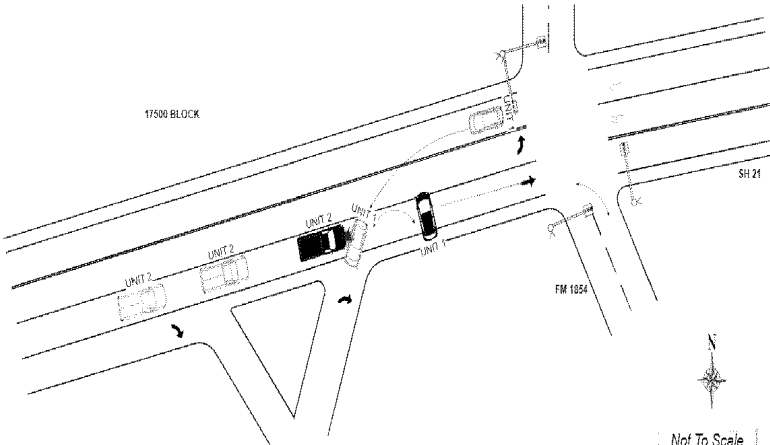


Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 223580248		TxDOT Crash ID 19300754.1/2022622599		Page 2 of 2																													
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR.MM)																										
	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.						30 Veh. Type																									
	31 Bus Type	<input type="checkbox"/> RGWW <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"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <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)  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.										Field Diagram - Not to Scale  																								
INVESTIGATOR	Time Notified (24HR:MM)		1		3		5		5		How Notified Dispatch		Time Arrived (24HRMM)		1		4		0		0		Report Date (MM/DD/YYYY)		12 / 24 / 2022										
	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