1. Unit # 3 driver was killed when Unit # 1, a Dodge 3500 pick-up with large wheels and raised kit, drove over Unit # 3. Unit # 1 was forced to the west side of the roadway when it drove over Unit # 3. Unit # 1 came to stop on the west side of the highway facing south. Unit # 3 was pushed back 25 feet it when was struck by Unit # 1 and came to stop in the north bound lane facing north. Unit # 2 had continued north then turned around and came back to the scene. Unit # 1 driver was found to be intoxicated and was arrested and transported to the hospital then to the jail.</p>																			

INVESTIGATOR	Time Notified (24HR:MM)	0 5 5 5	How Notified CCSO	Time Arrived (24HRMM)	0 6 1 5	Report Date (MM/DD/YYYY)	0 8 / 0 5 / 2 0 2 2
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.			*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 6 B 1 O


**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

**IDENTIFICATION & LOCATION**

*Crash Date (MM/DD/YYYY) 07 / 25 / 2022	*Crash Time (24HRMM) 0 5 5 0	Case ID 4040517	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3 0 * 0 2 0 5 7	Longitude - (decimal degrees) 0 9 7 * 6 6 2 8 9

**ROAD ON WHICH CRASH OCCURRED**

*1 Rdwy. FM Sys.	*Hwy. Num. 1854	2 Rdwy. Part 1	Block Num. 12763	3 Street Prefix	*Street Name FM 1854	4 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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Tomahawk	4 Street Suffix TRL
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 3	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. GDJ9375	VIN J T K K T 6 0 4 4 5 0 1 2 8 8 3 1
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Veh. Year 2 0 0 5	6. Veh. Color SIL	Veh. Make TOYOTA	Veh. Model SCION XA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 23328664	9 DL Class C	10 CDL End. 96	11 DL Rest. A DOB (MM/DD/YYYY) 0 2 / 2 5 / 1 9 8 8

Address (Street, City, State, ZIP) 659 Hidden Oak RD Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Holland, Michael S.					K	34	W	1	1	1	5	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 Yelverton, Byron Marcus, 820 Fruit LN Kingsbury, TX 78638																		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Name GEICO	Fin. Resp. Num. 4594699912																
Fin. Resp. Phone Num. 800-207-7847					27 Vehicle Damage Rating 1 1 2 - F D - 6	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes												

Towed By Quantum Towing					Towed To 1124 N. Blanco, Lockhart, Tx 78644																		
-------------------------	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN																		
Veh. Year		6. Veh. Color		Veh. Make			Veh. Model			7 Body Style			Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address																					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.																			
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes															

Towed By					Towed To																		
----------	--	--	--	--	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**VEHICLE, DRIVER, & PERSONS**

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	3	1	Legends Funeral Home			Legends Funeral Home			0 7 / 2 5 / 2 0 2 2			0 7 1 0		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.							
	Carrier's Corp. Name	Carrier's Primary Addr.													30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type						
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight					Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	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		

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							

INVESTIGATOR	Time Notified (24HR:MM)	0 5 5 5	How Notified CCSO	Time Arrived (24HRMM)	0 6 1 5	Report Date (MM/DD/YYYY)	0 8 / 0 5 / 2 0 2 2											
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840											
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS									Service/Region/DA	H	P	6	B	1	0



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 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 4

**IDENTIFICATION & LOCATION**

'Crash Date (MM/DD/YYYY) 07 / 25 / 2022		'Crash Time (24HRMM) 0 5 5 0					Case ID 4040517				Local Use									
'County Name CALDWELL											'City Name									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											Latitude (decimal degrees) 3 0 * 0 2 0 5 7					Longitude (decimal degrees) 0 9 7 * 6 6 2 8 9				

**ROAD ON WHICH CRASH OCCURRED**

'1 Rdwy. FM Sys.		'Hwy. Num. 1854		2 Rdwy. Part 1		Block Num. 12763		3 Street Prefix		'Street Name FM 1854		4 Street Suffix HWY	
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 55		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Tomahawk						4 Street Suffix TRL
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.						RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 0690H46	VIN 3 C 6 3 R 3 F L 9 E G 1 3 9 4 7 7						
Veh. Year 2 0 1 4	6. Veh. Color RED	Veh. Make DODGE			Veh. Model RAM 3500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 4 / 0 8 / 1 9 9 6						

Address (Street, City, State, ZIP) 210 Pikes Peak Bend RD Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Salazar Rangel, Josue Giovanni						C	26	H	1	1	1	2	97	N	2	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 Salazar Rangel, Josue Giovanni, 210 Pikes Peak Bend RD Dale, TX 78616																	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. State Farm Mutual Auto Ins. Name Co.						Fin. Resp. Num. 466 1302-F23-53										
Fin. Resp. Phone Num. 800-782-8332				27 Vehicle Damage Rating 1 1 - F L - 3				27 Vehicle Damage Rating 2 1 - V X - 0				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Towed By ITX Towing Towed To 218 N. Main, Lockhart, Tx 78644

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. RBB4058	VIN 2 H G F E 2 F 5 8 N H 5 2 5 3 3 7						
Veh. Year 2 0 2 2	6. Veh. Color SIL	Veh. Make HONDA			Veh. Model CIVIC	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 1 / 3 1 / 2 0 0 0						

Address (Street, City, State, ZIP) 290 Rosewood DR Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Valle Medrano, Bryan Neftali						N	22	H	1	1	1	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 Valle Medrano, Bryan Neftali, 290 Rosewood DR Dale, TX 78616																				
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Infinity County Mutual Ins. Name Co.						Fin. Resp. Num. 142560607961001													
Fin. Resp. Phone Num. 800-782-1020				27 Vehicle Damage Rating 1 1 1 - I P - 1				27 Vehicle Damage Rating 2 1 1 1 - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Towed By				Towed To																	

**VEHICLE, DRIVER, & PERSONS**

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Edgar B. Davis Hospital, Luling			Deputy Nickolas Nelson						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	Intoxication Manslaughter						TX6CXB0PXS96		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.				33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	70	67					1	2	97	1	1	1	11

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Unit # 1 was driving south on FM 1854 just north of Tomahawk Trail. Unit # 1 driver stated that he had been on his cell phone and his vehicle crossed over into the north bound lane. Unit # 2 followed by Unit # 3 were driving north on FM 1854 when they drove up on Unit # 1 in the north bound lane driving south. Unit # 2 took evasive action by driving to the right but it's driver side mirror was struck as Unit # 1 drove by south bound in the north bound lane. Unit # 3 had no time to react and was struck head-on by Unit # 1. Unit # 3 driver was killed when Unit # 1, a Dodge 3500 pick-up with large wheels and raised kit, drove over Unit # 3. Unit # 1 was forced to the west side of the roadway when it drove over Unit # 3. Unit # 1 came to stop on the west side of the highway facing south. Unit # 3 was pushed back 25 feet it when was struck by Unit # 1 and came to stop in the north bound lane facing north. Unit # 2 had continued north then turned around and came back to the scene. Unit # 1 driver was found to be intoxicated and was arrested and transported to the hospital then to the jail.													

INVESTIGATOR	Time Notified (24HR:MM)	0 5 5 5	How Notified CCSO	Time Arrived (24HRMM)	0 6 1 5	Report Date (MM/DD/YYYY)	0 7 / 2 6 / 2 0 2 2
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.					Service/Region/DA	H P 6 B 1 O

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



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 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 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 3 of 4

## IDENTIFICATION &amp; LOCATION

'Crash Date (MM/DD/YYYY) 07 / 25 / 2022			'Crash Time (24HRMM) 0 5 5 0					Case ID 4040517			Local Use					
'County Name CALDWELL								'City Name								
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) 3 0 * 0 2 0 5 7		Longitude (decimal degrees) 0 9 7 * 6 6 2 8 9		<input checked="" type="checkbox"/> Outside City Limit						

## ROAD ON WHICH CRASH OCCURRED

'1 Rdwy. FM Sys.		'Hwy. Num. 1854		2 Rdwy. Part 1		Block Num. 12763		3 Street Prefix		'Street Name FM 1854		4 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		<input type="checkbox"/> Const. Zone <input checked="" type="checkbox"/> No		<input type="checkbox"/> Workers Present <input checked="" type="checkbox"/> No		Street Desc.						

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. I.R. Sys.		Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name Tomahawk						4 Street Suffix TRL					
Distance from Int. or Ref. Marker 0.1			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N			Reference Marker		Street Desc.						RRX Num.							

Unit Num. 3	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num. GDJ9375		VIN J T K K T 6 0 4 4 5 0 1 2 8 8 3 1														
Veh. Year 2 0 0 5	6. Veh. Color SIL	Veh. Make TOYOTA				Veh. Model SCION XA	7 Body Style P4		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 23328664			9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 2 / 2 5 / 1 9 8 8												

Address (Street, City, State, ZIP) 659 Hidden Oak RD Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Holland, Michael S.										K	34	W	1	1	1	5	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 Yelverton, Byron Marcus, 820 Fruit LN Kingsbury, TX 78638																				
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Fin. Resp. Name GEICO				Fin. Resp. Num. 4594699912													
Fin. Resp. Phone Num. 800-207-7847					27 Vehicle Damage Rating 1 1 2 - F D - 6				27 Vehicle Damage Rating 2 - - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								

Towed By Quantum Towing					Towed To 1124 N. Blanco, Lockhart, Tx 78644													
-------------------------	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN															
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model	7 Body Style		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State	DL/ID Num.			9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																			

Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - - -				27 Vehicle Damage Rating 2 - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Towed By					Towed To																					

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	3	1	Legends Funeral Home			Legends Funeral Home			0 7 / 2 5 / 2 0 2 2			0 7 1 0		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight	<input type="checkbox"/> No	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	0 5 5 5	How Notified CCSO	Time Arrived (24HRMM)	0 6 1 5	Report Date (MM/DD/YYYY)	0 7 / 2 6 / 2 0 2 2										
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840										
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS								Service/Region/DA	H	P	6	B	1	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 07 / 18 / 2022	*Crash Time (24HRMM) 0 0 4 0	Case ID 221990028	Local Use
*County Name CALDWELL		*City Name MUSTANG RIDGE	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) * * * * *	
		Longitude - (decimal degrees) * * * * *	

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num. 18000	3 Street Prefix	* Street Name Camino Real	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc. Two Lane Rural Highway

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 1854	2. Rdwy. Part 1	Block Num. 13600	3 Street Prefix	Street Name FM-1854	4 Street Suffix
Distance from Int. or Ref. Marker 0.54		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W	Reference Marker	Street Desc. Farm to market road		RRX Num.

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MDH5788	VIN J T 2 S K 1 2 E 8 R 0 2 6 9 6 7 6		
Veh. Year 1	9 9 4	6. Veh. Color GRN	Veh. Make TOYOTA			Veh. Model CAMRY	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 13022888	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 0 5 / 1 9 5 9		

Address (Street, City, State, ZIP) 134 Humble LN Bastrop, TX 78602

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	PEREZ-CASTILLO, PATRICIA						K	63	H	2	2	99	2	97	N	96	96	97	97	97
2	2	3	LOVERN, XAVIER						B	12	W	1	1	1	2	97	N					
3	2	5	CASTILLO, TOMAS						B	64	H	1	1	3	97	97	N					

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner	Owner/Lessee			
<input type="checkbox"/> Lessee	Name & Address Castillo Jr., Tomas, 134 Humble LN Bastrop, TX 78602			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Redpoint County Mutual Name Insurance Company	Fin. Resp. Num. QAC134224-45	
Fin. Resp. Phone Num. 7376154700		27 Vehicle Damage Rating 1 1 2 - F D - 2	27 Vehicle Damage Rating 2 9 - L & T - 2	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Magic Towing	Towed To 8606 Evelyn Rd. Buda, TX 78610
-----------------------	---

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN	
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /	

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input type="checkbox"/> Owner	Owner/Lessee			
<input type="checkbox"/> Lessee	Name & Address			
Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By	Towed To			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	TRAVIS COUNTY MEDICAL EXAMINERS OFFICE			TRAVIS COUNTY MEDICAL EXAMINERS OFFICE			07/18/2022			0	2	20
	1	2	DELL CHILDRENS			CALDWELL COUNTY EMS						1	1	
	1	3	DELL CHILDRENS			CALDWELL COUNTY EMS						1	1	
												1	1	
												1	1	
												1	1	
												1	1	
												1	1	

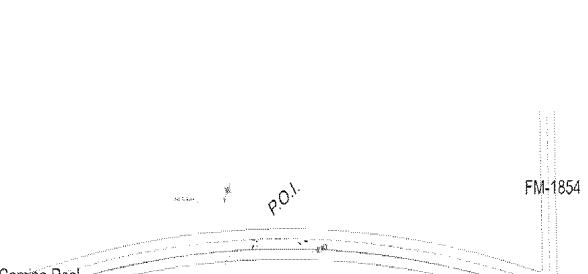
CHARGES	Unit Num.	Prsn. Num.	Charge								Citation/Reference Num.			

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address				
	TWO COWS (DESTROYED)			Lock, Pat				2092 Schulke RD Lockhart, TX 78644				
	Buried Gas pipe line sign (DESTROYED)			WTG GAS TRANSMISSION COMPANY				211 N COLORADO ST MIDLAND, TX 79701				

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name	Carrier's Primary Addr.												30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type					
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit			Yes <input type="checkbox"/> <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	1						1	2	97	2	5	1	17
Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)														

Unit 1 was traveling east bound on State Highway 21 Camino Real at the 18000 blk when the driver (Patricia Castillo) is believed to have swerved to avoid several cows in the roadway. It is believed at this time that she swerved to the left, over corrected back right, then attempted to swerve back to the left to avoid two more cows. It is believed she was unable to avoid this second set of cows and unit 1 crashed into both cows before loosing control and leaving the pavement on the north side of the roadway. When unit 1 left the roadway it is unclear what its exact orientation was but it did roll approximately 3 times during which Patricia Castillo is believed to have been ejected. She was located a few feet from the vehicle. It is believed that she was deceased either on impact or shortly after being ejected from the vehicle. The seat belt on the drivers side was locked and extended but was not inserted into the buckle so it is unclear as to if she was wearing the seat belt or not. The other two occupants Xavier Lovern and Tomas Castillo crawled out of the vehicle after it came to a stop and then made their way to the roadway to seek aid. Law enforcement was initially made aware of the collision only as a report of two dead cattle in the roadway. When the on duty Mustang Ridge officer (N. Koger 1074) arrived on scene he located the cows and debris field on the roadway. He was flagged down by a man walking east on the roadway from the near by Rodeo venue. The man informed him that an old man and young boy had come walking up the road to him and said there was a car rolled over somewhere and a female with it. Fire and EMS units arrived on scene shortly after and assisted with the search for the vehicle which took several minutes due to the darkness and tall grass.



INVESTIGATOR	Time Notified (24HR:MM) 0 0 4 5	How Notified Dispatch	Time Arrived (24HRMM) 0 0 5 5	Report Date (MM/DD/YYYY) 07/20/2022
	Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Koger, Norman Charles		ID Num. 1074
	ORI Num. T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA C H	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 07 / 10 / 2022	*Crash Time (24HRMM) 0 1 1 3	Case ID 22-39687	Local Use
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*County Name HAYS	*City Name SAN MARCOS	Outside City Limit
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)	Longitude - (decimal degrees)
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num. 160	2 Rdwy. Part 1	Block Num. 3000	3 Street Prefix	*Street Name Harris Hill	4 Street Suffix RD
<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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. SH	Hwy. Num. 21	2. Rdwy. Part 1	Block Num. 3500	3 Street Prefix	Street Name Airport	4 Street Suffix HWY
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Distance from Int. or Ref. Marker	<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. RLC4730	VIN 1 F T E X 1 5 N 4 P K B 2 6 9 0 6
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Veh. Year 1 9 9 3	6. Veh. Color RED	Veh. Make FORD	Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 28827860	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 5 / 2 3 / 1 9 9 0
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Address (Street, City, State, ZIP) 158 Dylan DR San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Lozano, Joe Anthony	K	32	H	1	1	99	99	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	Owner/Lessee
<input type="checkbox"/> Lessee	Name & Address Lozano, Lupita Selgado, 158 Dylan DR San Marcos, TX 78666

Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Progressive	Fin. Resp. Num. 955962498
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Fin. Resp. Phone Num. 800-776-4737	27 Vehicle Damage Rating 1 - V B - 7	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By HERNANDEZ SERVICE CENTER	Towed To 1316 HIGHWAY 123 SAN MARCOS TX 78666
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
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Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /
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Address (Street, City, State, ZIP)

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

<input type="checkbox"/> Owner	Owner/Lessee
<input type="checkbox"/> Lessee	Name & Address

Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By	Towed To
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	CENTRAL TEXAS AUTOPSY			(replace) FUNERAL HOME			0 7 / 1 0 / 2 0 2 2		0 2 5 0	

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address				
	San Marcos Regional Airport Fence/Hay			San Marcos Regional Airport				4400 Airport HWY San Marcos 78666				

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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.		
	Carrier's Corp. Name			Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	98												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)											
	<p>On 07/11/2022 at approximately 0115hrs SMPD officers responded to the intersection of Hwy 21 and Harris Hill Road in reference to a vehicle fire. Upon arrival officers located a vehicle that was engulfed in flames and officers were unable to determine if the vehicle was occupied. Upon further investigation it was determined that the vehicle was occupied by one subject who was found deceased. It is unknown at this time how the original accident occurred but it appeared that the vehicle proceeded through the intersection and continued straight until the vehicle struck the San Marcos Airport chain link fence. The vehicle then caught on fire and caused nearby large round bales of hay to alight as well.</p>											

INVESTIGATOR	Time Notified (24HR:MM)	0 1 1 5	How Notified Dispatched			Time Arrived (24HRMM)	0 1 1 9	Report Date (MM/DD/YYYY) 0 7 / 1 3 / 2 0 2 2				
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Anderson, Felicia N								ID Num. 13615	
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency SAN MARCOS POLICE DEPARTMENT								Service/Region/DA 0 0	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 06 / 13 / 2022	*Crash Time (24HRMM) 1 4 1 2	Case ID 22-33958	Local Use
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*County Name HAYS	*City Name SAN MARCOS	Outside City Limit
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)	Longitude - (decimal degrees)
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num. 900	3 Street Prefix	*Street Name HWY 80	4 Street Suffix
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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 35	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No	Street Desc.
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## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 1400	3 Street Prefix	Street Name Clarewood	4 Street Suffix DR
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Distance from Int. or Ref. Marker	<input type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KNJ7934	VIN 5 N 1 E D 2 8 T 2 4 C 6 1 6 6 6 0
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Veh. Year 2 0 0 4	6. Veh. Color BLK	Veh. Make NISSAN	Veh. Model PATHFINDER	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 37125103	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 2 8 / 1 9 9 5
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Address (Street, City, State, ZIP) 414 Sarah # B DR San Marcos, TX 78666											
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	Burgess, Saxon Iley						N	27	W	1	1	1	1	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	Owner/Lessee	Name & Address Bosson, Claryce Beth, 1101 Haynes ST San Marcos, TX 78666											
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name						Fin. Resp. Num.					
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Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - R B Q - 2				27 Vehicle Damage Rating 2 - - - -				Vehicle Inventoried <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Towed By Driven away by owner				Towed To Driven away by owner											
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NTV0437	VIN 3 F A D P 4 B J 3 B M 1 4 0 9 4 7
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Veh. Year 2 0 1 1	6. Veh. Color BLK	Veh. Make FORD	Veh. Model FOCUS	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 40871396	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 3 / 0 3 / 1 9 9 8
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Address (Street, City, State, ZIP) 528 S Thundercreek RD Utopia, TX 78884											
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	Jones, Amber Nacole						A	24	W	2	1	1	5	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	Owner/Lessee	Name & Address Jones, Amber Nacole, 528 S Thundercreek RD Utopia, TX 78884											
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type 1	Fin. Resp. Name State Farm						Fin. Resp. Num. 441 5816-C03-53 001					
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Fin. Resp. Phone Num. 888-559-1922				27 Vehicle Damage Rating 1 - - F D - 4				27 Vehicle Damage Rating 2 - - - -				Vehicle Inventoried <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Towed By DISCOUNT TOWING				Towed To 211 W. GROVE ST. SAN MARCOS TX 78666											
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						

CHARGES	Unit Num.	Prsn. Num.	Charge							Citation/Reference Num.		
	1	1	Fail to Yield ROW Turning Left							01113568		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>Unit 1 was attempting to turn left from HWY 80 into the parking lot of San Mar Plaza located in the 900 BLK of HWY 80. Unit 2 was traveling westbound in the 900 BLK of HWY 80, on a green light in the number two lane. Unit 1 passed between two vehicles and failed to yield right of way while making a left hand turn into the intersection. As a result, Unit 2 struck the right rear quarter panel area of Unit 1. The Driver of Unit 1 was cited for the traffic violation.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	1   4   1   4	How Notified Dispatched	Time Arrived (24HRMM)	1   4   2   7	Report Date (MM/DD/YYYY)	06 / 13 / 2022	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ROYAL, GECORRIE DeJuan		ID Num.	12585	
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency SAN MARCOS POLICE DEPARTMENT				Service/Region/DA	0   0   0   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 06 / 02 / 2022				*Crash Time (24HRMM) 2014				Case ID HCSO 2022-32293				Local Use															
	*County Name HAYS				*City Name KYLE														<input type="checkbox"/> Outside City Limit									
	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)																			
	<b>ROAD ON WHICH CRASH OCCURRED</b>																											
	*1 Rdwy. I.R Sys.		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 100		3 Street Prefix		*Street Name GRIST MILL		4 Street Suffix RD															
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 30		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc. PAVED																	
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																											
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. I.R		Hwy. Num.		2. Rdwy. Part 1		Block Num. 100		3 Street Prefix S		Street Name PLUM CREEK		4 Street Suffix RD													
	Distance from Int. or Ref. Marker 50			<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W			Reference Marker		Street Desc. PAVED			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. CHB9696			VIN 1 Y V H Z 8 B H 7 B 5 M 1 9 7 5 0																			
Veh. Year 2 0 1 1	6. Veh. Color BLK	Veh. Make MAZDA				Veh. Model MAZDA6I				7 Body Style P4						Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 41361150			9 DL Class 5	10 CDL End. 5			11 DL Rest. 5	DOB (MM/DD/YYYY) 1 2 / 3 1 / 1 9 9 6																		
Address (Street, City, State, ZIP) 412 W NORTH ST KYLE, TX 78640																												
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line											14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	TORRES, ANDRES								A	25	H	1	1	96	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 NAVARRETE, LAURA MELISSA, 412 W NORTH ST KYLE, TX 78640																										
	Proof of Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																					
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 1 - F D - 7					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried		<input type="checkbox"/> Yes <input type="checkbox"/> No										
	Towed By					Towed To																						
	Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.			VIN																			
	Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style																	
	8 DL/ID Type	DL/ID State	DL/ID Num.			9 DL Class	10 CDL End.			11 DL Rest.	DOB (MM/DD/YYYY)		/	/	/	/	/	/	/	/	/	/	/	/				
Address (Street, City, State, ZIP)																												
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line											14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																					
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - -					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried		<input type="checkbox"/> Yes <input type="checkbox"/> No										
	Towed By					Towed To																						

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)			
	1	1	SETON HAYS				EMS									
CHARGES	Unit Num.	Prsn. Num.	Charge										Citation/Reference Num.			
DAMAGE	Damaged Property Other Than Vehicles					Owner's Name					Owner's Address					
	CHAIN LINK FENCE					KIMBY, PIE					101 GRIST MILL RD KYLE, TX 78640					
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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.						
	Carrier's Corp. Name			Carrier's Primary Addr.										30 Veh. Type		
	31 Bus Type		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.		HazMat ID Num.	33 Cargo Body Type				
	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions					
	Unit #	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	22			20											
										1	1	2	1	2	1	96
	NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
		UNIT ONE WAS TRAVELING WEST IN THE 100 BLOCK OF GRIST MILL RD. UNIT ONE LOST CONTROL STRIKING A FENCE AND TREE CAUSING MAJOR DAMAGE TO THE LEFT FRONT ON THE VEHICLE. DURING THE ACCIDENT THE DRIVER ON UNIT ONE RECEIVED MAJOR LEG INJURIES. UNIT ONE WAS TAKEN TO SETON HAYS HOSPITAL.										100 blk Plum Creek				
										100 blk Grist Mill Rd						
										Not To Scale						

INVESTIGATOR	Time Notified (24HR:MM)	2   0   1   6	How Notified	RADIO	Time Arrived (24HRMM)	2   0   2   3	Report Date (MM/DD/YYYY)	06 / 10 / 2022						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				Linsey, Antoine				ID Num.	SO 9051		
	ORI Num.	T   X   1   0   5   0   0   0   0	*Agency							HAYS COUNTY SHERIFF'S OFFICE			Service/Region/DA	0   1



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

'Crash Date (MM/DD/YYYY) 05 / 13 / 2022			'Crash Time (24HRMM) 2 0 1 4				Case ID 3947480						Local Use										
'County Name CALDWELL								'City Name								<input checked="" type="checkbox"/> Outside City Limit							
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) 2 9 * 9 6 2 5 6		Longitude (decimal degrees) 0 9 7 * 6 4 2 8 1													

## ROAD ON WHICH CRASH OCCURRED

'1 Rdwy. Sys. 1 Hwy. Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		'Street Name Barth		4 Street Suffix RD													
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 30		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input type="checkbox"/> Yes 1 Rdwy. FM Sys.		Hwy. Num. 1185		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		4 Street Suffix													
Int. <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> FT		3 Dir. from Int. or Ref. Marker S		Reference Marker		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. RHS5656		VIN 1 G C H C 2 3 U 0 4 F 1 7 4 9 3 4													
Veh. Year 2 0 0 4	6. Veh. Color RED	Veh. Make CHEVROLET				Veh. Model SILVERADO		7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 5	DL/ID State	DL/ID Num.		9 DL Class 5	10 CDL End. 5		11 DL Rest. 5	DOB (MM/DD/YYYY) 0 7 / 1 6 / 1 9 9 2												

Address (Street, City, State, ZIP) 227 Hertiage Oaks DR Cedar Creek, TX 78612

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	De Jesus Consuelo, Edgar								A	29	H	1	1	96	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	Owner/Lessee																								
<input type="checkbox"/> Lessee	Name & Address De Jesus Consuelo, Edgar, 227 Hertiage Oaks DR Cedar Creek, TX 78612																								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Name	Redpoint County Mutual Ins. Co.														Fin. Resp. Num. SH401648									
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	Resp. Type 2																								
Fin. Resp. Phone Num. 888-224-7740					27 Vehicle Damage Rating 1 1 2 - F C - 4										27 Vehicle Damage Rating 2 - - - -										Vehicle Inventoried <input checked="" type="checkbox"/> Yes

Towed By Oil City Towing      Towed To 1317 E. Pierce St., Luling, Tx. 78648

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN														
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model		7 Body Style													
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/

Address (Street, City, State, ZIP)	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
<input type="checkbox"/> Owner	Owner/Lessee																									
<input type="checkbox"/> Lessee	Name & Address																									
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Name													Fin. Resp. Num.												
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	Resp. Type																									
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - - -										27 Vehicle Damage Rating 2 - - - -										Vehicle Inventoried <input type="checkbox"/> Yes	

Towed By	Towed To												
----------	----------	--	--	--	--	--	--	--	--	--	--	--	--

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Seton Hays	Lockhart EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Unsafe Speed	TX6B0H0PXS1K
	1	1	Ride-Not Secured By Safety Belt-D	TX6BOHOPXS1K
	1	1	No Driver License	TX6B0I0PXS1L

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60						1	6	97	1	4	1	96

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale						
	<p>Unit # 1 was driving north on Barth Road and entered a slight curve to the left. Unit # 1 since it was dark and had been driving at a speed that was unsafe for the conditions left the roadway to the east as it started into the curve. Unit # 1 continued in the bar ditch and struck several small trees with it's right side since it was just next to the tree line along the fence line. Unit # 1 continued to drive off the roadway until it struck a tree with it's front end. Unit # 1 spun around clock-wise and came to stop with it's front end up against the tree and facing the fence line. Unit # 1 driver was seriously injured and was transported to the hospital.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	2 0 2 5	How Notified CCSO	Time Arrived (24HRMM)	2 0 2 7	Report Date (MM/DD/YYYY)	05 / 17 / 2022	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840	
	ORI Num.			*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS			Service/Region/DA	H P 6 B 1 O



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 04 / 28 / 2022				*Crash Time (24HRMM) 1 4 1 2				Case ID 3938681						Local Use														
	*County Name CALDWELL				*City Name														<input checked="" type="checkbox"/> Outside City Limit										
	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) 2 9 * 8 6 7 3 1				Longitude - (decimal degrees) 0 9 7 * 8 9 0 3 10																				
	<b>ROAD ON WHICH CRASH OCCURRED</b>																												
	*1 Rdwy. SH Sys.		*Hwy. 80 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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		Street Desc.																		
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																												
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. CR Hwy. Num. 101		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		4 Street Suffix																
	Distance from Int. or Ref. Marker 0.5				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S		Reference Marker		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. GZR4218		VIN	K	M	H	C	N	4	6	C	7	8	U	2	2	8	6	6	5				
Veh. Year 2 0 0 8	6. Veh. Color RED	Veh. Make HYUNDAI				Veh. Model ELANTRA				7 Body Style P4				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 05016824				9 DL Class C	10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 4 / 2 5 / 1 9 4 2																		
Address (Street, City, State, ZIP) 1608 Monte Vista ST Lockhart, TX 78644																													
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
	1	1	1	Gonzales, Herminia Puentes										N	80	H	2	1	1	2	97	N	96		96	97	97		
<input checked="" type="checkbox"/> Owner	Owner/Lessee																												
<input type="checkbox"/> Lessee	Name & Address Gonzales, Herminia Puentes, 213 S Wilson ST San Marcos, TX 78666																												
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Fin. Resp. Allstate Fire and Casualty Name Ins. Co.				Fin. Resp. Num. 844823752																					
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt																												
Fin. Resp. Phone Num. 800-255-7828					27 Vehicle Damage Rating 1 1 2 - F D - 3				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Towed By Commercial Towing					Towed To 1405 S. Commerce St., Lockhart, Tx 78644																								
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. PGL3545		VIN	1	C	4	H	J	X	D	G	2	M	W	6	6	5	3	5	5					
Veh. Year 2 0 2 1	6. Veh. Color BLU	Veh. Make JEEP				Veh. Model WRANGLER																							
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 44626753				9 DL Class C	10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 3 / 2 3 / 1 9 9 9																		
Address (Street, City, State, ZIP) 821 Tejas TRL Bandera, TX 78003																													
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
	1	1	1	Johnson, Lillian Sue										N	23	W	2	97	97	1	97	N	96		96	97	97		
<input checked="" type="checkbox"/> Owner	Owner/Lessee																												
<input type="checkbox"/> Lessee	Name & Address Johnson, Lillian Sue, 821 Tejas TRL Bandera, TX 78003																												
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Fin. Resp. Name Redpoint County Mutual Ins. Co.				Fin. Resp. Num. WTZZK8																					
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt																												
Fin. Resp. Phone Num. 888-224-7740					27 Vehicle Damage Rating 1 6 - B D - 2				27 Vehicle Damage Rating 2 1 2 - F D - 2				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Towed By					Towed To																								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	Fail to Control Speed						TX6AWF0PX SOT		
	2	1	Fail to Control Speed						TX6AWFOPXSOS		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22						2	1	97	1	5	1	12
	2	22												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>Unit # 1 was driving south on State Highway 80 in the inside lane of traffic. Unit # 2 was ahead of Unit # 1 also south bound in the inside lane of traffic. Unit # 3 was ahead of Unit # 2 and had slowed to make a left hand turn. Unit # 2 failed to control it's speed and struck the rear of Unit # 3. Unit # 2 had bounced back and was struck by Unit # 1 as that Unit had failed to control it's speed. Unit # 2 was forced forward and struck Unit # 3 a second time. Unit # 2 and Unit # 3 had moved to the west side of the roadway and stopped. Unit # 1 was disabled in the inside lane of Texas 80 where it came to stop.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	1 4 1 7	How Notified CCSO	Time Arrived (24HRMM)	1 4 4 6	Report Date (MM/DD/YYYY)	05 / 11 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.	ID Num.	06840		
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA



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## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 04 / 28 / 2022	*Crash Time (24HRMM) 1 4 1 2	Case ID 3938681	Local Use
*County Name CALDWELL		*City Name	
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) 2 9 * 8 6 7 3 1	Longitude (decimal degrees) 0 9 7 * 8 9 0 3 10

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys. CR	Hwy. Num. 101	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.5		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NDP4215	VIN 1 C 6 R D 6 G T 6 C S 2 0 0 4 1 3	
Veh. Year 2 0 1 2	6. Veh. Color BLK	Veh. Make DODGE			Veh. Model RAM 1500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 15603825	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1 2 / 3 0 / 1 9 7 4	

Address (Street, City, State, ZIP) 121 Kingswood ST San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Davis, Orvis L					A	47	B	1	1	1	1	97	N	96	96	97	97	
2	2	3	Hunter, Devin Michael					C	27	B	1	1	1	1	97	N					

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner	Owner/Lessee				
<input type="checkbox"/> Lessee	Name & Address Davis, Orvis L, 121 Kingswood ST San Marcos, TX 78666				
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Loya Insurance Co	Fin. Resp. Num. 65358970119	
Fin. Resp. Phone Num. 800-554-0595			27 Vehicle Damage Rating 1 6 - B D - 2	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By Saucedo's Towing	Towed To 211 W. Grove St., San Marcos, Tx. 78666
---------------------------	--

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN	
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / /	

Address (Street, City, State, ZIP)	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input type="checkbox"/> Owner	Owner/Lessee				
<input type="checkbox"/> Lessee	Name & Address				
Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.	
Fin. Resp. Phone Num.			27 Vehicle Damage Rating 1 - - -	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
Towed By	Towed To				

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	3	1	Seton Kyle			Lockhart EMS						
	3	2	Seton Kyle			Lockhart EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale												

INVESTIGATOR	Time Notified (24HR:MM)	1   4   1   7	How Notified CCSO	Time Arrived (24HRMM)	1   4   4   6	Report Date (MM/DD/YYYY)	05 / 11 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.			*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   6   B   1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 04 / 24 / 2022				*Crash Time (24HRMM) 1 3 5 0					Case ID 3918547				Local Use															
	*County Name CALDWELL										*City Name										<input checked="" type="checkbox"/> Outside City Limit								
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?					<input type="checkbox"/> Yes	Latitude (decimal degrees) 2 9 * 9 9 5 4 3			Longitude (decimal degrees) 0 9 7 * 6 8 5 0 9																			
	ROAD ON WHICH CRASH OCCURRED																												
	*1 Rdwy. TL Sys.		*Hwy. Num. 130			2 Rdwy. Part 1		Block Num.			3 Street Prefix			* Street Name			4 Street Suffix												
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot					<input checked="" type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 85			Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. Hwy. Num.			2. Rdwy. Part		Block Num.			3 Street Prefix			Street Name				4 Street Suffix											
	Distance from Int. or Ref. Marker 0.1					<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S			Reference Marker 464		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. 992K4S			VIN J Y A V N 0 1 E 4 C A 0 1 3 3 9 3																		
Veh. Year 2 0 1 2	6. Veh. Color BLK			Veh. Make YAMAHA				Veh. Model XVS950				7 Body Style MC			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 05518555			9 DL Class CM	10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 3 / 2 1 / 1 9 7 7																		
Address (Street, City, State, ZIP) 11628 Gaelic DR Austin, TX 78754																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																												
	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	5	1	Dance, Nathan Anderson												A	45	W	1	97	97	97	2	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	Owner/Lessee																											
	<input type="checkbox"/> Lessee	Name & Address Dance, Nathan Anderson, 11628 Gaelic DR Austin, TX 78754																											
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2			Fin. Resp. Foremost County Mutual Name Insurance Co.					Fin. Resp. Num. 0077774899																			
	Fin. Resp. Phone Num. 800-527-3905					27 Vehicle Damage Rating 1 - M C - 1					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	Towed By					Towed To																							
	Unit Num.	5 Unit Desc.		<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State		LP Num.			VIN																		
Veh. Year	6. Veh. Color			Veh. Make				Veh. Model				7 Body Style			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type	DL/ID State		DL/ID Num.			9 DL Class	10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																		
Address (Street, City, State, ZIP)																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																												
	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.												
	<input type="checkbox"/> Owner	Owner/Lessee																											
	<input type="checkbox"/> Lessee	Name & Address																											
	Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type			Fin. Resp. Name					Fin. Resp. Num.																			
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - -					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	Towed By					Towed To																							

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Hays Seton			Lockhart EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	98						8	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 # 1 was driving north on Toll 130 in the left/inside lane of traffic. Unit # 1 was passing a vehicle towing a RV when the vehicle started to sustain crossing winds from the vehicle and travel trailer. The day already had heavy winds and the fact the motorcycle, Unit # 1 was driving past the vehicle towing the travel trailer that was forcing the wind directly into the motorcycle. Unit # 1 started to swing back and forth and the motorcycle rider lost control of the motorcycle. Unit # 1 went down and the rider was thrown from the motorcycle as it started to slide on the pavement. The rider came to stop in the right lane of traffic and the motorcycle continued for approximately 100 feet before it stopped next to the off ramp facing east. The motorcycle rider sustained injuries to his shoulders and legs. He was transported to the hospital. There were other riders with him and they had stopped to assist the rider.	8	1	97	3	1	1							

INVESTIGATOR	Time Notified (24HR:MM)	1	3	5	6	How Notified CCSO	Time Arrived (24HRMM)	1	4	1	2	Report Date (MM/DD/YYYY)	04 / 28 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.				ID Num.	06840					
	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H	P	6	B	1	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 04 / 15 / 2022					*Crash Time (24HRMM) 2 3 3 0					Case ID					Local Use										
	*County Name HAYS					*City Name															<input checked="" type="checkbox"/> Outside City Limit					
	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) 3 0 * 0 2 1 6 2					Longitude (decimal degrees) 0 9 7 * 7 4 2 9 1 9															
	<b>ROAD ON WHICH CRASH OCCURRED</b>																									
	*1 Rdwy. FM Sys.		*Hwy. Num. 2001			2 Rdwy. Part 1		Block Num. 7710			3 Street Prefix			*Street Name NIEDERWALD STRASSE			4 Street Suffix									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane			Speed Limit 60		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Street Desc.												
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																									
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. CR Hwy. Num. 300			2. Rdwy. Part 1		Block Num.			3 Street Prefix			Street Name ENGELKE			4 Street Suffix RD									
	Distance from Int. or Ref. Marker 0.1					<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker NW			Reference Marker		Street Desc.			RRX Num.										
	Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State TX	LP Num. PDH5486			VIN 1	G 2	Z 5	F 7	B 7	8 8	4 4	2 2	6 6	9 9	0 0	0 0	3 3					
Veh. Year 2 0 0 8	6. Veh. Color BLU	Veh. Make PONTIAC					Veh. Model G6					7 Body Style P4			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 99	DL/ID State UN	DL/ID Num.			9 DL Class 99	10 CDL End. 99		11 DL Rest. 99	DOB (MM/DD/YYYY) / / /																	
Address (Street, City, State, ZIP)																										
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1 1	1	1	UNKNOWN, UNKNOWN										A		99	1	1	99	2	97	N	96		96	97	97
2 2	2	3	UNKNOWN UNKNOWN										A		99	1	1	6	1	97	N					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																										
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee		Owner/Lessee Name & Address																								
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type			Fin. Resp. Name					Fin. Resp. Num.																
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - - -					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Towed By					Towed To																					
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State TX	LP Num. LRT9830			VIN 1	F T R X 0	2 W 3 6 K D 8 7 6 3 1																
Veh. Year 2 0 0 6	6. Veh. Color MAR	Veh. Make FORD					Veh. Model F150					7 Body Style PK			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 08877107			9 DL Class C	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 1 1 / 2 3 / 1 9 5 9																	
Address (Street, City, State, ZIP) 7710 NIEDERWALD STRASSE KYLE, TX 78640																										
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1 1	1	1	MCNEAL, VICTORIA LYNETTE										A	62	W	2	1	1	1	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																								
WILKS, TROY ALAN, 642 E LONE STAR DR MUSTANG RIDGE, TX 78610																										
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2			Fin. Resp. HOME STATE COUNTY MUTUAL INS Name CO					Fin. Resp. Num. TXS938213-72																
Fin. Resp. Phone Num. (254) 776-4521					27 Vehicle Damage Rating 1 6 - B I - 4					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Towed By HARPER'S TOWING (512) 443-1000					Towed To 141 S CANYONWOOD DR, DRIPPING SPRGS, TX																					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	FLED THE SCENE	ON FOOT		
	1	2	FLED THE SCENE	ON FOOT		
	2	1	ASCENSION SETON HAYS HOSPITAL-KYLE	HAYS COUNTY EMS		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22						2	2	97	1	1	1	12

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale						
	Unit 2 was traveling west on FM 2001, and slowed to make a left turn into a residential drive. Unit 1 was traveling west on FM 2001 behind Unit 2. Unit 1 was traveling at a high rate of speed, failed to control speed, and struck the back of Unit 2. The driver and passenger of Unit 1 fled the scene on foot. The investigation is incomplete pending the identification of the occupants of Unit 1. The license plate displayed on Unit 1 returns to a different vehicle.													

INVESTIGATOR	Time Notified (24HR:MM)	2	3	5	2	How Notified DPS AUSTIN COMM	Time Arrived (24HRMM)	0	0	3	2	Report Date (MM/DD/YYYY)	04/17/2022
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Hart, William									ID Num.	13556
	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H	P	6	B	0	6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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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 3

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 04 / 01 / 2022				*Crash Time (24HRMM) 2 3 3 6				Case ID 220910857						Local Use 220910857													
	*County Name TRAVIS				*City Name MUSTANG RIDGE												<input type="checkbox"/> Outside City Limit											
	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)																			
	<b>ROAD ON WHICH CRASH OCCURRED</b>																											
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num. 18820		3 Street Prefix		*Street Name CAMINO REAL		4 Street Suffix RD															
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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		Street Desc.																	
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																											
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. SH Num. 21		2. Rdwy. Part 1		Block Num. 150		3 Street Prefix		Street Name PLEASANT VALLEY		4 Street Suffix															
	Distance from Int. or Ref. Marker 981				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W		Reference Marker		Street Desc.				RRX Num.														
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. T89306		VIN	2	M	G	3	J	M	B	A	9	K	W	0	6	9	2	7	5			
Veh. Year 2 0 1 9	6. Veh. Color BLK	Veh. Make MOTOR COACH INDUSTRIES				Veh. Model TRANSIT BUS				7 Body Style BU				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 10721541		9 DL Class B	10 CDL End. P, S	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 1 4 / 1 9 6 4																					
Address (Street, City, State, ZIP) 917 WAVERLY AVE SAN ANTONIO, TX 78201																												
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	ROBERTSON, JAMES								N	58	W	1	1	1	1	97	N	96		96	97	97			
	2	2	14	ANDREWS, TAYLOR								N	31	W	1	1	3	1	97	N								
	3	2	14	HOLLIS, ROBERT								N	31	W	1	1	3	1	97	N								
	4	2	14	ANDREWS, DONNA								N	59	W	2	1	3	1	97	N								
<input type="checkbox"/> Owner	Owner/Lessee Name & Address PERIDOT FINANCIAL PARTNERS, LLC, 1836 JACKSON KELLER RD SAN ANTONIO, TX 78213														<input checked="" type="checkbox"/> Fin. Resp. Name RLI INSURANCE COMPANY	Fin. Resp. Num. LFB0019653												
<input checked="" type="checkbox"/> Lessee																												
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 1				Fin. Resp. Name RLI INSURANCE COMPANY												Fin. Resp. Num. LFB0019653												
Fin. Resp. Phone Num. (888) 754-4221				27 Vehicle Damage Rating 1 9 - L B Q - 3				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Towed By MAGIC TOWING				Towed To 895 SOUTH LOOP 4, BUDA, TX, 78610																								
Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 43137E2		VIN	4	F	4	Y	R	1	6	V	8	X	T	M	1	3	9	6	4				
Veh. Year 1 9 9 9	6. Veh. Color BLK	Veh. Make MAZDA				Veh. Model B-SERIES PICKUP				7 Body Style PK				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 5	DL/ID State	DL/ID Num.		9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 3 / 3 1 / 2 0 0 4																					
Address (Street, City, State, ZIP) 878 ROSEWOOD DR DALE, TX 78616																												
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	PEREZ, JORDAN								A	18	H	1	1	96	2	97	N	96		96	97	97			
	2	2	6	LOPEZ ESPINOZA, ISMARY								B	11	H	2	1	96	97	97	N								
	3	2	3	FRANCO, ALESSANDRA								A	14	H	2	1	96	97	97	N								
	4	2	4	FRANCO, BRIANNA								B	15	H	2	1	96	97	97	N								
<input checked="" type="checkbox"/> Owner	Owner/Lessee Name & Address FRANCO, ADILENE, 878 ROSEWOOD DR DALE, TX 78616														<input type="checkbox"/> Fin. Resp. Name	Fin. Resp. Num.												
<input type="checkbox"/> Lessee																												
Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type				Fin. Resp. Name				Fin. Resp. Num.																				
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - V B - 7				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Towed By MAGIC TOWING				Towed To 8606 Evelyn Rd, Buda, TX 78610																								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	Ascension Seton Hays Hospital			TRAVIS COUNTY EMS						
	2	2	DELL CHILDRENS HOSPITAL			TRAVIS COUNTY EMS						
	2	3	DELL CHILDRENS HOSPITAL			TRAVIS COUNTY EMS						
	2	4	DELL CHILDRENS HOSPITAL			TRAVIS COUNTY EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	FAIL TO YIELD FROM PRIVATE DRIVEWAY						E0068311		
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name			Owner's Address			

CMV	Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input checked="" type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 02490257	30 Veh. Type 4
CMV	Carrier's Corp. Name PERIDOT FINANCIAL PARTNERS LSE	Carrier's Primary Addr. 1836 JACKSON KELLER RD SAN ANTONIO, TX 78213								
CMV	31 Bus Type 4	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	5   4   0   0   0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num. ID Num.	HazMat ID Num.	32 HazMat Class Num. ID Num.	HazMat ID Num.	33 Cargo Body Type 2	
CMV	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	
CMV	Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	34		20				1	2	97	2	1	1	96

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>UNIT #1 WAS EXITING A PRIVATE DRIVEWAY AND FAILED TO YIELD TO UNIT #2 WHICH WAS TRAVELLING EAST ON CAMINO REAL/SH 21. UNIT #2 STRUCK UNIT #1 ON THE RIGHT SIDE REAR OF THE BUS. UNIT #2 CAUGHT FIRE AND WAS FULLY ENGULFED. BOTH UNIT #1 AND #2 WERE TOWED FROM SCENE BY MAGIC TOWING.</p>													

INVESTIGATOR	Time Notified (24HR:MM) 2   3   3   6	How Notified Dispatch	Time Arrived (24HRMM) 2   3   4   0	Report Date (MM/DD/YYYY) 04 / 05 / 2022
	Invest. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Quick, Robert Allen		ID Num. 1078
	ORI Num. T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA C H	





## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 04 / 01 / 2022				*Crash Time (24HRMM) 2 3 3 6				Case ID 220910857						Local Use 220910857																	
	*County Name TRAVIS				*City Name MUSTANG RIDGE				Outside City Limit <input type="checkbox"/>																							
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Latitude (decimal degrees)				Longitude - (decimal degrees)																							
	<b>ROAD ON WHICH CRASH OCCURRED</b>																															
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num. 18820		3 Street Prefix		* Street Name CAMINO REAL		4 Street Suffix RD																			
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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		Street Desc.																					
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																															
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. SH Num. 21		2. Rdwy. Part 1		Block Num. 18820		3 Street Prefix		Street Name CAMINO REAL				4 Street Suffix RD																	
	Distance from Int. or Ref. Marker 1				<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker W			Reference Marker		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. T89306			VIN 1 2 M G 3 J M B A 9 K W 0 6 9 2 7 5																							
Veh. Year 2 0 1 9	6. Veh. Color BLK	Veh. Make MOTOR COACH INDUSTRIES				Veh. Model TRANSIT BUS				7 Body Style BU				Pol., Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/>																		
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 10721541			9 DL Class B	10 CDL End. P, S		11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 1 4 / 1 9 6 4																							
Address (Street, City, State, ZIP) 917 WAVERLY AVE SAN ANTONIO, TX 78201																																
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																															
	Person Num.	12 Psnl. Type	13 Seat Position													14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	ROBERTSON, JAMES												N	58	W	1	1	1	1	97	N	96		96	97	97			
	2	2	14	ANDREWS, TAYLOR												N	31	W	1	1	3	1	97	N								
	3	2	14	HOLLIS, ROBERT												N	31	W	1	1	3	1	97	N								
	4	2	14	ANDREWS, DONNA												N	59	W	2	1	3	1	97	N								
	<input type="checkbox"/> Owner	Owner/Lessee Name & Address ROBERTSON, JAMES, 225 BROADHOLLOW RD MELVILLE, NY 11747																														
	<input checked="" type="checkbox"/> Lessee																															
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 1				Fin. Resp. Name RLI INSURANCE COMPANY								Fin. Resp. Num. LFB0019653																			
	Fin. Resp. Phone Num. (888) 754-4221				27 Vehicle Damage Rating 1 9 - L B Q - 3								27 Vehicle Damage Rating 2 - - - -								Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Towed By MAGIC TOWING				Towed To 895 SOUTH LOOP 4, BUDA, TX, 78610																												
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. 43137E2			VIN 4 F 4 Y R 1 6 V 8 X T M 1 3 9 6 4																								
Veh. Year 1 9 9 9	6. Veh. Color BLK	Veh. Make MAZDA				Veh. Model B-SERIES PICKUP				7 Body Style PK																						
8 DL/ID Type 5	DL/ID State	DL/ID Num.			9 DL Class 5	10 CDL End. 5		11 DL Rest. 5	DOB (MM/DD/YYYY) 0 3 / 3 1 / 2 0 0 4																							
Address (Street, City, State, ZIP) 878 ROSEWOOD DR DALE, TX 78616																																
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																															
	Person Num.	12 Psnl. Type	13 Seat Position													14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	PEREZ, JORDAN												A	18	H	1	1	96	2	97	N	96		96	97	97			
	2	2	6	LOPEZ ESPINOZA, ISMARY												B	11	H	2	1	96	97	97	N								
	3	2	3	BLANCO, ALESSANDRA												A	14	H	2	1	96	97	97	N								
	4	2	4	FRANCO, BRITANNA												B	15	H	2	1	96	97	97	N								
	<input checked="" type="checkbox"/> Owner	Owner/Lessee Name & Address FRANCO, ADILENE, 878 ROSEWOOD DR DALE, TX 78616																														
	<input type="checkbox"/> Lessee																															
	Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type				Fin. Resp. Name								Fin. Resp. Num.																			
	Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 1 2 - F C - 7								27 Vehicle Damage Rating 2 - - - -								Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Towed By MAGIC TOWING				Towed To 8606 Evelyn Rd, Buda, TX 78610																												

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	Ascension Seton Hays Hospital			TRAVIS COUNTY EMS						
	2	2	DELL CHILDRENS HOSPITAL			TRAVIS COUNTY EMS						
	2	3	DELL CHILDRENS HOSPITAL			TRAVIS COUNTY EMS						
	2	4	DELL CHILDRENS HOSPITAL			TRAVIS COUNTY EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	FAIL TO YIELD FROM PRIVATE DRIVEWAY						E0068311		
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name			Owner's Address			

CMV	Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00249025	30 Veh. Type 4	
CMV	Carrier's Corp. Name PERIDOT FINANCIAL PARTNERS LSE	Carrier's Primary Addr. 225 BROADHOLLOW RD MELVILLE, NY 11747								33 Cargo Body Type 2	
CMV	31 Bus Type 4	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	5   4   0   0   0	HazMat Released <input type="checkbox"/> No	<input type="checkbox"/> Yes	32 HazMat Class Num. ID Num.	HazMat ID Num.	32 HazMat Class Num. ID Num.	HazMat ID Num.	33 HazMat Class Num. ID Num.	33 Cargo Body Type 2
CMV	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?
CMV	Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	20	34							1	2	97	2	1
	2	20											1	96

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>UNIT #1 WAS EXITING A VENUE AT 18820 CAMINO REAL, AND ENTERED ONTO THE ROAD TRYING TO MAKE A LEFT. UNIT #2 WAS TRAVELLING EAST AND STRUCK THE REAR LEFT PANEL OF UNIT #1. UNIT #1 CONTINUED ACROSS THE ROAD TO WEST BOUND TRAFFIC AND PULLED TO THE SHOULDER. UNIT #2 AFTER STRIKING UNIT #1 CAUGHT FIRE. THE OCCUPANTS OF UNIT #2 WERE ASSISTED OUT OF THE VEHICLE AND WERE IN THE DRIVEWAY AT 18820 CAMINO REAL. THE DRIVER OF UNIT #2 APPEARED TO TRY AND LEAVE THE AREA AND COLLAPSED DUE TO INJURIES SUSTAINED IN THE COLLISION. TRAVIS COUNTY EMS BEGAN FIRST AID AND TRANSPORTED THE THREE FEMALE OCCUPANTS OF UNIT #2 TO DELL CHILDRENS HOSPITAL. THE DRIVER OF UNIT #2 WAS TRANSPORTED TO SETON KYLE/BUDA HOSPITAL. BOTH VEHICLES WERE TOWED FROM THE SCENE BY MAGIC TOWING.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	2	3	3	6	How Notified Dispatch	Time Arrived (24HRMM)	2	3	4	0	Report Date (MM/DD/YYYY)	04 / 04 / 2022	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed) Quick, Robert Allen								ID Num.	1078	
	ORI Num.	T	X	2	2	7	2	3	0	0	*	Agency	MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA





## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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.).

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## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 03 / 23 / 2022	*Crash Time (24HRMM) 1 6 4 3	Case ID 22-15973	Local Use
*County Name HAYS		*City Name SAN MARCOS	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude (decimal degrees)	Longitude (decimal degrees)	<input type="checkbox"/> Outside City Limit

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 80 Num.	2 Rdwy. Part 1	Block Num. 1100	3 Street Prefix	*Street Name HWY 80	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc. four lane, two way roadway, w/ turn lane

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 1200	3 Street Prefix	Street Name River	4 Street Suffix RD
Distance from Int. or Ref. Marker 0.16		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker NW	Reference Marker	Street Desc. four lane, two way roadway		RRX Num.

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KJJ5113	VIN 1 F T F W 1 E F 2 B K D 7 6 5 3 9	
Veh. Year 2 0 1 1	6. Veh. Color WHI	Veh. Make FORD			Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 45671998	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1 1 / 0 5 / 2 0 0 1	

Address (Street, City, State, ZIP) 1536 Hopkins ST San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Chavez, Kazandra					N	20	H	2	1	1	1	97	N	2		2	99	99
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 Chavez, Jose, 1317 Potter Borger, TX 79007																			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. INFINITY (COUNTY MUTUAL) INS. Name CO.					Fin. Resp. Num. 142560577694001												
Fin. Resp. Phone Num. (800) 334-1661						27 Vehicle Damage Rating 1 1 - F D - 1	27 Vehicle Damage Rating 2 1 - 1 - 1 -													Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By Not Towed Towed To Not Towed

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 4HR242	VIN 1 H D 1 C G P 1 6 4 K 4 1 3 2 9 3	
Veh. Year 2 0 0 4	6. Veh. Color BLK	Veh. Make HARLEY-DAVIDSON			Veh. Model UNKNOWN	7 Body Style MC	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 22825348	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 1 0 / 0 9 / 1 9 7 5	

Address (Street, City, State, ZIP) 113 Grace LN San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	5	1	Grose, Dylan Cascade					K	46	W	1	97	97	97	3	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 Cano, Christina Jean, 316 N LBJ DR San Marcos, TX 78666																						
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.															
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1 1 2 - F C - 4	27 Vehicle Damage Rating 2 1 - 1 - 1 -													Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By	Towed To																						

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	CHRISTUS SANTA ROSA HOSPITAL			HAYS COUNTY E.M.S.			0 3 / 2 3 / 2 0 2 2		1 7 2 9	

CHARGES	Unit Num.	Prsn. Num.	Charge							Citation/Reference Num.		
	1	1	Possession of Marijuana							22-15973		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37		20				1	1	98	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	This crashed occurred on 3/23/2022 in the 1100 block of HWY 80. Unit #1 was in the middle-turning lane waiting to turn into the Walmart driveway. Unit #2 was traveling inbound in the right lane. As Unit #1 turned into the Walmart driveway, they hit Unit #2.								<p>7/11 Gas Station</p> <p>1100 Blk HWY 80</p>					

INVESTIGATOR	Time Notified (24HR:MM)	1 6 4 3	How Notified Dispatched				Time Arrived (24HRMM)	1 6 4 9	Report Date (MM/DD/YYYY) 0 3 / 2 4 / 2 0 2 2			
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Ochoa, Matthew Cristian				ID Num.	13731				
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency SAN MARCOS POLICE DEPARTMENT				Service/Region/DA	0 0				



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 03 / 19 / 2022				*Crash Time (24HRMM) 1 1 2 7			Case ID 3859837				Local Use																				
	*County Name CALDWELL				*City Name														<input checked="" type="checkbox"/> Outside City Limit													
	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) 2 9 * 8 8 8 1 0		Longitude - (decimal degrees) 0 9 7 * 8 3 6 6 1 5																					
	<b>ROAD ON WHICH CRASH OCCURRED</b>																															
	*1 Rdwy. FM Sys.		*Hwy. Num. 1984		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																			
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 60		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																			
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																															
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. I.R. Sys.		Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name William Pettus RD																			
	Distance from Int. or Ref. Marker 0.1				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker W		Reference Marker		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. 4YG885		VIN	1	H	D	1	P	G	E	1	2	3	Y	9	5	5	7	8	4			
Veh. Year 2 0 0 3	6. Veh. Color GLD				Veh. Make HARLEY-DAVIDSON				Veh. Model FLHC				7 Body Style MC				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 08766336				9 DL Class CM	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 0 9 / 2 8 / 1 9 4 5																					
Address (Street, City, State, ZIP) 11505 Juniper Ridge DR Austin, TX 78759																																
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																															
	Person Num.	12 Psnl. Type	13 Seat Position																14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	5	1	Martinez, Joe Garza															A	76	H	1	97	97	97	3	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		Owner/Lessee																													
	<input type="checkbox"/> Lessee		Name & Address Martinez, Joe Garza, 11505 Juniper Ridge DR Austin, TX 78759																													
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 2		Fin. Resp. Name Liberty County Mutual Insurance Co.				Fin. Resp. Num. Y9351066																							
	Fin. Resp. Phone Num. 800-290-7933						27 Vehicle Damage Rating 1 - M C - 1						27 Vehicle Damage Rating 2 - - -						Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	Towed By LTX Towing						Towed To 218 N Main, Lockhart, Tx. 78644																									
	Unit Num.	5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																				
Veh. Year	6. Veh. Color				Veh. Make				Veh. Model				7 Body Style				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type	DL/ID State		DL/ID Num.				9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/				
Address (Street, City, State, ZIP)																																
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																															
	Person Num.	12 Psnl. Type	13 Seat Position																14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.															
	<input type="checkbox"/> Owner		Owner/Lessee																													
	<input type="checkbox"/> Lessee		Name & Address																													
	Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired		26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																							
	Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1 - - -						27 Vehicle Damage Rating 2 - - -						Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	Towed By						Towed To																									

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.					30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

Of Events	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Container Permit			No	Weight	Axes				
FACTORS & CONDITIONS	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		Environmental and Roadway Conditions						
	1	60								38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										1	1	07	1	4	1	12

<p><b>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</b></p> <p>Unit # 1 was driving west on FM 1984 and was driving through a curve. Unit # 1 due to it's speed was unable to control the motorcycle and keep it on the paved roadway and drove off the road to the north at the curve. Unit # 1 driver laid the motorcycle down and as result the motorcycle rider broke his leg as he was attempting to hold the bike up. The motorcycle rider was transported to the hospital due to his injuries.</p>	<p>1 1 97 1 4 1 12</p> <p><b>Field Diagram - Not to Scale</b></p>
<p><b>NARRATIVE AND DIAGRAM</b></p>	<p>1 1 97 1 4 1 12</p>

<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	1	1	4	5	How Notified CCSO	Time Arrived (24HRMM)	1	2	1	6	Report Date (MM/DD/YYYY)	03 / 19 / 2022					
	Invest. <input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Amaya, Jesse L.								ID Num. 06840								
	Comp. <input type="checkbox"/> No																	
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS											Service/ Region/DA	H	P	6	B	1	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 03 / 10 / 2022	*Crash Time (24HRMM) 1 9 0 2	Case ID 220690682	Local Use
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*County Name CALDWELL	*City Name MUSTANG RIDGE	<input type="checkbox"/> Outside City Limit
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)	Longitude - (decimal degrees)
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num. 18950	3 Street Prefix	* Street Name CAMINO REAL	4 Street Suffix
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<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 65	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No	Street Desc.
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## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.	1 Rdwy. I.R. Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name PLEASANT VALLEY	4 Street Suffix
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Distance from Int. or Ref. Marker 0.3	<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. PTR3694	VIN 1 5 G Z C Z 2 3 D X 3 S 8 2 5 3 3 7
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Veh. Year 2 0 0 3	6. Veh. Color SIL	Veh. Make SATURN	Veh. Model VUE	7 Body Style SV	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 10674688	9 DL Class CM	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 3 1 / 1 9 5 8
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Address (Street, City, State, ZIP) 20221 CAMINO REAL DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	BARNES, LOLYD	A	63	W	1	1	99	99	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	Owner/Lessee
<input type="checkbox"/> Lessee	Name & Address BARNES, LOLYD, 20221 CAMINO REAL DALE, TX 78616

Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - V B - 7	27 Vehicle Damage Rating 2 1 2 - F D - 4	Vehicle Inventoried <input type="checkbox"/> Yes
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Towed By Magic Towing	Towed To 8606 Evelyn Rd. Buda, TX 78610	Vehicle Inventoried <input type="checkbox"/> No
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NJR8380	VIN 1 F M R U 1 5 W 3 1 L B 7 7 4 9 1
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Veh. Year 2 0 0 1	6. Veh. Color TAN	Veh. Make FORD	Veh. Model EXPEDITION	7 Body Style SV	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 47197119	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 5 / 3 0 / 1 9 9 9
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Address (Street, City, State, ZIP) 18950 CAMINO REAL DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	GONZALEZ PROCOPIO, MARVIN	N	22	H	1	1	1	97	N	96		96	97	97	
2	2	3	GONZALEZ PROCOPIO, RAYMUNDO	N	17	H	1	1	1	97	N						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
<input checked="" type="checkbox"/> Owner	Owner/Lessee																
<input type="checkbox"/> Lessee	Name & Address GONZALEZ PROCOPIO, MARVIN, 18950 CAMINO REAL DALE, TX 78616																

Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. TITAN/HOME STATE COUNTY MUTUAL	Fin. Resp. Name INS. CO.	Fin. Resp. Num. 00081488
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Fin. Resp. Phone Num. (800) 848-2687	27 Vehicle Damage Rating 1 6 - B D - 4	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes
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Towed By	Towed To	Vehicle Inventoried <input checked="" type="checkbox"/> No
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VEHICLE DRIVER & PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS			LOCKHART/CALDWELL COUNTY EMS						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	BARBED WIRE FENCE			BDR HIGHWAY 21 LLC				18641 CAMINO REAL KYLE, TX 78640			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	20												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	UNIT 2 WAS TRAVELING WEST ON CAMINO REAL. UNIT 2 STOPPED TO TURN INTO 18950 CAMINO REAL. UNIT 1 WAS TRAVELING WEST ON CAMINO REAL. UNIT 1 COLLIDED WITH THE REAR OF UNIT 2. UNIT 2 VEERED OFF THE NORTH SIDE OF THE ROAD AND CRASHED THROUGH A BARBED WIRE FENCE AND CAUGHT ON FIRE. A CALDWELL COUNTY DEPUTY OVERHEARD AN UNKNOW WITNESS STATE THE DRIVER OF UNIT 1 COMMENTED THAT HE LOOKED AWAY AND WHEN HE LOOKED UP UNIT 2 WAS THERE. THE TWO WITNESSES ON SCENE WERE IDENTIFIED AS MICKEY NOLEN (832-916-8050) AND BEN BANKS (512-743-8226).													

INVESTIGATOR	Time Notified (24HR:MM)	1   9   0   7	How Notified Dispatch	Time Arrived (24HRMM)	1   9   1   5	Report Date (MM/DD/YYYY)	03 / 10 / 2022					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	DEAN, JOHN					ID Num.	1076		
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency MUSTANG RIDGE POLICE DEPARTMENT					Service/Region/DA	C   H			



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 03 / 06 / 2022	*Crash Time (24HRMM) 1   7   4   0	Case ID 3843558	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3   0   *   0   1   3   5   0	Longitude (decimal degrees) 0   9   7   *   6   5   0   7   10

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. FM Sys.	*Hwy. Num. 1854	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Coyote Run	4 Street Suffix RD
Distance from Int. or Ref. Marker 50		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. FNL3173	VIN 1 F T Z X 1 7 6 3 W K A 5 8 2 0 2	
Veh. Year 1 9 9 8	6. Veh. Color WHI	Veh. Make FORD			Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 17595468	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 1 / 2 0 / 1 9 8 1	

Address (Street, City, State, ZIP) 2610 Ektom ST Austin, TX 78745

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Saldana, Fabian Gonzalez					A	41	H	1	1	99	1	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 Saldana, Esteban, 2610 Ektom ST Austin, TX 78745																		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.												
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1 1   2   -   F   R   -   3	27 Vehicle Damage Rating 2   -   -   -   -   -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By Quantum Towing					Towed To 1124 N. Blanco, Lockhart, Tx. 78644
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN														
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style														
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.															
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1   -   -   -   -   -	27 Vehicle Damage Rating 2   -   -   -   -   -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Towed By	Towed To
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Seton Hays	Lockhart EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Driving While Intoxicated	TX691H0PXSRD

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60	67					2	6	97	1	5	1	12

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	<p>Unit # 1 was driving north on FM 1854 through a curve to the left. Unit # 1 had failed to negotiate the curve and slow the vehicle's speed in taking the rated curve at a slower speed. Unit # 1 continued to drive straight as the roadway curved to the left. Unit # 1 left the roadway and struck a tree on the east side of the roadway. Unit # 1 driver was intoxicated and was eventually transported to the hospital by EMS due to the serious injuries sustained during the crash. The subject driver initially refused to go to the hospital but was transported since he was unable to make a good judgment since he was under the influence of alcohol.</p>														

INVESTIGATOR	Time Notified (24HR:MM)	1    7    4    3	How Notified CCSO	Time Arrived (24HRMM)	1    7    5    5	Report Date (MM/DD/YYYY)	04 / 06 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.			*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 6 B 1 O



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
**Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457**  
**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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 03 / 06 / 2022		*Crash Time (24HRMM) 1 7 4 0		Case ID 3843558		Local Use															
	*County Name CALDWELL					*City Name					<input checked="" type="checkbox"/> Outside City Limit											
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Latitude (decimal degrees) 3 0 * 0 1 3 5 0	Longitude (decimal degrees) 0 9 7 * 6 5 0 7 10																
	<b>ROAD ON WHICH CRASH OCCURRED</b>																					
	*1 Rdwy. FM Sys.		*Hwy. Num. 1854		2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name		4 Street Suffix												
	<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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.														
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																					
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Coyote Run		4 Street Suffix RD													
	Distance from Int. or Ref. Marker 50			<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.		RRX Num.													
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. FNL3173	VIN 1 F T Z X 1 7 6 3 W K A 5 8 2 0 2															
Veh. Year 1 9 9 8	6. Veh. Color WHI	Veh. Make FORD			Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 17595468	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 1 / 2 0 / 1 9 8 1																
Address (Street, City, State, ZIP) 2610 Ektom ST Austin, TX 78745																						
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	Saldana, Fabian Gonzalez					A	41	H	1	1	99	1	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	Owner/Lessee																				
	<input type="checkbox"/> Lessee	Name & Address Saldana, Esteban, 2610 Ektom ST Austin, TX 78745																				
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired <input type="checkbox"/> <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.															
	Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 1 2 - F R - 3			27 Vehicle Damage Rating 2 - - -			Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	Towed By Quantum Towing				Towed To 1124 N. Blanco, Lockhart, Tx. 78644																	
	Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN															
	Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style															
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / /																
Address (Street, City, State, ZIP)																						
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
											Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.											
	<input type="checkbox"/> Owner	Owner/Lessee																				
	<input type="checkbox"/> Lessee	Name & Address																				
	Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expired <input type="checkbox"/> <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.															
	Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - -			27 Vehicle Damage Rating 2 - - -			Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	Towed By				Towed To																	

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Seton Hays	Lockhart EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Driving While Intoxicated	TX691H0PXSRD

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60	67					2	6	97	1	5	1	12
Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)														

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale
	<p>Unit # 1 was driving north on FM 1854 through a curve to the left. Unit # 1 had failed to negotiate the curve and continued to drive straight as the roadway curved to the left. Unit # 1 left the roadway and struck a tree on the east side of the roadway. Unit # 1 driver was intoxicated and was eventually transported to the hospital by EMS due to the serious injuries sustained during the crash. The subject driver initially refused to go to the hospital but was transported since he was unable to make a good judgment since he was under the influence of alcohol.</p>												
INVESTIGATOR	Field Diagram - Not to Scale												
	Coyote Run												

Time Notified (24HR:MM)	1	7	4	3	How Notified CCSO	Time Arrived (24HRMM)	1	7	5	5	Report Date (MM/DD/YYYY)	03/07/2022
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.									ID Num.	06840
ORI Num.											Service/Region/DA	H P 6 B 1 O



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 21 / 2022	*Crash Time (24HRMM) 1 9 3 5	Case ID 3824631	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 2 9 * 8 6 3 4 2	Longitude (decimal degrees) 0 9 7 * 8 7 1 3 5

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 1984	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. HNR3905	VIN 1 3 C 6 U R 4 N L 8 F G 5 1 3 1 5 4	
Veh. Year 2 0 1 5	6. Veh. Color BLK	Veh. Make DODGE			Veh. Model RAM 1500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 15076515	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 8 / 1 0 / 1 9 8 6	

Address (Street, City, State, ZIP) 19221 San Marcos HWY San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Castillo, Jeremy Ray					N	35	H	1	1	1	1	97	N	2	0.09	96	97	97
2	2	3	Tristan, Joshua Eden					N	36	H	1	1	1	1	97	N					
3	2	6	Perez, Melissa					N	34	H	2	1	1	1	97	N					

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 Tristan, Joshua Eden, 231 Masonwood DR Kyle, TX 78640		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2 Fin. Resp. Name Insurance Co. Num. 369 9401-L04-53B 001										
Fin. Resp. Phone Num. 800-782-8332			27 Vehicle Damage Rating 1 2 - R B Q - 3					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Johnny's Paint and Body				Towed To 1400 S. Commerce, Lockhart, Tx. 78644										
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 049M4S	VIN 1 H D 1 B W 5 1 X 9 Y 0 5 6 2 2 2	
Veh. Year 2 0 0 9	6. Veh. Color BLK	Veh. Make HARLEY-DAVIDSON			Veh. Model FLS	7 Body Style MC	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 23625959	9 DL Class CM	10 CDL End. 96	11 DL Rest. A, J	DOB (MM/DD/YYYY) 0 9 / 1 2 / 1 9 7 1	

Address (Street, City, State, ZIP) 117 Quail # B CV Lockhart, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	5	1	Soliz, Oscar Manuel					K	50	H	1	97	97	97	1	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 Soliz, Oscar Manuel, 117 Quail # B CV Lockhart, TX 78644		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2 Fin. Resp. Name Insurance Co. Num. 11407137146											
Fin. Resp. Phone Num. 800-774-0520			27 Vehicle Damage Rating 1 - - M C - 1					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By LTX Towing				Towed To 218 N. Main, Lockhart, Tx. 78644										

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	Travis County Medical Examiners Office			Legion's Funeral Home			0 2 / 2 1 / 2 0 2 2		2 0 4 1	

CHARGES	Unit Num.	Prsn. Num.	Charge								Citation/Reference Num.	
	1	1	Intoxication Manslaughter								TX6BVD0PXS5R	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37	67					1	2	97	1	1	1	17	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>Unit # 1 was north bound and was in the center turn lane of State Highway 80 attempting to turn left into an apartment parking lot on the west side of the highway. Unit # 2 was south bound on State Highway 80 approaching Unit # 1. Unit # 1 had turned left into the parking lot and Unit # 2 applied its brakes as Unit # 1 had turned in front of it. Unit # 2 was unable to stop and struck the right rear quarter panel of Unit # 1 as that vehicle was in front of Unit # 2. Unit # 2 driver was thrown from the motorcycle and landed on the roadway in the traffic lane. Unit # 1 stopped immediately and the driver and front passenger exited the vehicle and rushed to drag the Unit # 2 driver off the traffic lane since vehicles were still driving on the highway. The passenger and driver performed CPR but the motorcycle driver died at the scene. Unit # 1 came to stop on the west side of the highway facing south. Unit # 2 came to stop in the traffic lane facing east. Unit # 1 driver was suspected of DWI, and blood specimen was taken. Charges are on hold awaiting the results of the blood specimen that was submitted for analysis.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	1 9 3 8	How Notified CCSO	Time Arrived (24HRMM)	2 0 0 0	Report Date (MM/DD/YYYY)	0 6 / 1 7 / 2 0 2 2											
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Amaya, Jesse L.					ID Num.	06840								
	ORI Num.						*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H	P	6	B	1	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 21 / 2022	*Crash Time (24HRMM) 1 9 3 5	Case ID 3824631	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 2 9 * 8 6 3 4 2	Longitude (decimal degrees) 0 9 7 * 8 7 1 3 5

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 1984	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. HNR3905	VIN 1 3 C 6 U R 4 N L 8 F G 5 1 3 1 5 4	
Veh. Year 2 0 1 5	6. Veh. Color BLK	Veh. Make DODGE			Veh. Model RAM 1500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 15076515	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 8 / 1 0 / 1 9 8 6	

Address (Street, City, State, ZIP) 19221 San Marcos HWY San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Castillo, Jeremy Ray					N	35	H	1	1	1	1	97	N	2	96	97	97	
2	2	3	Tristan, Joshua Eden					N	36	H	1	1	1	1	97	N					
3	2	6	Perez, Melissa					N	34	H	2	1	1	97	97	N					

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 Tristan, Joshua Eden, 231 Masonwood DR Kyle, TX 78640			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. State Farm Mutual Auto Name Insurance Co.	Fin. Resp. Num. 369 9401-L04-53B 001	
Fin. Resp. Phone Num. 800-782-8332		27 Vehicle Damage Rating 1 2 - R B Q - 3	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Johnny's Paint and Body Towed To 1400 S. Commerce, Lockhart, Tx. 78644

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 049M4S	VIN 1 H D 1 B W 5 1 X 9 Y 0 5 6 2 2 2	
Veh. Year 2 0 0 9	6. Veh. Color BLK	Veh. Make HARLEY-DAVIDSON			Veh. Model FLS	7 Body Style MC	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 23625959	9 DL Class CM	10 CDL End. 96	11 DL Rest. A, J	DOB (MM/DD/YYYY) 0 9 / 1 2 / 1 9 7 1	

Address (Street, City, State, ZIP) 117 Quail # B CV Lockhart, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	5	1	Soliz, Oscar Manuel					K	50	H	1	97	97	97	1	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 Soliz, Oscar Manuel, 117 Quail # B CV Lockhart, TX 78644			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Dairyland County Mutual Name Insurance Co.	Fin. Resp. Num. 11407137146	
Fin. Resp. Phone Num. 800-774-0520		27 Vehicle Damage Rating 1 - M C - 1	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Towed By LTX Towing		Towed To 218 N. Main, Lockhart, Tx. 78644		

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	Travis County Medical Examiners Office			Legion's Funeral Home			0 2 / 2 1 / 2 0 2 2		2 0 4 1	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name		Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37						1	2	97	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>Unit # 1 was north bound and was in the center turn lane of State Highway 80 attempting to turn left into an apartment parking lot on the west side of the highway. Unit # 2 was south bound on State Highway 80 approaching Unit # 1. Unit # 1 had turned left into the parking lot and Unit # 2 applied its brakes as Unit # 1 had turned in front of it. Unit # 2 was unable to stop and struck the right rear quarter panel of Unit # 1 as that vehicle was in front of Unit # 2. Unit # 2 driver was thrown from the motorcycle and landed on the roadway in the traffic lane. Unit # 1 stopped immediately and the driver and front passenger exited the vehicle and rushed to drag the Unit # 2 driver off the traffic lane since vehicles were still driving on the highway. The passenger and driver performed CPR but the motorcycle driver died at the scene. Unit # 1 came to stop on the west side of the highway facing south. Unit # 2 came to stop in the traffic lane facing east. Unit # 1 driver was suspected of DWI, and blood specimen was taken. Charges are on hold awaiting the results of the blood specimen that was submitted for analysis.</p>								<p>N</p> <p>Apartment Parking</p> <p>Unit #1</p> <p>Unit #2</p> <p>State Highway 80</p>					

INVESTIGATOR	Time Notified (24HR:MM)	1 9 3 8	How Notified CCSO	Time Arrived (24HRMM)	2 0 0 0	Report Date (MM/DD/YYYY)	0 2 / 2 2 / 2 0 2 2							
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Jesse L.					ID Num.	06840				
	ORI Num.			*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H	P	6	B	1



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02 / 14 / 2022				*Crash Time (24HRMM) 0 7 1 8				Case ID				Local Use																
	*County Name CALDWELL				*City Name																<input checked="" type="checkbox"/> Outside City Limit								
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Latitude (decimal degrees) 2 9 * 9 3 6 0 8				Longitude - (decimal degrees) 0 9 7 * 6 7 1 6 15																				
	<b>ROAD ON WHICH CRASH OCCURRED</b>																												
	*1 Rdwy. Sys.		*Hwy. Num. 183		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<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		Street Desc. Divided 4 lane US Hwy																
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																												
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. CR		Hwy. Num. 183		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name Old Lytton Springs RD																
	Distance from Int. or Ref. Marker 0.29				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker SW		Reference Marker		Street Desc. 2 lane County Road								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. 8PFXR		VIN	3 G T E C 2 3 0 X 9 G 1 0 2 5 4 7																				
Veh. Year 2 0 0 9	6. Veh. Color MAR	Veh. Make GMC				Veh. Model SIERRA C1500				7 Body Style PK				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 01343829				9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 5 / 2 6 / 1 9 7 4																				
Address (Street, City, State, ZIP) 27 Martindale Lake RD Maxwell, TX 78656																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																													
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
1	1	1	Torres, Martin										A	47	H	1	1	1	2	97	N	96		96	97	97			
2	2	3	Torres, Lorinda Rodriguez										A	46	H	2	1	1	2	97	N								
														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 Torres, Martin, 27 Martindale Lake RD Maxwell, TX 78656																											
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type 2				Fin. Resp. Name Co				Fin. Resp. Num. 942107034																	
Fin. Resp. Phone Num. (800) 776-4737				27 Vehicle Damage Rating 1 1 - F R - 4				27 Vehicle Damage Rating 2 9 - L & T - 4				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Towed By Johnny's Wrecker						Towed To 1400 S Commerce St, Lockhart TX 78644																							
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																						
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / /																				
Address (Street, City, State, ZIP)																													
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.															
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee		Owner/Lessee Name & Address																											
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type				Fin. Resp. Name				Fin. Resp. Num.																	
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - - -				27 Vehicle Damage Rating 2 - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Towed By						Towed To																							

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Seton Hays Hospital			Lockhart EMS						
	1	2	Seton Hays Hospital			Lockhart EMS						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	Damage to concrete culvert			SH 130 Concession Company				10800 US 183 HWY Buda 78610			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	98						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 1 was traveling NNE on US Hwy 183 near CR 183 (Old Lytton Springs Rd) when the driver, who was drinking coffee, began to choke on his coffee. The driver and passenger both stated that the driver began to suffer medical distress due to being unable to breathe and blacked out momentarily, and the vehicle began to swerve and the driver reflexively pressed the accelerator all the way down. Unit 1, accelerating, veered off the right edge of the roadway into a ditch. Unit 1 impacted a concrete culvert in the ditch, losing the right front wheel and swinging to the left due to the impact. Unit 1 then rolled two times, coming to rest upright facing east just off the roadway.																			

INVESTIGATOR	Time Notified (24HR:MM)	0	7	3	9	How Notified DPS Comm	Time Arrived (24HRMM)	0	8	3	2	Report Date (MM/DD/YYYY)	02/14/2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Vanden Bos, Jay								ID Num.	11461
	ORI Num.											Service/Region/DA	H P 6 B 1 O

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 12 / 2022	*Crash Time (24HRMM) 2 2 3 3	Case ID	Local Use
*County Name CALDWELL		*City Name	
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) 2 9 * 8 6 4 9 1	Longitude (decimal degrees) 0 9 7 * 8 7 8 2 16

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. FM Sys.	*Hwy. Num. 110	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. SH Sys.	Hwy. Num. 80	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name SAN MARCOS HIGHWAY	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. CPT4271	VIN J T D J T 9 2 3 0 0 7 5 0 8 6 1 7 2	
Veh. Year 2 0 0 7	6. Veh. Color RED	Veh. Make TOYOTA			Veh. Model YARIS	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 21112908	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 6 / 0 9 / 1 9 8 3	

Address (Street, City, State, ZIP) 206 MLK DR UNIT A ELGIN, TX 78621

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	STRADER, GINGER					A	38	W	2	2	99	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	Owner/Lessee																	
<input type="checkbox"/> Lessee	Name & Address NAUMANN, CONNIE, 215 BUCKS RD PAIGE, TX 78659																	

Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. STATE FARM COUNTY MUTUAL Name INSURANCE CO					Fin. Resp. Num. 207 7318-J12-53C 003									
--	---	----------------------	--	--	--	--	--	--------------------------------------	--	--	--	--	--	--	--	--	--

Fin. Resp. Phone Num. (800) 732-5246					27 Vehicle Damage Rating 1 3 - R & T - 4	27 Vehicle Damage Rating 2 1 2 - F L - 3	Vehicle Inventoried <input checked="" type="checkbox"/> Yes
--------------------------------------	--	--	--	--	--	--	---

Towed By BARRON'S TOWING (512) 738-0881					Towed To 1400 S COMMERCE ST, LOCKHART, TX, 78644	Vehicle Inventoried <input type="checkbox"/> No
---	--	--	--	--	--	---

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. IVP0585	VIN 1 G 1 Z B 5 S T 7 J F 2 7 5 6 5 3	
Veh. Year 2 0 1 8	6. Veh. Color BLK	Veh. Make CHEVROLET			Veh. Model MALIBU	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 08453275	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 0 8 / 1 9 7 4	

Address (Street, City, State, ZIP) 82 WILLIAM EVANS ST UNIT 12B SAN MARCOS, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	SMITH-ASBERRY, TIFFANY LASHAW					B	48	B	2	1	1	2	97	N	96		96	97	97	
2	2	3	SMITH, HERMAN CALVIN					N	57	B	1	1	1	2	97	N						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																						

<input checked="" type="checkbox"/> Owner	Owner/Lessee																	
<input type="checkbox"/> Lessee	Name & Address SMITH-ASBERRY, TIFFANY LASHAW, 82 WILLIAM EVANS ST UNIT 12B SAN MARCOS, TX 78666																	

Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. ALLSTATE FIRE AND CASUALTY Name INSURANCE CO					Fin. Resp. Num. 000000844288447									
--	---	----------------------	--	--	--	--	--	---------------------------------	--	--	--	--	--	--	--	--	--

Fin. Resp. Phone Num. (800) 255-7828					27 Vehicle Damage Rating 1 3 - F D - 3	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes
--------------------------------------	--	--	--	--	--	------------------------------------	---

Towed By JOHNNY'S WRECKER (512) 668-4840					Towed To 1400 S COMMERCE ST, LOCKHART, TX, 78644	Vehicle Inventoried <input type="checkbox"/> No
--	--	--	--	--	--	---

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS HOSPITAL-KYLE			CALDWELL COUNTY EMS						
	2	1	CHRISTUS SANTA ROSA HOSPITAL-SAN MARCOS			CALDWELL COUNTY EMS						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address				
	LARGE ROADSIGN-NO STRAIGHT			TEXAS DEPT OF TRANSPORTATION			1710 SH 21 SAN MARCOS, TX 78666				

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.							30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	15						1	2	2	1	2	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale													
	Unit 1 was traveling north on FM 110, approaching the T intersection with SH 80. Unit 2 was traveling east on SH 80. Unit 2 entered the intersection with FM 110 on a green traffic signal. The driver of Unit 1 disregarded the traffic signal and entered the T intersection and entered the intersection without slowing. Unit 1 struck the front of Unit 2, continued through the intersection, and left the north side of the roadway. Unit 1 rolled over multiple times and came to rest in the plowed field, on its left side, facing south. The driver of Unit 1 was ejected from the vehicle during the rollover.																					

INVESTIGATOR	Time Notified (24HR:MM)	2	3	1	8	How Notified DPS AUSTIN COMM	Time Arrived (24HRMM)	2	3	5	1	Report Date (MM/DD/YYYY)	02 / 14 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Hart, William								ID Num.	13556
	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS						Service/Region/DA	H P 6 B 0 6



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02 / 03 / 2022		*Crash Time (24HRMM) 1 3 4 4				Case ID 22-06134						Local Use																	
	*County Name HAYS										*City Name SAN MARCOS										<input type="checkbox"/> Outside City Limit									
	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)																			
	<b>ROAD ON WHICH CRASH OCCURRED</b>																													
	*1 Rdwy. SH Sys.		*Hwy. 80 Num.		2 Rdwy. Part 3		Block Num.		3 Street Prefix		*Street Name		4 Street Suffix																	
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 50		Const. Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.																		
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																													
	At Int. <input checked="" type="checkbox"/> No	1 Rdwy. SH Sys.	Hwy. Num. 21	2. Rdwy. Part 1	Block Num.		3 Street Prefix		Street Name										4 Street Suffix											
	Distance from Int. or Ref. Marker 550				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker NW		Reference Marker		Street Desc.										RRX Num.										
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State CA	LP Num. 44990T2		VIN	3 G C P W C E D 9 I L G 1 1 4 6 8 5																					
Veh. Year 2 0 2 0	6. Veh. Color WHI	Veh. Make CHEVROLET				Veh. Model SILVERADO				7 Body Style PK		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																		
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 46368231		9 DL Class C	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 1 0 / 1 0 / 1 9 9 2																						
Address (Street, City, State, ZIP) 703 Rolling Grove San Antonio, TX 78253																														
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	Huprich, Maximilian Anthony										A	29	W	1	1	1	1	97	N	96	96	97	97				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee				Owner/Lessee Name & Address Ean Holdings LLC, 14002 E 21st ST Tulsa 74134																										
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																				
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 1 1 - F L - 4				27 Vehicle Damage Rating 2 9 - L P - 3								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Towed By ACE'S HIGH ROLLER TOWING						Towed To 1316 HIGHWAY 123 SAN MARCOS TX 78666																								
Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.		VIN																							
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style														<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/																			
Address (Street, City, State, ZIP)																														
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee				Owner/Lessee Name & Address																										
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																				
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 1 1 - F L - 4				27 Vehicle Damage Rating 2 9 - L P - 3								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Towed By						Towed To																								

<b>CHARGES</b>	<b>Unit Num.</b>	<b>Prsn. Num.</b>	<b>Charge</b>	<b>Citation/Reference Num.</b>

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

Or Events	Container Permit	No	Weight	Axes												
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions									
	Unit #	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	60								4	1	97	4	5	6	17

Narrative and Diagram	<p><b>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</b></p> <p>U1 was driving on the entrance ramp from Highway 21 entering onto Highway 80 towards San Marcos. Due to ice on the road, while driving on the curve of the entrance ramp, U1 slid left, over the curb, and into the wall of the Highway 80 overpass. U1 came to rest with the entire driver's side of the vehicle contacting the wall.</p> <p><b>Field Diagram - Not to Scale</b> SMPD 22-6124 Injury Accident 02/03/2022</p> <p><i>[Handwritten notes: "Not To Scale", "A", "B"]</i></p>
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<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	1	3	4	5	How Notified	Dispatched	Time Arrived (24HRMM)	1	3	5	1	Report Date (MM/DD/YYYY)	02 / 03 / 2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Smith, Jeffrey										ID Num.	13709
	ORI Num.	T	X	1	0	5	0	1	0	0	*Agency	SAN MARCOS POLICE DEPARTMENT	Service/ Region/DA	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 0 1 / 0 4 / 2 0 2 2	*Crash Time (24HRMM) 0 5 4 0	Case ID 3759395	Local Use	
*County Name CALDWELL		*City Name MARTINDALE		<input type="checkbox"/> Outside City Limit
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) 2 9 * 8 5 8 0 9	Longitude (decimal degrees) 0 9 7 * 8 6 1 5 15	

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<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	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.33		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SE	Reference Marker 470	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NLH9239	VIN 1 G 1 P C 5 S B 3 D 7 1 8 3 7 9 0	
Veh. Year 2 0 1 3	6. Veh. Color RED	Veh. Make CHEVROLET			Veh. Model CRUZE	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 43423906	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 4 / 0 9 / 2 0 0 1	

Address (Street, City, State, ZIP) 1302 Conway UNIT A DR San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Austin, Cameron Keith						B	20	B	1	1	1	5	97	N	2	2	99	99	
2	2	3	Ochoa, Sebastian Richard						K	20	H	1	1	99	5	97	N					

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 Ochoa, Sebasrian, 144 Hickory ST Luling, TX 78648												
Proof of Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.								
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 2 - R P - 5	27 Vehicle Damage Rating 2 1 1 - F D - 3	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Towed By Tow Dispatch 512-665-6259 Towed To 11324 N. Blanco St. Lockhart, TX 78644

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN														
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style														
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/								

Address (Street, City, State, ZIP)

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address																	
Proof of Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.													
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - -	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Towed By	Towed To																	

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	Not Transported for injuries			Not Transported for injuries								
	1	2	Legends Funeral Home			Legends Funeral Home			01/04/2022			0655		

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

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address			
	Property Fence				Mudd, Jack				710 NW River RD Martindale, TX 78655			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name	Carrier's Primary Addr.											
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight	<input type="checkbox"/> No	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	40	68	23				1	2	97	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale											
	Unit 1 was traveling NW on SH 80 approaching MP 470. Unit 1s driver admitted to smoking marijuana and THC prior to this crash. Unit 1s driver admitted on scene to falling asleep several times while driving and knew he should have pulled over. Unit 1s driver drifted into the on coming lanes of travel (south bound lanes) into the left side grass ditch and gradually into a property fence. Unit 1 struck a tree with its RP and spun around inside a group of trees. The passenger was killed as a result of this crash. The blood results are pending.																			

INVESTIGATOR	Time Notified (24HR:MM)	0 5 5 5	How Notified	Caldwell County	Time Arrived (24HRMM)	0 6 4 1	Report Date (MM/DD/YYYY)	01/05/2022						
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Brieden, Blake			ID Num.	14702						
	ORI Num.						*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS						



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

IDENTIFICATION & LOCATION	'Crash Date (MM/DD/YYYY) 1 2 / 2 5 / 2 0 2 1					'Crash Time (24HRMM) 2   2   3   9					Case ID					Local Use									
	'County Name CALDWELL					'City Name															<input checked="" type="checkbox"/> Outside City Limit				
	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) 2   9   *   9   8   3   0   8					Longitude - (decimal degrees) 0   9   7   *   7   6   2   0   15														
	<b>ROAD ON WHICH CRASH OCCURRED</b>																								
	'1 Rdwy. SH Sys.		'Hwy. 21 Num.			2 Rdwy. Part 1		Block Num.			3 Street Prefix			'Street Name Camino Real			4 Street Suffix								
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane			Speed Limit 50		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Street Desc.											
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																								
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. FM Hwy. Num. 2001			2. Rdwy. Part 1		Block Num.			3 Street Prefix			Street Name			4 Street Suffix								
	Distance from Int. or Ref. Marker 1.25				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SW			Reference Marker			Street Desc.			RRX Num.										
	Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State TX	LP Num. NDP2185			VIN 1 3 G C P W B E F 5 I L G 1 3 8 5 6 0																
Veh. Year 2 0 2 0	6. Veh. Color RED	Veh. Make CHEVROLET					Veh. Model SILVERADO					7 Body Style PK			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type 99	DL/ID State UN	DL/ID Num.			9 DL Class 99	10 CDL End. 99		11 DL Rest. 99	DOB (MM/DD/YYYY) / / /																
Address (Street, City, State, ZIP) UNKNOWN																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	UNKNOWN								99		99	99	99	99	99	99	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	Owner/Lessee																							
	<input type="checkbox"/> Lessee	Name & Address MARTINEZ, JAQUELINE, 98 WITTER RD LOCKHART, TX 78644																							
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name STATE FARM					Fin. Resp. Num. 075 8280-A05-530 003																
	Fin. Resp. Phone Num. (800) 732-5246					27 Vehicle Damage Rating 1 1   2   -   L   &   T   -   4					27 Vehicle Damage Rating 2 1   2   -   F   D   -   1					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	Towed By JOHNNY'S WRECKER SERVICE (512) 738-0881					Towed To 1400 S. COMMERCE ST, LOCKHART, TX																			
	Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State TX	LP Num. LMH6494			VIN 1 5 N P D H 4 A E 5 D H 1 7 7 6 3 3																
	Veh. Year 2 0 1 3	6. Veh. Color BLK	Veh. Make HYUNDAI					Veh. Model ELANTRA					7 Body Style P4			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 5	DL/ID State	DL/ID Num.			9 DL Class 5	10 CDL End. 5		11 DL Rest. 5	DOB (MM/DD/YYYY) 1   2   /   0   9   /   1   9   7   6																
Address (Street, City, State, ZIP) 745 CONCHAS ST KYLE, TX 78640																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	DE LA LUZ MEXICANO, MARIA								A	45	H	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	Owner/Lessee																							
	<input type="checkbox"/> Lessee	Name & Address DE LA LUZ MEXICANO, MARIA, 6503 BLUFF SPRINGS RD AUSTIN, TX 78744																							
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name AMERICAN ACCESS					Fin. Resp. Num. 42AU000942871																
	Fin. Resp. Phone Num. (630) 645-7755					27 Vehicle Damage Rating 1 6   -   B   D   -   3					27 Vehicle Damage Rating 2 3   -   R   &   T   -   3					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	Towed By ITX TOWING (512) 738-0881					Towed To 1400 S. COMMERCE ST, LOCKHART, TX																			

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	STONE WALL	CAYETANO DEVELOPMENT ATTN: GARRETT FORTHUBER	2211 HANCOCK DR AUSTIN, TX 78756

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No W/CC*	Actual Gross Weight	Total Num. Axles

<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	2    2    5    3	How Notified DPS COMM-AUSTIN	Time Arrived (24HRMM)	2    3    1    0	Report Date (MM/DD/YYYY)	1 2 / 3 0 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) SIFUENTES, JOSE A.				ID Num. 13696
	ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/ Region/DA H P 6 B 0 6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 2 / 2 5 / 2 0 2 1	*Crash Time (24HRMM) 2   2   3   9	Case ID	Local Use											
*County Name CALDWELL				*City Name										<input checked="" type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Latitude (decimal degrees) 2   9   *   9   8   3   0   8				Longitude (decimal degrees) 0   9   7   *   7   6   2   0   15						

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 21	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name Camino Real	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 50	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 2001	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name				4 Street Suffix
Distance from Int. or Ref. Marker 1.25		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SW	Reference Marker	Street Desc.				RRX Num.	

Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 38311A7	VIN 1 9 X F L 1 G 8 3 N E 0 0 5 6 1 5				
Veh. Year 2 0 2 2	6. Veh. Color GRY	Veh. Make HONDA			Veh. Model CIVIC	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)			
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 41525931	9 DL Class CM	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 4 / 2 8 / 1 9 9 8				

Address (Street, City, State, ZIP) 11808 SCHRIBER RD BUDA, TX 78610

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	SALINAS, ESAU JOSUE					N	23	H	1	1	1	1	97	N	96	96	97	97	
2	2	3	AVILA, MARIBEL					N	24	H	2	1	1	1	97	N					
3	2	6	AVILA, ANABEL LETICIA					N	20	H	2	1	1	1	97	N					

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 SALINAS MARTINEZ, ELEAZAR, 11808 SCHRIBER RD BUDA, TX 78610															
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name GEICO					Fin. Resp. Num. 4488783111								
Fin. Resp. Phone Num. (800) 841-3000					27 Vehicle Damage Rating 1 1   2   -   F   L   -   2	27 Vehicle Damage Rating 2   -   -   -   -   -									Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Towed By QUANTUM TOWING (512) 295-8697 Towed To 1010 N COLORADO ST, LOCKHART, TX

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN					
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)				
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address																		
Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.											
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1   -   -   -   -   -	27 Vehicle Damage Rating 2   -   -   -   -   -									Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Towed By					Towed To														

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name		Carrier's Primary Addr.								30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	2   2   5   3	How Notified DPS COMM-AUSTIN	Time Arrived (24HRMM)	2   3   1   0	Report Date (MM/DD/YYYY)	1 2 / 3 0 / 2 0 2 1				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) SIFUENTES, JOSE A.			ID Num.	13696				
	ORI Num.					*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P	6   B	0   6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 2 / 1 0 / 2 0 2 1	*Crash Time (24HRMM) 0 1 2 1 2	Case ID 21-73131	Local Use
*County Name HAYS		*City Name SAN MARCOS	
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 Rdwy. SH Sys.	*Hwy. 80 Num.	2 Rdwy. Part 1	Block 900 Num.	3 Street Prefix	*Street Name Hwy 80	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 45	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 1400	3 Street Prefix	Street Name Clarewood	4 Street Suffix DR
Distance from Int. or Ref. Marker 260		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. PFG7843	VIN 1 G N S C C K C X G R 2 0 1 5 0 7	
Veh. Year 2 0 1 6	6. Veh. Color WHI	Veh. Make CHEVROLET			Veh. Model TAHOE	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 44176750	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1 2 / 2 9 / 1 9 9 9	

Address (Street, City, State, ZIP) 9982 Echo Plain DR San Antonio, TX 78245

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Rodriguez, Andres					B	21	H	1	1	1	5	97	N	2		2	99	99
2	2	3	Guerrero, Raul Javier					B	22	H	1	1	99	5	97	N					
3	2	4	Guevara, Manuel Antonio					A	23	H	1	1	99	5	97	N					
4	2	6	Guerra Jr. Cesar Rodrigo					B	21	H	1	1	1	5	97	N					

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 RODRIGUEZ, CAROLINA C, 118 Winnetka RD San Antonio, TX 78229					Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired Fin. Resp. <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. INFINITY (COUNTY MUTUAL) INS. Name CO.	Fin. Resp. Num. 142560566877001
--	--	--	--	--	--	---	--	----------------------	---	---------------------------------

Fin. Resp. Phone Num. (800) 334-1661	27 Vehicle Damage Rating 1 1 2 - F D - 5	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By TEXAS STATE TOWING AND RECOVERY	Towed To 1702 S. IH 35 SAN MARCOS TX 78666
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. GCR0321	VIN 1 F M C U 0 J X 9 E U E 3 9 3 1 8	
Veh. Year 2 0 1 4	6. Veh. Color WHI	Veh. Make FORD			Veh. Model ESCAPE	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 40057355	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1 2 / 2 7 / 1 9 9 9	

Address (Street, City, State, ZIP) 309 McClendon DR Elgin, TX 78621											
---	--	--	--	--	--	--	--	--	--	--	--

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Adams, Grace Katherine					A	21	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 CUNNINGHAM, SCOTT ALLEN, 118 Wildflower LN Wharton, TX 77488					Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired Fin. Resp. <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. FARMER'S (TX. COUNTY MUTUAL) INS. CO.	Fin. Resp. Num. 21927421
--	--	--	--	--	--	---	--	----------------------	--	--------------------------

Fin. Resp. Phone Num. (800) 225-0011	27 Vehicle Damage Rating 1 1 2 - F D - 5	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By SAUCEDO'S TOWING	Towed To 211 W. GROVE ST. SAN MARCOS TX 78666
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Seton Hays	SMPD		
	1	2	Seton Hays	POV		
	1	3	SETON HAYS MEDICAL CENTER	HAYS COUNTY E.M.S.		
	1	4	SETON HAYS MEDICAL CENTER	HAYS COUNTY E.M.S.		
	1	5	SETON HAYS MEDICAL CENTER	HAYS COUNTY E.M.S.		
	2	1	SETON HAYS MEDICAL CENTER	HAYS COUNTY E.M.S.		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Intoxication Assault	21-73131

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	70	67					98	3	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						
	<p>Unit 1 was seen driving recklessly by Officer Lobo. Unit 1 was traveling eastbound on Hwy 80 at a high rate of speed. Unit 2 was traveling westbound on Hwy 80 in the right (#2) lane. Unit 1 crossed over into oncoming traffic and collided head on with Unit 2. After the collision, Unit 1 continued approximately 125ft east on Hwy 80 before coming to a stop perpendicular to the roadway. Unit 2 was turned 180 degrees and pushed approximately 125ft east on Hwy 80, coming to rest on the grass and curb, parallel to the roadway. The accident was witnessed by Officer Lobo. The driver of Unit 1 was subsequently arrested for Intoxication Assault. On the night of the accident, the weather was cloudy and misty.</p>														

INVESTIGATOR	Time Notified (24HR:MM)	0   2   1   2	How Notified Witnessed accident	Time Arrived (24HRMM)	0   2   1   2	Report Date (MM/DD/YYYY)	12 / 13 / 2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Poirier, Larry Todd		ID Num.	13752
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency	SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0   0	

* Crash Date (MM/DD/YYYY) 1 2 / 1 0 / 2 0 2 1				*Crash Time (24HRMM) 0   2   1   2				*County Name HAYS								
* City Name SAN MARCOS				* 1 Rdwy. Sys. SH				* Hwy. Num. 80								
* Street Name Hwy 80																
ORI Num.				*Agency SAN MARCOS POLICE DEPARTMENT				Service/ Region/DA								
	Unit Num.	Person Num.	T X	1 0	5 0	1 0	0 0		14 Injury Severity							
1	5	2	8	Torres, Raul				A	21	H	1	1	99	5	97	N
Name: Last, First, Middle																



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 2 / 0 6 / 2 0 2 1	*Crash Time (24HRMM) 1 4 2 0	Case ID 3725946	Local Use
*County Name CALDWELL		*City Name	
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) 2 9 * 9 8 0 7 5	Longitude (decimal degrees) 0 9 7 * 7 6 4 0 1

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 50	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Ganado	4 Street Suffix DR
Distance from Int. or Ref. Marker 80		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX Num. 465489F	VIN 1 F U J G B D V 6 F 2 G E 9 1 1 0		
Veh. Year 2 0 1 5	6. Veh. Color GRN	Veh. Make FREIGHTLINER			Veh. Model CONVENTIONAL	7 Body Style TT	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 37583395	9 DL Class A	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 8 / 2 2 / 1 9 8 2	

Address (Street, City, State, ZIP) 6600 Elm Creek # 240 DR, TX 78744

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Chirino Alvarez, Duriell					C	39	H	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 Rondon, Zuly C., 1054 Springdale RD Austin, TX 78721		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2	26 Fin. Resp. Border Insurance Services Name Qualitas Ins.	Fin. Resp. Num. QTXD-103000-02
--	--	--	---	---	--------------------------------

Fin. Resp. Phone Num. 619-541-8343	27 Vehicle Damage Rating 1 1 2 - F D - 5	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By Southwest Towing	Towed To 895 S Loop 4, Buda, Texas 78610
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Unit Num. 2	5 Unit Desc. 6	Parked Vehicle	Hit and Run	LP State TX Num. 465539F	VIN 5 M C 5 1 5 4 2 4 7 P 0 0 7 4 1 7		
Veh. Year 2 0 0 7	6. Veh. Color WHI	Veh. Make CPS TRAILER CO			Veh. Model UNKNOWN	7 Body Style TL	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /	

Address (Street, City, State, ZIP)	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address Rondon, Zuly C., 1054 Springdale RD Austin, TX 78721		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2	26 Fin. Resp. Border Insurance Services Name Qualitas Ins.	Fin. Resp. Num. QTXD-103000-02
--	--	--	---	---	--------------------------------

Fin. Resp. Phone Num. 619-541-8343	27 Vehicle Damage Rating 1 - - V X - 0	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By Southwest Towing	Towed To 895 S. Loop 4, Buda, Texas 78610
---------------------------	---

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Kyle Seton			Lockhart EMS						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address				
	Fence			Esquivel, Mayra			11207 Camino Real HWY Kyle, TX 78640				

CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	28 Veh. Oper.	2	29 Carrier ID Type	1	Carrier ID Num. 03330550
	Carrier's Corp. Name	Zuly C. Rondon	Carrier's Primary Addr. 1054 Springdale RD Austin, TX 78721									
	31 Bus Type	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	8   0   0   0   0	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	9	30 Veh. Type
	Unit Num.	2	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	1   6   2   0   0	34 Trlr. Type <input type="checkbox"/> 2	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	13	35 Seq. 2	35 Seq. 3	35 Seq. 4	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	1	97	1	1	1	12

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	Unit # 1 towing Unit # 2 was west bound on State Highway 21 at Ganado Drive. Unit # 3 was driving east bound on State Highway 21 approaching Ganado Drive. Unit # 3 had all of a sudden drove into the west bound lanes and into Unit # 1's path. Unit # 3 struck Unit # 1 in a head on collision. Unit # 1 had attempted to take evasive action by steering to the right but Unit # 3 was already in front of him. Both units collided in the west bound lane. Unit # 3 driver was ripped out of the vehicle and landed in the west bound lane. Unit # 3 came to rest in the south side bar ditch facing east. Unit # 1 and Unit # 2 had drove off the highway and through the construction side and off the roadway on the north side. Unit # 1 towing Unit 2 came to stop on the fence line facing west.														

INVESTIGATOR	Time Notified (24HR:MM)	1	3	2	2	How Notified CCSO	Time Arrived (24HRMM)	1	5	0	2	Report Date (MM/DD/YYYY)	12 / 11 / 2021
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.									ID Num.	06840
	ORI Num.											Service/Region/DA	H   P   6   B   1   0

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 2 / 0 6 / 2 0 2 1	*Crash Time (24HRMM) 1 4 2 0	Case ID 3725946	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 2 9 * 9 8 0 7 5	Longitude (decimal degrees) 0 9 7 * 7 6 4 0 1

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 50	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Ganado	4 Street Suffix DR
Distance from Int. or Ref. Marker 80		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NLX9757	VIN J T K D E 1 6 7 6 7 0 1 8 2 1 4 2	
Veh. Year 2 0 0 7	6. Veh. Color BLK	Veh. Make TOYOTA			Veh. Model SCION	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 1 / 0 2 / 1 9 9 3	

Address (Street, City, State, ZIP) 14012 Camino Real HWY Kyle, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Garcia Rodriguez, Javier					K	28	H	1	2	1	1	97	N	96	96	97	97	
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 Garcia Rodriguez, Javier, 14012 Camino Real HWY Kyle, TX 78640																				
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.													
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 2 - F D - 7					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No						

Towed By					Towed To																							
Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																						
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style																						
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)																						

Address (Street, City, State, ZIP)																						
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.														

Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - - -					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No													
Towed By					Towed To																							

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	3	1	Kyle Seton			Lockhart EMS			12 / 06 / 2021			1   5   1   6		

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	28 Veh. Oper.	29 Carrier ID Type			Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.												
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.			HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight	<input type="checkbox"/> No	Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	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		
	3	23														

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale							

INVESTIGATOR	Time Notified (24HR:MM)	1   3   2   2	How Notified CCSO	Time Arrived (24HRMM)	1   5   0   2	Report Date (MM/DD/YYYY)	12 / 11 / 2021								
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840								
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS									Service/Region/DA	H   P	6   B	1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 0 / 1 3 / 2 0 2 1	*Crash Time (24HRMM) 2   0   0   2	Case ID	Local Use
*County Name HAYS		*City Name	
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) 2   9   *   9   2   2   9   7	Longitude (decimal degrees) 0   9   7   *   8   3   6   2   1 3

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US	*Hwy. Num. 21	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. FM	Hwy. Num. 1966	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KDT5435	VIN 5 X X G M 4 A 7 7 D G 2 2 7 6 0 2
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Veh. Year 2 0 1 3	6. Veh. Color	Veh. Make KIA	Veh. Model OPTIMA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 00601958	9 DL Class C	10 CDL End. 96	11 DL Rest. 96 DOB (MM/DD/YYYY) 0 5 / 2 6 / 1 9 8 4

Address (Street, City, State, ZIP) 5020 CROMWELL, APT 6312 DR LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	BROWN, JOSHUA AARON	K	37	W	1	1	1	5	97	N	96		96	97	97
2	2	6	BROWN, JACOB	K	9	W	1	1	1	5	97	N					
																	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 BROWN, JOSHUA AARON, 115 MOCKINGBIRD LN LOCKHART, TX 78644		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name PROGRESSIVE COUNTY MUTUAL Num. 925128518	
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By	Towed To
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NCY5399	VIN 5 F N R L 3 8 4 0 9 B 0 1 2 1 0 6
Veh. Year 2 0 0 9	6. Veh. Color SIL	Veh. Make HONDA	Veh. Model ODYSSEY	7 Body Style VN	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 18794580	9 DL Class C	10 CDL End. 96	11 DL Rest. 96 DOB (MM/DD/YYYY) 1 1 / 1 1 / 1 1 9 7 9	

Address (Street, City, State, ZIP) 1725 WILLIAMSON RD RD LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	FRAUSTO, ROSA LINDA	A	41	H	2	1	1	5	97	N	96		96	97	97
2	2	6	RAMIREZ, ASHLEY	A	15	H	2	1	1	3	97	N					
3	2	4	RAMIREZ, TIFFANY	A	3	H	2	1	4	3	97	N					
4	2	8	RAMIREZ, SALINA	A	10	H	2	1	1	3	97	N					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address FRAUSTO, ROSA LINDA, 1725 WILLIAMSON RD RD LOCKHART, TX 78644																

Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name FARMERS INSURANCE Num. 46600503
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Fin. Resp. Phone Num. 512-892-9312	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By	Towed To
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	O'Bannon Funeral Home		O'Bannon Funeral Home		10 / 13 / 2021	2   0   0   5
	1	2	ACENSION SEATON HAYS		LOCKHART EMS MEDICS		10 / 13 / 2021	2   1   0   8
	2	1	ASCENSION SEATON HAYS		SAN MARCOS HAYS COUNTY EMS MEDICS			
	2	2	ASCENSION SEATON HAYS		SAN MARCOS HAYS COUNTY EMS MEDICS			
	2	3	DELL CHILDRENS HOSPITAL, AUSTIN, TX		SAN MARCOS HAYS COUNTY EMS MEDICS			
	2	4	DELL CHILDRENS HOSPITAL, AUSTIN, TX		SAN MARCOS HAYS COUNTY EMS MEDICS			

CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.
	1	1	FAIL TO YIELD AT STOP INTERSECTION				

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	35						1	2	4	1	1	1	8

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	At approximately 20:05, a crash was reported to Caldwell SO Dispatch. Unit 1 is a 2013 Kia sedan, Unit 2 is a 2009 Honda minivan. Unit 1 was traveling NW at a high rate of speed on FM 1966, according to a witness statement, and disregarded a stop sign, pulling out in front of Unit 2, which was traveling NE on SH-21. Unit 2 was unable to stop and T-boned Unit 1, which spun across the highway into a drainage ditch. Unit 2 spun to the left and stopped on the side of the road. The 37 year old male driver and 9 year old male passenger of Unit 1 were killed, and notification was made at 10:20pm to the drivers brother, who was looking for the driver and saw the lights. The driver and one child passenger from Unit 2 were transported to Ascension Seton Hays Hospital, 2 other child passengers from Unit 2 were transported to Dell Children's Hospital. Injuries to them were described as less severe and they are expected to survive. Toxicology on the driver of Unit 1 is pending.								UNIT 1 FINAL REST	SH 21	ALTERLN	LEFT TURN LANE	FM 1966	A.O.I.

INVESTIGATOR	Time Notified (24HR:MM)	2   0   0   5	How Notified	CALDWELL CO DISPATCH	Time Arrived (24HRMM)	2   0   4   0	Report Date (MM/DD/YYYY)	10 / 14 / 2021
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		Vanden Bos, Jay			ID Num.	11461
ORI Num.		*Agency		DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA	H   P	6   B   1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 26 / 2021	*Crash Time (24HRMM) 1 5 0 9	Case ID 21-57178	Local Use
*County Name HAYS		*City Name SAN MARCOS	
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 Rdwy. SH Sys.	*Hwy. 80 Num.	2 Rdwy. Part 1	Block Num. 1000	3 Street Prefix	*Street Name Hwy 80	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 100	3 Street Prefix	Street Name Clarewood	4 Street Suffix DR
Distance from Int. or Ref. Marker 0.25		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. JVD3787	VIN K M 8 J 3 3 A 2 X H U 4 7 6 5 2 7
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Veh. Year 2 0 1 7	6. Veh. Color WHI	Veh. Make HYUNDAI	Veh. Model TUCSON	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 10667076	9 DL Class C	10 CDL End. 96	11 DL Rest. 96 DOB (MM/DD/YYYY) 0 6 / 0 5 / 1 9 5 1

Address (Street, City, State, ZIP) 146 Bridlewood #21 San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Lopez, Oralia Platas	N	70	H	2	1	1	2	97	N	96		96	97	97
2	2	3	Martinez, Carolina	C	41	H	2	1	1	2	97	N					
																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner	Owner/Lessee	
<input type="checkbox"/> Lessee	Name & Address Lopez, Oralia Platas, 146 Bridlewood #21 San Marcos, TX 78666	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Name Geico	Fin. Resp. Num. 6067984168

Fin. Resp. Phone Num. 800-861-8380	27 Vehicle Damage Rating 1 - B R - 4	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By Not Towed	Towed To N/A		

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. FYD4685	VIN 2 S 3 D B 4 1 7 8 8 6 1 1 3 9 3 9
Veh. Year 2 0 0 8	6. Veh. Color BLU	Veh. Make SUZUKI	Veh. Model XL7	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 44408389	9 DL Class C	10 CDL End. 96	11 DL Rest. 96 DOB (MM/DD/YYYY) 0 7 / 1 1 / 2 0 0 2	

Address (Street, City, State, ZIP) 1650 River #528 RD San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Foran, Bernadette Maria	A	19	W	2	1	1	2	97	N	96		96	97	97

<input checked="" type="checkbox"/> Owner	Owner/Lessee	
<input type="checkbox"/> Lessee	Name & Address Foran, Bernadette Maria, 614 Fence Post Pass Cedar Park, TX 78613	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Name STATE FARM MUTUAL AUTOMOBILE INS. CO.	Fin. Resp. Num. 389 9719-G30-53F 002

Fin. Resp. Phone Num. (800) 252-1932	27 Vehicle Damage Rating 1 - F D - 7	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By TEXAS STATE TOWING AND RECOVERY	Towed To 1702 S. IH 35 SAN MARCOS TX 78666		

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	2	DECLINED TREATMENT / TRANSPORT			HAYS COUNTY E.M.S.						
	2	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37						1	1	97	2	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Vehicle 1 was traveling East in the 1000 block of Hwy 80 in the turn lane in an attempt to turn left. Vehicle 2 was traveling West in lane #2 in the 1000 block of Hwy 80. Vehicle 1 attempted to turn left across the West bound lanes of Hwy 80 but did so directly in front of Vehicle 2 causing damage.													

INVESTIGATOR	Time Notified (24HR:MM)	1   5   1   2	How Dispatched	Time Arrived (24HRMM)	1   5   1   7	Report Date (MM/DD/YYYY)	10 / 19 / 2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Tureaud, Ben		ID Num.	12967
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency	SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0   0	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 26 / 2021	*Crash Time (24HRMM) 1 5 0 9	Case ID 21-57175	Local Use
*County Name HAYS		*City Name SAN MARCOS	
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 Rdwy. SH Sys.	*Hwy. 80 Num.	2 Rdwy. Part 1	Block Num. 1000	3 Street Prefix	*Street Name Hwy 80	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 100	3 Street Prefix	Street Name Clarewood	4 Street Suffix DR
Distance from Int. or Ref. Marker 0.25		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. JVD3787	VIN K M 8 J 3 3 A 2 X H U 4 7 6 5 2 7
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Veh. Year 2 0 1 7	6. Veh. Color WHI	Veh. Make HYUNDAI	Veh. Model TUCSON	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 10667076	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 6 / 0 5 / 1 9 5 1

Address (Street, City, State, ZIP) 146 Bridlewood #21 San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Lopez, Oralia Platas	N	70	H	2	1	1	2	97	N	96		96	97	97
2	2	3	Martinez, Carolina	C	41	H	2	1	1	2	97	N					
																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner	Owner/Lessee	
<input type="checkbox"/> Lessee	Name & Address Lopez, Oralia Platas, 146 Bridlewood #21 San Marcos, TX 78666	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Name Geico	Fin. Resp. Num. 6067984168

Fin. Resp. Phone Num. 800-861-8380	27 Vehicle Damage Rating 1 - B R - 4	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By Not Towed	Towed To N/A
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. FYD4685	VIN 2 S 3 D B 4 1 7 8 8 6 1 1 3 9 3 9
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Veh. Year 2 0 0 8	6. Veh. Color BLU	Veh. Make SUZUKI	Veh. Model XL7	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 44408389	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 1 1 / 2 0 0 2

Address (Street, City, State, ZIP) 1650 River #528 RD San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Foran, Bernadette Maria	A	19	W	2	1	1	2	97	N	96		96	97	97

<input checked="" type="checkbox"/> Owner	Owner/Lessee	
<input type="checkbox"/> Lessee	Name & Address Foran, Bernadette Maria, 614 Fence Post Pass Cedar Park, TX 78613	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Name STATE FARM MUTUAL AUTOMOBILE INS. CO.	Fin. Resp. Num. 389 9719-G30-53F 002

Fin. Resp. Phone Num. (800) 252-1932	27 Vehicle Damage Rating 1 - F D - 7	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By TEXAS STATE TOWING AND RECOVERY	Towed To 1702 S. IH 35 SAN MARCOS TX 78666
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	2	DECLINED TREATMENT / TRANSPORT			HAYS COUNTY E.M.S.						
	2	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name				Carrier's Primary Addr.							30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37						1	1	97	2	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Vehicle 1 was traveling East in the 1000 block of Hwy 80 in the turn lane in an attempt to turn left. Vehicle 2 was traveling West in lane #2 in the 1000 block of Hwy 80. Vehicle 1 attempted to turn left across the West bound lanes of Hwy 80 but did so directly in front of Vehicle 2 causing damage.													

INVESTIGATOR	Time Notified (24HR:MM)	1   5   1   2	How Dispatched	Time Arrived (24HRMM)	1   5   1   7	Report Date (MM/DD/YYYY)	0 9 / 2 6 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Tureaud, Ben		ID Num.	12967
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency	SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0   0	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 25 / 2021	*Crash Time (24HRMM) 1 9 0 0	Case ID 3608556	Local Use
*County Name HAYS		*City Name UHLAND	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 2 9 * 9 5 8 2 1	Longitude (decimal degrees) 0 9 7 * 7 8 5 4 1 2

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Cotton Gin	4 Street Suffix RD
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. GSX0119	VIN 1 3 G T P 1 N E C 5 G G 1 4 4 9 8 4	
Veh. Year 2 0 1 6	6. Veh. Color GRY	Veh. Make GMC			Veh. Model SIERRA	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 36612461	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1 1 / 1 5 / 1 9 9 3	

Address (Street, City, State, ZIP) 6303 Sandshof DR Austin, TX 78724

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Martinez, Alan Nelson					N	27	H	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 Martinez, Alan Nelson, 6303 Sandshof DR Austin, TX 78724																		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Home State County Mutual Name Insurance Co					Fin. Resp. Num. PA3021497											
Fin. Resp. Phone Num. 254-776-4521					27 Vehicle Damage Rating 1 1 2 - F D - 4	27 Vehicle Damage Rating 2 - - - -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Towed By Quantum Towing      Towed To 100 Rodriguez St., Buda, Tx. 78610

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. JRL9236	VIN 1 2 B 3 C J 4 D V 9 A H 1 1 0 1 3 2	
Veh. Year 2 0 1 0	6. Veh. Color RED	Veh. Make DODGE			Veh. Model CHALLENGER	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 34511568	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 5 / 0 5 / 1 9 7 7	

Address (Street, City, State, ZIP) 112 Pine CT Maxwell, TX 78656	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Jones, Katrina Le Joyce	1	1	1						A	44	B	2	1	1	5	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 Jones, Katrina Le Joyce, 112 Pine CT Maxwell, TX 78656																						
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Old American County Mutual Name Fire Ins. Co.					Fin. Resp. Num. CCB01196256															
Fin. Resp. Phone Num. 866-233-7091					27 Vehicle Damage Rating 1 6 - B D - 5	27 Vehicle Damage Rating 2 - - - -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By Wimberley Towing					Towed To 1820 Dara Ln., San Marcos, Tx. 78666																		

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	2	1	Kyle Seton	Hays EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Fail to Control Speed	TX64J00PXS5L
	2	1	No Driver License- When Unlicensed	TX64J00PXS5M

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22	20					1	6	97	1	1	1	12

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale						
	Unit # 1 was driving northeast on State Highway 21 approaching Unit # 2's location. Unit # 2 was stopped on State Highway 21 attempting to turn left into Poco Loco Store parking lot. Unit # 3 was driving southwest on State Highway 21 approaching Unit # 2's location. Unit # 1 struck the rear of Unit # 2, with the result that Unit # 2 was forced into the west bound lane where Unit # 3 was driving. Unit # 2 struck the front of Unit # 3, Then Unit # 1 struck that vehicle also as it continued forward and into the west bound lane. Unit # 1 came to stop on the north side of the highway facing north. Unit # 2 came to stop in the west bound lane facing north. Unit # 3 stopped directly where it was struck in the west bound lane facing west. unit # 1 driver stated that he drove up on the stopped vehicle before realizing that the vehicle was stopped and he was unable to apply the brakes.														
	Time Notified (24HR:MM)	1	9	1	0	How Notified	DPS Austin	Time Arrived (24HRMM)	1	9	2	5	Report Date (MM/DD/YYYY)	09/25/2021	

INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Jesse L. Amaya	ID Num.	06840
	ORI Num.				*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS
					Service/Region/DA	H P 6 B 1 0



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
**Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457**  
**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.).

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## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 25 / 2021				*Crash Time (24HRMM) 1 9 0 0		Case ID 3608556		Local Use													
*County Name HAYS				*City Name UHLAND				Outside City Limit													
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) 2 9 * 9 5 8 2 1				Longitude - (decimal degrees) 0 9 7 * 7 8 5 4 1 2													

**ROAD ON WHICH CRASH OCCURRED**

*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix									
<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. I.R Hwy. Num.		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name Cotton Gin		4 Street Suffix RD									
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker		Street Desc.		RRX Num.											

Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NLH6992	VIN 5 N P D 8 4 I F 8 K H 4 3 1 3 3 7														
Veh. Year 2 0 1 9	6. Veh. Color BLK	Veh. Make HYUNDAI				Veh. Model ELANTRA	7 Body Style P4				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 39839476	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 6 / 0 6 / 1 9 9 8														

Address (Street, City, State, ZIP) 435 Roadrunner AVE New Braunfels, TX 78130

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Hughes JR, James Ronald								A	23	W	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 Hughes JR, James Ronald, 176 Landa #115 DR New Braunfels, TX 78130																		
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2				Fin. Resp. Name GEICO				Fin. Resp. Num. 4418903805										
Fin. Resp. Phone Num. 800-207-7847					27 Vehicle Damage Rating 1 1 2 - F D - 4					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Towed By JJ Towing					Towed To 1316 TX 123, San Marcos, Tx. 78666													
--------------------	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																						
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model	7 Body Style				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/					

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type				Fin. Resp. Name				Fin. Resp. Num.																

Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - -					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No				
Towed By					Towed To														

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	3	1	Kyle Seton			Hays EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight		Total Num. Axles	<input type="checkbox"/> Yes

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	1   9   1   0	How Notified DPS Austin	Time Arrived (24HRMM)	1   9   2   5	Report Date (MM/DD/YYYY)	0 9 / 2 5 / 2 0 2 1						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840						
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS							Service/Region/DA	H   P	6   B	1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 17 / 2021	*Crash Time (24HRMM) 0 8 5 5	Case ID 210000055647	Local Use	
*County Name HAYS		*City Name SAN MARCOS		<input type="checkbox"/> Outside City Limit
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 Rdwy. SH Sys.	*Hwy. Num. 900	2 Rdwy. Part 1	Block Num. 900	3 Street Prefix	*Street Name SH80	4 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 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 300	3 Street Prefix	Street Name BUGG	4 Street Suffix LN
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. HNL0594	VIN J A I C 4 W 1 6 3 F 7 0 0 2 7 8 3	
Veh. Year 2 0 1 5	6. Veh. Color WHI	Veh. Make ISUZU			Veh. Model NPR HD	7 Body Style TR	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 21352323	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 7 / 2 7 / 1 9 8 2	

Address (Street, City, State, ZIP) 421 INDIAN BLANKET ST SAN MARCOS 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	PENA-VERASTEGUI, DAVID					A	39	H	1	1	1	1	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 RINCON-MENDOZA, SERGIO DARIO, 506 BOOTH DR SAN MARCOS, TX 78666																			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name ALLSTATE COUNTY					Fin. Resp. Num. 648827514													
Fin. Resp. Phone Num. (956) 581-8822						27 Vehicle Damage Rating 1 1 1 - F L - 7	27 Vehicle Damage Rating 2 1 1 1 - 1 - 1 -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

Towed By SAUCEDOS	Towed To SM GROVE ST
-------------------	----------------------

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 27667X1	VIN 1 F T 8 W 3 B T 5 M E C 8 9 4 7 5	
Veh. Year 2 0 2 1	6. Veh. Color WHI	Veh. Make FORD			Veh. Model F350	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 05116078	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 3 / 1 8 / 1 9 5 6	

Address (Street, City, State, ZIP) 8997 COUNTY RD ANDERSON, TX 77830

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	SCHNEIDER, KARL ERICH					C	65	W	1	1	1	5	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 SCHNEIDER, KARL ERICH, 8997 COUNTY RD ANDERSON, TX 77830																			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name TEXAS FARM BUREAU					Fin. Resp. Num. 20244799													
Fin. Resp. Phone Num. (979) 776-8789						27 Vehicle Damage Rating 1 1 1 - F L - 7	27 Vehicle Damage Rating 2 1 1 1 - 1 - 1 -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Towed By ACES	Towed To SM GROVE ST																			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	SETON HAYS			MED 6						
	2	1	AMA			NONE						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	20						1	1	2	2	1	1	5
	2	20												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale		
	ON 09/18/2021 AT APPROXIMATELY 0855 HOURS WHILE IN THE 800 BLOCK OF HWY80, UNIT 1 WAS TRAVELING EAST BOUND AND UNIT 2 WAS TRAVELING WEST BOUND. UNIT 1 WAS GIVEN A GREEN CIRCULAR LIGHT WHILE UNIT 2 HAD A RED CIRCULAR LIGHT. WHILE SPEAKING WITH THE DRIVER OF UNIT 2, HE STATED HE WAS DRIVING HIS NEW TRUCK AND WAS UNFAMILIAR WITH IT AS HE JUST RECEIVED IT THE NIGHT BEFORE. DRIVER OF UNIT 2 STATED WHILE PROCEEDING THROUGH THE HWY 80 INTERCHANGE IN AN ATTEMPT TO ACCESS THE SOUTHBOUND WEST ACCESS ROAD, HE FAILED TO OBSERVE THE RED CIRCULAR LIGHT AT 300 BUGG LANE. UNIT 2 SUBSEQUENTLY COLLIDED WITH UNIT 1. WHILE SPEAKING WITH THE DRIVER OF UNIT 1, HE STATED HE RECEIVED THE GREEN CIRCULAR LIGHT AND PROCEEDED THROUGH THE INTERSECTION. DRIVER OF UNIT 1 ALSO STATED HE DID OBSERVE UNIT 2 APPROACHING AND APPEARING AS IF HE WAS NOT GOING TO STOP. DRIVER OF UNIT 1 STATED HE TRIED TO AVOID THE COLLISION BUT WAS UNSUCCESSFUL. DRIVER OF UNIT 1 SUSTAINED SWELLING TO HIS LOWER LEFT LEG AND A BROKEN BONES ON RIGHT LOWER RIGHT LEG. DRIVER OF UNIT 1 WAS TRANSPORTED TO ASCENSION SETON IN KYLE BY MED6. DRIVER OF UNIT 2 STATED HE WAS NOT INJURED.														

INVESTIGATOR	Time Notified (24HR:MM)	0 8 5 5	How Notified Dispatched	Time Arrived (24HRMM)	0 8 5 9	Report Date (MM/DD/YYYY)	0 9 / 1 8 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Willdigg, Lucas			ID Num.	13517
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0 0		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 02 / 2021	*Crash Time (24HRMM) 1 7 4 8	Case ID 212450669	Local Use
*County Name TRAVIS		*City Name MUSTANG RIDGE	
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) 3 0 * 0 5 6 1 8	Longitude (decimal degrees) 0 9 7 * 6 9 0 1 8	<input type="checkbox"/> Outside City Limit

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US	*Hwy. Num. 183S	2 Rdwy. Part 2	Block Num.	3 Street Prefix	* Street Name	4 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 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. I.R	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name OLD LOCKHART	4 Street Suffix RD
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. CW2B076	VIN 1 F M D K 0 2 W 4 8 G A 3 1 5 2 3	
Veh. Year 2 0 0 8	6. Veh. Color BLK	Veh. Make FORD			Veh. Model TAURUS X	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State FL	DL/ID Num. S622437673860	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98	DOB (MM/DD/YYYY) 1 0 / 2 6 / 1 9 6 7	

Address (Street, City, State, ZIP) 2711 KEATOR ST TALLAHASSEE, FL 32310

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	SIARKIEWICZ, JASON STEWART						C	53	W	1	1	1	5	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 CLARK, MATTHEW, 1104 BATAVIA DR PFLUGERVILLE, TX 78660																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name						Fin. Resp. Num.												
Fin. Resp. Phone Num.							27 Vehicle Damage Rating 1 9 - L P - 3	27 Vehicle Damage Rating 2 - - -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By Magic Towing					Towed To 8606 Elevlyn Rd. Buda, TX 78610
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. PJL4554	VIN 1 N 4 A L 3 A P 8 F C 1 1 2 6 7 8	
Veh. Year 2 0 1 5	6. Veh. Color WHI	Veh. Make NISSAN			Veh. Model ALTIMA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 36621922	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 0 3 / 1 9 9 7	

Address (Street, City, State, ZIP) 518 SABINE ST LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	WILLS-PHILLIPS, ANJOLEE INEZ						A	24	B	2	97	96	5	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 WILLS-PHILLIPS, ANJOLEE INEZ, 518 SABINE ST LOCKHART, TX 78644																								
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. STATE FARM MUTUAL AUTOMOBILE Name INS. CO.						Fin. Resp. Num. 433 0160-G27-53B																	
Fin. Resp. Phone Num. (800) 252-1932							27 Vehicle Damage Rating 1 1 2 - F D - 4	27 Vehicle Damage Rating 2 3 - R F Q - 2												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By Magic Towing							Towed To 8606 Elevlyn Rd. Buda, TX 78610																		

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ST. DAVID'S SOUTH MEDICAL CENTER			AUSTIN-TRAVIS EMS						
	2	1	DELL SETON MEDICAL CENTER			TRAVIS COUNTY STARFLIGHT						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit			Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	35						1	1	4	4	1	1	6

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale				
	UNIT 1 WAS TRAVELING EASTBOUND ON OLD LOCKHART ROAD WHEN THE DRIVER FAILED TO YIELD THE RIGHT OF WAY TO UNIT 2. UNIT 2 HAD THE RIGHT OF WAY WHILE TRAVELING NORTHBOUND ON US HWY 183 S. UNIT 1 FAILED TO FOLLOW THE FLASHING RED SIGNAL LIGHT AND STOP SIGN. AFTER THE IMPACT, UNIT 1 ENDED UP ABOUT 100 FEET FROM THE POINT OF IMPACT. UNIT 2 ENDED UP SPINNING AROUND, HITTING THE TRAFFIC SIGNAL POLE LOCATED ON THE NORTHWEST SIDE OF THE STREET.								Not To Scale				

INVESTIGATOR	Time Notified (24HR:MM)	1   7   4   8	How Notified	Dispatch	Time Arrived (24HRMM)	1   7   5   2	Report Date (MM/DD/YYYY)	1 1 / 2 9 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Solis, Hector Alfonso			ID Num.	1062
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency		MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA	C   H	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 02 / 2021	*Crash Time (24HRMM) 1 7 4 8	Case ID 212450669	Local Use
*County Name TRAVIS		*City Name MUSTANG RIDGE	
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) 3 0 * 0 5 6 1 8	Longitude (decimal degrees) 0 9 7 * 6 9 0 1 8	<input type="checkbox"/> Outside City Limit

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US	*Hwy. Num. 183S	2 Rdwy. Part 2	Block Num.	3 Street Prefix	* Street Name	4 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 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. I.R	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name OLD LOCKHART	4 Street Suffix RD
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. CW2B076	VIN 1 F M D K 0 2 W 4 8 G A 3 1 5 2 3
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Veh. Year 2 0 0 8	6. Veh. Color BLK	Veh. Make FORD	Veh. Model TAURUS X	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State FL	DL/ID Num. S622437673860	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98 DOB (MM/DD/YYYY) 1 0 / 2 6 / 1 9 6 7

Address (Street, City, State, ZIP) 2711 KEATOR ST TALLAHASSEE, FL 32310

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	SIARKIEWICZ, JASON STEWART	C	53	W	1	1	1	5	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 CLARK, MATTHEW, 1104 BATAVIA DR PFLUGERVILLE, TX 78660														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9 - L P - 3	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By Magic Towing	Towed To 8606 Elevlyn Rd. Buda, TX 78610
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. PJL4554	VIN 1 N 4 A L 3 A P 8 F C 1 1 2 6 7 8
Veh. Year 2 0 1 5	6. Veh. Color WHI	Veh. Make NISSAN	Veh. Model ALTIMA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 36621922	9 DL Class C	10 CDL End. 96	11 DL Rest. 96 DOB (MM/DD/YYYY) 0 7 / 0 3 / 1 9 9 7	

Address (Street, City, State, ZIP) 518 SABINE ST LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	WILLS-PHILLIPS, ANJOLEE INEZ	A	24	B	2	97	96	5	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 WILLS-PHILLIPS, ANJOLEE INEZ, 518 SABINE ST LOCKHART, TX 78644														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. STATE FARM MUTUAL AUTOMOBILE Name INS. CO.	Fin. Resp. Num. 433 0160-G27-53B	
Fin. Resp. Phone Num. (800) 252-1932		27 Vehicle Damage Rating 1 1 2 - F D - 4	27 Vehicle Damage Rating 2 3 - R F Q - 2	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By Magic Towing	Towed To 8606 Elevlyn Rd. Buda, TX 78610
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	ST. DAVID'S SOUTH MEDICAL CENTER	AUSTIN-TRAVIS EMS		
	2	1	DELL SETON MEDICAL CENTER	TRAVIS COUNTY STARFLIGHT		

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
Carrier's Corp. Name			Carrier's Primary Addr.					30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Axles	Total Num. Axles	

Of Events	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Container Permit		No	Weight	Axes			
FACTORS & CONDITIONS	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	Environmental and Roadway Conditions						
	1	35						38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								1	1	4	4	1	1	6

<p><b>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</b></p> <p>UNIT 1 WAS TRAVELING WESTBOUND ON OLD LOCKHART ROAD WHEN THE DRIVER FAILED TO YIELD THE RIGHT OF WAY TO UNIT 2. UNIT 2 HAD THE RIGHT OF WAY WHILE TRAVELING NORTHBOUND ON US HWY 183 S. UNIT 1 FAILED TO FOLLOW THE FLASHING RED SIGNAL LIGHT AND STOP SIGN. AFTER THE IMPACT, UNIT 1 ENDED UP ABOUT 100 FEET FROM THE POINT OF IMPACT. UNIT 2 ENDED UP SPINNING AROUND, HITTING THE TRAFFIC SIGNAL POLE LOCATED ON THE NORTHWEST SIDE OF THE STREET.</p>	<p style="text-align: center;">1      1      4      4      1      1      6</p> <p style="text-align: center;"><b>Field Diagram - Not to Scale</b></p> <p style="text-align: center;"><b>Not To Scale</b></p>
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<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	1	7	4	8	How Notified Dispatch	Time Arrived (24HRMM)	1	7	5	2	Report Date (MM/DD/YYYY)	09 / 02 / 2021			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Solis, Hector Alfonso									ID Num.	1062			
	ORI Num.	T	X	2	2	7	2	3	0	0	*Agency	MUSTANG RIDGE POLICE DEPARTMENT	Service/ Region/DA	C	H	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 08 / 05 / 2021	*Crash Time (24HRMM) 1 2 1 6	Case ID 212170417	Local Use
*County Name TRAVIS		*City Name MUSTANG RIDGE	
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 Rdwy. Sys. US	*Hwy. Num. 183	2 Rdwy. Part 1	Block Num. 11700	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.	1 Rdwy. I.R.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name MARGO	4 Street Suffix DR
Distance from Int. or Ref. Marker 0.24		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State PA	LP Num. KVS9192	VIN J N K C V 5 4 E X 3 M 2 1 3 9 1 0	
Veh. Year 2 0 0 3	6. Veh. Color BLK	Veh. Make INFINITI			Veh. Model G35	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State PA	DL/ID Num. 33645056	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98	DOB (MM/DD/YYYY) 1 1 / 0 1 / 1 9 8 8	

Address (Street, City, State, ZIP) 157 HOLLIS LN KYLE, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	DOBBS, JOSHURA ARRON						K	32	W	1	1	1	3	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 DOBBS, JOSHURA ARRON, 157 HOLLIS LN KYLE, TX 78640																
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. USAA - UNITED SERVICES Name AUTOMOBILE ASSN.						Fin. Resp. Num. 023170235 7103									
Fin. Resp. Phone Num. (800) 531-8722				27 Vehicle Damage Rating 1 9 - L P - 7				27 Vehicle Damage Rating 2 9 - L & T - 7				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Towed By Magic Towing	Towed To 8606 Evelyn Rd. Buda, TX 78610
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style																		
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name						Fin. Resp. Num.															

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - - - -						27 Vehicle Damage Rating 2 - - - - -						Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By	Towed To												

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	TRAVIS COUNTY MEDICAL EXAMINER	TRAVIS COUNTY MEDICAL EXAMINER	08 / 05 / 2021	1   3   0   6

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		
	DAMAGED FENCE			GARCIA, MICHAEL			8412 OLD LOCKHART RD BUDA, TX 78610		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60						3	1	97	3	1	2	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	Unit 1 was traveling south on US Hwy 183. According to a witness, Unit 1 was traveling above the posted speed limit. The witness was traveling the speed limit (60 mph) and Unit 1 passed him at a high rate of speed. Unit 1 was traveling at a speed that was unsafe for the conditions (rain). Unit 1 lost control and slid into the grassy median on the west side of the road. Unit 1 struck a boulder in the area of its driver's door. Unit 1 rolled and came to a rest on its driver's side. The boulder was pushed into the fence damaging it.										Not To Scale				
											Fence				
											Not To Scale				
											US HWY 183 S				

INVESTIGATOR	Time Notified (24HR:MM)	1   2   2   1	How Notified Dispatch	Time Arrived (24HRMM)	1   2   3   0	Report Date (MM/DD/YYYY)	08 / 09 / 2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	DEAN, JOHN		ID Num.	1076
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency	MUSTANG RIDGE POLICE DEPARTMENT		Service/Region/DA	C   H



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 06 / 26 / 2021			*Crash Time (24HRMM) 2 3 2 4				Case ID 211770805					Local Use									
*County Name TRAVIS								*City Name MUSTANG RIDGE								<input type="checkbox"/> Outside City Limit					
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) 3 0 * 0 5 3 1 7		Longitude (decimal degrees) 0 9 7 * 6 9 0 4 8											

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.		*Hwy. Num. 130S		2 Rdwy. Part 1		Block Num. 12800		3 Street Prefix		* Street Name LAWS		4 Street Suffix RD					
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input checked="" type="checkbox"/> Toll Road/ Toll Lane			Speed Limit 85		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input type="checkbox"/> Yes	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name LAWS						4 Street Suffix RD
Int. <input checked="" type="checkbox"/> No	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.						RRX Num.
<input type="checkbox"/> MI			<input type="checkbox"/> MI									

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. JSD6977	VIN 1 F T N W 2 1 F 9 2 E C 7 1 2 4 4										
Veh. Year 2 0 0 2	6. Veh. Color WHI	Veh. Make FORD				Veh. Model F250	7 Body Style PK		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 36978292	9 DL Class CM	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 3 / 1 3 / 1 9 8 4										

Address (Street, City, State, ZIP) 421 BONITA VISTA DR BUDA, TX 78610

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	MORREN, MATTHEW DAVID						K	37	W	1	1	1	5	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	Owner/Lessee																		
<input type="checkbox"/> Lessee	Name & Address MORREN, MATTHEW DAVID, 421 BONITA VISTA DR BUDA, TX 78610																		
Proof of <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. COLONIAL COUNTY MUTUAL INS.						Fin. Resp. Num. 7842J025415										
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt																		
Fin. Resp. Phone Num. (800) 421-3535				27 Vehicle Damage Rating 1 9 - L P - 7						27 Vehicle Damage Rating 2 1 1 - R F Q - 1						Vehicle Inventoried <input checked="" type="checkbox"/> Yes			

Towed By Magic Towing Towed To 8606 Evelyn Rd. Buda, TX 78610

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																				
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model	7 Body Style		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)																				

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
																		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input type="checkbox"/> Owner	Owner/Lessee																						
<input type="checkbox"/> Lessee	Name & Address																						
Proof of <input type="checkbox"/> Yes	<input type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name						Fin. Resp. Num.														
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt																						
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 - - - -						27 Vehicle Damage Rating 2 - - - -						Vehicle Inventoried <input type="checkbox"/> Yes							

Towed By	Towed To																		
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	TRAVIS COUNTY MEDICAL EXAMINER'S OFFICE			TRAVIS COUNTY MEDICAL EXAMINER'S OFFICE			0 6 / 2 7 / 2 0 2 1		0   1   1   3	

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		
	OVERHEAD SIGNAGE-GANTRY			SH130 CONCESSION CO			10800 S US-183 HWY MUSTANG RIDGE, TX 78610		
	GUARDRAIL CRASH CUSHION			SH130 CONCESSION CO			10800 S US-183 HWY MUSTANG RIDGE, TX 78610		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name										
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22	41					1	2	97	4	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale			
	UNIT 1 WAS TRAVELING NORTHBOUND ON S SH 130 WHEN A VEHICLE SLOWED DOWN FOR AN EMERGENCY VEHICLE WITH ACTIVATED EMERGENCY LIGHTS PARKED ON THE RIGHT SHOULDER. UNIT 1 WAS TRAVELING AT A HIGH SPEED WHEN IT PROCEEDED TO HIT THE BRAKES AND PERFORM A FAULTY EVASIVE MANEUVER. THE VEHICLE VEERED TO THE LEFT, HITTING THE GUARD RAIL CRASH CUSHION WITH ITS FRONT RIGHT TIRE. THE VEHICLE THEN VEERED EAST, TRAVELING SIDEWAYS ON THE MEDIAN. UNIT 1 IMPACTED A GANTRY SIGNAGE ON THE DRIVER SIDE. THE IMPACT WRAPPED THE VEHICLE WITH THE STEEL BEAM AND TURN THE VEHICLE 180 DEGREES, NOW FACING WEST. UNIT 1'S "B" PILLAR STAYED WRAPPED AROUND THE STEEL BEAM, CAUSING THE SEATBELT TO STRETCH TO ITS MAXIMUM LENGTH. THE SEATBELT CRUSHED THE DRIVER'S CHEST, CAUSING THE DRIVER TO DIE AT THE SCENE.													
											Case Name: TRAFFIC FACILITY	Case No: 211770805	Address: 3200 S SH 130 NB	Lat: 30.742594

INVESTIGATOR	Time Notified (24HR:MM)	2	3	2	4	How Notified On View	Time Arrived (24HRMM)	2	3	2	4	Report Date (MM/DD/YYYY)	07 / 04 / 2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		Solis, Hector Alfonso							ID Num.	1062
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency		MUSTANG RIDGE POLICE DEPARTMENT							Service/Region/DA	C   H



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 06 / 21 / 2021	*Crash Time (24HRMM) 2 3 3 9	Case ID 21-36130	Local Use	
*County Name HAYS		*City Name SAN MARCOS		<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude - (decimal degrees)

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part 1	Block Num. 1700	3 Street Prefix	*Street Name River Road	4 Street Suffix RD
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 35	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys. SH	Hwy. Num. 80	2. Rdwy. Part 1	Block Num. 1800	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.25		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NJT1695	VIN 1 3 C 6 U R 5 D L 9 H G 7 1 6 6 0 0	
Veh. Year 2 0 1 7	6. Veh. Color GRY	Veh. Make DODGE			Veh. Model RAM 2500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 38891848	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 9 / 1 9 / 1 9 9 8	

Address (Street, City, State, ZIP) 2945 Hwy 84 Mexia, TX 76667

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Gipson, Jaylen Lamont					A	22	B	1	1	1	5	97	N	96	96	97	97	97
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 Gipson, Jaylen Lamont, 2945 Hwy 84 Mexia, TX 76667																				
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name Geico					Fin. Resp. Num. 4500780681													
Fin. Resp. Phone Num. 800-861-8380					27 Vehicle Damage Rating 1 - R & T - 4	27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										

Towed By SOUTHWEST TOWING					Towed To 211 W. GROVE ST. SAN MARCOS TX 78666													
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																		
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style																		
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.														

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - -	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
Towed By		Towed To	

## VEHICLE, DRIVER, &amp; PERSONS

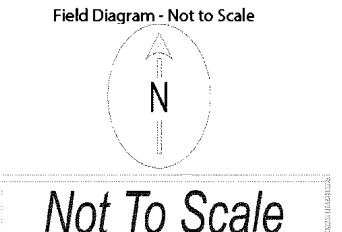
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	DECLINED TREATMENT / TRANSPORT			HAYS COUNTY E.M.S.						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address				
	damage to fence and gate			Tom Thumb Mini Storage			1701 River RD San Marcos, TX 78666				
<hr/>											

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	34 Trlr. Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	23						1	2	97	1	1	1	96
<hr/>														

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale			
	Unit # 1 was traveling in the 1700 block of River Road. Unit # 1 driver advised he was adjusting his radio and ran off the right side of the road. Unit # 1 hit a mailbox and gate to Tom Thumb Mini Storage. Unit # 1 flipped over on its driver side. Unit # 1 came to a stop in its driver side.												 <p>Not To Scale</p>			
<hr/>																

INVESTIGATOR	Time Notified (24HR:MM)	2	2	3	3	How Notified Dispatched	Time Arrived (24HRMM)	2	2	3	8	Report Date (MM/DD/YYYY)	06/22/2021			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Seals, Bradley Thomas									ID Num.	12747			
	ORI Num.	T	X	1	0	5	0	1	0	0	*	Agency SAN MARCOS POLICE DEPARTMENT		Service/Region/DA	0	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 06 / 01 / 2021	*Crash Time (24HRMM) 0 4 0 0	Case ID 3442357	Local Use
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*County Name CALDWELL	*City Name	Outside City Limit <input checked="" type="checkbox"/>
-----------------------	------------	--

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees) 2 9 * 8 6 5 0 5	Longitude - (decimal degrees) 0 9 7 * 8 7 9 4 12
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
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Distance from Int. or Ref. Marker 1.07	<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SE	Reference Marker 468	Street Desc.	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MNR3766	VIN 1 G 1 P C 5 S B 3 E 7 2 3 4 3 9 7
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Veh. Year 2 0 1 4	6. Veh. Color BLK	Veh. Make CHEVROLET	Veh. Model CRUZE	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 39696004	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 6 / 1 3 / 1 9 9 9
----------------	----------------	---------------------	--------------	----------------	----------------	--------------------------------------

Address (Street, City, State, ZIP) 904 Hawthorne DR Allen, TX 75002

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Allen, Jaylen Malik	K	21	B	1	1	1	5	97	N	96	96	97	97	97
2	2	3	Decoud, Chelsie Ann	B	24	B	2	1	1	5	97	N					

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner	Owner/Lessee
<input type="checkbox"/> Lessee	Name & Address Decoud, Chelsie Ann, 3701 Luella BLVD La Porte, TX 78666

Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name Infinity County Mutual	Fin. Resp. Num. 142560440177001
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Fin. Resp. Phone Num. 877-355-0481	27 Vehicle Damage Rating 1 1 1 - F L - 6	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By LTX Towing (512) 738-6847	Towed To 1400 S Commerce, Lockhart, TX 78644
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
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Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /
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Address (Street, City, State, ZIP)

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input type="checkbox"/> Owner	Owner/Lessee
<input type="checkbox"/> Lessee	Name & Address

Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
---	--	--------------------	-----------------	-----------------

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 1 1 - - -	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By	Towed To
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	Travis County Medical Examiners Office			Legends Funeral Home (512) 392-4168			06 / 01 / 2021			0   5   1   7		
	1	2	Seton Hays			Lockhart EMS								

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name	Carrier's Primary Addr.											
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.					33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	40	68	23				98		1	2	97	1	1

Investigator's Narrative Opinion of What Happened  
(Attach Additional Sheets if Necessary)

UNIT 1 was traveling NW on SH 80 approaching Wolf Creek Rd. Unit 1s passenger stated the driver was falling asleep while driving however would not let her drive. The passenger also admitted both her and the driver had smoked marijuana prior to leaving Houston on their way to San Marcos. The driver stated, to the passenger, he was trying to miss puddles of water on the roadway and that was the reason he was swerving. There was no standing water observed on the roadway just after this crash. Unit 1s passenger stated she fell asleep and next thing she knew they were in the air and then hit a tree. Evidence on scene indicates Unit 1 drifted to the left, across opposing lanes of traffic, into the south bound grass ditch, over Wolf Creek Rd., went airborne, landed, and crashed into a tree with the FL (drivers side) of the vehicle. The vehicle was spun around counter clockwise and came to rest facing NE . Unit 1s driver died on scene as a result of this crash. (98) The passenger also stated the driver said the vehicle had some type of mechanical issue (not specified) prior to this crash.

Field Diagram - Not to Scale

Time Notified (24HR:MM)	0   4   2   2	How Notified	Caldwell Dispatch	Time Arrived (24HRMM)	0   5   1   5	Report Date (MM/DD/YYYY)	06 / 03 / 2021
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Brieden, Blake			ID Num.	14702
ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA
							H   P   6   B   1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 05 / 31 / 2021					*Crash Time (24HRMM) 2 2 2 9			Case ID 3447108					Local Use TX619N0TYMYA															
	*County Name CALDWELL					*City Name										<input checked="" type="checkbox"/> Outside City Limit													
	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) 3 0 * 0 0 5 8 8					Longitude (decimal degrees) 0 9 7 * 6 8 8 0 0 12																		
	ROAD ON WHICH CRASH OCCURRED																												
	*1 Rdwy. Sys.		*Hwy. Num. 183			2 Rdwy. Part 1		Block Num.			3 Street Prefix			* Street Name			4 Street Suffix												
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane			Speed Limit 60		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No		1 Rdwy. Sys. CR		Hwy. Num. 179		2. Rdwy. Part 1		Block Num.			3 Street Prefix			Street Name BRIAR PATCH			4 Street Suffix RD											
	Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker			Reference Marker		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. PFR2871			VIN 3 T Y A X 5 G N 9 M T 0 1 7 6 7 5															
Veh. Year 2 0 2 1		6. Veh. Color WHI		Veh. Make TOYOTA		Veh. Model TACOMA					7 Body Style PK			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 1		DL/ID State MN		DL/ID Num. G387050846318		9 DL Class 98		10 CDL End. 96		11 DL Rest. 98			DOB (MM/DD/YYYY) 1 0 / 2 7 / 1 9 9 3																
Address (Street, City, State, ZIP) 1851 BAYLAND ST ROUND ROCK, TX 78664																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																													
Person Num.	12 Psnl. Type	13 Seat Position														14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	STEVENSON, KEVIN PATRICK													A	27	W	1	1	96	5	97	N	2	0.251	3	1	8
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		Name & Address EAN HOLDINGS, LLC, EAN HOLDINGS, LLC, 4210 S CONGRESS AVE AUSTIN, TX 78745																											
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Assurance America Insurance Name Company					Fin. Resp. Num. PTX1682647																				
Fin. Resp. Phone Num. (844) 709-0446						27 Vehicle Damage Rating 1 3 - R P - 4					27 Vehicle Damage Rating 2 9 - L & T - 1					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
Towed By BARRON'S WRECKER (512) 668-4840						Towed To 400 FM 20 EAST LOCKHART, TX 78644																							
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. LZH0867			VIN 1 F T E W 1 E G 0 H F C 5 9 1 7 5																
Veh. Year 2 0 1 7		6. Veh. Color BLK		Veh. Make FORD		Veh. Model F150					7 Body Style PK			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 2		DL/ID State TX		DL/ID Num. 34942541		9 DL Class B		10 CDL End. P		11 DL Rest. M, P33			DOB (MM/DD/YYYY) 1 2 / 2 4 / 1 9 9 5																
Address (Street, City, State, ZIP) 711 LEMONMINT LOCKHART, TX 78644																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																													
Person Num.	12 Psnl. Type	13 Seat Position														14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	ARMS, RYAN TAYLOR													N	25	W	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		Name & Address ARMS, RYAN TAYLOR, 711 LEMONMINT LOCKHART, TX 78644																											
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name TEXAS FARM BUREAU UNDERWRITERS					Fin. Resp. Num. 23227243																				
Fin. Resp. Phone Num. (800) 266-5458						27 Vehicle Damage Rating 1 1 2 - F D - 4					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
Towed By JOHNNY'S PAINT & BODY WRECKER						Towed To 1400 S COMMERCE ST LOCKHART, TX 78644																							

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS MEDICAL CENTER			CITY OF LOCKHART/CALDWELL CO EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	DWI-1ST OFFENSE-0.15 OR MORE (TXPC 49.04 (D))						TX634J0TYM3C		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	67	68					2	3	4	2	1	1	8

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale		
	Unit 1 was stopped at the intersection of County Road 179 (briar Patch Road) and US Highway 183. Unit 2 was traveling southbound in the outside 1(right) lane of US Highway 183. Driver of Unit 1 failed to yield right of way at stop intersection, causing Unit 2 to crash into the right side of Unit 1. Upon Unit 2 crashing into Unit 1, Unit 1 rolled over on to its top (upside down), facing west. Unit 2 came to rest facing north in the right (outside) lane facing north. Inspection of Unit 1 revealed driver of Unit 1 was not secured by safety belt; additionally, an opened alcoholic beverage (Twisted Tea) 24 oz can located inside the passenger compartment. Driver of Unit 1 stated to Caldwell County SO Deputies he had consumed alcoholic beverages and a controlled substance MDMA "MOLLY". Alcohol and drug results pending grand jury subpoena of Unit 1 drivers medical records from serum toxicology report. Serum Toxicology report page 383 of 552 revealed at approximately 23:49 CDT Ethanol level was 287 mg/dL, indicating a toxic level of ethanol in his blood. Conversion of serum toxicology mg/dL to grams (g) per milliliter (mL) equates to .287 divided by 1.14 is 0.251 Blood Alcohol Concentration (B.A.C.), grams of alcohol per 100 milliliters of blood. Additionally, Unit 1 drivers urine test for illicit/drug substances tested presumptive positive for Cannabis.														

INVESTIGATOR	Time Notified (24HR:MM)	2	2	5	6	How Notified	CALDWELL SO DISPATCH	Time Arrived (24HRMM)	2	3	1	0	Report Date (MM/DD/YYYY)	08 / 06 / 2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Flores, Cristobal P									ID Num.	09391
	ORI Num.												Service/Region/DA	H P 6 B 1 O

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 05 / 31 / 2021	*Crash Time (24HRMM) 2 2 2 9	Case ID 3447108	Local Use TX619N0TYMYA
*County Name CALDWELL		*City Name	
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) 3 0 * 0 0 5 8 8	Longitude - (decimal degrees) 0 9 7 * 6 8 8 0 12

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US	*Hwy. Num. 183	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. CR	Hwy. Num. 179	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name BRIAR PATCH	4 Street Suffix RD
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. PFR2871	VIN 1 3 T Y A X 5 G N 9 M T 0 1 7 6 7 5	
Veh. Year 2 0 2 1	6. Veh. Color WHI	Veh. Make TOYOTA			Veh. Model TACOMA	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State MN	DL/ID Num. G387050846318	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98	DOB (MM/DD/YYYY) 1 0 / 2 7 / 1 9 9 3	

Address (Street, City, State, ZIP) 455 PRAIRIE WAY S BAYPORT, MN 55003

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	STEVENSON, KEVIN PATRICK						A	27	W	1	1	96	5	97	N	98		98	99	99	
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 EAN HOLDINGS, LLC, EAN HOLDINGS, LLC, 4210 S CONGRESS AVE AUSTIN, TX 78745																			
Proof of Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Assurance America Insurance Name Company						Fin. Resp. Num. PTX1682647												
Fin. Resp. Phone Num. (844) 709-0446							27 Vehicle Damage Rating 1 1 3 - R P - 4	27 Vehicle Damage Rating 2 1 9 - L & T - 1												Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By BARRON'S WRECKER (512) 668-4840 Towed To 400 FM 20 EAST LOCKHART, TX 78644

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. LZH0867	VIN 1 F T E W 1 E G 0 H F C 5 9 1 7 5	
Veh. Year 2 0 1 7	6. Veh. Color BLK	Veh. Make FORD			Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 34942541	9 DL Class B	10 CDL End. P	11 DL Rest. M, P33	DOB (MM/DD/YYYY) 1 2 / 2 4 / 1 9 9 5	

Address (Street, City, State, ZIP) 711 LEMONMINT LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	ARMS, RYAN TAYLOR						N	25	W	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 ARMS, RYAN TAYLOR, 711 LEMONMINT LOCKHART, TX 78644																			
Proof of Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name TEXAS FARM BUREAU UNDERWRITERS						Fin. Resp. Num. 23227243												
Fin. Resp. Phone Num. (800) 266-5458							27 Vehicle Damage Rating 1 1 2 - F D - 4	27 Vehicle Damage Rating 2 1 - - - -												Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Towed By JOHNNY'S PAINT & BODY WRECKER							Towed To 1400 S COMMERCE ST LOCKHART, TX 78644													

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS MEDICAL CENTER			CITY OF LOCKHART/CALDWELL CO EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	34 Trlr. Type	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	35 Seq. Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	45	68	35				2	3	4	2	1	1	8

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale			
	CR 179 (Briar Patch Rd)	Unit 2	Unit 2	Unit 1	Unit 1	Unit 2	Unit 2	N						

INVESTIGATOR	Time Notified (24HR:MM)	2	2	5	6	How Notified	CALDWELL SO DISPATCH	Time Arrived (24HRMM)	2	3	1	0	Report Date (MM/DD/YYYY)	06 / 07 / 2021
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Flores, Cristobal P									ID Num.	09391
	ORI Num.												Service/Region/DA	H P 6 B 1 0

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 05 / 23 / 2021	*Crash Time (24HRMM) 1 4 0 3	Case ID 21-29735	Local Use
--	---------------------------------	------------------	-----------

*County Name HAYS	*City Name SAN MARCOS	Outside City Limit
-------------------	-----------------------	--------------------

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)	Longitude - (decimal degrees)
---	---	----------------------------	-------------------------------

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num. 1000	3 Street Prefix	*Street Name Hwy 80	4 Street Suffix
------------------	---------------	----------------	-----------------	-----------------	---------------------	-----------------

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	Toll Road/ Toll Lane	Speed Limit 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.	1 Rdwy. I.R.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 1400	3 Street Prefix	Street Name Clarewood	4 Street Suffix DR
--	--------------	-----------	-----------------	-----------------	-----------------	-----------------------	--------------------

Distance from Int. or Ref. Marker 500	<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. CNL7863	VIN 1 2 C K D I 6 3 F 6 6 6 0 8 5 4 7 7
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Veh. Year 2 0 0 6	6. Veh. Color GRY	Veh. Make PONTIAC	Veh. Model TORRENT	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 16283735	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 3 / 2 5 / 1 9 8 8
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Address (Street, City, State, ZIP) 1004 Allen ST San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Seaton, Matthew	N	33	W	1	1	1	1	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	Owner/Lessee	Name & Address Seaton-Mcneill, Rhonda, 1406 Fincastle LOOP College Station, TX 77845														
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Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	Fin. Resp. Name GERMANIA INS.	Fin. Resp. Num. 430411017113
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Fin. Resp. Phone Num. (800) 392-2202	27 Vehicle Damage Rating 1 - R P - 2	27 Vehicle Damage Rating 2 -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By PRO-CARE WRECKER	Towed To 1702 S. IH 35 SAN MARCOS TX 78666
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MSW0073	VIN 1 F A L P 4 4 4 8 S F 2 0 5 3 7 4
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Veh. Year 1 9 9 5	6. Veh. Color BLU	Veh. Make FORD	Veh. Model MUSTANG	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 18662887	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 1 / 2 7 / 1 9 6 4
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Address (Street, City, State, ZIP) 1210 Stacy ST San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Lindsay, Mark	B	57	W	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.
2	2	3	Wood, Dorothy	A	48	W	2	1	1	2	97	N					

<input checked="" type="checkbox"/> Owner	Owner/Lessee	Name & Address Lindsay, Mark, 1210 Stacy ST San Marcos, TX 78666														
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Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	Fin. Resp. Name Fred Loya	Fin. Resp. Num. 65398982280
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Fin. Resp. Phone Num. 800-554-0595	27 Vehicle Damage Rating 1 - F D - 3	27 Vehicle Damage Rating 2 -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By ACE'S HIGH ROLLER TOWING	Towed To 1316 HIGHWAY 123 SAN MARCOS TX 78666
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	DECLINED TREATMENT / TRANSPORT			HAYS COUNTY E.M.S.						
	2	2	CENTRAL TEXAS MEDICAL CENTER			HAYS COUNTY E.M.S.						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
CMV	Carrier's Corp. Name	Carrier's Primary Addr.								
CMV	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
CMV	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	
CMV	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37						1	1	97	2	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale						
	<p>Unit 1 was in the center turn lane of Hwy 80 to turn left into Goodwill. Driver of Unit 1's view was obstructed by traffic in the lane closest to the center lane. Driver couldn't see oncoming traffic in the other lane but proceeded to turn into Goodwill, which caused Unit 1 to collide into Unit 2, which was traveling in the opposite direction in the lane closest to Goodwill. Unit 1 failed to yield to the right of way of Unit 2.</p>													
								<p>1000 blk Hwy 80 Not To Scale</p>						

INVESTIGATOR	Time Notified (24HR:MM)	1 4 0 4	How Drove upon scene	Time Arrived (24HRMM)	1 4 0 4	Report Date (MM/DD/YYYY)	05/23/2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Wisener, Andrew Nicholas			
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency	SAN MARCOS POLICE DEPARTMENT			
	Service/Region/DA	0 0					



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 05 / 15 / 2021	*Crash Time (24HRMM) 1 6 1 5	Case ID	Local Use
*County Name CALDWELL		*City Name	
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) 2 9 * 8 7 1 0 0	Longitude (decimal degrees) 0 9 7 * 8 9 6 5 1 8

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name OLD BASTROP	4 Street Suffix RD
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. PCG7235	VIN 1 G N E C 1 3 Z 7 4 J 2 6 9 8 7 5	
Veh. Year 2 0 0 4	6. Veh. Color BGE	Veh. Make CHEVROLET			Veh. Model TAHOE	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 37656920	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 6 / 1 8 / 1 9 8 8	

Address (Street, City, State, ZIP) 835 BIRCH ST LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	BRICENO, JACOB ALEX	N	32	H	1	1	1	2	97	N	96		96	97	97
2	2	4	GUTIERREZ, GREGORIO	A	33	H	1	1	1	1	97	N					
3	2	3	ALLEN, BRELAND TERRELL	A	34	B	1	1	1	2	97	N					

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner	Owner/Lessee			
<input type="checkbox"/> Lessee	Name & Address BRICENO, JACOB ALEX, 216 N CHURCH ST LOCKHART, TX 78644			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. OLD AMERICAN COUNTY MUTUAL Name INSURANCE	Fin. Resp. Num. AAM0176025602	
Fin. Resp. Phone Num. (866) 233-7091		27 Vehicle Damage Rating 1 1 2 - F D - 6	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By BIG BOYZ TOWING	Towed To 500 WILLOW ST, LOCKHART, TX 78644
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. JLK8424	VIN 1 D 7 H A 1 8 N 1 5 S 3 6 4 4 1 8	
Veh. Year 2 0 0 5	6. Veh. Color SIL	Veh. Make DODGE			Veh. Model RAM 1500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 99	DL/ID State UN	DL/ID Num.	9 DL Class 99	10 CDL End. 99	11 DL Rest. 99	DOB (MM/DD/YYYY) / / / / / /	

Address (Street, City, State, ZIP)

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	UNKNOWN, UNKNOWN	99		99	99	99	99	99	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	Owner/Lessee			
<input type="checkbox"/> Lessee	Name & Address MOONEY, MATTHEW CODY, 803 LAKE VIEW DR SOMERVILLE, TX 77879			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. OLD AMERICAN COUNTY MUTUAL Name INSURANC	Fin. Resp. Num. 15TX5565971	
Fin. Resp. Phone Num. (866) 233-7091		27 Vehicle Damage Rating 1 3 - R B Q - 5	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By	Towed To			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	2	ASCENSION SETON HAYS			HAYS COUNTY EMS						
	1	3	ASCENSION SETON HAYS			HAYS COUNTY EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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
	2	37						3	1	4	2	2	2	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)											Field Diagram - Not to Scale			
	Driver of Unit 1 was heading NW on SH 80 in Caldwell County. Driver of Unit 2 was facing SE at the intersection of SH 80 and Old Bastrop Road. Driver of Unit 2 failed to yield right of way turning left and was struck by Unit 1 in the intersection. Unit 1 suffered heavy front distributed damage and came to rest facing SE. Unit 2 suffered heavy right back quarter panel damage and fled the scene last seen heading N on Old Bastrop Rd.														

INVESTIGATOR	Time Notified (24HR:MM)	1   6   1   9	How Notified Passer by	Time Arrived (24HRMM)	1   6   2   0	Report Date (MM/DD/YYYY)	0 5 / 1 5 / 2 0 2 1								
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Rivas, Fredis		ID Num.	14205								
	ORI Num.			*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA	H   P	6   B	1   0						



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 05 / 10 / 2021	*Crash Time (24HRMM) 0 6 0 0	Case ID 211300064	Local Use
*County Name CALDWELL		*City Name MUSTANG RIDGE	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 3 0 * 0 3 5 1 4	Longitude - (decimal degrees) 0 9 7 * 6 8 7 8 15

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US	*Hwy. Num. 183	2 Rdwy. Part 1	Block Num.	3 Street Prefix S	*Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys. I.R	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix E	Street Name LONE STAR	4 Street Suffix RD
Distance from Int. or Ref. Marker 0.50		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. HFN6770	VIN 1 F T R X 1 7 2 2 3 K A 5 7 0 9 6	
Veh. Year 2 0 0 3	6. Veh. Color SIL	Veh. Make FORD			Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 16696845	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 6 / 1 5 / 1 9 5 9	

Address (Street, City, State, ZIP) 2101 HIGH RD KYLE, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	RUIZ, VICTOR RANGEL					N	61	H	1	1	99	1	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 RUIZ, VICTOR RANGEL, 2101 HIGH RD KYLE, TX 78640																		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Infinity County Mutual Name Insurance Company					Fin. Resp. Num. 142560394291001												
Fin. Resp. Phone Num. 1-800-782-1020						27 Vehicle Damage Rating 1 1 2 - F C - 1	27 Vehicle Damage Rating 2 - - - - -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Towed By						Towed To												
Unit Num. 2	5 Unit Desc. 4	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN												
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style												
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 3 / 0 7 / 1 9 8 8												

Address (Street, City, State, ZIP) 120 MAYFIELD LN LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	4	16	CONTRERAS CORDOV, RAUDEL					K	33	H	1	97	97	97	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																					
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address																				

Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.												
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1 - - - - -	27 Vehicle Damage Rating 2 - - - - -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Towed By						Towed To													

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	2	1	Ascension Seton Hays Hospital			AUSTIN-TRAVIS COUNTY EMS			0 5 / 1 7 / 2 0 2 1			0 7 3 4		

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	28 Veh. Oper.	29 Carrier ID Type			Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.											30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.			HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type			CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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	
	2	59													

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale												
	UNIT ONE WAS TRAVELING NORTHBOUND NEAR THE 10700 BLOCK OF US HWY 183 S ON THE OUTSIDE LANE WHEN THE PEDESTRIAN PROCEEDED TO CROSS THE ROADWAY AT AN UNASSIGNED CROSSWAY. THE PEDESTRIAN FAILED TO YIELD THE RIGHT OF WAY TO TRAFFIC. UNIT ONE WAS UNABLE TO STOP HITTING THE PEDESTRIAN. THE PEDESTRIAN LANDED ON THE ADJACENT SHOULDER. THE DRIVER INDICATED HE DID NOT SEE THE PEDESTRIAN UNTIL THE LAST SECOND BEFORE HITTING HIM. THE WEATHER WAS FOGGY AND CONDENSATION ACCUMULATED ON ALL THE VEHICLE'S WINDSHIELDS. UNIT ONE'S HEADLAMPS AND WINDSHIELD WIPERS WERE ACTIVATED. NOI										<table border="1"> <tr> <td>Case Name Traffic Fatality</td> <td>Case No. 211300064</td> <td>Location 10700 Blk S US 183 NB</td> <td>Longitude -90.02516</td> <td>Latitude 30.68786</td> <td>County Travis</td> </tr> </table> <p>UNIT 1</p> <p>BODY FACE UP</p> <p>BLOOD PATH</p> <p>N</p> <p>S 38 75</p>							Case Name Traffic Fatality	Case No. 211300064	Location 10700 Blk S US 183 NB	Longitude -90.02516	Latitude 30.68786	County Travis
	Case Name Traffic Fatality	Case No. 211300064	Location 10700 Blk S US 183 NB	Longitude -90.02516	Latitude 30.68786	County Travis																	

INVESTIGATOR	Time Notified (24HR:MM)	0 6 0 0	How Notified On View				Time Arrived (24HRMM)	0 6 0 0	Report Date (MM/DD/YYYY) 0 5 / 1 7 / 2 0 2 1						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Solis, Hector Alfonso				ID Num. 1062								
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT				Service/Region/DA	C H							



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

## IDENTIFICATION &amp; LOCATION

'Crash Date (MM/DD/YYYY) 05 / 10 / 2021			'Crash Time (24HRMM) 1 3 5 2		Case ID 21-26901			Local Use		
'County Name HAYS					'City Name SAN MARCOS					<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)			Longitude - (decimal degrees)				
<input type="checkbox"/> No										

## ROAD ON WHICH CRASH OCCURRED

'1 Rdwy. SH Sys.		'Hwy. 80 Num.		2 Rdwy. Part 1		Block 900 Num.		3 Street Prefix		'Street Name		4 Street Suffix	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 35		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 1400	3 Street Prefix	Street Name Clarewood		4 Street Suffix DR	
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.		RRX Num.		

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State OK	LP Num. IRT895	VIN 1 2 H K Y F 1 8 4 X 3 H 5 2 7 7 6 1	
Veh. Year 2 0 0 3	6. Veh. Color TEA	Veh. Make HONDA			Veh. Model PILOT	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 16758635		9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 9 / 0 1 / 1 9 7 8

Address (Street, City, State, ZIP) 19500 Hwy 281 San Antonio, TX 78258

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Reyes, Joel						A	42	W	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 Spencer, Jered, 14025 N Eastern AVE Edmond, OK 73013																			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Farmers						Fin. Resp. Num. 192712253											
Fin. Resp. Phone Num. 4057331771				27 Vehicle Damage Rating 1 - F D - 4						27 Vehicle Damage Rating 2 - - -						Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Towed By SAUCEDO'S TOWING Towed To 211 W. GROVE ST. SAN MARCOS TX 78666

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 1I04931	VIN 1 2 H S C N A P R 6 6 C 2 3 4 7 9 1	
Veh. Year 2 0 0 6	6. Veh. Color RED	Veh. Make INTERNATIONAL			Veh. Model UNKNOWN	7 Body Style TR	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 16020663		9 DL Class A	10 CDL End. N, T	11 DL Rest. A	DOB (MM/DD/YYYY) 0 2 / 2 4 / 1 9 7 7

Address (Street, City, State, ZIP) 221 Country Knoll RD Kyle, TX 78656	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Mendez, Rudy R	1	1	1							B	44	H	1	1	1	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 Silver Eagle Logistics Inc, 26120 Amber Sky San Antonio, TX 78260																			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 3	Fin. Resp. Clear Blue Specialty Insurance Name Co.						Fin. Resp. Num. AQ1YTX004905-00											
Fin. Resp. Phone Num. (254) 836-8444				27 Vehicle Damage Rating 1 - - N A -						27 Vehicle Damage Rating 2 - - -						Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Towed By	Towed To																			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						
	2	1	DECLINED TREATMENT / TRANSPORT			HAYS COUNTY E.M.S.						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address				
	Water line/pump			Fazoli's			927 Hwy 80 San Marcos, TX 78666				

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60	20		47			1	1	4	1	1	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	Unit 2 was traveling in the left lane, inbound Hwy 80 and was slowing down for traffic on Clarewood Dr. Unit 2 was pulling a double cement style trailer identified as Unit 3. Unit 1 was traveling behind Unit 3 in the left lane traveling inbound. The driver of Unit 2 advised police that the driver of Unit 1 had been driving erratically behind him from Hwy 21. Two anonymous witnesses confirmed the erratic behavior of Unit 1. The driver of Unit 1 stated he was following all laws. A witness, Villarrel (512) 781-2884, stated having seen Unit 1 traveling at approximate speeds of 55mph behind Unit 3. Unit 1 struck the back right of Unit 3 and drove across the right lane over the sidewalk/grass area. Unit 1 then struck the main water line/pole to Fazoli's business causing damage and the business to close down. The driver of Unit 2 claimed back injury only but refused treatment. The Driver of Unit 1 was reported by EMS to have high blood sugar and was dazed/confused. Unit 1's driver was transported to Seton, Kyle										N				
											Not To Scale				

INVESTIGATOR	Time Notified (24HR:MM)	1	3	5	2	How Notified/Dispatched	Time Arrived (24HRMM)	1	3	5	5	Report Date (MM/DD/YYYY)	05/11/2021	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Wright, Amy										
	ORI Num.	T	X	1	0	5	0	1	0	0	*	Agency SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 05 / 10 / 2021				*Crash Time (24HRMM) 1 3 5 2				Case ID 21-26901						Local Use											
	*County Name HAYS				*City Name SAN MARCOS										<input type="checkbox"/> Outside City Limit											
	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)																	
	<b>ROAD ON WHICH CRASH OCCURRED</b>																									
	*1 Rdwy. SH Sys.		*Hwy. 80 Num.		2 Rdwy. Part 1		Block 900 Num.		3 Street Prefix		* Street Name						4 Street Suffix									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 35		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.															
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																									
	At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No		1 Rdwy. I.R. Sys.		Hwy. Num.		2. Rdwy. Part 1		Block 1400 Num.		3 Street Prefix		Street Name Clarewood						4 Street Suffix DR							
	Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.						RRX Num.									
	Unit Num. 3	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. 068C269		VIN	5	H	T	S	N	4	2	2	8	X	7	T	0	7	0	2	5	
Veh. Year 1 9 9 9	6. Veh. Color SIL	Veh. Make HEIL CO				Veh. Model UNKNOWN				7 Body Style TR								<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)								
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)				/	/	/	/	/	/	/	/				
Address (Street, City, State, ZIP)																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex									17 Eject.	18 Restr.
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input type="checkbox"/> Owner	Owner/Lessee Name & Address Silver Eagle Trucking, 26120 Amber Sky San Antonio, TX 78260																									
<input type="checkbox"/> Lessee	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 3				Fin. Resp. Clear Blue Specialty Insurance Name Co.				Fin. Resp. Num. AQ1YTX004905-00																	
Fin. Resp. Phone Num. (254) 836-8444					27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Towed By					Towed To																					
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																			
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)				/	/	/	/	/	/	/					
Address (Street, City, State, ZIP)																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex									17 Eject.	18 Restr.
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input type="checkbox"/> Owner	Owner/Lessee Name & Address																									
<input type="checkbox"/> Lessee	Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type				Fin. Resp. Name				Fin. Resp. Num.																	
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Towed By					Towed To																					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)					How Notified Dispatched			Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)													
	1	3	5	2					1	3	5	5	0	5	1	1	2	0	2	1				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Wright, Amy															ID Num. 497						
ORI Num.	T	X	1	0	5	0	1	0	0	*Agency SAN MARCOS POLICE DEPARTMENT										Service/Region/DA	0	0		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 05 / 09 / 2021	*Crash Time (24HRMM) 1   8   1   0	Case ID	Local Use
*County Name CALDWELL		*City Name	
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) 2   9   *   9   5   1   3   2	Longitude (decimal degrees) 0   9   7   *   6   7   3   4   4

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US	*Hwy. Num. 183	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. FM	Hwy. Num. 1185	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NNL4166	VIN 1 G 1 J D 5 S B 8 I 4 1 2 2 3 0 8	
Veh. Year 2 0 2 0	6. Veh. Color GRY	Veh. Make CHEVROLET			Veh. Model SONIC	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 44581349	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 6 / 0 9 / 2 0 0 3	

Address (Street, City, State, ZIP) 110 COLT LOT 19C CIR DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	GAMEZ, ANGELINA JOLIE						A	17	H	2	1	1	5	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 FARIAZ RUBIO, NANCY V, 110 COLT CIR DALE, TX 78616																			
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name INFINITY COUNTY MUTUAL						Fin. Resp. Num. 142560527424001											
Fin. Resp. Phone Num. (880) 782-1020				27 Vehicle Damage Rating 1 1   2   -   F   D   -   6						27 Vehicle Damage Rating 2 3   -   R   P   -   4						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Towed By BIG BOYZ TOWING				Towed To 500 WILLOW ST, LOCKHART, TX 78644																
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 12168D6	VIN J T D B U 4 E E 4 B 9 1 3 0 2 8 7	
Veh. Year 2 0 1 1	6. Veh. Color SIL	Veh. Make TOYOTA			Veh. Model COROLLA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 8 / 0 8 / 1 9 8 8	

Address (Street, City, State, ZIP) 6934 E BEN WHITE BLVD AUSTIN, TX 78741																						
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	ROSALES, DILCIA						A	32	H	2	1	1	5	97	N	96		96	97	97
2	2	4	PEREZ, BAYRON						K	11	H	1	1	1	3	97	N					
3	2	6	ROSALES, KENNETH PEREZ						K	8	H	1	99	96	3	97	N					
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 ROSALES, DILCIA, 6934 E BEN WHITE BLVD AUSTIN, TX 78741																			
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. OLD AMERICAN COUNTY MUTUAL Name FIRE						Fin. Resp. Num. TEJ0180114200											
Fin. Resp. Phone Num. (866) 424-9514				27 Vehicle Damage Rating 1 3   -   R   P   -   7						27 Vehicle Damage Rating 2 3   -   R   &   T   -   5						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Towed By JOHNNYS WRECKER SERVICE				Towed To 1400 S COMMERCE ST, LOCKHART, TX 78644																

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS HOSPITAL			LOCKHART EMS						
	2	1	ASCENSION SETON HAYS HOSPITAL			PHI HELICOPTER						
	2	2	LEGENDS TRI-COUNTY FUNERAL SERVICES			LEGENDS TRI-COUNTY FUNERAL SERVICES			05 / 09 / 2021		1   8   2   7	
	2	3	LEGENDS TRI-COUNTY FUNERAL SERVICES			LEGENDS TRI-COUNTY FUNERAL SERVICES			05 / 09 / 2021		1   8   2   7	

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	STOP & GO TRAFFIC SIGNAL/ONE WAY SIGN			SH 130 CONCESSION COMPANY				10800 N US 183 BUDA, TX 78610			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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
	2	15						1	1	2	4	2	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale US 183 NB						
	<p>Driver of Unit 1 was heading NW on US 183 in Caldwell County. Driver of Unit 2 was heading NE on FM 1185. Both drivers entered the intersection of US 183/FM 1185. Both drivers stated having a green light at the intersection. Unit 1 was seen crossing green intersection according to witnesses traveling behind Unit 1 it is therefore believed driver of Unit 2 disregarded Stop/Go signal. Unit 2 entered the intersection of US183/FM1185 and was T-boned by Unit 1. Unit 1 suffered heavy front distributed damage from impact with Unit 2 and then suffered heavy right side damage when impacting a Stop/Go traffic signal post collision before coming to rest facing NW. Unit 1 suffered catastrophic right side damage from impact with Unit 1 and then suffered heavy right and top rollover damage post impact before coming to rest on its top facing NW.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	1   8   1   2	How Notified	CALDWELL SO	Time Arrived (24HRMM)	1   8   2   1	Report Date (MM/DD/YYYY)	07 / 02 / 2021	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Rivas, Fredis			ID Num.	14205	
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H   P   6   B   1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 05 / 09 / 2021	*Crash Time (24HRMM) 1   8   1   0	Case ID	Local Use
*County Name CALDWELL		*City Name	
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) 2   9   *   9   5   1   3   2	Longitude (decimal degrees) 0   9   7   *   6   7   3   4   4

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US	*Hwy. Num. 183	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. FM	Hwy. Num. 1185	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NNL4166	VIN 1 G 1 J D 5 S B 8 I 4 1 2 2 3 0 8	
Veh. Year 2 0 2 0	6. Veh. Color GRY	Veh. Make CHEVROLET			Veh. Model SONIC	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 44581349	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 6 / 0 9 / 2 0 0 3	

Address (Street, City, State, ZIP) 110 COLT LOT 19C CIR DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	GAMEZ, ANGELINA JOLIE						A	17	H	2	1	1	5	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 FARIAZ RUBIO, NANCY V, 110 COLT CIR DALE, TX 78616																			
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name INFINITY COUNTY MUTUAL						Fin. Resp. Num. 142560527424001											
Fin. Resp. Phone Num. (880) 782-1020				27 Vehicle Damage Rating 1 1   2   -   F   D   -   6						27 Vehicle Damage Rating 2 3   -   R   P   -   4						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Towed By BIG BOYZ TOWING				Towed To 500 WILLOW ST, LOCKHART, TX 78644																
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 12168D6	VIN J T D B U 4 E E 4 B 9 1 3 0 2 8 7	
Veh. Year 2 0 1 1	6. Veh. Color SIL	Veh. Make TOYOTA			Veh. Model COROLLA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 8 / 0 8 / 1 9 8 8	

Address (Street, City, State, ZIP) 6934 E BEN WHITE BLVD AUSTIN, TX 78741

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	ROSALES, DILCIA						A	32	H	2	1	1	5	97	N	96		96	97	97
2	2	4	PEREZ, BAYRON						K	11	H	1	1	1	3	97	N					
3	2	6	ROSALES, KENNETH PEREZ						K	8	H	1	99	96	3	97	N					
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 ROSALES, DILCIA, 6934 E BEN WHITE BLVD AUSTIN, TX 78741																			
Proof of <input type="checkbox"/> Yes Fin. Resp. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name						Fin. Resp. Num.											
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 3   -   R   P   -   7						27 Vehicle Damage Rating 2 3   -   R   &   T   -   5						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Towed By JOHNNYS WRECKER SERVICE				Towed To 1400 S COMMERCE ST, LOCKHART, TX 78644																

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS HOSPITAL			LOCKHART EMS						
	2	1	ASCENSION SETON HAYS HOSPITAL			PHI HELICOPTER						
	2	2	LEGENDS TRI-COUNTY FUNERAL SERVICES			LEGENDS TRI-COUNTY FUNERAL SERVICES			05 / 09 / 2021		1   8   2   7	
	2	3	LEGENDS TRI-COUNTY FUNERAL SERVICES			LEGENDS TRI-COUNTY FUNERAL SERVICES			05 / 09 / 2021		1   8   2   7	

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	STOP & GO TRAFFIC SIGNAL/ONE WAY SIGN			SH 130 CONCESSION COMPANY				10800 N US 183 BUDA, TX 78610			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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
	2	15						1	1	2	4	2	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale US 183 NB						
	<p>Driver of Unit 1 was heading NW on US 183 in Caldwell County. Driver of Unit 2 was heading NE on FM 1185. Both drivers entered the intersection of US 183/FM 1185. Both drivers stated having a green light at the intersection. Unit 1 was seen crossing green intersection according to witnesses traveling behind Unit 1 it is therefore believed driver of Unit 2 disregarded Stop/Go signal. Unit 2 entered the intersection of US183/FM1185 and was T-boned by Unit 1. Unit 1 suffered heavy front distributed damage from impact with Unit 2 and then suffered heavy right side damage when impacting a Stop/Go traffic signal post collision before coming to rest facing NW. Unit 1 suffered catastrophic right side damage from impact with Unit 1 and then suffered heavy right and top rollover damage post impact before coming to rest on its top facing NW.</p>													

INVESTIGATOR	Time Notified (24HR:MM)	1   8   1   2	How Notified	CALDWELL SO	Time Arrived (24HRMM)	1   8   2   1	Report Date (MM/DD/YYYY)	05 / 14 / 2021	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Rivas, Fredis			ID Num.	14205	
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H   P   6   B   1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 05 / 07 / 2021	*Crash Time (24HRMM) 1 6 3 0	Case ID	Local Use
*County Name CALDWELL		*City Name NIEDERWALD	
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) 2 9 * 9 8 4 4 9	Longitude (decimal degrees) 0 9 7 * 7 1 2 7 4

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. I.R Sys.	*Hwy. Num.	2 Rdwy. Part 1	Block Num. 3301	3 Street Prefix	* Street Name Schuelke	4 Street Suffix RD
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 35	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Rogers Ranch	4 Street Suffix RD
Distance from Int. or Ref. Marker 0.3		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker NW	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MTC1665	VIN 1 F T W W 3 0 R 5 8 E B 3 2 6 8 0	
Veh. Year 2 0 0 8	6. Veh. Color BGE	Veh. Make FORD			Veh. Model F350	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 09306959	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 2 4 / 1 9 8 2	

Address (Street, City, State, ZIP) 366 DOVE HILL DR NIEDERWALD, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	COX, THOMAS GLENN					A	38	W	1	1	99	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 KLESEL, SANDRA FAY, 19761 S CR 3267 MT ENTERPRISE, TX 75681																			
Proof of Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. DAIRYLAND COUNTY MUTUAL Name INSURANCE					Fin. Resp. Num. 11407006116													
Fin. Resp. Phone Num. (800) 334-0090						27 Vehicle Damage Rating 1 1 2 - F D - 6	27 Vehicle Damage Rating 2 - - - -													Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By BIG BOYZ TOWING					Towed To 500 WILLOW ST, LOCKHART, TX 78644
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																		
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style																		
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																						

<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address																							
Proof of Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.																	
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -													Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Towed By						Towed To																		

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	ASCENSION SETON HAYS HOSPITAL	LOCKHART EMS		

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		
	WOODEN FENCE/GATE			PURYEAR, DILLARD			3301 SCHUELKE RD NIEDERWALD, TX 78640		
	CEMENT CULVERT			CALDWELL UNIT SYSTEM			1700 FM 2720 LOCKHART, TX 78644		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	23						1	1	97	1	2	1	96

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale						
	Driver of Unit 1 was heading NW on Schuelke Road in Caldwell County. Driver of Unit 1 failed to drive in single lane, left the roadway to left past the oncoming lane and struck a cement culvert launching Unit 1 into a fence/gate/tree. Unit 1 suffered heavy front distributed damage from impact and came to rest facing NW.														

INVESTIGATOR	Time Notified (24HR:MM)	1	6	3	7	How Notified	Caldwell SO	Time Arrived (24HRMM)	1	7	1	7	Report Date (MM/DD/YYYY)	05/08/2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)					ID Num.	14205					
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS			Service/Region/DA	H	P	6	B	1	0		



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
**Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457**  
**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 3 of 4

## IDENTIFICATION &amp; LOCATION

'Crash Date (MM/DD/YYYY) 05 / 07 / 2021		'Crash Time (24HRMM) 1 6 3 0		Case ID		Local Use	
'County Name CALDWELL				'City Name NIEDERWALD <input type="checkbox"/> Outside City Limit			
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) 2 9 * 9 8 4 4 9	Longitude (decimal degrees) 0 9 7 * 7 1 2 7 4		

## ROAD ON WHICH CRASH OCCURRED

'1 Rdwy. I.R Sys.		'Hwy. Num.		2 Rdwy. Part 1	Block Num. 3301	3 Street Prefix	'Street Name Schuelke		4 Street Suffix RD
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 35	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes	1 Rdwy. I.R Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Rogers Ranch		4 Street Suffix RD
Int. <input checked="" type="checkbox"/> No								
Distance from Int. or Ref. Marker 0.3		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker NW	Reference Marker	Street Desc.		RRX Num.	

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model		7 Body Style														<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type	DL/ID State	DL/ID Num.			9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/		

Address (Street, City, State, ZIP)										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																			14 Injury Severity	Age

<input type="checkbox"/> Owner	Owner/Lessee Name & Address																						
<input type="checkbox"/> Lessee																							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Fin. Resp. Name			Fin. Resp. Num.																	
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1			27 Vehicle Damage Rating 2							Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No									

Towed By				Towed To														
Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN												
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model		7 Body Style		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
8 DL/ID Type	DL/ID State	DL/ID Num.			9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)										

Address (Street, City, State, ZIP)										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																			14 Injury Severity	Age

<input type="checkbox"/> Owner	Owner/Lessee Name & Address																						
<input type="checkbox"/> Lessee																							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Fin. Resp. Name			Fin. Resp. Num.																	
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1			27 Vehicle Damage Rating 2							Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No									
Towed By				Towed To																			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	GATE/FENCE			PURYEAR, SHELDON				344 ROGERS RANCH RD LOCKHART, TX 78644			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	1   6   3   7	How Notified	Caldwell SO	Time Arrived (24HRMM)	1   7   1   7	Report Date (MM/DD/YYYY)	05 / 08 / 2021		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Rivas, Fredis			ID Num.	14205		
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS						Service/Region/DA	H   P   6   B   1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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.).

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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 04 / 18 / 2021					*Crash Time (24HRMM) 1 7 5 0					Case ID					Local Use													
	*County Name HAYS					*City Name NIEDERWALD															<input type="checkbox"/> Outside City Limit								
	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) 3 0 * 0 1 6 6 8					Longitude (decimal degrees) 0 9 7 * 7 1 8 1 1																		
	<b>ROAD ON WHICH CRASH OCCURRED</b>																												
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.			2 Rdwy. Part 1		Block Num.			3 Street Prefix			* Street Name			4 Street Suffix												
	<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Street Desc.															
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																												
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		Hwy. Num.			2. Rdwy. Part		Block Num.			3 Street Prefix			Street Name			4 Street Suffix												
	Distance from Int. or Ref. Marker 1.15				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker NE			Reference Marker 542			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. 958J4C			VIN 1	H	D	1	I	C	3	1	5	H	C	4	3	4	7	6	4				
Veh. Year 2 0 1 7	6. Veh. Color BLK	Veh. Make HARLEY-DAVIDSON					Veh. Model XL1200					7 Body Style MC			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 10139685			9 DL Class CM	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 1 1 / 2 3 / 1 9 6 3																				
Address (Street, City, State, ZIP) 1305 LARKSPUR RD AUSTIN, TX 78758																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line															14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	5	1	BEALL JR, JOHNNY DARROLL												A	57	W	1	97	97	97	2	N	96		96	97	97
<input checked="" type="checkbox"/> Owner	Owner/Lessee																												
<input type="checkbox"/> Lessee	Name & Address BEALL JR, JOHNNY, 1305 LARKSPUR RD AUSTIN, TX 78758																												
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1			Fin. Resp. DAIRYLAND COUNTY MUTUAL Name INSURANCE					Fin. Resp. Num. 11406607017																				
Fin. Resp. Phone Num. (800) 334-0090					27 Vehicle Damage Rating 1 - M C - 1					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Towed By WIMBERLY TOWING					Towed To 1820 DARA LANE, SAN MARCOS TX 78666																								
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. NDX6914			VIN 3	C	4	P	D	C	G	G	2	G	T	2	1	0	1	6	6					
Veh. Year 2 0 1 6	6. Veh. Color BLK	Veh. Make DODGE					Veh. Model JOURNEY					7 Body Style SV			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 5	DL/ID State	DL/ID Num.			9 DL Class 5	10 CDL End. 5		11 DL Rest. 5	DOB (MM/DD/YYYY) 0 5 / 3 0 / 1 9 8 7																				
Address (Street, City, State, ZIP) 8914 PALM CREST ST SAN ANTONIO, TX 78211																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line															14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	OLMOS, JULIO FIDENCIO												N	33	H	1	1	1	1	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner	Owner/Lessee																												
<input type="checkbox"/> Lessee	Name & Address OLMOS VASQUEZ, JOSE FIDENCIO, 8914 PALM CREST ST SAN ANTONIO, TX 78211																												
Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type			Fin. Resp. Name					Fin. Resp. Num.																				
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 2 - F D - 3					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Towed By					Towed To																								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	ASCENSION SETON KYLE	BUDA EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	2	1	NO DRIVER LICENSE WHEN UNLICENSED-NOT CDL	TX602J0JQW57
	2	1	FAIL TO MAINTAIN FINANCIAL RESPONSIBILITY	TX602J0JQW57

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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			98	41					1	1	97	2	2	1

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Rider of Unit 1 was heading SW on SH 21 in Hays County. Rider of Unit 1 rode over a cracked/damaged roadway part that may have contributed to rider losing control of motorcycle. Once rider of Unit 1 began to lose control rider may have taken faulty evasive action to recover and was thrown from motorcycle when crashing to the ground. Unit 2 came to rest on it's right side facing SW. Unit 2 driver, saw Unit 1 driver start to lose control over roadway and took evasive action as to not run over crashing motorcycle/rider. Driver of Unit 2 took evasive action to the right sending Unit 2 into a tree line. Unit 2 suffered moderate front distributed damage from impact with tree, came to rest facing W and was later able to be driven off.													

INVESTIGATOR	Time Notified (24HR:MM)	1 8 4 8	How Notified	SAN ANTONIO DPS COMM	Time Arrived (24HRMM)	1 9 0 7	Report Date (MM/DD/YYYY)	0 4 / 1 8 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Rivas, Fredis	ID Num.	14205		
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA	H P 6 B 1 0		





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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 04 / 10 / 2021	*Crash Time (24HRMM) 2   1   4   4	Case ID 3366800	Local Use
*County Name CALDWELL	*City Name		
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees) 2   9   *   9   2   2   7   4	Longitude (decimal degrees) 0   9   7   *   8   3   6   1   0	<input checked="" type="checkbox"/> Outside City Limit

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<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	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 1966	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NNL8378	VIN K M H D 8   4 I F 8 K U 7   4 5 8 1   6	
Veh. Year 2   0   1   9	6. Veh. Color SIL	Veh. Make HYUNDAI			Veh. Model ELANTRA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 40276353	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1   0   2   6   1   9   9   5	

Address (Street, City, State, ZIP) 327 Railyard DR Kyle, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Parra, Brandon Lee					C	25	H	1	1	1	2	97	N	96		96	97	97
2	2	3	Salgado, Miguel Angel					C	23	H	1	1	1	2	97	N					

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 Parra, Brandon Lee, 327 Railyard DR Kyle, TX 78640				
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Insurance	Fin. Resp. Num. 036086763 7102	
Fin. Resp. Phone Num. 800-531-8722			27 Vehicle Damage Rating 1   1   2   -   F   D   -   4	27 Vehicle Damage Rating 2   -   -   -   -   -   -   -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Big Boyz Towing	Towed To 500 Willow St., Lockhart, Texas 78644
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KNJ7954	VIN 2 T 2 G K 3   1 U X 8 C 0   2 9 9   3 5	
Veh. Year 2   0   0   8	6. Veh. Color WHI	Veh. Make LEXUS			Veh. Model RX 300	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 10563124	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1   0   3   1   /   1   9   6   1	

Address (Street, City, State, ZIP) 419 Green Pastures DR Kyle, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Saucedo, Julian G.					A	59	H	1	1	1	5	97	N	96		96	97	97
2	2	3	Saucedo, Mary Ann					A	56	H	2	1	1	5	97	N					

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 Saucedo, Julian G., 419 Green Pastures DR Kyle, TX 78640				
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Progressive Insurance Co.	Fin. Resp. Num. 939745261	
Fin. Resp. Phone Num. 800-776-4737			27 Vehicle Damage Rating 1   3   -   R   P   -   4	27 Vehicle Damage Rating 2   -   -   -   -   -   -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Towed By Barron's Towing	Towed To 1400 S. Commerce, Lockhart, Tx 78644				

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Refused Transport			Refused Transport						
	1	2	Refused Transport			Refused Transport						
	2	1	Kyle Seton			Lockhart EMS						
	2	2	Kyle Seton			Kyle Seton						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	Disregarded Stop Sign						TX5ZUM0PXSQB		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name				Carrier's Primary Addr.							30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	16						2	2	4	1	1	1	8

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	Unit # 1 was driving north on FM 1966 approaching the intersection of State Highway 21. Unit # 2 had been stopped in a parking lot at the southwest side of the intersection of SH 21 and FM 1966. Unit # 2 drove out of that parking lot and drove east on State Highway 21 and drove through the intersection of SH 21 and FM 1966. Unit # 1 drove into the intersection as it had disregarded the stop sign at the intersection. Unit # 1 struck Unit # 2 and forced Unit # 2 north across State Highway 21 to the northeast side of the intersection where it came to stop next to a utility pole facing east. Unit # 1 continued across State Highway 21 and came to stop on Alterra Way facing east.														

INVESTIGATOR	Time Notified (24HR:MM)	2 2 0 3	How Notified CCSO	Time Arrived (24HRMM)	2 2 1 1	Report Date (MM/DD/YYYY)	0 4 / 1 1 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.						

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



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Page 1 of 2

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 04 / 06 / 2021	*Crash Time (24HRMM) 1   8   2   1	Case ID 3364721	Local Use
*County Name CALDWELL	*City Name		
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude (decimal degrees) 2   9   *   9   2   2   1   3	Longitude (decimal degrees) 0   9   7   *   8   3   6   5   16	<input checked="" type="checkbox"/> Outside City Limit

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<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	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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. FM Sys.	Hwy. Num. 1966	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 100		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SW	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. HTL4505	VIN 1 2 G 1 W B 5 7 K 7 9 1 1 0 6 2 4 0	
Veh. Year 2 0 0 9	6. Veh. Color WHI	Veh. Make CHEVROLET			Veh. Model IMPALA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 35626859	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 6 / 2 8 / 1 9 9 6	

Address (Street, City, State, ZIP) 5213 Buffalo Pass DR Austin, TX 78745

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Upton, Kallisti Abbas					A	24	W	1	1	1	5	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 Cobo, Mary Laura, 5213 Buffalo Pass DR Austin, TX 78745																		
Proof of Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name State Farm Insurance Co.					Fin. Resp. Num. R23-1530-C28-53R 002												
Fin. Resp. Phone Num. 800-782-8332						27 Vehicle Damage Rating 1 1   2   -   F   L   -   5	27 Vehicle Damage Rating 2   -   -   -   -   -												Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Johnny's Towing Towed To 1400 S. Commerce, Lockhart, Texas 78644

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. HMH5784	VIN J A 4 A P 3 A U 8 G Z 0 2 9 4 1 2	
Veh. Year 2 0 1 6	6. Veh. Color BLK	Veh. Make MITSUBISHI			Veh. Model OUTLANDER	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 09074673	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1 1 / 2 2 / 1 9 5 3	

Address (Street, City, State, ZIP) 167 White Bluff DR Kyle, TX 78640	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
167 White Bluff DR Kyle, TX 78640	1	1	1	Herrera, Alfredo					K	67	H	1	1	1	5	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 Molinar, Godelba Marie, 167 White Bluff DR Kyle, TX 78640																					
Proof of Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Liberty County Mutual Ins. Co.					Fin. Resp. Num. Y9330079															

Fin. Resp. Phone Num. 800-290-7933 27 Vehicle Damage Rating 1 1 | 2 | - | F | L | - | 4 27 Vehicle Damage Rating 2 | - | - | - | - | - | Vehicle Inventoried  
 Yes  
 No

Towed By LTX Towing Towed To 218 N. Main, Lockhart, Tx. 78644

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	Kyle Seton			San Marcos EMS								
	2	1	Central Texas Autopsy			Legions Funeral Home			0 4 / 0 6 / 2 0 2 1			1   9   5   5		
	2	2	Kyle Seton			San Marcos EMS								

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name	Carrier's Primary Addr.											
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.				33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit			Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	23	70	61				2	6	97	1	4	1	12

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	1   8   2   1	How Notified CCSO	Time Arrived (24HRMM)	1   8   5   5	Report Date (MM/DD/YYYY)	0 4 / 1 0 / 2 0 2 1							
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.					ID Num.	06840					
	ORI Num.													

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 03 / 25 / 2021	*Crash Time (24HRMM) 1 9 5 3	Case ID	Local Use
*County Name CALDWELL		*City Name	
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) 2 9 * 9 5 1 3 5	Longitude (decimal degrees) 0 9 7 * 6 7 3 0 1 9

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. FM Sys.	*Hwy. Num. 1185	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. US Sys.	Hwy. Num. 183	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MRL0922	VIN 1 F A D P 3 E 2 5 E I 4 3 0 7 5 6	
Veh. Year 2 0 1 4	6. Veh. Color SIL	Veh. Make FORD			Veh. Model FOCUS	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 9 / 2 8 / 2 0 0 2	

Address (Street, City, State, ZIP) 1305 OLD LOCKHART RD LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	MICHEL-CARRILLO, ALBERTO						N	18	H	1	1	1	1	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 ONE SOURCE CLAIMS MANAGEMENT, 11130 APPLEWHITE RD SAN ANTONIO, TX 78224																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name FARMERS INSURANCE						Fin. Resp. Num. 43539308										
Fin. Resp. Phone Num. (800) 435-7764				27 Vehicle Damage Rating 1 1 - R F Q - 2	27 Vehicle Damage Rating 2 1 - R D - 1						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Towed By QUANTUM TOWING	Towed To 1010 W. COLORADO ST, LOCKHART, TX 78644
-------------------------	--

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NJR6843	VIN J M 1 B J 2 2 5 5 2 0 5 0 5 4 9 5	
Veh. Year 2 0 0 2	6. Veh. Color BGE	Veh. Make MAZDA			Veh. Model PROTEGE	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 1 1 / 1 7 / 2 0 0 2	

Address (Street, City, State, ZIP) 160 CORDONIZ CIR DALE, TX 78616																						
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	VELAZQUEZ MARTINEZ, JOSE FERNANDO						A	18	H	1	1	96	2	97	N	96		96	97	97
2	2	3	BERNAL, NATALI						A	17	H	2	1	96	2	97	N					
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 HERNANDEZ, LILIANA, 160 CORDONIZ CIR DALE, TX 78616																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Assurance America Insurance Name Company						Fin. Resp. Num. PTX1548461										
Fin. Resp. Phone Num. (800) 450-7857				27 Vehicle Damage Rating 1 1 2 - F D - 3	27 Vehicle Damage Rating 2 1 - - - -						Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Towed By FLY TOWING	Towed To 1124 N. BLANCO ST, LOCKHART, TX 78644																	

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	2	1	SETON HAYS, 6001 Kyle Pkwy, Kyle, TX			LOCKHART EMS				
	2	2	SETON HAYS 6001 Kyle Pkwy, Kyle, TX			LOCKHART EMS				

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.	
	1	1	FAIL TO YIELD ROW ON GREEN SIGNAL						TX5ZEL0YTZLW	
	1	1	NO DRIVER LICENSE WHEN UNLICENSED - NOT CDL						TX5ZEL0YTZLW	
	2	1	NO DRIVER LICENSE WHEN UNLICENSED - NOT CDL						TX5ZEL0YTZLX	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37						1	3	4	1	1	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale						
	UNIT 1 WAS TRAVELING EASTBOUND ON FM-1185 APPROACHING THE INTERSECTION WITH US-183 NORTHBOUND. UNIT 2 WAS TRAVELING WESTBOUND ON FM-1185 APPROACHING THE INTERSECTION WITH US-183 NORTHBOUND. UNIT 1 AND UNIT 2 HAD A GREEN TRAFFIC SIGNAL, POSSIBLY CHANGING TO YELLOW. UNIT 1 FAILED TO YIELD THE RIGHT OF WAY TO THE ONCOMING UNIT 2 THAT WAS COMING THROUGH THE INTERSECTION. UNIT 1 TURNED LEFT TOWARDS NORTHBOUND US-183 IN THE PATH OF UNIT 2 AND CRASHED. BOTH UNITS CAME TO REST IN THE INTERSECTION FACING NORTH. UNIT 1 WAS FOUND TO HAVE A SALVAGED VEHICLE TITLE.								FM-1185						

INVESTIGATOR	Time Notified (24HR:MM)	1	9	5	3	How Dispatched	Time Arrived (24HRMM)	2	0	0	5	Report Date (MM/DD/YYYY)	03 / 25 / 2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) LARRIMORE, WILLIAM J									ID Num.	14561
	ORI Num.											Service/Region/DA	H P 6 B 1 O

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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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 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 03 / 21 / 2021				*Crash Time (24HRMM) 2 0 0 0				Case ID 210800509						Local Use										
	*County Name CALDWELL				*City Name MUSTANG RIDGE										<input type="checkbox"/> Outside City Limit										
	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 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num. 17200		3 Street Prefix		* Street Name Camino Real		4 Street Suffix												
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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		Street Desc. Two lane divided rural highway														
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																								
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. SH Hwy. Num. 21		2. Rdwy. Part 1		Block Num. 10000		3 Street Prefix		Street Name U.S. 183						4 Street Suffix								
	Distance from Int. or Ref. Marker 0.44				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W			Reference Marker		Street Desc. Two lane divided rural highway						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. 99449k2			VIN 1 F M Z U 6 2 K 2 3 Z A 8 7 0 8 4																
Veh. Year 2 0 0 3	6. Veh. Color GLD	Veh. Make FORD				Veh. Model EXPLORER				7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End. 96	11 DL Rest. 96		DOB (MM/DD/YYYY)		/	/												
Address (Street, City, State, ZIP) unknown RD																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	unknown								99		99	1	1	99	2	97	N	96		96	97	97
	2	2	3	Hernandez Martinez, Rufino								A	38	H	1	1	1	2	97	N					
	3	2	99	unknown								99		99	1	2	99	2	97	N					
	<input checked="" type="checkbox"/> Owner	Owner/Lessee Name & Address Aguario, Ruperto Bueno, 12928 wright RD Buda, TX 78610															<input type="checkbox"/> Lessee								
	Proof of Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																		
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 2 - F D - 2				27 Vehicle Damage Rating 2 5 - R B Q - 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	Towed By Magic Towing					Towed To 8606 Evelyn Rd. Buda, TX 78610																			
	Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State IN	LP Num. 3050616			VIN 1 X P B D P 9 X 7 K D 6 0 0 7 9 0																
Veh. Year 2 0 1 9	6. Veh. Color WHI	Veh. Make PETERBILT				Veh. Model 579				7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 27367155				9 DL Class A	10 CDL End. N, H, P, S	11 DL Rest. A		DOB (MM/DD/YYYY) 1 2 / 0 8 / 1 9 9 2															
Address (Street, City, State, ZIP) 1404 sussex DR college station, TX 77845																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	Nieuwoudt, David Jacob								N	28	W	1	1	1	1	97	N	96		96	97	97
	<input checked="" type="checkbox"/> Owner	Owner/Lessee Name & Address PAM Transport, 297 W Henri De Tonti tontitown, AR 72770															<input type="checkbox"/> Lessee								
	Proof of Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																		
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 1 - F L - 2				27 Vehicle Damage Rating 2 1 1 1 - 1 1 1 -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	Towed By					Towed To																			

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	2	Seton Hays				CC ems							

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

DAMAGE	Damaged Property Other Than Vehicles					Owner's Name					Owner's Address				

CMV	Unit Num. 2	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00179752	30 Veh. Type 9	
CMV	Carrier's Corp. Name PAM Transport		Carrier's Primary Addr. 297 W Henri De Tonti tontitown, AR 72770								
CMV	31 Bus Type 0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR   5   2   5   0   0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num. ID Num.	HazMat ID Num.	32 HazMat Class Num. ID Num.	HazMat ID Num.	33 Cargo Body Type 3			
CMV	Unit Num. 3	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR   1   4   0   0   0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CMV	Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions								
	Unit #	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	6	97	2	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale							
	<p>The driver of the Tractor trailer, David Jacob Nieuwoudt, was traveling west bound on Sh-21 at approximately the 17200 blk at 2000 hrs, when a gold ford explorer crossed the center line and collided with the front end of his tractor trailer. The Ford Explorer bearing Texas temp buyers tag : 99449k2, was being driven by an unknown male and crossed the center line for an unknown reason. When the Ford hit the tractor trailer it spun around pinning the front passenger in the vehicle and knocking him unconscious. One of the other passengers in the ford was reportedly ejected from the vehicle in the crash, and was later picked up by the driver who exited the vehicle when it came to a stop. Then both unidentified Hispanic males fled the scene on foot into the fields on the north side of the roadway.</p> <p>Responding officers and emergency personnel were unable to locate the two men, and air support was not available to assist in the search. The front passenger of the ford was extracted from the vehicle and transported to the hospital. He had in his posession a Mexico ID and has only been identified in Name.</p>										<p>Not To Scale</p>							

INVESTIGATOR	Time Notified (24HR:MM)	2 0 1 0	How Notified Dispatch				Time Arrived (24HRMM)	2 0 1 3	Report Date (MM/DD/YYYY) 03 / 23 / 2021					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Koger III, Norman Charles										ID Num. 1074	
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT				Service/Region/DA	C H						



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 03 / 21 / 2021				*Crash Time (24HRMM) 2 0 0 0		Case ID 210800509				Local Use																					
	*County Name CALDWELL				*City Name MUSTANG RIDGE				<input type="checkbox"/> Outside City Limit																							
	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)																							
	<b>ROAD ON WHICH CRASH OCCURRED</b>																															
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num. 17200		3 Street Prefix		*Street Name Camino Real		4 Street Suffix																			
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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		Street Desc. Two lane divided rural highway																					
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																															
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. SH Hwy. Num. 21		2. Rdwy. Part 1		Block Num. 10000		3 Street Prefix		Street Name U.S. 183		4 Street Suffix																			
	Distance from Int. or Ref. Marker 0.44			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W			Reference Marker		Street Desc. Two lane divided rural highway			RRX Num.																			
	Unit Num. 3	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State OK	LP Num. 3882kq			VIN 1 G A R P 0 6 2 7 F T 5 9 7 7 6 6																							
Veh. Year 2 0 1 5	6. Veh. Color WHI	Veh. Make GREAT DANE TRAILERS				Veh. Model UNKNOWN				7 Body Style TL			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																			
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.			11 DL Rest.	DOB (MM/DD/YYYY)			/	/	/	/	/	/	/	/											
Address (Street, City, State, ZIP)											Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																					
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line											Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																					
Person Num.	12 Psnl. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet											21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category						
Owner <input type="checkbox"/> Lessee		Name & Address PAM Transport, 297 W Henri De Tonti tontitown, AR 72770																														
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																								
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1								27 Vehicle Damage Rating 2								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Towed By					Towed To																											
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.			VIN															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style			<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																			
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.			11 DL Rest.	DOB (MM/DD/YYYY)			/	/	/	/	/	/	/												
Address (Street, City, State, ZIP)											Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																					
Person Num.	12 Psnl. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet											21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category						
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line											Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																					
Person Num.	12 Psnl. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet											21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category						
Owner <input type="checkbox"/> Lessee		Name & Address																														
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.																								
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1								27 Vehicle Damage Rating 2								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Towed By					Towed To																											

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	2   0   1   0	How Notified Dispatch	Time Arrived (24HRMM)	2   0   1   3	Report Date (MM/DD/YYYY)	0 3 / 2 3 / 2 0 2 1					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Koger III, Norman Charles					ID Num.	1074			
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency MUSTANG RIDGE POLICE DEPARTMENT						Service/Region/DA	C   H		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 5

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 03 / 13 / 2021	*Crash Time (24HRMM) 1 1 0 6	Case ID 210720224	Local Use
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*County Name CALDWELL	*City Name MUSTANG RIDGE	Outside City Limit
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)	Longitude - (decimal degrees)
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num. 17500	3 Street Prefix	*Street Name CAMINO REAL	4 Street Suffix
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<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<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	Street Desc.
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## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes	1 Rdwy. FM Sys.	Hwy. Num. 1854	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
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Distance from Int. or Ref. Marker 500	<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NXR3475	VIN 1 F T E W 1 C P 4 J K D 0 5 6 4 1
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Veh. Year 2 0 1 8	6. Veh. Color GRY	Veh. Make FORD	Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 38889137	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 5 / 0 7 / 1 9 8 7
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Address (Street, City, State, ZIP) 161 PLUM ST BASTROP, TX 78602

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	CRIEL ORTIZ, DIEGO ARMANDO	B	33	H	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	Owner/Lessee	Name & Address CRIEL ORTIZ, DIEGO ARMANDO, 161 PLUM ST BASTROP, TX 78602													
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Proof of <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. PROGRESSIVE (COUNTY MUTUAL)	Fin. Resp. Name INS. CO.	Fin. Resp. Num. 937614604
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Fin. Resp. Phone Num. (800) 776-4737	27 Vehicle Damage Rating 1 1 2 - F D - 4	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes
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Towed By Magic Towing	Towed To 8606 Elevlyn Rd. Buda, TX 78610	Vehicle Inventoried <input type="checkbox"/> No
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. JWS9753	VIN 5 N P E 2 4 A F 5 J H 6 2 0 2 3 0
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Veh. Year 2 0 1 8	6. Veh. Color BLU	Veh. Make HYUNDAI	Veh. Model SONATA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 02181961	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 1 8 / 1 9 6 1
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Address (Street, City, State, ZIP) 204 MILL RACE LN WIMBERLEY, TX 78676

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	DUNCAN, SCOTT	A	60	W	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.
2	2	3	DUNCAN, BRIDGET DAWN	A	59	W	2	1	1	2	97	N					

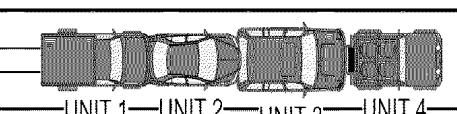
<input checked="" type="checkbox"/> Owner	Owner/Lessee	Name & Address DUNCAN, SCOTT, 204 MILL RACE LN WIMBERLEY, TX 78676													
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Proof of <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. GEICO - GOVERNMENT EMPLOYEES	Fin. Resp. Name INS. CO.	Fin. Resp. Num. 4343625135
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Fin. Resp. Phone Num. (800) 841-3000	27 Vehicle Damage Rating 1 6 - B D - 4	27 Vehicle Damage Rating 2 1 2 - F D - 4	Vehicle Inventoried <input checked="" type="checkbox"/> Yes
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Towed By Magic Towing	Towed To 8606 Elevlyn Rd. Buda, TX 78610	Vehicle Inventoried <input type="checkbox"/> No
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)				
	1	1	REFUSED TRANSPORT				NOT TRANSPORTED									
	2	1	SETON HAYS				AUSTIN-TRAVIS CO EMS									
	2	2	SETON HAYS				AUSTIN-TRAVIS CO EMS									
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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.					
	Carrier's Corp. Name		Carrier's Primary Addr.									30 Veh. Type				
	31 Bus Type		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type				
	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles						
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	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	20	19							3	1	97	1	1	2	17
	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)									Field Diagram - Not to Scale						
	<p>Unit 1 was traveling North on Camino Real. The driver of Unit 1 stated he dropped his wallet and was picking it up off the floor. The driver of Unit 1 diverted his attention from the roadway. Unit 1 collided with the rear of Unit 2. Unit 2 was pushed into Unit 3. Unit 3 was pushed into Unit 4.</p>									  <p>CAMINO REAL</p> 						
NARRATIVE AND DIAGRAM	Narrative:															
	Diagram:															

<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	1    1    1    1    1	How Notified Dispatch	Time Arrived (24HRMM)	1    1    1    9	Report Date (MM/DD/YYYY)	0 3 / 1 3 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) DEAN, JOHN				ID Num. 1076
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT				Service/ Region/DA



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 5

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 03 / 13 / 2021	*Crash Time (24HRMM) 1 1 0 6	Case ID 210720224	Local Use
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*County Name CALDWELL	*City Name MUSTANG RIDGE	Outside City Limit
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)	Longitude - (decimal degrees)
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num. 17500	3 Street Prefix	* Street Name CAMINO REAL	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<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	Street Desc.

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.	1 Rdwy. FM Hwy. Num. 1854	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
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Distance from Int. or Ref. Marker 500	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.	RRX Num.
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Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX Num. MPM7160	VIN 1 F M H K 7 F 8 1 B G A 4 6 4 7 6
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Veh. Year 2 0 1 1	6. Veh. Color WHI	Veh. Make FORD	Veh. Model EXPLORER	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 29251897	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 5 / 1 8 / 1 9 9 3

Address (Street, City, State, ZIP) 6118 FAIRWAY E-131 ST AUSTIN, TX 78741

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	FLORES III, JOSEPH	N	27	H	2	1	1	1	97	N	96		96	97	97
2	2	3	HURTADO, JACQUILINE	N	26	H	1	1	1	1	97	N					
3	2	4	FLORES, JOILET	C	6	H	2	1	1	1	97	N					
4	2	9	FLORES, LUCIANO	C	7	H	1	1	1	1	97	N					

Owner  Lessee  
 Lessee Name & Address HURTADO, JACQUELINE MONIQUE, 311 COUNTRY LN KYLE, TX 78640

Proof of  Yes  Expired Fin. Resp. Name  Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 - B D - 3 27 Vehicle Damage Rating 2 1 2 - F D - 1 Vehicle Inventoried  Yes  No

Towed By Towed To

Unit Num. 4	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX Num. MYL4961	VIN 1 J 4 A A 2 D 1 8 B L 6 3 7 7 0 1
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Veh. Year 2 0 1 1	6. Veh. Color GRN	Veh. Make JEEP	Veh. Model WRANGLER	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 37173791	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 5 / 0 1 / 1 9 9 8
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Address (Street, City, State, ZIP) 5146 FM 535 CEDAR CREEK, TX 78612

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	WILBOURN, KATIE	N	22	W	2	1	1	1	97	N	96		96	97	97
2	2	3	ARUCK, BRANDON MARTIN	N	28	W	1	1	1	1	97	N					

Owner  Lessee  
 Lessee Name & Address WILBOURN, RUSSELL, 5146 FM 535 CEDAR CREEK, TX 78612

Proof of  Yes  Expired Fin. Resp. GEICO - GOVERNMENT EMPLOYEES Name INS. CO. Fin. Resp. Num. 4346810775

Fin. Resp. Phone Num. (800) 841-3000 27 Vehicle Damage Rating 1 6 - B D - 0 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried  Yes  No

Towed By Towed To

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	3	3	REFUSED TRANSPORT			NOT TRANSPORTED								
	3	4	REFUSED TRANSPORT			NOT TRANSPORTED								
	3	6	REFUSED TRANSPORT			NOT TRANSPORTED								

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name	Carrier's Primary Addr.												
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.					33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale						

INVESTIGATOR	Time Notified (24HR:MM)	1   1   1   1	How Notified Dispatch	Time Arrived (24HRMM)	1   1   1   9	Report Date (MM/DD/YYYY)	0 3 / 1 3 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) DEAN, JOHN			ID Num.	1076
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency	MUSTANG RIDGE POLICE DEPARTMENT		Service/Region/DA	C   H





## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 27 / 2021	*Crash Time (24HRMM) 0 7 5 4	Case ID HCSO 2021-11778	Local Use
*County Name HAYS		*City Name KYLE	
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 Rdwy. FM Sys.	*Hwy. Num. 2001	2 Rdwy. Part 1	Block Num. 9005	3 Street Prefix	*Street Name FM 2001	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. SH Sys.	Hwy. Num. 21	2. Rdwy. Part 1	Block Num. 13900	3 Street Prefix	Street Name SH 21	4 Street Suffix
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KGV7504	VIN 1 N 6 A D 0 6 U 1 6 C 4 6 9 1 8 4	
Veh. Year 2 0 0 6	6. Veh. Color WHI	Veh. Make NISSAN			Veh. Model FRONTIER	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 45490335	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 1 0 / 2 1 / 1 9 8 0	

Address (Street, City, State, ZIP) 921 Petras WAY kyle, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Roman, Natalia					A	40	H	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 Gallardo, Jose Jesus, 921 Petras WAY kyle, TX 78640																		
Proof of Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Falcon Insurance					Fin. Resp. Num. 0200503295												
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1 1 2 - F D - 5	27 Vehicle Damage Rating 2 - - - -												Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Commercial Towing						Towed To Commercial Towing yard																
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																	
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style																	
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)																	

Address (Street, City, State, ZIP)																					
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.																
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Towed By						Towed To																	

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Seton Hays Hospital	EMS		

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		
	Traffic Light Pole			TxDot			13900 SH 21 Kyle, TX 78640		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	20	22					6	1	2	1	1	2	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	Unit 1 was only vehicle involved in collision. Unit 1 traveled EB on FM 2001 towards intersection of FM 2001 & SH 21. Driver was unable to provide speeds, suspected as being speed limit or faster. Driver of Unit 1 advised that while she approached the intersection, the light turned red. Unit 1 continued across the intersection eastward, where it impacted the traffic light pole. The impact appeared to be located head on based on indentation of the front end. Speed limit or greater was suspected due to moving the cement base approximately 6 inches east from its original fixated position. TxDot notified via Hays County Dispatch. Driver was transported via EMS to Seton Hays Hospital. Driver was conscious and breather at time of departure, and appeared to have significant pain in chest and back. Vehicle was inventoried and recovered via Commercial towing.	

INVESTIGATOR	Time Notified (24HR:MM) 0 7 5 4	How Notified Dispatch	Time Arrived (24HRMM) 0 8 0 5	Report Date (MM/DD/YYYY) 0 2 / 2 7 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Maddocks, David		ID Num. 6905
	ORI Num. T X 1 0 5 0 0 0 0	*Agency HAYS COUNTY SHERIFF'S OFFICE	Service/Region/DA 0 1	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02 / 21 / 2021			*Crash Time (24HRMM) 0 2 5 9			Case ID						Local Use																	
	*County Name HAYS										*City Name										<input checked="" type="checkbox"/> Outside City Limit									
	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) 2 9 * 9 2 6 8 8			Longitude (decimal degrees) 0 9 7 * 8 6 2 3 7																				
	<b>ROAD ON WHICH CRASH OCCURRED</b>																													
	*1 Rdwy. CR Sys.		*Hwy. Num. 159		2 Rdwy. Part 1		Block Num.		3 Street Prefix		*Street Name YARRINGTON		4 Street Suffix RD																	
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 40		Const. Zone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Street Desc.																
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																													
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. CR Sys.		Hwy. Num. 158		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name				4 Street Suffix													
	Distance from Int. or Ref. Marker 40				<input checked="" type="checkbox"/> FT	<input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SE		Reference Marker		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. MBH7757		VIN	4	S 3	B N	B C	6 7	G 3	0 5	4 6	9 8													
Veh. Year 2 0 1 6	6. Veh. Color GRY	Veh. Make SUBARU				Veh. Model LEGACY				7 Body Style P4				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 36409745				9 DL Class 5	10 CDL End. 5	11 DL Rest. 5				DOB (MM/DD/YYYY) 0 5 / 1 9 / 1 9 9 4																		
Address (Street, City, State, ZIP) 19600 N HEATHERWILDE BLVD PFLUGERVILLE, TX 78660																														
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line															<input type="checkbox"/> 12 Psn. Type	<input type="checkbox"/> 13 Seat Position	<input type="checkbox"/> 14 Injury Severity	<input type="checkbox"/> 15 Ethnicity	<input type="checkbox"/> 16 Sex	<input type="checkbox"/> 17 Eject.	<input type="checkbox"/> 18 Restr.	<input type="checkbox"/> 19 Airbag	<input type="checkbox"/> 20 Helmet	<input type="checkbox"/> 21 Sol.	<input type="checkbox"/> 22 Alc. Spec.	<input type="checkbox"/> 23 Drug Spec.	<input type="checkbox"/> 24 Drug Result	<input type="checkbox"/> 25 Drug Category	
	1	1	1	REDMOND III, JAMES												A	26	B	1	1	96	5	97	N	98	0.223	96	97	97	
																Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.														
	<input checked="" type="checkbox"/> Owner	Owner/Lessee														Name & Address CRENSHAW, RAYANNA M, 3103 LEVY #2208 LN KILLEEN, TX 76542														
	<input type="checkbox"/> Lessee																													
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type 2				Name HOME STATE				Fin. Resp. Num. 2009299834																	
	Fin. Resp. Phone Num. 254-776-4521					27 Vehicle Damage Rating 1 1 2 - F C - 4					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	Towed By INTERESTATE TOWING 830-312-2749					Towed To 202 S Front St, Kyle, TX 78640																								
	Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																						
	Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.				DOB (MM/DD/YYYY)				/	/	/	/	/	/	/								
Address (Street, City, State, ZIP)																														
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line															<input type="checkbox"/> 12 Psn. Type	<input type="checkbox"/> 13 Seat Position	<input type="checkbox"/> 14 Injury Severity	<input type="checkbox"/> 15 Ethnicity	<input type="checkbox"/> 16 Sex	<input type="checkbox"/> 17 Eject.	<input type="checkbox"/> 18 Restr.	<input type="checkbox"/> 19 Airbag	<input type="checkbox"/> 20 Helmet	<input type="checkbox"/> 21 Sol.	<input type="checkbox"/> 22 Alc. Spec.	<input type="checkbox"/> 23 Drug Spec.	<input type="checkbox"/> 24 Drug Result	<input type="checkbox"/> 25 Drug Category	
	1	1	1	REDMOND III, JAMES												A	26	B	1	1	96	5	97	N	98	0.223	96	97	97	
																Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.														
	<input type="checkbox"/> Owner	Owner/Lessee														Name & Address CRENSHAW, RAYANNA M, 3103 LEVY #2208 LN KILLEEN, TX 76542														
	<input type="checkbox"/> Lessee																													
	Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type 2				Name HOME STATE				Fin. Resp. Num. 2009299834																	
	Fin. Resp. Phone Num. 254-776-4521					27 Vehicle Damage Rating 1 1 2 - F C - 4					27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	Towed By INTERESTATE TOWING 830-312-2749					Towed To 202 S Front St, Kyle, TX 78640																								
	Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																						
	Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.				DOB (MM/DD/YYYY)				/	/	/	/	/	/									
Address (Street, City, State, ZIP)																														

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS			HAYS COUNTY EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	FAIL TO DRIVE SINGLE LANE						TX5YI50YYW6U		
	1	1	DRIVING WHILE INTOXICATED						TX5Z7H0YYW8M		

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		
	POWER LINE POLE			P.E.C.			1810 W FM 150 KYLE, TX 78640		
<b>CMV</b>									

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.							
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	67	23		60			1	2	2	1	4	1	12
<b>NARRATIVE AND DIAGRAM</b>														

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale			
Unit 1 was traveling SE on Yarrington Road. The driver of Unit 1 stated he saw headlights approaching him from behind at a high rate of speed. The driver stated that he swerved left then right striking a tree (a P.E.C. power line pole) to avoid being rear ended. The driver also stated that he had been wearing his seat belt, which was found to be still buckled and locked in tight with no space for a person. The driver's head struck the windshield to the right of the centerline of the car. No skid or yaw marks were observed near the scene of the crash. The driver admitted to having 2 drinks in San Antonio before returning to Austin via backroads. Hospital records have been subpoenaed. Medical records showed a blood alcohol concentration level of 0.223.												Yarrington RD/ CR 159	CR 158		
													Not To Scale		

INVESTIGATOR	Time Notified (24HR:MM)	0 3 2 5	How Notified DPS COMM SAN ANTONIO	Time Arrived (24HRMM)	0 4 3 1	Report Date (MM/DD/YYYY)	0 3 / 1 8 / 2 0 2 1
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Smallwood, Steven			ID Num.	14664
ORI Num.						*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS
						Service/Region/DA	H P 6 B 0 6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 21 / 2021	*Crash Time (24HRMM) 0 2 5 9	Case ID	Local Use
*County Name HAYS		*City Name	
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) 2 9 * 9 2 6 8 8	
		Longitude - (decimal degrees) 0 9 7 * 8 6 2 3 7	

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. CR Sys.	*Hwy. Num. 159	2 Rdwy. Part 1	Block Num.	3 Street Prefix	*Street Name YARRINGTON	4 Street Suffix RD
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. CR Sys.	Hwy. Num. 158	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 40		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SE	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MBH7757	VIN 4 S 3 B N B C 6 7 G 3 0 5 4 6 9 8
-------------	----------------	----------------	-------------	-------------	-----------------	---------------------------------------

Veh. Year 2 0 1 6	6. Veh. Color GRY	Veh. Make SUBARU	Veh. Model LEGACY	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 36409745	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 5 / 1 9 / 1 9 9 4

Address (Street, City, State, ZIP) 19600 N HEATHERWILDE BLVD PFLUGERVILLE, TX 78660

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	REDMOND III, JAMES	A	26	B	1	1	96	5	97	N	98		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 CRENSHAW, RAYANNA M, 3103 LEVY #2208 LN KILLEEN, TX 76542														
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name HOME STATE	Fin. Resp. Num. 2009299834	
Fin. Resp. Phone Num. 254-776-4521			27 Vehicle Damage Rating 1 1 2 - F C - 4	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By INTERESTATE TOWING 830-312-2749	Towed To 202 S Front St, Kyle, TX 78640
--	---

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
Veh. Year		6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /

Address (Street, City, State, ZIP)																	
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address														
Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.											
Fin. Resp. Phone Num.			27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No										
Towed By	Towed To														

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.													
Fin. Resp. Phone Num.			27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No												
Towed By	Towed To																

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	ASCENSION SETON HAYS		HAYS COUNTY EMS			

CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.	
	1	1	FAIL TO DRIVE SINGLE LANE				TX5YI50YYW6U	

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		
	POWER LINE POLE			P.E.C.			1810 W FM 150 KYLE, TX 78640		
<b>CMV</b>									

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.							
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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	23			60	45				1	2	2	1	4	1
<b>NARRATIVE AND DIAGRAM</b>															

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)									
<p>Unit 1 was traveling SE on Yarrington Road. The driver of Unit 1 stated he saw headlights approaching him from behind at a high rate of speed. The driver stated that he swerved left then right striking a tree (a P.E.C. power line pole) to avoid being rear ended. The driver also stated that he had been wearing his seat belt, which was found to be still buckled and locked in tight with no space for a person. The driver's head struck the windshield to the right of the centerline of the car. No skid or yaw marks were observed near the scene of the crash. The driver admitted to having 2 drinks in San Antonio before returning to Austin via backroads. Hospital records have been subpoenaed.</p>									
Field Diagram - Not to Scale									
<i>Not To Scale</i>									

INVESTIGATOR	Time Notified (24HR:MM)	0 3 2 5	How Notified DPS COMM SAN ANTONIO	Time Arrived (24HRMM)	0 4 3 1	Report Date (MM/DD/YYYY)	0 2 / 2 1 / 2 0 2 1
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Smallwood, Steven			ID Num.	14664
ORI Num.				*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 6 B 0 6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 09 / 2021	*Crash Time (24HRMM) 1 4 5 2	Case ID 21-07515	Local Use
*County Name HAYS		*City Name SAN MARCOS	
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 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block 2200 Num.	3 Street Prefix	* Street Name SH 21	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 50	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. CR Sys.	Hwy. Num. 266	2. Rdwy. Part 1	Block Num. 3400	3 Street Prefix N	Street Name Old Bastrop	4 Street Suffix HWY
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KYS6508	VIN 1 F T R W 0 7 6 5 3 K D 7 0 2 2 4	
Veh. Year 2 0 0 3	6. Veh. Color SIL	Veh. Make FORD			Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 40246930	9 DL Class C	10 CDL End. 96	11 DL Rest. B	DOB (MM/DD/YYYY) 0 9 / 1 7 / 1 9 9 5	

Address (Street, City, State, ZIP) 1912 E William Cannon DR Austin, TX 78744

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Valencia, Guadalupe					A	25	H	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 Earth Reinforcement, 105 Centerpoint #B RD San Marcos, TX 78666																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.											
Fin. Resp. Phone Num.						27 Vehicle Damage Rating 1	-	F	D	-	7	27 Vehicle Damage Rating 2	-	-	-	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Towed By PRO-CARE WRECKER Towed To 1702 S. IH 35 SAN MARCOS TX 78666

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. NCS2976	VIN 1 C 6 R R 7 I T 4 G S 2 6 6 0 3 9	
Veh. Year 2 0 1 6	6. Veh. Color BLU	Veh. Make DODGE			Veh. Model RAM 1500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 15521749	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 1 / 2 7 / 1 9 7 2	

Address (Street, City, State, ZIP) 1433 Twin Estates DR Kyle, TX 78640	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1433 Twin Estates DR Kyle, TX 78640	1	1	1	Angeles, Richard Gonzales					A	49	H	1	1	1	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 Angeles, Richard Gonzales, 1433 Twin Estates DR Kyle, TX 78640																					

Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. PROGRESSIVE (COUNTY MUTUAL) Name INS. CO.					Fin. Resp. Num. 919679548											
Fin. Resp. Phone Num. (800) 776-4737						27 Vehicle Damage Rating 1	-	B	D	-	7	27 Vehicle Damage Rating 2	-	-	-	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By Rocha Towing (private)						Towed To Unknown												

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						
	2	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.							30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22						1	1	2	1	1	1	17
Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)														

NARRATIVE AND DIAGRAM	Vehicle 1 was traveling South on Highway 21 near N. Old Bastrop in lane #1. Vehicle 2 was also traveling North on Highway 21 approaching N. Old Bastrop Rd. Vehicle 2 had stopped to turn onto N. Old Bastrop Rd. While Vehicle 2 was awaiting Southbound traffic to pass in order to allow him to turn safely, Vehicle 1 drove directly into the back of Vehicle 2 causing damage. Large propane cylinders were thrown from the bed of Vehicle 2 which struck the side of Vehicle 3. Witness stated Vehicle 2 had its left turn signal on but Vehicle 1 did not slow down prior to colliding into the back of Vehicle 2.												Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	1	4	5	2	How Notified/Dispatched	Time Arrived (24HRMM)	1	4	5	6	Report Date (MM/DD/YYYY)	02/09/2021	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Tureaud, Ben										ID Num. 12967
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency	SAN MARCOS POLICE DEPARTMENT										Service/Region/DA 0 0 0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 09 / 2021	*Crash Time (24HRMM) 1 4 5 2	Case ID 21-07515	Local Use
*County Name HAYS		*City Name SAN MARCOS	
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 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num. 2200	3 Street Prefix	* Street Name SH 21	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 50	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. CR Sys.	Hwy. Num. 266	2. Rdwy. Part 1	Block Num. 3400	3 Street Prefix N	Street Name Old Bastrop	4 Street Suffix HWY
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. FST0273	VIN 1 F T F W 1 C F 7 B K D 6 8 4 5 5
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Veh. Year 2 0 1 1	6. Veh. Color WHI	Veh. Make FORD	Veh. Model F150	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 13732664	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 1 4 / 1 9 4 7
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Address (Street, City, State, ZIP) 259 Dunn ST Seguin, TX 78155

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Garcia, Jose D					N	73	H	1	1	1	1	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 Garcia, Jose D, 259 Dunn ST Seguin, TX 78155																
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Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name SAFEWAY/OAK BROOK COUNTY INS.	Fin. Resp. Num. 3380262-TX-PP-001
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Fin. Resp. Phone Num. (888) 203-5129	27 Vehicle Damage Rating 1 - L P - 2	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By Not Towed	Towed To N/A
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
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Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / /
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Address (Street, City, State, ZIP)																	
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address																				

Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - -	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By	Towed To
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address																				

Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - -	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By	Towed To
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address																				

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.							
	Carrier's Corp. Name					Carrier's Primary Addr.								30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type						
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight	<input type="checkbox"/> No	Total Num. Axles						

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale						

INVESTIGATOR	Time Notified (24HR:MM)	1   4   5   2	How Notified Dispatched				Time Arrived (24HRMM)	1   4   5   6	Report Date (MM/DD/YYYY) 02 / 09 / 2021						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Tureaud, Ben											ID Num. 12967	
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency SAN MARCOS POLICE DEPARTMENT											Service/Region/DA 0   0	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 07 / 2021	*Crash Time (24HRMM) 0 7 3 7	Case ID 21-07097	Local Use
*County Name HAYS		*City Name SAN MARCOS	
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 Rdwy. SH Sys.	*Hwy. 80 Num.	2 Rdwy. Part 1	Block Num. 1000	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name River	4 Street Suffix RD
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. CC8E877	VIN 1 F M Z U 6 5 K 3 4 U A 5 4 3 2 9
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Veh. Year 2 0 0 4	6. Veh. Color SIL	Veh. Make FORD	Veh. Model EXPLORER	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 99	DL/ID State UN	DL/ID Num.	9 DL Class 99	10 CDL End. 99	11 DL Rest. 99	DOB (MM/DD/YYYY) / / /

Address (Street, City, State, ZIP)											
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	UNKNOWN, UNKNOWN						99		99	99	99	99	99	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 Zuniga Ibarra, Vanessa Evelin, 4017 S SH 21 San Marcos, TX 78666													
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Foremost County Mutual						Fin. Resp. Num. 43G01022183101					

Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
Towed By				Towed To								

Unit Num. 2	5 Unit Desc. 4	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN												
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model	7 Body Style						Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 1 / 2 7 / 1 9 9 5												

Address (Street, City, State, ZIP) 650 River RD San Marcos, TX 78666											
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	4	16	Jones, Breona Nichol						A	26	B	2	97	97	97	97	N	96		96	97	97	
												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. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name						Fin. Resp. Num.										
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1						27 Vehicle Damage Rating 2						Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By				Towed To															

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	DECLINED TREATMENT / TRANSPORT			HAYS COUNTY E.M.S.						

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

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
Carrier's Corp. Name				Carrier's Primary Addr.								30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type					
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles					

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	36						1	1	4	1	1	1	15

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 north on River Rd at SH 80. Unit 2, a pedestrian, was also traveling north on River Rd at SH 80. Unit 2 received a signal to cross and began crossing SH in the crosswalk. Unit 1 made a left turn from River onto SH 80 and struck Unit 2, causing a possible minor injury. Unit 1 stopped briefly but failed to exchange information and left the scene. There was a nearly one hour time delay between the crash and when Unit 2 reported the incident.</p>															

INVESTIGATOR	Time Notified (24HR:MM)	0 8 2 1	How Notified Dispatched	Time Arrived (24HRMM)	0 8 2 8	Report Date (MM/DD/YYYY)	02/07/2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Daenzer, M.			ID Num. 12121
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency SAN MARCOS POLICE DEPARTMENT				Service/Region/DA



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 0 1 / 3 0 / 2 0 2 1	*Crash Time (24HRMM) 0   6   2   9	Case ID 3275754	Local Use
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*County Name CALDWELL	*City Name	Outside City Limit <input checked="" type="checkbox"/>
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input type="checkbox"/> Yes	Latitude (decimal degrees) 3   0   *   0   0   9   5   2	Longitude (decimal degrees) 0   9   7   *   7   2   8   6   0
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. SH	*Hwy. Num. 21	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	Toll Road/ Toll Lane	Speed Limit 55	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.	
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## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.	1 Rdwy. FM Hwy. Num. 2001	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
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Distance from Int. or Ref. Marker 25	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KLG7896	VIN 1 F M F K 1 7 5 X 8 L A 8 1 2 5 2	
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Veh. Year 2 0 0 8	6. Veh. Color BLU	Veh. Make FORD	Veh. Model EXPEDITION	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 5 / 1 4 / 1 9 8 7
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Address (Street, City, State, ZIP) 770 High RD Kyle, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Carranza Martinez, Coveny	C	33	H	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 Carranza, Coveny, 770 High RD Kyle, TX 78640														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name Loyola Insurance Company	Fin. Resp. Num. 65654144090
--	---	----------------------	--	-----------------------------

Fin. Resp. Phone Num. 800-554-0595	27 Vehicle Damage Rating 1   1   2   -   F   D   -   4	27 Vehicle Damage Rating 2   -   -   -   -   -   -   -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By Comal Towing	Towed To Kingswood St., San Marcos, Tx. 78666
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. BMB6045	VIN 1 F T C R 1 4 A 9 V P A 2 7 5 4 6
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Veh. Year 1 9 9 7	6. Veh. Color WHI	Veh. Make FORD	Veh. Model RANGER	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 7 / 0 9 / 1 9 8 7
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Address (Street, City, State, ZIP) 129 Las Estancias DR Cedar Creek, TX 78612

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Gomez Regalado, Miguel Angel	A	33	H	1	1	1	1	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 Gomez Regalado, Miguel Angel, 129 Las Estancias DR Cedar Creek, TX 78612														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Home State County Mutual Name Insurance Co.	Fin. Resp. Num. EXL01023823
--	---	----------------------	--	-----------------------------

Fin. Resp. Phone Num. 800-856-0191	27 Vehicle Damage Rating 1   6   -   B   D   -   4	27 Vehicle Damage Rating 2   -   -   -   -   -   -   -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--	--	--

Towed By	Towed To
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Refused Transport			Refused Tarnaport						
	2	1	Kyle Seton			Hays County EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	Fail to Control Speed						TX5XW70PXSJF		
	1	1	No Driver License						TX5XW70PXSJF		
	2	1	No Driver License						TX5XW80PXSJG		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> HazMat Released <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Class Num.	32 HazMat ID Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22						2	5	97	1	1	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)									Field Diagram - Not to Scale					
	Unit # 1 was driving west on State Highway 21 and was approaching the intersection of FM 2001. Unit # 2 was stopped at the red light at the intersection of State Highway 21 and FM 2001. Unit # 1 approached Unit # 2 from the rear and struck the rear of Unit # 2 when it failed to control its speed. Unit # 2 was forced forward and came to rest on FM 2001 facing north. Unit # 1 came to stop on the roadway facing west. Unit # 1 driver was unlicensed, as was Unit # 2's driver. Unit # 2 driver was transported to the hospital due to injuries sustained in the crash.														

INVESTIGATOR	Time Notified (24HR:MM)	0 7 0 0	How Notified CCSO	Time Arrived (24HRMM)	0 7 2 0	Report Date (MM/DD/YYYY)	0 1 / 3 1 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.			*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA	H P 6 B 1 0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 01 / 14 / 2021			*Crash Time (24HRMM) 1 4 3 6	Case ID 21-01-0024				Local Use													
	*County Name TRAVIS				*City Name MUSTANG RIDGE				<input type="checkbox"/> Outside City Limit													
	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)													
	<b>ROAD ON WHICH CRASH OCCURRED</b>																					
	*1 Rdwy. SH Sys.		*Hwy. Num. 183		2 Rdwy. Part 1	Block Num. 11600		3 Street Prefix S		*Street Name U.S. 183		4 Street Suffix										
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc. two lane divided highway, one way														
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																					
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. US Sys.	Hwy. Num. 183	2. Rdwy. Part 1	Block Num. 7900	3 Street Prefix		Street Name Evelyn				4 Street Suffix RD										
	Distance from Int. or Ref. Marker 0.21			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc. two way divided rural road				RRX Num.											
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. mbg1757	VIN 1 3 B 7 K F 2 6 Z 8 Y M 2 2 7 5 4 9															
Veh. Year 2 0 0 0	6. Veh. Color CAM	Veh. Make DODGE				Veh. Model RAM 2500	7 Body Style PK				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 5	DL/ID State	DL/ID Num.		9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 4 / 2 9 / 2 0 0 2															
Address (Street, City, State, ZIP) 155 Apaloosa TRL Dale, TX 78616																						
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1 1	1	1	Aguilar-Martinez, Jesus						A	18	H	1	1	1	1	97	N	96		96	97	97
2 2	2	3	Isaias Aguilar, Joan						N	21	H	1	1	1	1	97	N					
											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 Aguilar-Martinez, Jesus, 155 Apaloosa TRL Dale, TX 78616																					
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. TRINITY / UNITRIN UNIVERSAL Name INS. CO.				Fin. Resp. Num. 4103770															
Fin. Resp. Phone Num. (800) 777-8467					27 Vehicle Damage Rating 1 1 - F C - 3				27 Vehicle Damage Rating 2 9 - L P - 3				Vehicle Inventoried		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By Magic Towing					Towed To 8606 Elevlyn Rd. Buda, TX 78610																	
Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State UN	LP Num.	VIN																
Veh. Year	6. Veh. Color 99	Veh. Make				Veh. Model	7 Body Style TR				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)															
Address (Street, City, State, ZIP)																						
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1 1	1	1	UNKNOWN						99		99	99	99	99	99	97	N	96		96	97	97
											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 UNKNOWN																					
Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.															
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 -				27 Vehicle Damage Rating 2 9 -				Vehicle Inventoried		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By					Towed To																	

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Seton Hays			17E186						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name		Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	<input type="checkbox"/> GVWR										
	Unit Num.	<input type="checkbox"/> RGVW	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> GVWR										
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	1	97	4	2	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>On 01/14/2021 Chief L. Cantu, Police officer for the City of Mustang Ridge, responded to a call for a collision at the 11600 blk of U.S. 183 SB. When He arrived on scene he located a camouflage painted dodge ram pick up truck with heavy drivers side damage on the right side of the roadway. The driver Jesus Aguilar- Martinez was transported to the hospital for non life threatening injuries. According to a witness at the scene Jonathyn Murry, a large truck, possibly a box truck, was weaving and driving unsafely. Jonathyn said vehicle had been traveling in front of him sb on U.S. 183 at the 11000 blk range when it changed lanes in front of him without signaling into the left lane. Then the large truck again changed lanes to the right lane without signaling. Then the large truck hit his brakes causing the pick up driven by Jesus to hit the large truck. Then the large truck continued on before turning on Margo dr and disappearing. Jonathyn had stopped to render aid to Jesus. Jesus's truck was removed from the scene by Magic towing. NOI Entered for Chief L. Cantu 1054 by Officer N. Koger 1074</p>													

INVESTIGATOR	Time Notified (24HR:MM)	1 4 3 6	How Notified Dispatch	Time Arrived (24HRMM)	1 5 0 0	Report Date (MM/DD/YYYY)	01 / 23 / 2021				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Koger III, Norman Charles					ID Num. 1074			
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT					Service/Region/DA	C H		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 01 / 14 / 2021	*Crash Time (24HRMM) 1 4 3 6	Case ID 21-01-0024	Local Use
*County Name TRAVIS		*City Name MUSTANG RIDGE	
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 Rdwy. SH Sys.	*Hwy. Num. 183	2 Rdwy. Part 1	Block Num. 11600	3 Street Prefix S	*Street Name U.S. 183	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc. two lane divided highway, one way

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. US Sys.	Hwy. Num. 183	2. Rdwy. Part 1	Block Num. 7900	3 Street Prefix	Street Name Evelyn	4 Street Suffix RD
Distance from Int. or Ref. Marker 0.21		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc. two way divided rural road		RRX Num.

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. mbg1757	VIN 1 3 B 7 K F 2 6 Z 8 Y M 2 2 7 5 4 9	
Veh. Year 2 0 0 0	6. Veh. Color CAM	Veh. Make DODGE			Veh. Model RAM 2500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 4 / 2 9 / 2 0 0 2	

Address (Street, City, State, ZIP) 155 Apaloosa TRL Dale, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Aguilar-Martinez, Jesus					A	18	H	1	1	1	1	97	N	96	96	97	97	
2	2	3	Isaias Aguilar, Joan					N	21	H	1	1	1	1	97	N					

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 Aguilar-Martinez, Jesus, 155 Apaloosa TRL Dale, TX 78616																		
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. TRINITY / UNITRIN UNIVERSAL Name INS. CO.					Fin. Resp. Num. 4103770											
Fin. Resp. Phone Num. (800) 777-8467					27 Vehicle Damage Rating 1 1 - F C - 3	27 Vehicle Damage Rating 2 9 - L P - 3					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

Towed By Magic Towing					Towed To 8606 Elevlyn Rd. Buda, TX 78610													
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN														
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style														
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Address (Street, City, State, ZIP)																					
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.											
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No								
Towed By					Towed To														

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Seton Hays			17E186						

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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.		
	Carrier's Corp. Name		Carrier's Primary Addr.								30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.		HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions									
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							
	<p>On 01/14/2021 Chief L. Cantu, Police officer for the City of Mustang Ridge, responded to a call for a collision at the 11600 blk of U.S. 183 SB. When He arrived on scene he located a camouflage painted dodge ram pick up truck with heavy drivers side damage on the right side of the roadway. The driver Jesus Aguilar- Martinez was transported to the hospital for non life threatening injuries. According to a witness at the scene Jonathyn Murry, a large truck, possibly a box truck, was weaving and driving unsafely. Jonathyn said vehicle had been traveling in front of him sb on U.S. 183 at the 11000 blk range when it changed lanes in front of him without signaling into the left lane. Then the large truck again changed lanes to the right lane without signaling. Then the large truck hit his brakes causing the pick up driven by Jesus to hit the large truck. Then the large truck continued on before turning on Margo dr and disappearing. Jonathyn had stopped to render aid to Jesus. Jesus's truck was removed from the scene by Magic towing. NOI Entered for Chief L. Cantu 1054 by Officer N. Koger 1074</p>															

INVESTIGATOR	Time Notified (24HR:MM)					How Notified Dispatch			Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)		01 / 15 / 2021			
	1	4	3	6					1	5	0	0				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Cantu, Leonard										ID Num.	1054		
ORI Num.	T	X	2	2	7	2	3	0	0	*Agency MUSTANG RIDGE POLICE DEPARTMENT				Service/Region/DA	C	H



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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) 0 1 / 1 0 / 2 0 2 1				*Crash Time (24HRMM) 0 7 1 3	Case ID HCSO 2021-2061				Local Use																
*County Name HAYS								*City Name UHLAND <input type="checkbox"/> Outside City Limit																	
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 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. 1 Part		Block Num. 6800		3 Street Prefix		* Street Name AIRPORT HIGHWAY 21				4 Street Suffix											
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 60		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.		1 Rdwy. SH		Hwy. Num. 21		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name FM 1966				4 Street Suffix									
Distance from Int. or Ref. Marker 100				<input checked="" type="checkbox"/> FT	<input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S		Reference Marker		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. MXP4218		VIN	2 H K R M	3 H 7 9 G H	5 5 4 0 5 2														
Veh. Year 2 0 1 6	6. Veh. Color RED		Veh. Make HONDA				Veh. Model CR-V				7 Body Style P4		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 42811969		9 DL Class C	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 1 5 / 1 9 8 9																
Address (Street, City, State, ZIP) 111 RIVERWOOD BASTROP, TX 78602																									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																									
Person Num.	12 Psn. Type	13 Seat Position										14 Injury Severity	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	SIFEUENTES, LAURA									A	31	H	2	1	1	5	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	Owner/Lessee																								
<input type="checkbox"/> Lessee	Name & Address SIFEUENTES, LAURA, 111 RIVERWOOD BASTROP, TX 78602																								
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. HOME STATE COUNTY MUTUAL Name INSURANCE CO				Fin. Resp. Num.																			
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt																								
Fin. Resp. Phone Num. 512 321 7555				27 Vehicle Damage Rating 1 2 - R P - 5				27 Vehicle Damage Rating 2 3 - R D - 5				Vehicle Inventoried <input type="checkbox"/> Yes													
Towed By WIMBERLEY TOWING				Towed To WIMBERLEY TOWING YARD																					
Unit Num.	5 Unit Desc.		<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																	
Veh. Year	6. Veh. Color		Veh. Make				Veh. Model				7 Body Style		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State		DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)																
Address (Street, City, State, ZIP)																									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																									
Person Num.	12 Psn. Type	13 Seat Position										14 Injury Severity	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
												Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
<input type="checkbox"/> Owner	Owner/Lessee																								
<input type="checkbox"/> Lessee	Name & Address																								
Proof of Fin. Resp. <input type="checkbox"/> Yes	<input type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																		
Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Exempt																								
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes													
Towed By				Towed To																					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ACENSION SETON HAYS			AMBULANCE						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		
	TELEPHONE POLE SLIGHT DAMAGE			PEC ELECTRIC			1810 FM 150 KYLE, TX 78640		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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			22						4	2	97	1	1	2

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale											
	<p>On 01/10/2021 I, Deputy Abraham Palomo, was dispatched to the area of 6800 Airport Highway 21 for a major motor vehicle accident. I arrived on scene and observed Unit 1 with heavy damage to the driver's side of the vehicle. It appeared Unit 1 was headed south towards San Marcos, the vehicle lost traction and collided with a telephone pole. The operator of Unit 1 was entrapped and suffered serious injuries to her left arm and possibly head and back.</p>																			

INVESTIGATOR	Time Notified (24HR:MM)	0	7	1	3	How Notified	DISPATCH	Time Arrived (24HRMM)	0	7	2	5	Report Date (MM/DD/YYYY)	01/10/2021	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Palomo, Abraham											
	ORI Num.	T	X	1	0	5	0	0	0	0	*	Agency	HAYS COUNTY SHERIFF'S OFFICE	Service/Region/DA	0



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3

*Crash Date (MM/DD/YYYY) 1 2 / 2 4 / 2 0 2 0				*Crash Time (24HRMM) 2   2   4   7				Case ID 3232887						Local Use																					
*County Name CALDWELL								*City Name NIEDERWALD								<input type="checkbox"/> Outside City Limit																			
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) 3   0   ° 0   0   9   0   8				Longitude — (decimal degrees) 0   9   7   ° 7   2   8   3   8																											
ROAD ON WHICH CRASH OCCURRED																																			
*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																							
<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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. FM Sys.				Hwy. Num. 2001		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name												4 Street Suffix											
Distance from Int. or Ref. Marker 25				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker W		Reference Marker		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. NVX9842		VIN K N A F U 4 A 2 8 B 5 4 3 5 0 4 8																							
Veh. Year 2   0   1   1		6. Veh. Color RED		Veh. Make KIA		Veh. Model FORTE		7 Body Style P4														<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 5		DL/ID State		DL/ID Num.		9 DL Class 5		10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY) 0   9   /   2   8   /   1   9   8   9																							
Address (Street, City, State, ZIP) 7377 FM 2001 HWY Lockhart, TX 78644																																			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																			
Person Num.	12 Prsn. Type	13 Seat Position													14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category							
1	1	1	Rafaela, J Ines Aparicio												K	31	H	1	99	99	99	97	N	96		96	97	97							
																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 Rafaela, J Ines Aparicio, 7377 FM 2001 HWY Lockhart, TX 78644																																		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.																												
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1   1   2   -   F   R   -   4				27 Vehicle Damage Rating 2       -   V   B   -   1				Vehicle Inventoried <input type="checkbox"/> Yes		Vehicle Inventoried <input type="checkbox"/> No																					
Towed By Big Boyz Towing				Towed To 500 Willow St., Lockhart, Tx. 78644																															
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. BKI2103		VIN 1 C 4 R J E A G 1 D C 5 8 8 7 1 8																							
Veh. Year 2   0   1   3		6. Veh. Color GRY		Veh. Make JEEP		Veh. Model GRAND CHEROKEE		7 Body Style SV														<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16379300		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0   9   /   2   2   /   1   9   8   2																							
Address (Street, City, State, ZIP) 600 E Sonterra # 5306 ST San Antonio, TX 78258																																			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																			
Person Num.	12 Prsn. Type	13 Seat Position													14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category							
1	1	1	Miranda, Michael												N	38	H	1	1	1	1	97	N	96		96	97	97							
2	2	3	Arellano, Hilda Yvette												N	43	H	2	1	1	1	97	N												
3	2	6	Miranda, Christian												N	31	H	1	1	1	1	97	N												
4	2	5	Arellano, Julianna												C	9	H	2	1	1	1	97	N												
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address Arellano, Jose A., 600 E Sonterra # 5306 ST San Antonio, TX 78258																																		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Geico Insurance Company		Fin. Resp. Num. 4623556810																												
Fin. Resp. Phone Num. 800-207-7847				27 Vehicle Damage Rating 1   6   -   B   L   -   4				27 Vehicle Damage Rating 2       -       -				Vehicle Inventoried <input type="checkbox"/> Yes		Vehicle Inventoried <input type="checkbox"/> No																					
Towed By Johnny's Paint and Body				Towed To 1400 S. Commerce, Lockhart, Tx. 78644																															

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)			
	1	1	Kyle Seton/Central Texas Autopsy			Lockhart EMS/Legend Funeral Home			12 / 24 / 2020			2	3	4	8
	2	4	Refused Transport			Refused Transport									

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name	Carrier's Primary Addr.												
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.					30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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	22						1	2	4	1	1	1	5	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale													
	<p>Unit # 1 was driving east on State Highway 21 approaching the intersection of FM 2001. Unit # 2 was ahead of Unit # 1 and was starting to slow for the traffic light at FM 2001 that was red. Unit # 1 approached Unit # 2 and struck that unit in the rear. Unit # 2 was forced forward and across the intersection of FM 2001 where it came to stop on the south side shoulder facing east. Unit # 1 had spun around and drove into the south side ditch where it burst into fire. The driver of Unit # 1 was found outside of the vehicle next to the drivers side door. Driver of Unit # 2 and a passerby had dragged Unit # 1 driver away from the vehicle and started CPR. Unit # 1 driver was transported to the hospital but passed away from his injuries.</p>																					

INVESTIGATOR	Time Notified (24HR:MM)	2	3	0	0	How Notified CCSO	Time Arrived (24HRMM)	2	3	3	0	Report Date (MM/DD/YYYY)	12 / 27 / 2020		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Jesse L. Amaya												ID Num. 06840
	ORI Num.														Service/Region/DA H P 6 B 1 O

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS





## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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.).

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## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 2 / 1 0 / 2 0 2 0	*Crash Time (24HRMM) 1   3   5   5	Case ID 3213568	Local Use
*County Name CALDWELL		*City Name UHLAND	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 2   9   *   9   4   7   6   2	Longitude - (decimal degrees) 0   9   7   *   7   9   0   5   10

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. LR Sys.	*Hwy. Num.	2 Rdwy. Part 1	Block Num. 100	3 Street Prefix S	*Street Name Old Spanish	4 Street Suffix TRL
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 30	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc. Paved Local Road

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 2720	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.19		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker NE	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 138A4X	VIN J H 2 S C 7 9 5 8 J K 0 0 2 2 6 1	
Veh. Year 2 0 1 8	6. Veh. Color WHI	Veh. Make HONDA			Veh. Model UNKNOWN	7 Body Style MC	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 10094328	9 DL Class BM	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 3 / 0 5 / 1 9 6 4	

Address (Street, City, State, ZIP) 64 S Old Spanish TRL Uhland, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	5	1	Simmons, Trey Del					K	56	W	1	97	97	97	2	N	98	0.226	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 Simmons, Trey Del, 64 S Old Spanish TRL Uhland, TX 78640																		
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name Allstate					Fin. Resp. Num. 886542488												
Fin. Resp. Phone Num. 1 (877) 366-1607					27 Vehicle Damage Rating 1   -   M   C   -   1	27 Vehicle Damage Rating 2   -   -   -   -   -													Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Barrons Wrecker 512-668-4840					Towed To 400 FM 20E, Lockhart, Tx 78648
---------------------------------------	--	--	--	--	---

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																		
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style																		
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

Address (Street, City, State, ZIP)																					
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.														
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1   -   -   -   -   -	27 Vehicle Damage Rating 2   -   -   -   -   -													Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Towed By					Towed To
----------	--	--	--	--	----------

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	Central Texas Autopsy			Tranquil Mortuary Services 512-770-0851			12 / 10 / 2020			1   4   5   6		

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

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address						
	83 Mail Box				Ramirez, Veronica				83 S Old Spanish TRL Uhland, TX 78640						
	80 Mail Box				St. Michael's Catholic Church				80 S Old Spanish TRL Uhland, TX 78640						

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	28 Veh. Oper.	29 Carrier ID Type			Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.												
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	ID Num.	32 HazMat Class Num.			HazMat ID Num.	33 Cargo Body Type				
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type			CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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	60		45											

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale							
	Unit 1 was traveling, at an unsafe speed, east on S. Old Spanish trail approaching a curve in the roadway. Unit 1 was unable to negotiate the curve and left the right side of the roadway into the grass shoulder, striking two mail box's. Unit 1 struck the cement driveway of 83 S. Old Spanish Trail and the driver was thrown from the motorcycle. Unit 1 came to rest on top of the driver in the driveway of the above address. Unit 1's driver was killed. Unit 1's family stated the driver had been known to drink alcohol. An open alcohol container was observed at the driver's address. **Supplement** The Autopsy results revealed the driver of Unit 1 had a BAC of .226 during the time of this crash.																	

INVESTIGATOR	Time Notified (24HR:MM)	1   3   5   9	How Notified				Caldwell Dispatch	Time Arrived (24HRMM)	1   4   2   4	Report Date (MM/DD/YYYY)	01 / 09 / 2021			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				Brieden, Blake			ID Num.	14702			
	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA	H   P	6   B	1   0	



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 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

## IDENTIFICATION &amp; LOCATION

'Crash Date (MM/DD/YYYY) 1 2 / 1 0 / 2 0 2 0			'Crash Time (24HRMM) 1   3   5   5					Case ID 3213568				Local Use									
'County Name CALDWELL								'City Name UHLAND								<input type="checkbox"/> Outside City Limit					
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) 2   9   *   9   4   7   6   2		Longitude (decimal degrees) 0   9   7   *   7   9   0   5   10											

## ROAD ON WHICH CRASH OCCURRED

'1 Rdwy. LR Sys.		'Hwy. Num.		2 Rdwy. Part 1		Block Num. 100		3 Street Prefix S		'Street Name Old Spanish								4 Street Suffix TRL	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane			Speed Limit 30		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc. Paved Local Road							

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Hwy. FM Sys. 1 Rdwy. Num. 2720			2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name								4 Street Suffix	
Distance from Int. or Ref. Marker 0.19			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker NE		Reference Marker		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. 138A4X		VIN	J	H	2	S	C	7	9	5	8	J	K	0	0	2	2	6	1
Veh. Year 2	0	1	8	6. Veh. Color WHI	Veh. Make HONDA		Veh. Model UNKNOWN	7 Body Style MC								Pol., Fire, EMS on Emergency (Explain in Narrative if checked)								
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 10094328		9 DL Class BM	10 CDL End. 96		11 DL Rest. 96	DOB (MM/DD/YYYY) 0		3	/	0	5	/	1	9	6	4					

Address (Street, City, State, ZIP) 64 S Old Spanish TRL Uhland, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	5	1	Simmons, Trey Del												K	56	W	1	97	97	97	2	N	98		96	97	97
																		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.										

<input checked="" type="checkbox"/> Owner	Owner/Lessee																				
<input type="checkbox"/> Lessee	Name & Address Simmons, Trey Del, 64 S Old Spanish TRL Uhland, TX 78640																				
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name Allstate										Fin. Resp. Num. 886542488								
Fin. Resp. Phone Num. 1 (877) 366-1607				27 Vehicle Damage Rating 1   -   M   C   -   1										27 Vehicle Damage Rating 2   -   -   -   -   -							Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Towed By Barrons Wrecker 512-668-4840 Towed To 400 FM 20E, Lockhart, Tx 78648

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																						
Veh. Year	6. Veh. Color		Veh. Make		Veh. Model										7 Body Style								Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type	DL/ID State		DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)		/	/	/	/	/	/	/	/	/	/	/	/	/						

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
																		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.											
<input type="checkbox"/> Owner	Owner/Lessee																												
<input type="checkbox"/> Lessee	Name & Address																												
Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name										Fin. Resp. Num.																

Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1   -   -   -   -   -										27 Vehicle Damage Rating 2   -   -   -   -   -							Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By				Towed To																			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	Central Texas Autopsy			Tranquil Mortuary Services 512-770-0851			12 / 10 / 2020			1   4   5   6		

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address					
	83 Mail Box	80 Mail Box	83 Mail Box	80 Mail Box	Ramirez, Veronica	St. Michael's Catholic Church	83 S Old Spanish TRL Uhland, TX 78640	80 S Old Spanish TRL Uhland, TX 78640					

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name	Carrier's Primary Addr.												
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes No	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes No	Actual Gross Weight		Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60	45			1	1	97	1	4	1	96		

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale						
	Unit 1 was traveling, at an unsafe speed, east on S. Old Spanish trail approaching a curve in the roadway. Unit 1 was unable to negotiate the curve and left the right side of the roadway into the grass shoulder, striking two mail box's. Unit 1 struck the cement driveway of 83 S. Old Spanish Trail and the driver was thrown from the motorcycle. Unit 1 came to rest on top of the driver in the driveway of the above address. Unit 1's driver was killed. Unit 1's family stated the driver had been known to drink alcohol. An open alcohol container was observed at the driver's address.														

INVESTIGATOR	Time Notified (24HR:MM)	1   3   5   9	How Notified	Caldwell Dispatch	Time Arrived (24HRMM)	1   4   2   4	Report Date (MM/DD/YYYY)	12 / 12 / 2020							
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Brieden, Blake			ID Num.	14702							

\*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 2 / 0 9 / 2 0 2 0	*Crash Time (24HRMM) 0 7 3 5	Case ID 20-12-0390	Local Use
*County Name CALDWELL		*City Name MUSTANG RIDGE	
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 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num. 18600	3 Street Prefix	* Street Name CAMINO REAL	4 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 65	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num. 30	3 Street Prefix	Street Name PLEASANT VALLEY	4 Street Suffix LN
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. HWR7212	VIN 1 F T 7 W 2 B T 0 G E D 3 8 1 8 6	
Veh. Year 2 0 1 6	6. Veh. Color WHI	Veh. Make FORD			Veh. Model F250	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 01717350	9 DL Class A	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 1 0 / 2 3 / 1 9 6 3	

Address (Street, City, State, ZIP) 159 DIAMOND G LN SMITHVILLE, TX 78957

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	DAVIS, LEE EARL					A	57	W	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 TEXAS LANDFILL MANAGEMENT, 17126 P O BOX AUSTIN, TX 78760																			
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name FCCI Insurance company					Fin. Resp. Num. CA10000833504												
Fin. Resp. Phone Num. 800-226-3224					27 Vehicle Damage Rating 1 1 - R F Q - 2	27 Vehicle Damage Rating 2 1 - R F Q - 2					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									

Towed By MAGIC TOWING	Towed To 3306 FM1327, Creedmoor, TX 78610
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style														
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Address (Street, City, State, ZIP)	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.												
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 - R F Q - 2	27 Vehicle Damage Rating 2 1 - R F Q - 2					Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No									
Towed By	Towed To																			

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	MEDIC #2			SETON at KYLE						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	ELECTRIC POLE			PEDERNALES ELECTRIC COOPERATIVE				1810 FM 150 KYLE, TX 78640			
	FENCE			PEREZ-BENITEZ, MIGUEL				140 PLEASANT LN DALE, TX 78616			

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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.									
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22	23											

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	On December 9th, 2020, I responded to a single-vehicle collision at the Camino Real and Pleasant Valley Lane intersection. Unit 1 driver was driving Westbound on Camino Real (SH-21) when suddenly exit his lane, striking an electric pole, ran through a barbed wire fencing, went through a land field, and exited on Pleasant Valley Lane, and hit another property fence across the street. EMS transported the driver.								<p>N</p> <p>CAMINO REAL</p> <p>UNIT1</p> <p>P.O.</p> <p>UNIT1</p> <p>UNIT1</p> <p>PLEASANT VALLEY</p> <p>Not To Scale</p>					

INVESTIGATOR	Time Notified (24HR:MM)	0 7 2 3	How Notified Dispatch			Time Arrived (24HRMM)	0 7 4 5	Report Date (MM/DD/YYYY) 12 / 09 / 2020					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) GONZALEZ, PAUL									ID Num. 1069	
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT									Service/Region/DA C H	



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 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 3 of 4

## IDENTIFICATION &amp; LOCATION

'Crash Date (MM/DD/YYYY) 1 2 / 0 9 / 2 0 2 0			'Crash Time (24HRMM) 0 7 3 5			Case ID 20-12-0390			Local Use			
'County Name CALDWELL						'City Name MUSTANG RIDGE						<input type="checkbox"/> Outside City Limit
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 Rdwy. SH Sys.		'Hwy. 21 Num.		2 Rdwy. Part 1		Block Num. 18600		3 Street Prefix		'Street Name CAMINO REAL		4 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 65		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <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 <input checked="" type="checkbox"/> Yes 1 Rdwy. I.R. Sys.		Hwy. Num.		2. Rdwy. Part 1		Block Num. 30		3 Street Prefix		Street Name PLEASANT VALLEY		4 Street Suffix LN	
Distance from Int. or Ref. Marker			<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.		RRX Num.		

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN								
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	

Address (Street, City, State, ZIP)

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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		Name & Address															
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type			Fin. Resp. Name				Fin. Resp. Num.								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No							

Towed By			Towed To																	
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN													
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/

Address (Street, City, State, ZIP)

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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		Name & Address																	
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type			Fin. Resp. Name				Fin. Resp. Num.										
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No									
Towed By			Towed To																

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name				Owner's Address			
	FENCE			JAIMES, JOSE				PLEASANT VALLEY LN DALE, TX 78610			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name			Carrier's Primary Addr.								30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	0   7   2   3	How Notified Dispatch			Time Arrived (24HRMM)	0   7   4   5	Report Date (MM/DD/YYYY) 12 / 09 / 2020					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) GONZALEZ, PAUL									ID Num. 1069	
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency MUSTANG RIDGE POLICE DEPARTMENT						Service/Region/DA	C   H			



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 2 / 0 5 / 2 0 2 0		*Crash Time (24HRMM) 1   7   4   6		Case ID 20-12-0387						Local Use														
	*County Name CALDWELL										*City Name MUSTANG RIDGE										<input type="checkbox"/> Outside City Limit				
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?					<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees) 3   0   *   0   3   0   5   2			Longitude (decimal degrees) 0   9   7   *   6   7   4   4   6															
	<b>ROAD ON WHICH CRASH OCCURRED</b>																								
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix												
	<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.													
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																								
	At <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Int. Sys.			Hwy. Num. 1854		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name										4 Street Suffix			
	Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker			Reference Marker		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. MMZ6338			VIN 1 3 N 1 A B 7 A P 9 G Y 2 8 3 1 6 4																
Veh. Year 2 0 1 6	6. Veh. Color SIL	Veh. Make NISSAN				Veh. Model SENTRA				7 Body Style P4				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 28642439			9 DL Class C	10 CDL End. 96		11 DL Rest. A	DOB (MM/DD/YYYY) 0 5 / 2 9 / 1 9 8 3																
Address (Street, City, State, ZIP) 9101 LA CRESADA DR APT 1921 AUSTIN, TX 78749																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	CUBRIA, MELISA JEAN								C	37	W	2	1	96	5	97	N	98		98	99	99
<input checked="" type="checkbox"/> Owner	Owner/Lessee															Name & Address CUBRIA, MELISA JEAN, 9101 LA CRESADA DR APT 1921 AUSTIN, TX 78749									
<input type="checkbox"/> Lessee																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Fin. Expired	26 Fin. Resp. <input type="checkbox"/> Exempt	Type 2		Fin. Resp. FOREMOST COUNTY MUTUAL INS.				Fin. Resp. Num. 43G01003934301																	
Fin. Resp. <input type="checkbox"/> No					Name CO.																				
Fin. Resp. Phone Num. (800) 527-3907					27 Vehicle Damage Rating 1 1   2   -   F   D   -   4								27 Vehicle Damage Rating 2   -   -   -   -   -   -   -								<input type="checkbox"/> Yes	Vehicle Inventoried		<input type="checkbox"/> No	
Towed By Magic Towing					Towed To 8606 Elevlyn Rd. Buda, TX 78610																				
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. LBV0117			VIN 1 5 T F J U 4 G N 2 F X 0 0 7 8 6 6 7																	
Veh. Year 2 0 1 5	6. Veh. Color RED	Veh. Make TOYOTA				Veh. Model TACOMA				7 Body Style PK				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type 5	DL/ID State	DL/ID Num.			9 DL Class 5	10 CDL End. 5		11 DL Rest. 5	DOB (MM/DD/YYYY) 0 3 / 2 0 / 1 9 7 3																
Address (Street, City, State, ZIP) 166 PALOMA BEND DALE, TX 78616																									
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	MARTINEZ-RIVERA, AMILCAR ANTONIO								N	47	H	2	1	1	1	97	N	96		96	97	97
	2	2	3	ROBLES MARTINEZ, MARIA								A	41	H	2	1	1	2	97	N					
	3	2	6	ROBLES MARTINEZ, IKER								99	0	H	1	1	5	1	97	N					
<input checked="" type="checkbox"/> Owner	Owner/Lessee															Name & Address MARTINEZ, VICTOR MANUEL, 183 LANGTREE DALE, TX 78616									
<input type="checkbox"/> Lessee																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Fin. Expired	26 Fin. Resp. <input type="checkbox"/> Exempt	Type 2		Fin. Resp. PROGRESSIVE (COUNTY MUTUAL)				Fin. Resp. Num. 911665052																	
Fin. Resp. <input type="checkbox"/> No					Name INS. CO.																				
Fin. Resp. Phone Num. (800) 776-4737					27 Vehicle Damage Rating 1 1   6   -   B   D   -   2								27 Vehicle Damage Rating 2 1   2   -   F   D   -   1								<input type="checkbox"/> Yes	Vehicle Inventoried		<input checked="" type="checkbox"/> No	
Towed By					Towed To																				

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENTION SETON HAYS MEDICAL CENTER			CALDWELL COUNTY EMS						
	2	2	ASCENTION SETON HAYS MEDICAL CENTER			CALDWELL COUNTY EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	DWI						20-12-0387		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.							30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit #	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	44	45	20	22	68				2	2	4	2	1	2	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale					
	UNIT 3 STOPPED FOR THE TRAFFIC SIGNAL AT THE INTERSECTION OF SH 21 AND FM 1854. UNIT 3 WAS STOPPED ON FM 1854 WHEN UNIT 2 STOPPED BEHIND THIS UNIT. UNIT 1 FAILED TO STOP FOR THE TWO STOPPED UNITS IMPACTING UNIT 2, WHICH CAUSED THIS UNIT TO IMPACT UNIT 3. UNIT 1 DRIVER THEN WAS TRAPPED INSIDE THE VEHICLE. A WITNESS BROKE THE PASSENGER REAR WINDOW WHICH HELPED UNIT 1'S DRIVER EXIT THE VEHICLE. THIS DRIVER THEN PROCEEDED TO EXIT THE VEHICLE AND PULLED HER PANTS DOWN, EXPOSING HER GENITALS. THE DRIVER THEN RAN TOWARDS THE DITCH ADJACENT TO THE ROADWAY. UNIT 1'S DRIVER AND UNIT 2'S PASSENGER PROCEEDED TO GO TO ASCENSION SETON MEDICAL CENTER VIA EMS. AFTER AN INVENTORY SEARCH OF UNIT 1, BEHIND THE FRONT PASSENGER SEAT INSIDE A COOLER HANGING FROM THE SEAT, WE FOUND AN OPEN CONTAINER OF AN ALCOHOLIC BEVERAGE. ALSO, WE FOUND A VAPOR PEN WITH A GREEN RESIDUE IN THE CARTRIDGE TANK. THE TANK HAD THE LETTERS "THC" MARKED ON THE FRONT, WHICH MADE ME BELIEVE UNIT 1'S DRIVER CONSUMED NARCOTICS DURING OR PRIOR OPERATING HER MOTOR VEHICLE. IN THE EMERGENCY ROOM, UNIT 1'S DRIVER WAS AGGRESSIVE, INCOHERENT, AND UNAWARE OF THE SEVERITY OF THE SITUATION. MEDICAL STAFF INDICATED THEY BELIEVE UNIT 1'S DRIVER UNDER THE INFLUENCE OF ALCOHOL/DRUG. SHE WASN'T ARRESTED AT THE TIME DUE TO HER LEVEL OF INTOXICATION. SHE WASN'T GOING TO BE DISCHARGED UNTIL LATER THAT NIGHT. THIS COLLISION HAS PENDING CHARGES AFTER THE INVESTIGATION IS COMPLETED. LAB RESULTS FOR MELISSA CUBRIA CAME BACK WITH THE FOLLOWING ETHANOL LEVEL: 227 mg/dL. ACCORDING TO LAB TESTING INTERPRETIVE DATA BETWEEN 150-350 mg/dL, THE LEVEL IS TOXIC.	OTHER VEHICLES AHEAD OF UNIT 3 (NOT HIT)	DIRECTION OF TRAVEL	N	Not To Scale											

INVESTIGATOR	Time Notified (24HR:MM)	1	7	4	6	How Notified	Dispatch	Time Arrived (24HRMM)	1	9	1	0	Report Date (MM/DD/YYYY)	01/17/2021
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)		Solis, Hector Alfonso								ID Num.	1062
	ORI Num.	T	X	2	2	7	2	3	0	0	*	Agency	MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 2 / 0 5 / 2 0 2 0				*Crash Time (24HRMM) 1   7   4   6				Case ID 20-12-0387								Local Use												
	*County Name CALDWELL				*City Name MUSTANG RIDGE												Outside City Limit												
	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) 3   0   *   0				Longitude (decimal degrees) 0   9   7   *   6   7   4   4   6																				
	<b>ROAD ON WHICH CRASH OCCURRED</b>																												
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																
	<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																		
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																												
	At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No		1 Rdwy. FM Sys.		Hwy. Num. 1854		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		4 Street Suffix														
	Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.		RRX Num.																
	Unit Num. 3	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. KJD3242		VIN 1 G C G S C E N 9 J 1 1 3 7 9 7 9																					
Veh. Year 2 0 1 8	6. Veh. Color BLU	Veh. Make CHEVROLET				Veh. Model COLORADO				7 Body Style PK		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 07113735				9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 1 / 3 1 / 1 9 7 5																				
Address (Street, City, State, ZIP) 8621 WILEY WAY AUSTIN, TX 78747																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	STUNTZ JR, WAYNE WILFRED												N	45	W	1	1	99	1	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Name & Address STUNTZ JR, WAYNE WILFRED, 8621 WILEY WAY AUSTIN, TX 78747																											
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type 2				Fin. Resp. Name ALLSTATE INS. CO.				Fin. Resp. Num. 000000516649014																	
Fin. Resp. Phone Num. (800) 255-7828								27 Vehicle Damage Rating 1 6 - B D - 1				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Towed By								Towed To																					
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																						
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/						
Address (Street, City, State, ZIP)																													
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
	1	1	1	STUNTZ JR, WAYNE WILFRED												N	45	W	1	1	99	1	97	N	96		96	97	97
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee		Name & Address STUNTZ JR, WAYNE WILFRED, 8621 WILEY WAY AUSTIN, TX 78747																											
Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt				26 Fin. Resp. Type 2				Fin. Resp. Name ALLSTATE INS. CO.				Fin. Resp. Num. 000000516649014																	
Fin. Resp. Phone Num. (800) 255-7828								27 Vehicle Damage Rating 1 - - -				27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Towed By								Towed To																					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)					
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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.							
FACTORS & CONDITIONS	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type						
NARRATIVE AND DIAGRAM	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions								
	Unit #		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
Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale									

<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	1    7    4    6	How Notified Dispatch	Time Arrived (24HRMM)	1    9    1    0	Report Date (MM/DD/YYYY)	0 1 / 1 7 / 2 0 2 1
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Solis, Hector Alfonso				ID Num. 1062
ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT				Service/ Region/DA	C H



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

IDENTIFICATION & LOCATION	'Crash Date (MM/DD/YYYY) 1 2 / 0 5 / 2 0 2 0					'Crash Time (24HRMM) 1   7   4   6					Case ID 20-12-0387								Local Use												
	'County Name CALDWELL					'City Name MUSTANG RIDGE													<input type="checkbox"/> Outside City Limit												
	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) 3   0   *   0   3   0   5   2					Longitude (decimal degrees) 0   9   7   *   6   7   4   4   6																				
	ROAD ON WHICH CRASH OCCURRED																														
	'1 Rdwy. Sys. SH		'Hwy. Num. 21			2 Rdwy. Part 1		Block Num.			3 Street Prefix			'Street Name			4 Street Suffix														
	<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No		1 Rdwy. Sys. FM		Hwy. Num. 1854		2. Rdwy. Part 1		Block Num.			3 Street Prefix			Street Name			4 Street Suffix													
	Distance from Int. or Ref. Marker					<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker			Reference Marker			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. MMZ6338			VIN	3	N	1	A	B	7	A	P	9	G	Y	2	8	3	1	6	4
Veh. Year 2 0 1 6		6. Veh. Color SIL		Veh. Make NISSAN			Veh. Model SENTRA						7 Body Style P4			Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 28642439			9 DL Class C			10 CDL End. 96			11 DL Rest. A			DOB (MM/DD/YYYY) 0   5   /   2   9   /   1   9   8   3															
Address (Street, City, State, ZIP) 9101 LA CRESADA DR APT 1921 AUSTIN, TX 78749																															
VEHICLE, DRIVER, & PERSONS																															
Person Num. 12 Psnl. Type 13 Seat Position Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																															
1 1 1 CUBRIA, MELISA JEAN C 37 W 2 1 96 5 97 N 98 98 99 99																															
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		Name & Address CUBRIA, MELISA JEAN, 9101 LA CRESADA DR APT 1921 AUSTIN, TX 78749																													
<input type="checkbox"/> Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. FOREMOST COUNTY MUTUAL INS. Name CO.			Fin. Resp. Num. 43G01003934301																								
Fin. Resp. Phone Num. (800) 527-3907		27 Vehicle Damage Rating 1   1   2   -   F   D   -   4			27 Vehicle Damage Rating 2   -   -   -   -   -   -   -			Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
Towed By Magic Towing								Towed To 8606 Elevlyn Rd. Buda, TX 78610																							
Unit Num. 2 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX Num. LBV0117 VIN 5 T F J U 4 G N 2 F X 0 7 8 6 6 7																															
Veh. Year 2 0 1 5		6. Veh. Color RED		Veh. Make TOYOTA			Veh. Model TACOMA						7 Body Style PK			Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 5		DL/ID State		DL/ID Num.			9 DL Class 5			10 CDL End. 5			11 DL Rest. 5			DOB (MM/DD/YYYY) 0   3   /   2   0   /   1   9   7   3															
Address (Street, City, State, ZIP) 166 PALOMA BEND DALE, TX 78616																															
VEHICLE, DRIVER, & PERSONS																															
Person Num. 12 Psnl. Type 13 Seat Position Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																															
1 1 1 MARTINEZ-RIVERA, AMILCAR ANTONIO N 47 H 2 1 1 1 97 N 96 96 97 97																															
2 2 3 ROBLES MARTINEZ, MARIA A 41 H 2 1 1 2 97 N																															
3 2 6 ROBLES MARTINEZ, IKER 99 0 H 1 1 5 1 97 N																															
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		Name & Address MARTINEZ, VICTOR MANUEL, 183 LANGTREE DALE, TX 78616																													
<input type="checkbox"/> Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. PROGRESSIVE (COUNTY MUTUAL) Name INS. CO.			Fin. Resp. Num. 911665052																								
Fin. Resp. Phone Num. (800) 776-4737		27 Vehicle Damage Rating 1   6   -   B   D   -   2			27 Vehicle Damage Rating 2   1   2   -   F   D   -   1			Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
Towed By								Towed To																							

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENTION SETON HAYS MEDICAL CENTER			CALDWELL COUNTY EMS						
	2	2	ASCENTION SETON HAYS MEDICAL CENTER			CALDWELL COUNTY EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit #	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	44	45	20	22	68				2	2	4	2	1	2	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale			
	UNIT 3 STOPPED FOR THE TRAFFIC SIGNAL AT THE INTERSECTION OF SH 21 AND FM 1854. UNIT 3 WAS STOPPED ON FM 1854 WHEN UNIT 2 STOPPED BEHIND THIS UNIT. UNIT 1 FAILED TO STOP FOR THE TWO STOPPED UNITS IMPACTING UNIT 2, WHICH CAUSED THIS UNIT TO IMPACT UNIT 3. UNIT 1 DRIVER THEN WAS TRAPPED INSIDE THE VEHICLE. A WITNESS BROKE THE PASSENGER REAR WINDOW WHICH HELPED UNIT 1'S DRIVER EXIT THE VEHICLE. THIS DRIVER THEN PROCEEDED TO EXIT THE VEHICLE AND PULLED HER PANTS DOWN, EXPOSING HER GENITALS. THE DRIVER THEN RAN TOWARDS THE DITCH ADJACENT TO THE ROADWAY. UNIT 1'S DRIVER AND UNIT 2'S PASSENGER PROCEEDED TO GO TO ASCENSION SETON MEDICAL CENTER VIA EMS. AFTER AN INVENTORY SEARCH OF UNIT 1, BEHIND THE FRONT PASSENGER SEAT INSIDE A COOLER HANGING FROM THE SEAT, WE FOUND AN OPEN CONTAINER OF AN ALCOHOLIC BEVERAGE. ALSO, WE FOUND A VAPOR PEN WITH A GREEN RESIDUE IN THE CARTRIDGE TANK. THE TANK HAD THE LETTERS "THC" MARKED ON THE FRONT, WHICH MADE ME BELIEVE UNIT 1'S DRIVER CONSUMED NARCOTICS DURING OR PRIOR OPERATING HER MOTOR VEHICLE. IN THE EMERGENCY ROOM, UNIT 1'S DRIVER WAS AGGRESSIVE, INCOHERENT, AND UNAWARE OF THE SEVERITY OF THE SITUATION. MEDICAL STAFF INDICATED THEY BELIEVE UNIT 1'S DRIVER UNDER THE INFLUENCE OF ALCOHOL/DRUG. SHE WASN'T ARRESTED AT THE TIME DUE TO HER LEVEL OF INTOXICATION. SHE WASN'T GOING TO BE DISCHARGED UNTIL LATER THAT NIGHT. THIS COLLISION HAS PENDING CHARGES AFTER THE INVESTIGATION IS COMPLETED.															

INVESTIGATOR	Time Notified (24HR:MM)	1   7   4   6	How Notified	Dispatch	Time Arrived (24HRMM)	1   9   1   0	Report Date (MM/DD/YYYY)	12 / 06 / 2020
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Solis, Hector Alfonso			ID Num.	1062
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency	MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA	C   H		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 2 / 0 5 / 2 0 2 0		*Crash Time (24HRMM) 1   7   4   6		Case ID 20-12-0387				Local Use														
	*County Name CALDWELL					*City Name MUSTANG RIDGE					<input type="checkbox"/> Outside City Limit												
	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) 3   0   *   0   3   0   5   2					Longitude (decimal degrees) 0   9   7   *   6   7   4   4   6												
	ROAD ON WHICH CRASH OCCURRED																						
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix										
	<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No 1 Rdwy. FM Sys.			Hwy. Num. 1854		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		4 Street Suffix									
	Distance from Int. or Ref. Marker			<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.		RRX Num.											
	Unit Num. 3	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. KJD3242		VIN 1 G C G S C E N 9 J 1 1 3 7 9 7 9															
Veh. Year 2 0 1 8	6. Veh. Color BLU	Veh. Make CHEVROLET				Veh. Model COLORADO		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 07113735		9 DL Class C	10 CDL End. 96		11 DL Rest. A	DOB (MM/DD/YYYY) 0 1 / 3 1 / 1 9 7 5															
Address (Street, City, State, ZIP) 8621 WILEY WAY AUSTIN, TX 78747																							
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	STUNTZ JR, WAYNE WILFRED						N	45	W	1	1	99	1	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	Owner/Lessee																					
	<input type="checkbox"/> Lessee	Name & Address STUNTZ JR, WAYNE WILFRED, 8621 WILEY WAY AUSTIN, TX 78747																					
	Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No			<input type="checkbox"/> Expired <input type="checkbox"/> Exempt			26 Fin. Resp. Type 2		Fin. Resp. Name ALLSTATE INS. CO.				Fin. Resp. Num. 000000516649014										
	Fin. Resp. Phone Num. (800) 255-7828					27 Vehicle Damage Rating 1 6 - B D - 1					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	Towed By					Towed To																	
	Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN															
	Veh. Year	6. Veh. Color	Veh. Make				Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/			
Address (Street, City, State, ZIP)																							
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
											Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.												
	<input type="checkbox"/> Owner	Owner/Lessee																					
	<input type="checkbox"/> Lessee	Name & Address																					
	Proof of <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No			<input type="checkbox"/> Expired <input type="checkbox"/> Exempt			26 Fin. Resp. Type		Fin. Resp. Name				Fin. Resp. Num.										
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - -					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Towed By					Towed To																	

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.						
	Carrier's Corp. Name				Carrier's Primary Addr.									30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	ID Num.	32 HazMat Class Num.		HazMat ID Num.	33 Cargo Body Type					
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1		35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	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	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale						

INVESTIGATOR	Time Notified (24HR:MM)	1   7   4   6	How Notified Dispatch				Time Arrived (24HRMM)	1   9   1   0	Report Date (MM/DD/YYYY) 12 / 06 / 2020						
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Solis, Hector Alfonso											ID Num. 1062	
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency MUSTANG RIDGE POLICE DEPARTMENT										Service/Region/DA	C   H	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 1 / 1 2 / 2 0 2 0	*Crash Time (24HRMM) 0 4 3 4	Case ID 20-11-0352	Local Use
*County Name TRAVIS		*City Name MUSTANG RIDGE	
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 Rdwy. Sys. US	*Hwy. Num. 183	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No	1 Rdwy. Sys. I.R	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name OLD LOCKHART	4 Street Suffix RD
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KXD4817	VIN 1 G C N C N E H 6 J Z 1 4 6 8 5 9	
Veh. Year 2 0 1 8	6. Veh. Color BLK	Veh. Make CHEVROLET			Veh. Model S SERIES	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 20573310	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 8 / 2 4 / 1 9 8 2	

Address (Street, City, State, ZIP) 311 Spotted Horse DR DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	Mier, Jason Cruz						B	38	W	1	1	99	5	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 Mier, Jason Cruz, 311 Spotted Horse DR DALE, TX 78616																			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name GENERAL INSURANCE COMPANY						Fin. Resp. Num. 2009409253											
Fin. Resp. Phone Num. 1-800-771-7758						27 Vehicle Damage Rating 1 1 2 - F D - 5	27 Vehicle Damage Rating 2 - - - -												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Towed By MAGIC TOWING	Towed To MAGIC TOWING YARD
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. DFY3026	VIN 2 G N A L B E K 5 E 6 2 6 4 2 2 5	
Veh. Year 2 0 1 4	6. Veh. Color BLU	Veh. Make CHEVROLET			Veh. Model EQUINOX	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 07980725	9 DL Class B	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 9 / 3 0 / 1 9 5 4	

Address (Street, City, State, ZIP) 709 Lemonmint LOCKHART, TX 78644

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	Pilliam, David Proctor						A	66	W	1	1	99	5	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 Pilliam, David Proctor, 709 Lemonmint LOCKHART, TX 78644																			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name USAA CASUALTY INSURANCE COMPANY						Fin. Resp. Num. 001852906											
Fin. Resp. Phone Num. 18005318222						27 Vehicle Damage Rating 1 6 - B D - 6	27 Vehicle Damage Rating 2 1 2 - F D - 3												Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MAGIC TOWING	Towed To MAGIC TOWING TOW YARD																			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	DELL SETON, HAYS COUNTY			TRAVIS COUNTY EMS						
	2	1	DELL SETON HAYS COUNTY			TRAVIS COUNTY EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		30 Veh. Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	20	19					1	2	4	4	1	1	7
	2	2												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	Unit 2 was traveling North Bound in the left lane on US Hwy 183 in Mustang Ridge Texas. Unit 2 struck a deer just South of the intersection of US HWY 183 and Old Lockhart Rd. Unit 2 came to a stop shortly after the collision with the deer just North of the intersection. Unit 1 was traveling North Bound on US HWY 183 and struck Unit 2 in the left lane. Unit 1 hit Unit 2 with such force that it caused Unit 2 to do a 180 degree spin and roll backwards into a one way sign that was at the 13092 block of US HWY 183. Unit 1 left no break marks on the pavement. Which suggest Unit 1 struck Unit 2 at around 60 MPH. Unit 1 suffered severe front end damage. Unit 2 suffered moderate front end damage and severe damage to the rear of the vehicle. Both drivers were transported to Seton Hospital in Hays County.														

INVESTIGATOR	Time Notified (24HR:MM)	0 4 3 5	How Notified TCSO DISPATCH	Time Arrived (24HRMM)	0 4 4 1	Report Date (MM/DD/YYYY)	1 1 / 1 7 / 2 0 2 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Bishop, Ben			ID Num.	1075
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT	Service/Region/DA	C H		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 1 / 1 0 / 2 0 2 0	*Crash Time (24HRMM) 1   9   0   0	Case ID 20-11-0351	Local Use
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*County Name CALDWELL	*City Name MUSTANG RIDGE	Outside City Limit <input type="checkbox"/>
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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)
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. SH	*Hwy. Num. 21	2 Rdwy. Part 1	Block Num. 18300	3 Street Prefix	*Street Name Camino Real	4 Street Suffix
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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input type="checkbox"/>	Toll Road/ Toll Lane <input type="checkbox"/>	Speed Limit 65	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc. Two lane Divided Highway
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## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No Sys.	1 Rdwy. Hwy. Num. I.R.	2. Rdwy. Part 1	Block Num. 0	3 Street Prefix	Street Name mustang meadow run	4 Street Suffix
--	------------------------	-----------------	--------------	-----------------	--------------------------------	-----------------

Distance from Int. or Ref. Marker	<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc. neighborhood street	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle <input type="checkbox"/>	Hit and Run <input type="checkbox"/>	LP State TX	LP Num. MKV5789	VIN 1 C 4 B J W D G 0 G I 2 7 3 7 7 2
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Veh. Year 2 0 1 6	6. Veh. Color BLK	Veh. Make JEEP	Veh. Model WRANGLER	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/>
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 27397353	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 3 / 0 7 / 1 9 8 6
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Address (Street, City, State, ZIP) 7707 S IH-35 Austin, TX 78744

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	PEREZ, ALONSO EZEQUIEL	K	34	H	1	1	96	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 PEREZ, ALONSO EZEQUIEL, 8905 MILTON LEASE DR Austin, TX 78747														
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2	26 Fin. Name COMPANY	Fin. Resp. Num. 42AU000034900
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Fin. Resp. Phone Num. (888) 663-5443	27 Vehicle Damage Rating 1 1   2   -   F   D   -   6	27 Vehicle Damage Rating 2   -   -   -   -   -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------	--	--	---

Towed By	Towed To
----------	----------

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle <input type="checkbox"/>	Hit and Run <input type="checkbox"/>	LP State TX	LP Num. EXT221	VIN 3 C 6 U R 5 F L 0 G G 1 0 2 3 5 3
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Veh. Year 2 0 1 6	6. Veh. Color BLK	Veh. Make RAM	Veh. Model 2500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/>
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8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 14099747	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 9 / 2 7 / 1 9 8 4
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Address (Street, City, State, ZIP) 1027 CALDER RD DALE, TX 78616

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	DORSETT, CALEY ERIN	A	36	W	2	1	1	5	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 DORSETT, CALEY ERIN, 1027 CALDER RD DALE, TX 78616														
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt Resp. Type 2	26 Fin. Name STATE FARM MUTUAL AUTOMOBILE CO.	Fin. Resp. Num. 390 7454-K12-53 002
---	---	-------------------------------------

Fin. Resp. Phone Num. (800) 252-1932	27 Vehicle Damage Rating 1 1   2   -   F   D   -   4	27 Vehicle Damage Rating 2   -   -   -   -   -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------	--	--	---

Towed By	Towed To
----------	----------

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	TRAVIS COUNTY MEDICAL EXAMINERS OFFICE			O'BANNON FUNERAL HOME			11 / 10 / 2020		1	9
	2	1	Seton Hays			CCSO EMS					0	2

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name											
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.			33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	2	2	2	4	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale											
	<p>Tavera Jose Luis was waiting to turn left against traffic from SH-21 onto the Mustang meadow run when Alonso Perez driving his black jeep, came up from behind. Alonso for reasons unknown at this time, attempted to avoid hitting the black camaro and instead of turning right toward the shoulder turned left into the oncoming east bound lane of Sh-21. When Alonso did this his jeep was now on a collision course with the Black Dodge Ram 2500 driven by Caley Dorsett. When Alonso impacted head on with the Dodge the pick up was launched into the air and it flipped over, Alonsos vehicle spun around presumably hitting the camaro before coming to rest facing East Bound on Sh21 in front of the camaro. Alonso was found partially ejected, but still attached to his vehicle. He was found hanging out of where the drivers door used to be.</p>																			

INVESTIGATOR	Time Notified (24HR:MM)	1   9   0   9	How Notified Dispatch	Time Arrived (24HRMM)	1   9   1   9	Report Date (MM/DD/YYYY)	11 / 10 / 2020							
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Koger III, Norman Charles				ID Num.	1074					
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency	MUSTANG RIDGE POLICE DEPARTMENT		Service/Region/DA	C   H							



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

**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 3 of 4

*Crash Date (MM/DD/YYYY) 1 1 / 1 0 / 2 0 2 0				*Crash Time (24HRMM) 1 9 0 0				Case ID 20-11-0351				Local Use																																																																																																																																																				
*County Name CALDWELL				*City Name MUSTANG RIDGE								Outside City Limit																																																																																																																																																				
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)																																																																																																																																																								
<b>ROAD ON WHICH CRASH OCCURRED</b>																																																																																																																																																																
*1 Rdwy. Sys.		*Hwy. Num. 21		2 Rdwy. Part 1		Block Num. 18300		3 Street Prefix		* Street Name Camino Real				4 Street Suffix																																																																																																																																																		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 65		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc. Two lane Divided Highway																																																																																																																																																				
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																																																																																																																																																																
At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No Sys.				1 Rdwy. LR Hwy. Num.		2. Rdwy. Part 1		Block Num. 0		3 Street Prefix		Street Name mustang meadow run				4 Street Suffix																																																																																																																																																
Distance from Int. or Ref. Marker				<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc. neighborhood street				RRX Num.																																																																																																																																																		
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		VIN 2 G 1 F C 1 E 3 X C 9 1 2 2 0 9 9		Num. 8388E3																																																																																																																																																				
Veh. Year 2 0 1 2		6. Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model CAMARO		7 Body Style P2						Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																																		
8 DL/ID Type 5		DL/ID State		DL/ID Num.		9 DL Class 5		10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY) 0 1 / 0 5 / 2 0 0 3																																																																																																																																																				
Address (Street, City, State, ZIP) 149 ARABIAN STALLION RUN DALE, TX 78616																																																																																																																																																																
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th colspan="8">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>15 Ethnicity</th> <th>Age</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr><td>1</td><td>1</td><td>1</td><td colspan="8">TAVERA, JOSE LUIS</td><td>N</td><td>17</td><td>H</td><td>1</td><td>1</td><td>1</td><td>1</td><td>97</td><td>N</td><td>96</td><td>96</td><td>97</td><td>97</td></tr> <tr><td></td><td></td><td></td><td colspan="8"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td colspan="8"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td colspan="8"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td colspan="8"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p style="text-align: right;">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</p>																Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	15 Ethnicity	Age	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	TAVERA, JOSE LUIS								N	17	H	1	1	1	1	97	N	96	96	97	97																																																																																																
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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ORTIZ-RAMIREZ, JUAN MANUEL, 149 ARABIAN STALLION RUN DALE, TX 78616																																																																																																																																																														
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt				26 Fin. Resp. Type				Fin. Resp. Name				Fin. Resp. Num.																																																																																																																																																				
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 7 - I B Q - 2				27 Vehicle Damage Rating 2								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																
Towed By				Towed To																																																																																																																																																												
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																																																																																																																																																				
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model		7 Body Style						Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																																		
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																																																																																																																				
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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address																																																																																																																																																														
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Exempt				26 Fin. Resp. Type				Fin. Resp. Name				Fin. Resp. Num.																																																																																																																																																				
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																
Towed By				Towed To																																																																																																																																																												

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name				Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight	<input type="checkbox"/> No	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	1   9   0   9	How Notified Dispatch	Time Arrived (24HRMM)	1   9   1   9	Report Date (MM/DD/YYYY)	1 1 / 1 0 / 2 0 2 0					
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Koger III, Norman Charles					ID Num.	1074			
	ORI Num.	T   X   2   2   7   2   3   0   0	*Agency MUSTANG RIDGE POLICE DEPARTMENT					Service/Region/DA	C   H			



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 1 / 0 1 / 2 0 2 0				*Crash Time (24HRMM) 0 1 5 6		Case ID 20-57655				Local Use																			
	*County Name HAYS				*City Name SAN MARCOS										<input type="checkbox"/> Outside City Limit															
	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)																					
	<b>ROAD ON WHICH CRASH OCCURRED</b>																													
	*1 Rdwy. I.R Sys.		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 700		3 Street Prefix		*Street Name River		4 Street Suffix RD																	
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																		
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																													
	At <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Int. Sys.			1 Rdwy. I.R Hwy. Num.		2. Rdwy. Part 1		Block Num. 600		3 Street Prefix		Street Name Sturgeon		4 Street Suffix DR																
	Distance from Int. or Ref. Marker			<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.		RRX Num.																		
	Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State UN	LP Num.		VIN																						
Veh. Year	6. Veh. Color 99	Veh. Make				Veh. Model				7 Body Style 99		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																		
8 DL/ID Type 99	DL/ID State UN	DL/ID Num.				9 DL Class 99	10 CDL End. 99	11 DL Rest. 99	DOB (MM/DD/YYYY)	/	/	/	/	/																
Address (Street, City, State, ZIP)																														
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
	1	1	1	UNKNOWN, UNKNOWN								99		99	99	99	99	99	99	97	N	96		96	97	97				
													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 <input type="checkbox"/> Yes <input type="checkbox"/> No Expired Fin. Resp. <input type="checkbox"/> Exempt			26 Fin. Resp. Type			Fin. Resp. Name				Fin. Resp. Num.																			
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2												Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Towed By					Towed To																								
	Unit Num. 2	5 Unit Desc. 4	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.		VIN																						
	Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
	8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 38466170				9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY)	0	7	/	2	0	/	1	9	9	8										
Address (Street, City, State, ZIP) 916 Petmecky LN San Marcos, TX 78666																														
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category					
	1	4	16	Mccollum, David Hunter								A	22	W	1	97	97	97	97	97	N	96		96	97	97				
													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 <input type="checkbox"/> Yes <input type="checkbox"/> No Expired Fin. Resp. <input type="checkbox"/> Exempt			26 Fin. Resp. Type			Fin. Resp. Name				Fin. Resp. Num.																			
	Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1				27 Vehicle Damage Rating 2												Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Towed By					Towed To																								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	2	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.										<input type="checkbox"/> 30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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
	2	98						1	3	2	1	4	1	8

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	<p>McCollum originally said he had been crossing from the 600 block of Sturgeon Dr. onto the 700 block of River Rd. An unknown vehicle, described only as a silver/gray passenger car struck him from the side after it had turned onto River Rd from Sturgeon Dr. It was later determined off McCollum's own admission, he had been involved in a theft at a nearby store and had been driving away from the scene believing he was being followed in a vehicle from someone at the store. McCollum said he got out of his vehicle and stood in the middle of the road with his arms up to stop the other vehicle from following his girlfriend in their vehicle home. McCollum was hit by the vehicle from the front, rolled over the vehicle and then under it. The vehicle did not stop and there was no other witnesses to the incident.</p>								<p>Not To Scale</p>					

INVESTIGATOR	Time Notified (24HR:MM)	0 1 5 8	How Notified Dispatched	Time Arrived (24HRMM)	0 2 0 0	Report Date (MM/DD/YYYY)	1 1 / 0 5 / 2 0 2 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Williamson, J			ID Num.	13292
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency SAN MARCOS POLICE DEPARTMENT	Service/Region/DA	0 0		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 10 / 16 / 2020		*Crash Time (24HRMM) 2   1   1   2		Case ID						Local Use														
	*County Name HAYS										*City Name														
	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) 3   0   *   0   0   8   0   0   0					Longitude (decimal degrees) 0   9   7   *   7   3   0   0   0   0									
	ROAD ON WHICH CRASH OCCURRED																								
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.			3 Street Prefix			*Street Name			4 Street Suffix									
	<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		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.			1 Rdwy. FM Hwy. Num. 2001		2. Rdwy. Part 1		Block Num.			3 Street Prefix			Street Name			4 Street Suffix								
	Distance from Int. or Ref. Marker 600			<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker SW		Reference Marker			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. KSM8295			VIN 1   3   G   N   E   C   1   6   Z   2   3   G   1   0   7   0   1   7																
Veh. Year 2   0   0   3	6. Veh. Color GRN	Veh. Make CHEVROLET				Veh. Model SUBURBAN				7 Body Style SV			Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type 5	DL/ID State	DL/ID Num.				9 DL Class 5	10 CDL End. 5			11 DL Rest. 5	DOB (MM/DD/YYYY) 1   2   /   1   5   /   1   9   8   7														
Address (Street, City, State, ZIP) 211 LOOKOUT RIDGE LOOP SAN MARCOS, TX 78666																									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	AGUILAR ESCAMILLA, CHRISTOPHER									A	32	H	1	1	1	1	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	Owner/Lessee																								
<input type="checkbox"/> Lessee	Name & Address PLATA, MELISSA A, 11623 POPPY SANDS SAN ANTONIO, TX 78245																								
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																			
Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	Resp. Type																								
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1   2   -   R   &   T   -   4					27 Vehicle Damage Rating 2   -   -   -   -   -   -   -					Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
Towed By HARPER'S TOWING 512-858-1350					Towed To 141 S CANYONWOOD DR DRIPPING SPRINGS, TX																				
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.			VIN																	
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model				7 Body Style			Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.			11 DL Rest.	DOB (MM/DD/YYYY) 1   2   /   1   5   /   1   9   8   7														
Address (Street, City, State, ZIP)																									
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																									
<input type="checkbox"/> Owner	Owner/Lessee																								
<input type="checkbox"/> Lessee	Name & Address																								
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																			
Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	Resp. Type																								
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1   -   -   -   -   -   -   -					27 Vehicle Damage Rating 2   -   -   -   -   -   -   -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Towed By					Towed To																				

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS			HAYS CO EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight		Total Num. Axles	<input type="checkbox"/> Yes

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Unit 1 was traveling NE on SH 21. Unit 1 was traveling at an unsafe speed, traveled off the west side of SH 21, and rolled over on its right side. Unit 1 came to rest facing west off the west side of SH 21.													

INVESTIGATOR	Time Notified (24HR:MM)	2   1   1   2	How Notified DPS COMM SAN ANTONIO				Time Arrived (24HRMM)	2   1   3   2	Report Date (MM/DD/YYYY) 10 / 31 / 2020						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Rivera, Joseph M							ID Num.	13404				
	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA	H	P	6	B	0



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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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

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	ASCENSION SETON HAYS			HAYS CO EMS						

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight		Total Num. Axles	<input type="checkbox"/> Yes

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60						1	2	97	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Unit 1 was traveling NE on SH 21. Unit 1 was traveling at an unsafe speed, traveled off the west side of SH 21, and rolled over on its right side. Unit 1 came to rest facing west off the west side of SH 21.													

INVESTIGATOR	Time Notified (24HR:MM)	2   1   1   2	How Notified DPS COMM SAN ANTONIO				Time Arrived (24HRMM)	2   1   3   2	Report Date (MM/DD/YYYY) 10 / 18 / 2020				
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Rivera, Joseph M									ID Num. 13404	
	ORI Num.					*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H   P   6   B   0   6	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 1 0 / 1 6 / 2 0 2 0	*Crash Time (24HRMM) 0 0 4 5	Case ID	Local Use
*County Name HAYS		*City Name	
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) 2 9 * 9 7 6 6 1	
		Longitude - (decimal degrees) 0 9 7 * 7 9 3 3 12	

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. CR Sys.	*Hwy. Num. 127	2 Rdwy. Part 1	Block Num.	3 Street Prefix	*Street Name HIGH	4 Street Suffix RD
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 40	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name SUNNY RIDGE	4 Street Suffix DR
Distance from Int. or Ref. Marker 5		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SE	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MKV8986	VIN W A 1 V A A F 7 1 K D 0 2 4 2 2 8
-------------	----------------	----------------	-------------	-------------	-----------------	---------------------------------------

Veh. Year 2 0 1 9	6. Veh. Color WHI	Veh. Make AUDI	Veh. Model Q7	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
-------------------	-------------------	----------------	---------------	-----------------	--

8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 1 / 1 7 / 2 0 0 4
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Address (Street, City, State, ZIP) 8900 N IH 35 APT#2025 AUSTIN, TX 78753

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	MARMOLEJO-RAMIREZ, JUSTIN ENRIQUE	B	16	H	1	2	96	2	97	N	3	0	3	1	8
2	2	3	ACOSTA SOLORIZANO, MARC ANTHONY	K	14	H	1	2	96	2	97	N					
																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input checked="" type="checkbox"/> Owner	Owner/Lessee
<input type="checkbox"/> Lessee	Name & Address OVERHAUSER, CHAD MICHAEL, 8220 DENALI PKWY AUSTIN, TX 78726

Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name LIBERTY COUNTY MUTUAL	Fin. Resp. Num. Y8226609
--	----------------------	---------------------------------------	--------------------------

Fin. Resp. Phone Num. (800) 225-2467	27 Vehicle Damage Rating 1 1 2 - L & T - 6	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	--	--------------------------------------	---

Towed By SOUTHWEST TOWING (512) 392-4442	Towed To 211 B WEST GROVE ST, SAN MARCOS, TX
--	--

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /
--------------	-------------	------------	------------	-------------	-------------	------------------------------

Address (Street, City, State, ZIP)

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
																	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input type="checkbox"/> Owner	Owner/Lessee
<input type="checkbox"/> Lessee	Name & Address

Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
--	--------------------	-----------------	-----------------

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - - - -	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Towed By Towed To

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	ASCENSION SETON HAYS			HAYS COUNTY EMS								
	1	2	1515 S. COMMERCE ST, LOCKHART, TX			CENTRAL TEXAS AUTOPSY			10 / 16 / 2020			0   1   5   3		

CHARGES	Unit Num.	Prsn. Num.	Charge								Citation/Reference Num.			
	1	1	Manslaughter								TX5V1F0TSHTS			
	1	1	Fail To Stop and Render Aid (Resulting in Death)								TX5V1F0TSHTS			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name	Carrier's Primary Addr.								30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	60			68					1	3	97	1	1

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	Unit #1 was traveling NW on CR 127 High Rd. The driver of #1 was traveling at an UNSAFE SPEED and lost control of the vehicle. Unit #1 went off the roadway to the left, hit a culvert, and began to roll end over end. Both driver and passenger were ejected from #1 before it came to a final stop. Crash data recorder showed unit #1 speeding as high as 104 mph just 4 seconds prior to the crash. Driver fled the scene and was later located at Ascension Seton Hays Hospital in Kyle. Driver was positive for cannabis. Autopsy results pending for passenger.								Private Drive CR 127 High Rd Marc Soforzano Culvert Sunny Ridge Dr					

INVESTIGATOR	Time Notified (24HR:MM)	0 0 5 1	How Notified DPS COMM-AUSTIN	Time Arrived (24HRMM)	0 1 3 0	Report Date (MM/DD/YYYY)	12 / 20 / 2020
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) SIFUENTES, JOSE A.			ID Num.	13696
	ORI Num.					*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 10 / 16 / 2020		*Crash Time (24HRMM) 0 2 1 6		Case ID 20-54475		Local Use																						
	*County Name HAYS				*City Name SAN MARCOS				<input type="checkbox"/> Outside City Limit																				
	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)																						
	<b>ROAD ON WHICH CRASH OCCURRED</b>																												
	*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	1	Block Num. 1400	3 Street Prefix	* Street Name Clarewood	4 Street Suffix RD																					
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit	30	Const. Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.																			
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																												
	At Int. <input checked="" type="checkbox"/> Yes	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	1	Block Num. 600	3 Street Prefix	Street Name Bugg			4 Street Suffix LN																		
	Distance from Int. or Ref. Marker 377			<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker W	Reference Marker	Street Desc.	RRX Num.																					
	<input type="checkbox"/> MI																												
Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 111D4U	VIN 1 H D 1 K B C 1 9 J B 6 2 8 0 7 5																							
Veh. Year 2 0 1 8	6. Veh. Color BLK	Veh. Make HARLEY-DAVIDSON			Veh. Model FLHX	7 Body Style MC				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																			
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 24473249	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 0 2 / 1 9 9 1																							
Address (Street, City, State, ZIP) 3114 LAZY LAKE DR HARLINGEN, TX 78550																													
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category								
1	5	1	GONZALEZ, JUAN RUPERTO					A	29	H	1	97	97	97	1	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	Owner/Lessee Name & Address SLC TRUST LESSOR, 1855 GRIFFIN RD DANIA BEACH 33004																												
<input type="checkbox"/> Lessee																													
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired	26 Fin. Resp. Type 2	Fin. Resp. Dairyland County Mutual Name Insurance Compan					Fin. Resp. Num. 11405474582																						
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt																													
Fin. Resp. Phone Num. 210-525-1863					27 Vehicle Damage Rating 1	-	R	P	-	2	27 Vehicle Damage Rating 2	-	L	P	-	2	Vehicle Inventoried <input type="checkbox"/> Yes												
Towed By ACE'S HIGH ROLLER TOWING					Towed To 1316 HIGHWAY 123 SAN MARCOS TX 78666															<input type="checkbox"/> No									
Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN																							
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model														7 Body Style										
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/						
Address (Street, City, State, ZIP)																													
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category								
										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																			
<input type="checkbox"/> Owner	Owner/Lessee Name & Address																												
<input type="checkbox"/> Lessee																													
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.																						
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt																													
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1	-	R	P	-	2	27 Vehicle Damage Rating 2	-	L	P	-	2	Vehicle Inventoried <input type="checkbox"/> Yes												
Towed By					Towed To																<input type="checkbox"/> No								

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Christus Santa Rosa			Witnesses						

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

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name			Carrier's Primary Addr.							30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22						1	2	97	1	4	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					
	UNIT 1 WAS TRAVELING IN THE 1400 BLK CLAREWOOD DR GOING TOWARDS BUGG LN. UNIT 1 ATTEMPTED TO BRAKE CAUSING TIRE MARKS IN THE MIDDLE OF THE ROAD RIGHT BEFORE THE TURN. UNIT 1 LOST CONTROL OF THE BIKE INDICATED BY THE SCRAPES CAUSED WHEN THE BIKE LAID DOWN ON THE PAVEMENT. UNIT 1'S DRIVER WAS UNSEATED, STRUCK THE ROCKS AND CAME TO A STOP IN THE MIDDLE OF THE ENTRANCE TO 1400 CLAREWOOD DR. UNIT1'S DRIVER BLEED AND WAS PICKED UP BY WITNESSES AND TAKEN TO THE LOCAL HOSPITAL. UNIT 1'S BIKE CAME TO A STOP ON THE OTHER SIDE OF THE ENTRANCE TO THE APARTMENT.								<p>Not To Scale</p> <p>1400 Blk Clarewood Dr</p> <p>Entrance to 1400 Clarewood Dr (Clarewood Apts)</p> <p>POI</p> <p>N</p>					

INVESTIGATOR	Time Notified (24HR:MM)	0   2   1   6	How Notified Dispatched			Time Arrived (24HRMM)	0   2   2   3	Report Date (MM/DD/YYYY) 10 / 16 / 2020				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Bennett, Caitlyn								ID Num. 13023	
	ORI Num.	T   X   1   0   5   0   1   0   0	*Agency SAN MARCOS POLICE DEPARTMENT					Service/Region/DA	0   0			



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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) 09 / 18 / 2020	*Crash Time (24HRMM) 0 9 4 5	Case ID 20-49188	Local Use	
*County Name HAYS		*City Name SAN MARCOS		<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude - (decimal degrees)

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 80 Num.	2 Rdwy. Part 1	Block Num. 1000	3 Street Prefix	*Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 35	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. I.R. Sys.	Hwy. Num.	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name Clarewood	4 Street Suffix DR
Distance from Int. or Ref. Marker 500		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. LJJ9082	VIN 1 2 H N Y D 1 8 9 4 5 H 5 1 1 5 9 4	
Veh. Year 2 0 0 5	6. Veh. Color GRY	Veh. Make ACURA			Veh. Model MDX	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 13946152	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 0 5 / 1 9 / 1 9 6 6	

Address (Street, City, State, ZIP) 1905 River RD San Marcos, TX 78666

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Calderon, Steve Mendoza					A	54	H	1	1	1	3	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 Sterns, Donna, 902 Stewart DR Hutto, TX 78634																			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Fin. Expired	26 Fin. Exempt	Fin. Resp. Resp. Type 2	Fin. Resp. Name Home State County Mutual					Fin. Resp. Num. TXA01687068-00												
Fin. Resp. Phone Num. 866-424-9514					27 Vehicle Damage Rating 1	-	R	F	Q	-	4	27 Vehicle Damage Rating 2	-	-	-	Vehicle Inventoried <input type="checkbox"/> Yes				

Towed By COMAL TOWING Towed To 1702 S IH 35, SAN MARCOS TX 78666

Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. BG56153	VIN 1 3 D 7 K A 2 6 C 4 4 G 2 8 1 0 0 4	
Veh. Year 2 0 0 4	6. Veh. Color SIL	Veh. Make DODGE			Veh. Model RAM 2500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 02763338	9 DL Class CM	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 1 / 1 0 / 1 9 5 1	

Address (Street, City, State, ZIP) 1271 Landing WAY Trinity, TX 75862

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Crone, Ronald Roy					N	69	W	1	1	1	97	N	96		96	97	97	
2	2	3	Crone, Sharon					B	66	W	2	1	1	1	97	N					
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 Crone, Ronald Roy, 1271 Landing WAY Trinity, TX 75862																
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Fin. Expired	26 Fin. Exempt	Fin. Resp. Hochheim Prairie Casualty Name Insurance	Fin. Resp. Num. 005956658														
Fin. Resp. Phone Num. 888-473-6256					27 Vehicle Damage Rating 1	-	F	I	-	3	27 Vehicle Damage Rating 2	-	-	-	Vehicle Inventoried <input type="checkbox"/> Yes		

Towed By TEXAS WRECKER AND TOWING Towed To 211 W. GROVE ST. SAN MARCOS TX 78666

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						
	2	2	SETON HAYS MEDICAL CENTER			HAYS COUNTY E.M.S.						

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

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
Carrier's Corp. Name	Carrier's Primary Addr.								30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	37						1	1	97	1	1	1	17

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 west on SH 80. Unit 2 was traveling east on SH 80 in the right lane. Unit 1 entered the center turn lane and began a left turn into a private drive in the 1000 block. In doing so, Unit 1 failed to yield the right of way to Unit 2.</p>											

INVESTIGATOR	Time Notified (24HR:MM)	0 9 4 7	How Notified Dispatched	Time Arrived (24HRMM)	0 9 5 4	Report Date (MM/DD/YYYY)	0 9 / 1 8 / 2 0 2 0	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.			12121	
	ORI Num.	T X 1 0 5 0 1 0 0	*Agency	SAN MARCOS POLICE DEPARTMENT			Service/Region/DA	0 0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 10 / 2020	*Crash Time (24HRMM) 1 4 0 0	Case ID 20-09-0273	Local Use
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*County Name CALDWELL	*City Name MUSTANG RIDGE	Outside City Limit
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes	Latitude (decimal degrees)	Longitude - (decimal degrees)
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## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. Hwy. Num. 183	2 Rdwy. Part 1	Block Num. 10700	3 Street Prefix S	*Street Name 183	4 Street Suffix FWY
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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No	Street Desc. two land divided highway
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## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.	1 Rdwy. Hwy. Num. 183	2. Rdwy. Part 1	Block Num. 16500	3 Street Prefix	Street Name SH-21	4 Street Suffix
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Distance from Int. or Ref. Marker 473	<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc. two lane divided highway	RRX Num.
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Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. Ekm0659	VIN 1 F M D U 7 2 E 2 1 Z A 2 4 1 2 3
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Veh. Year 2 0 0 1	6. Veh. Color WHI	Veh. Make FORD	Veh. Model EXPLORER	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 09201199	9 DL Class C	10 CDL End. 96	11 DL Rest. 96 DOB (MM/DD/YYYY) 0 8 / 0 5 / 1 9 5 4

Address (Street, City, State, ZIP) 590 FM-697 BUDA, TX 78610					
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	WOOD, ROBIN ROY				A	66	W	1	1	96	1	97	N	96	96	97	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																				

<input checked="" type="checkbox"/> Owner	Owner/Lessee																
<input type="checkbox"/> Lessee	Name & Address WOOD, ROBIN ROY, 590 FM-697 BUDA, TX 78610																

Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 3 - R & T - 2	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes
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Towed By Magic Towing			Towed To 8606 Evelyn Rd. Buda, TX 78610	Vehicle Inventoried <input type="checkbox"/> No
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
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Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / /
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Address (Street, City, State, ZIP)					
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																				
<input type="checkbox"/> Owner	Owner/Lessee																			
<input type="checkbox"/> Lessee	Name & Address																			

Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 - - -	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes
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Towed By			Towed To
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)				
	1	1		ST. DAVIDS SOUTH			16E173									
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	28 Veh. Oper.	29 Carrier ID Type		Carrier ID Num.						
	Carrier's Corp. Name			Carrier's Primary Addr.									30 Veh. Type			
	31 Bus Type		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.		HazMat ID Num.	33 Cargo Body Type				
	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				Total Num. Axles				
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	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
										2	1	97	4	3	1	17
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)						Field Diagram - Not to Scale									
	<p>On 09/10/2020 at approximately 1400 hrs, Robin Roy Wood was traveling south bound on S. U.S. Hwy. 183 SB when he lost control of his vehicle for an unknown reason and rolled over into the median between SH 130 and Hwy 183. Upon arriving on scene two hand guns were recovered in the crash, along with a significant number of open and sealed beer cans, with a strong Oder of Alcohol emanating from the vehicle. Robin Roy Wood was transported from the scene by EMS to St. Davids Hospital South. The Vehicle was transported by Magic Towing to their impound yard at 8606 evelyn rd.</p>						<p>Not To Scale</p>									

INVESTIGATOR	Time Notified (24HR:MM)	1    4    0    0	How Notified Dispatch	Time Arrived (24HRMM)	1    4    1    6	Report Date (MM/DD/YYYY)	0 9 / 1 4 / 2 0 2 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Koger III, Norman Charles				ID Num. 1074
	ORI Num.	T X 2 2 7 2 3 0 0	*Agency MUSTANG RIDGE POLICE DEPARTMENT				Service/ Region/DA



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 05 / 2020	*Crash Time (24HRMM) 1 6 3 8	Case ID 3087811	Local Use
*County Name CALDWELL		*City Name	
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) 2 9 * 9 5 1 7 7	Longitude (decimal degrees) 0 9 7 * 7 9 4 4 1

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<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	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 2720	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.3		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. R458249	VIN 1 F U J B B C K 0 7 L V 7 5 4 5 1
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Veh. Year 2 0 0 7	6. Veh. Color 98	Veh. Make FREIGHTLINER	Veh. Model CONVENTIONAL	7 Body Style TT	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 13206415	9 DL Class A	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 0 2 / 0 7 / 1 9 6 7
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Address (Street, City, State, ZIP) 122 Fantasia ST San Antonio, TX 78216

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Escobar, Marc	C	53	H	1	1	1	97	97	N	96	96	97	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

<input checked="" type="checkbox"/> Owner	Owner/Lessee	Name & Address Garza, Victor, 3810 Copper Bend RD Laredo, TX 78045													
<input type="checkbox"/> Lessee															

Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	Fin. Resp. Name Knight Specialty Insurance Co.	Fin. Resp. Num. WGTTX000495-01
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Fin. Resp. Phone Num. 800-211-2860	27 Vehicle Damage Rating 1 1 2 - F L - 4	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By Southwest Towing	Towed To 211 Grove Ste B., San Marcos, Tx. 78666
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Unit Num. 2	5 Unit Desc. 6	Parked Vehicle	Hit and Run	LP State OK	LP Num. AH7457	VIN 1 J J V 5 3 2 W 6 4 L 8 8 5 0 8 3
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Veh. Year 2 0 0 4	6. Veh. Color WHI	Veh. Make WABASH NATIONAL CORP	Veh. Model UNKNOWN	7 Body Style TL	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / / / / / /
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Address (Street, City, State, ZIP)															
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Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
<input checked="" type="checkbox"/> Owner	Owner/Lessee	Name & Address Garza, Victor, 3810 Copper Bend RD Laredo, TX 78045															
<input type="checkbox"/> Lessee																	

Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Resp. <input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt	Fin. Resp. Name Knight Specialty Insurance Co.	Fin. Resp. Num. WGTTX000495-01
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Fin. Resp. Phone Num. 800-211-2860	27 Vehicle Damage Rating 1 - - - -	27 Vehicle Damage Rating 2 - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By Southwest Towing	Towed To 211 Grove Ste. B, San Marcos, Tx. 78666
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Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Refused Transport	Refused transport		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Fail to Drive in Single Lane	TX5TZJ0PXS8L

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	28 Veh. Oper.	2	29 Carrier ID Type	1	Carrier ID Num.	02277237	
	Carrier's Corp. Name	Fire Sky Transport Inc.											
	Carrier's Primary Addr.	302 Pico RD Laredo, TX 78045											
	31 Bus Type	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	8   0   0   0   0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type	
	Unit Num.	2	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	1   6   0   0   0	34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	
	Sequence Of Events	35 Seq. 1	2	35 Seq. 2	13	35 Seq. 3	98	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	70						2	1	97	1	5	2	12

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale				
	Unit # 1 towing Unit # 2 was driving east on State Highway 21. Unit # 3 was driving west of State Highway 21 approaching Unit # 1 and # 2 location. Unit # 1 had failed to maintain it's lane and crossed the double yellow line into the west bound lane. Unit # 3 was unable to react as the units met and Unit # 3 was struck in the left front side. Unit # 3 was forced back onto the north side bar ditch where it came to stop facing the highway and south. Unit # 1 and Unit # 2 jackknifed and drove to the south side of the highway. Unit # 1's cab came off the frame and engine compartment and landed directly in front of the vehicle facing north and on it's left side. The trailer received no damage.														

INVESTIGATOR	Time Notified (24HR:MM)	1   6   3   8	How Notified CCSO	Time Arrived (24HRMM)	1   6   3   9	Report Date (MM/DD/YYYY)	09 / 06 / 2020
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.			ID Num.	06840
	ORI Num.			*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA	H   P   6   B   1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 3 of 4

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 09 / 05 / 2020	*Crash Time (24HRMM) 1 6 3 8	Case ID 3087811	Local Use
*County Name CALDWELL		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude (decimal degrees) 2 9 * 9 5 1 7 7	Longitude (decimal degrees) 0 9 7 * 7 9 4 4 1

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. 21 Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<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	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. FM Sys.	Hwy. Num. 2720	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.3		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 3	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MCJ6496	VIN 1 G K F K 6 3 8 7 7 J 1 3 4 2 9 4	
Veh. Year 2 0 0 7	6. Veh. Color BGE	Veh. Make GMC			Veh. Model YUKON	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5	DL/ID State	DL/ID Num.	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 1 2 / 0 7 / 1 9 9 8	

Address (Street, City, State, ZIP) 131 Staghorn Pass RD Kyle, TX 78640

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Orduna Alvarez, Diego A.					A	21	B	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 Orduna Alvarez, Diego A., 131 Staghorn Pass RD Kyle, TX 78640																		
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Redpoint County Mutual Name Insurance Company					Fin. Resp. Num. TXA2074500932											
Fin. Resp. Phone Num. 833-919-4267					27 Vehicle Damage Rating 1 1 2 - F L - 5	27 Vehicle Damage Rating 2 - - - -												Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Towed By Fly's Towing	Towed To 1124 Blanco, Lockhart, Tx. 78644
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN													
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/

Address (Street, City, State, ZIP)																					
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line					14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 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 <input type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name					Fin. Resp. Num.													

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 1 2 -	27 Vehicle Damage Rating 2 - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By	Towed To			

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	3	1	Central Texas Medical Center			Lockhart EMS						

CHARGES	Unit Num.	Prsn. Num.	Charge							Citation/Reference Num.		
	3	1	No Driver License - When Unlicensed							TX5TZK0PXS8M		

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.									30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight		Total Num. Axles	<input type="checkbox"/> Yes

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	1   6   3   8	How Notified CCSO	Time Arrived (24HRMM)	1   6   3   9	Report Date (MM/DD/YYYY)	09 / 06 / 2020					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Amaya, Jesse L.					ID Num.	06840			
	ORI Num.			*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H   P	6   B	1   0



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 08 / 17 / 2020	*Crash Time (24HRMM) 0 9 3 9	Case ID 3066049	Local Use
*County Name CALDWELL	*City Name	<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude (decimal degrees) 2 9 * 9 5 3 4 4	Longitude - (decimal degrees) 0 9 7 * 6 7 4 4 5	

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. TL Sys.	*Hwy. Num. 130	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 85	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0.2		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker 467	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 73263R5	VIN 1 N 4 A B 4 1 D 6 V C 7 3 7 0 5 8
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Veh. Year 1 9 9 7	6. Veh. Color YEL	Veh. Make NISSAN	Veh. Model SENTRA	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 39352059	9 DL Class C	10 CDL End. 96	11 DL Rest. 96 DOB (MM/DD/YYYY) 0 6 / 0 7 / 1 9 9 6

Address (Street, City, State, ZIP) 2301 Maxwell LN Austin 78741

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Reyes III, Bernardo	K	24	H	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	Name & Address Reyes III, Bernie, 2301 Maxwell LN Austin 78741		Fin. Resp. Name	Fin. Resp. Num.
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Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	27 Vehicle Damage Rating 1 1 2 - F D - 6	27 Vehicle Damage Rating 2	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fin. Resp. Phone Num.				

Towed By Big Boyz Towing	Towed To 500 Willow St., Lockhart, Tx. 78644
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Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. MSW9728	VIN 1 F D N F 7 R Y 1 K D F 1 1 6 9 3
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Veh. Year 2 0 1 9	6. Veh. Color WHI	Veh. Make FORD	Veh. Model F750	7 Body Style TR	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 25788637	9 DL Class C	10 CDL End. 96	11 DL Rest. A DOB (MM/DD/YYYY) 1 0 / 0 8 / 1 9 8 0

Address (Street, City, State, ZIP) 808 Rockmoor # 616 DR Georgetown, TX 78628

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Leger, Christopher James	N	39	B	1	1	1	97	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	Name & Address Hercules Rentals Inc., 9000 Executive Park DR Knoxville, MO 37923		Fin. Resp. Name Ace American Ins. Co.	Fin. Resp. Num. ISAH25300828
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Fin. Resp. Phone Num. 215-640-1000	27 Vehicle Damage Rating 1 6 - B D - 4	27 Vehicle Damage Rating 2	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Towed By	Towed To
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## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)			Time of Death (24HR:MM)		
	1	1	Central Texas Autopsy				O'Bannon Funeral Home				0 8 / 17 / 2020 0			0 9 3 9		

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

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address							

CMV	Unit Num. 2	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	28 Veh. Oper. 5	29 Carrier ID Type 96	Carrier ID Num.					30 Veh. Type 5		
	Carrier's Corp. Name Hercules Rentals Inc.		Carrier's Primary Addr. 9000 Executive Park DR Knoxville, MO 37923													
	31 Bus Type 0	<input type="checkbox"/> RGVW	<input checked="" type="checkbox"/> GVWR	2 5 9 9 9	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num. ID Num.	HazMat Class Num. ID Num.	HazMat ID Num.					33 Cargo Body Type 98		
	Unit Num.	<input type="checkbox"/> RGVW	<input checked="" type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGVW	<input checked="" type="checkbox"/> GVWR					34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight							Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	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	22								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						
	<p>Unit # 1 was driving north in the right / outside lane of Toll 130. Unit # 2 was in the right lane stopped just ahead of Unit # 1's location. Unit # 2 was a construction truck with the Arrow Billboard used to redirect traffic. Unit # 2 was blocking traffic that was northbound on Toll 130 since a work crew was ahead of that unit. Unit # 1 approached Unit # 2 but failed to move to the left. Unit # 1 Fail to Control Speed and struck the rear of Unit # 2. Unit # 1 came to stop immediately upon impact. Unit # 2 was forced forward and came to stop partially in the right lane and partially on the improved shoulder. Unit # 1 driver was killed as a result of the impact. It is unknown why driver failed to move to the left lane.</p>																

INVESTIGATOR	Time Notified (24HR:MM)	0 9 4 5	How Notified CCSO				Time Arrived (24HRMM)	0 9 5 4	Report Date (MM/DD/YYYY)	0 8 / 19 / 2020									
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) Amaya, Jesse L.								ID Num. 06840								
	ORI Num.									*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA	H	P	6	B	1



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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 4

IDENTIFICATION & LOCATION	'Crash Date (MM/DD/YYYY) 08 / 10 / 2020				'Crash Time (24HRMM) 0 4 4 8				Case ID						Local Use												
	'County Name HAYS										'City Name										<input checked="" type="checkbox"/> Outside City Limit						
	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) 3 0 * 0 1 4 1 2				Longitude (decimal degrees) 0 9 7 * 7 2 1 4 10																
	<b>ROAD ON WHICH CRASH OCCURRED</b>																										
	'1 Rdwy. SH Sys.		'Hwy. 21 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		'Street Name Camino Real		4 Street Suffix														
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60		Const. Zone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Street Desc.													
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																										
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Sys.			1 Rdwy. CR Hwy. Num. 222		2. Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		4 Street Suffix													
	Distance from Int. or Ref. Marker 0.1				<input type="checkbox"/> FT	<input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SW		Reference Marker		Street Desc.		RRX Num.														
	Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. KCJ1686		VIN 1	G	N	E	C	1	3	Z	8	3	R	1	6	0	5	6	6			
Veh. Year 2 0 0 3	6. Veh. Color BLU	Veh. Make CHEVROLET				Veh. Model TAHOE				7 Body Style SV				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 28278246				9 DL Class C	10 CDL End. 96				11 DL Rest. S	DOB (MM/DD/YYYY) 0 3 / 0 2 / 1 9 9 1															
Address (Street, City, State, ZIP) 625 Engleke RD Niederwald, TX 78640																											
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	Colombo, Sergio Geronimo										A	29	H	1	1	1	2	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner	Owner/Lessee																										
<input type="checkbox"/> Lessee	Name & Address Alvarez Alvarez, Jose Guadalupe, 1500 S Interstate 35 Round Rock, TX 78681																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Name										Fin. Resp. Num.														
Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Name										Fin. Resp. Num.														
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 2 - F D - 5										27 Vehicle Damage Rating 2 - - - -										Vehicle Inventoried <input checked="" type="checkbox"/> Yes		
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 1 2 - F D - 5										27 Vehicle Damage Rating 2 - - - -										Vehicle Inventoried <input type="checkbox"/> No		
Towed By Commercial Towing Service / 512-995-0468					Towed To 895-C South Loop 4, Buda, Tx 78610																						
Unit Num. 2	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. 1I82279		VIN 1	F	U	Y	D	S	Z	B	9	T	P	6	8	5	8	7	1				
Veh. Year 1 9 9 6	6. Veh. Color GRN	Veh. Make FREIGHTLINER				Veh. Model UNKNOWN				7 Body Style TT				Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. 43504702				9 DL Class A	10 CDL End. 96				11 DL Rest. 96	DOB (MM/DD/YYYY) 0 7 / 1 0 / 1 9 9 1															
Address (Street, City, State, ZIP) 4700 Staggerbrush #331 RD Austin, TX 78749																											
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	Bosch Aponte, Rey Lee										B	29	H	1	1	1	1	97	N	96		96	97	97
<input checked="" type="checkbox"/> Owner	Owner/Lessee																										
<input type="checkbox"/> Lessee	Name & Address Lobaton Trucking Services, 7812 Springfield DR Austin, TX 78744																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2		Name Progressive										Fin. Resp. Num. 01215860-0														
Fin. Resp. Phone Num. 800-444-4487	27 Vehicle Damage Rating 1 - - - -										27 Vehicle Damage Rating 2 - - - -										Vehicle Inventoried <input type="checkbox"/> Yes						
Towed By Released to Driver	Towed To																										

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
	1	1	Ascension Seton Hays			Hays County EMS						
	2	1	Refused			Transport						

CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.		
	1	1	Fail To Control Speed						TX5T370YYIT1		

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address			

CMV	Unit Num.	2	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.
	Carrier's Corp. Name	Lobaton Trucking Services	Carrier's Primary Addr. 7812 Springfield DR Austin, TX 78744									30 Veh. Type 9
	31 Bus Type	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	8 0 0 0 0 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	10	
	Unit Num.	3	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	7 5 0 0 0 0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	13	35 Seq. 2	35 Seq. 3	35 Seq. 4	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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	22						1	2	97	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale			
	Unit 1 was traveling northeast on SH 21. Unit 2, with Unit 3 in tow, was traveling northeast on SH 21 in front of Unit 1. Unit 1 failed to control its speed, causing Unit 1 to strike Unit 3. Unit 1, Unit 2 and Unit 3 came to a rest on SH 21 facing northeast in the area of impact.															

INVESTIGATOR	Time Notified (24HR:MM)	0 5 0 2	How Notified DPS San Antonio Comm	Time Arrived (24HRMM)	0 5 4 2	Report Date (MM/DD/YYYY)	0 8 / 1 0 / 2 0 2 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Burleson Jr, William E.			ID Num.	14251
	ORI Num.						
		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA	H P 6 B 0 6		



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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.).

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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 08 / 10 / 2020				*Crash Time (24HRMM) 0 4 4 8	Case ID				Local Use																		
	*County Name HAYS				*City Name				Outside City Limit																			
	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) 3 0 * 0 1 4 1 2				Longitude (decimal degrees) 0 9 7 * 7 2 1 4 10																			
	<b>ROAD ON WHICH CRASH OCCURRED</b>																											
	*1 Rdwy. SH Sys.		*Hwy. 21 Num.		2 Rdwy. Part 1	Block Num.		3 Street Prefix		*Street Name Camino Real		4 Street Suffix																
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.																				
	<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																											
	At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num. 222	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name										4 Street Suffix											
	Distance from Int. or Ref. Marker 0.1			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SW	Reference Marker	Street Desc.										RRX Num.											
	Unit Num. 3	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State OK	LP Num. 9679LK	VIN 5 6 E A 7 5 C 2 0 G A 0 0 0 1 5 5																					
Veh. Year 2 0 1 6	6. Veh. Color WHI	Veh. Make ARMOR CHASSIS LLC				Veh. Model UNKNOWN	7 Body Style TL										Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/						
Address (Street, City, State, ZIP)																												
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
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 Espinal Guzman, Jose Antonio, 7812 Springfield DR Austin, TX 78744																											
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name Progressive				Fin. Resp. Num. 01215860-0																						
Fin. Resp. Phone Num. 800-444-4487					27 Vehicle Damage Rating 1 6 - B D - 2	27 Vehicle Damage Rating 2 - - -																		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Towed By Released To Driver					Towed To																							
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN																						
Veh. Year	6. Veh. Color	Veh. Make				Veh. Model	7 Body Style										Pol., Fire, EMS on Emergency (Explain in Narrative if checked)											
8 DL/ID Type	DL/ID State	DL/ID Num.				9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/							
Address (Street, City, State, ZIP)																												
Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																												
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address																											
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.																						
Fin. Resp. Phone Num.					27 Vehicle Damage Rating 1 - - -	27 Vehicle Damage Rating 2 - - -																		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Towed By					Towed To																							

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	

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

DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address			

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
Carrier's Corp. Name		Carrier's Primary Addr.							
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)	0 5 0 2	How Notified DPS San Antonio Comm	Time Arrived (24HRMM)	0 5 4 2	Report Date (MM/DD/YYYY)	0 8 / 1 0 / 2 0 2 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Burleson Jr, William E.			ID Num.	14251
	ORI Num.		*	Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA	H P 6 B 0 6



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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

## IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 0 6 / 2 7 / 2 0 2 0	*Crash Time (24HRMM) 0   2   0   6	Case ID 3009954	Local Use
*County Name CALDWELL		*City Name	
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) 2   9   *   8   6   6   4   3	
		Longitude - (decimal degrees) 0   9   7   *   8   8   6   3   4	

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. SH Sys.	*Hwy. Num. 80	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 60	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <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 <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No	1 Rdwy. Sys. CR	Hwy. Num. 266	2. Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker 0 . 2		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker SE	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	Parked Vehicle	Hit and Run	LP State TX	LP Num. LZK5450	VIN 1 2 C N D I 6 3 F 6 7 6 0 5 0 1 4 9	
Veh. Year 2 0 0 7	6. Veh. Color WHI	Veh. Make CHEVROLET			Veh. Model EQUINOX	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 4	DL/ID State TX	DL/ID Num. 39015886	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) 0 9 / 0 1 / 1 9 9 7	

Address (Street, City, State, ZIP) 202 Monroe NEWCASTLE, TX 786372

Person Num.	12 Psnl. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Espino, Jesus Ramon						B	22	H	1	1	1	2	97	N	96		96	97	97
2	2	3	Duran, Rebecca Rachelle						A	36	H	2	1	1	1	97	N					

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 APC LLC DBA RENT 2 OWN HQ, 10822 FREDERICKSBURG RD San Antonio, TX 78240													
Proof of <input checked="" type="checkbox"/> Yes Fin. Resp. <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name Home State County Mutual			Fin. Resp. Num. TR010823-00								

Fin. Resp. Phone Num. 254-776-4521	27 Vehicle Damage Rating 1 1 - F R - 6	27 Vehicle Damage Rating 2 1 0 - L B Q - 1	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--	--	--

Towed By ITX, 512-738-6847	Towed To 218 N. Main, Lockhart, TX 78644
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Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN														
Veh. Year	6. Veh. Color	Veh. Make			Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	/	/	/	/	/	/	/	/	/	/	/	/	/	

Address (Street, City, State, ZIP)	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee	Owner/Lessee Name & Address													
Proof of <input type="checkbox"/> Yes Fin. Resp. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.								
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 1 - F R - 6						27 Vehicle Damage Rating 2 1 0 - L B Q - 1						Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By	Towed To													

## VEHICLE, DRIVER, &amp; PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Seton Hays - Kyle Medical Center	San Marcos/Hays County EMS		
	1	2	Seton Hays - Kyle Medical Center	San Marcos/ Hays County EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	No Drivers License When Unlicensed - Not CDL	TX5RV30JRAQ3

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	Metal Fence Line	River, Oscar	20175 San Marcos HWY San Marcos, TX 78666

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

Narrative and Diagram	<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <p>Unit 1 was travelling northwest on SH 80. Due to driver of Unit 1 falling asleep while driving, Unit 1 travelled into the opposing lane of travel. Unit 1 left the roadway and struck a tree with its FR; therefore causing damage. Unit 1's LBQ subsequently swung around and struck a metal fence line; therefore causing additional damage.</p>
	<p>Field Diagram - Not to Scale</p>

<b>INVESTIGATOR</b>	Time Notified (24HR:MM)	0   2   1   5	How Notified	Caldwell County SO	Time Arrived (24HRMM)	0   2   3   1	Report Date (MM/DD/YYYY)	0 6 / 2 9 / 2 0 2 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Elizondo, Thomas				ID Num. 14850	
	ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/ Region/DA	H   P   6   B   1   0