| $\overline{}$                       | w En  | _                | ent a               | nd TxDOT Us                     | se ONLY<br>IOOL BUS [          | RAILRO                   | AD [           | MAB [  | SUPP   | PLEMENT      | - 🗆 A                  | CTIVI                 | ≣<br>DL ZC | l N              | otal<br>lum.<br>Jnits L | 0   0            | 0   3            | Tota<br>Nur<br>Prs |                  | 0 0              | 6                | TxDOT<br>Crash I         | D                            |                              |          |  |  |
|-------------------------------------|---|------------------|---------------------|---------------------------------|--------------------------------|--------------------------|----------------|--|--|--------------|------------------------|-----------------------|------------|------------------|-------------------------|------------------|------------------|--------------------|------------------|------------------|------------------|--------------------------|------------------------------|------------------------------|----------|--|--|
| Ź                                   | 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.). |                  |                     |                                 |                                |                          |                |  |  |              |                        |                       |            |                  |                         | <u>4</u> _       |                  |                    |                  |                  |                  |                          |                              |                              |          |  |  |
|                                     | *Crash Date (MM/DD/YYYY) 0 1 1 1 2 5 1 2 0 2 2 Crash Time 1 6 2 7 Case ID 220006321 Local Use   |                  |                     |                                 |                                |                          |                |  |  |              |                        |                       |            |                  |                         |                  |                  |                    |                  |                  |                  |                          |                              |                              |          |  |  |
| *County                             |   |                  |                     |                                 |                                |                          |                |  |  |              |                        |                       |            |                  | Outside City Limit      |                  |                  |                    |                  |                  |                  |                          |                              |                              |          |  |  |
| OCATION                             | In yo   | our op           | inion               | , did this cras                 | sh result in a<br>erson's prop | nt least                 | itude          | ees)   | 3 2  | 6            |                        |                       | 5          | Long<br>(deci    | 4 9 3 3                 |                  |                  |                    |                  |                  |                  |                          |                              |                              |          |  |  |
| 7 8                                 | ROA   |                  |                     | CH CRASH O                      |                                | 2 Rdwy.                  |                | ecimal degrees) 3 2 . 0 1 4 9  |  |              |                        |                       |            |                  | (GOO!                   | Tidi di          | 9,00             |                    | 4 Street         |                  |                  |                          |                              |                              |          |  |  |
| NTIFICATION                         | Sys.  | Ĺ                | _R<br>n Occ         | Num.                            | ivate Drive or                 | Part 1                   | 1              | Num. 9600 Prefix Name  Speed Const. Yes Workers Yes  |  |              |                        |                       |            | <u>е</u> С       | RO\<br>eet              | NLE              | Y                |                    | Suffix RD        |                  |                  |                          |                              |                              |          |  |  |
| NTIFIC                              | INTE  | Road             | /Priva              | te Property/P                   | arking Lot                     | └─ Toll La               | ane Li         | imit 45 Zone No Present No Present No TION, NEAREST INTERSECTING ROAD OR RE                                  |  |              |                        |                       |            |                  | sc.                     | MAF              | RKER             |                    |                  |                  |                  |                          |                              |                              |          |  |  |
| IDE                                 | At<br>Int.  | XY6              |                     | Rdwy.<br>/s. LR                 | Hwy.<br>Num.                   |                          | 2 Rdwy<br>Part |  |  |              |                        |                       |            |                  | reet<br>ame F           | nen              | NGE              | :R                 |                  |                  |                  |                          | Street<br>uffix              | RD                           |          |  |  |
|                                     |   | nce fro          |                     | t.                              |                                | 3 Dir. from or Ref. Mar  |                | Refere<br>Marker   |  |              | Street<br>Desc.        |                       |            |                  |                         |                  |                  |                    |                  | RRX<br>Num.      | 1 1              |                          |                              |                              |          |  |  |
|                                     | Unit<br>Num   | .1               |                     | Unit<br>esc. 1                  | Parked<br>Vehicle              | Hit and Run              | LP<br>State    | ΓX   LP  | um. NX   | (W264        | 5                      | \                     | /IN _4     | ŀ <sub>I</sub> Τ | լ1 լ                    | C <sub>1</sub> E | ∃ ₁3             | 101                | P <sub>1</sub> 8 | 3 <sub>1</sub> 7 | ıU,              |                          | 6,0,0,4,3                    |                              |          |  |  |
|                                     | Veh.<br>Year  | 2                | 0                   | 0 7 6 Ve                        | eh.<br><sup>or</sup> SIL       | Veh.<br>Make             | тоуот          | -A   |  |              |                        | eh.<br>odel (         | CAME       | RY               |                         |                  |                  |                    | Body<br>yle      | P4               |                  | Pol., F<br>Emer<br>Narra | ire, E<br>gency<br>live if o | MS on<br>(Explain<br>checked | in<br>)  |  |  |
|                                     | 8 DL<br>Type  | 4                | St                  | _/ID DL<br>ate TX Nu            | _ <sup>/ID</sup> 19968:        | 354                      |                |  | DL<br><sub>lass</sub> 5  | 10 (<br>End  | CDL<br>I. 5            |                       | 11<br>Re   | DL<br>st. 5      |                         |                  | 1                | DOB<br>(MM/D       | D/YY             | YY) L            | 0 7              | /_3_0                    | )_/_1                        | 9 7                          | 5        |  |  |
| ,                                   | City,   | ess (S<br>State, | ZIP)                | 8602 PE                         | ACH ST.                        |                          |                |  | LUE  |              |                        |                       |            |                  |                         |                  |                  |                    |                  |                  | тх <b>7</b> 9404 |                          |                              |                              |          |  |  |
| PERSONS                             | Person<br>Num.  | 12 Prsn.<br>Type | 13 Seat<br>Position |                                 | Enter Driver                   | Name: La<br>or Primary F |                |  | on first   | line         |                        | 14 Injury<br>Severity | Age        | 15<br>Ethnicity  | 16 Sex                  | 17 Eject.        | 18 Restr.        | 19<br>Airbag       | 20<br>Helmet     | 21 Sol.          | 22 Alc.<br>Spec. | Alc.<br>Result           | 23 Drug<br>Spec.             | 24 Drug<br>Result            | Category |  |  |
| ď                                   | 1   | 1                | 1                   | MARTIN                          | EZ                             | JOSE                     |                | L  | .UIS   |              |                        | С                     | 46         | Н                | 1                       | 1                | 1                |                    |                  | N                | 96               |                          | 96                           | 97 9                         |          |  |  |
| DRIVE                               |   |                  |                     |                                 |                                |                          |                |  |  |              |                        |                       |            |                  |                         |                  |                  |                    |                  |                  |                  | Applicat<br>Results      |                              |                              |          |  |  |
| VEHICLE, DRIVER, &                  |   |                  |                     |                                 |                                |                          |                |  |  |              |                        |                       |            |                  |                         |                  |                  |                    |                  |                  |                  | river/Pr                 |                              | Person 1                     |          |  |  |
| VE                                  |   | wner             | _                   | l<br>ner/Lessee<br>ne & Address |                                |                          | 1ARTIN         |  |  | JOSE         | LUIS  LUBBOCK TX 79404 |                       |            |                  |                         |                  |                  |                    |                  |                  |                  |                          |                              |                              |          |  |  |
|                                     | Proo  | essee<br>f of    | Yes                 | s Expired                       | 26 Fin.                        |                          | Fin. Re        |  |  |              |                        |                       |            | Fin. F           | Resp.                   | , o a            | <u> </u>         |                    |                  |                  |                  |                          |                              |                              |          |  |  |
|                                     | Fin. I  | Resp.            |                     | Exempt                          | Resp. Type                     | 2                        |                | OLD AMERICAN COUNTY MUTUAL FIRE  Phicle age Rating 1 11 FR = 6  Num. VGAO-487218  27 Vehicle Damage Rating 2 |  |              |                        |                       |            |                  |                         | Vehicle Yes      |                  |                    |                  |                  |                  |                          |                              |                              |          |  |  |
|                                     |   | ed CC            |                     | ISH W/DE                        | CKER SI                        | ED\/ICE                  |                | age Rating   | <u> </u>   | S RIVI       | EDGI                   | FR-                   |            | Dama             | age K                   | aung .           |                  |                    |                  |                  | ■ Inventoried No |                          |                              |                              |          |  |  |
| H                                   | Unit<br>Num   |                  | 5                   | Unit esc. 1                     | Parked                         | → Hit and I              | LP<br>State    | LF   | )  | L5239        |                        |                       |            | ı,F              | ιA ,                    | D <sub>1</sub> F | P <sub>1</sub> 4 | ι A .              | Jıg              | ) <sub>1</sub> E | ιM ι             | 2   3                    | 4 ,                          | 4,4,                         | 8        |  |  |
|                                     | Veh.<br>Year  |                  |                     | 4 4 6 Ve                        |                                | Veh.<br>Make p           |                | 1110   | ann <u>-</u>   |              | Ve                     | eh.<br>odel F         |            |                  |                         | •                |                  | 7                  | Body<br>yle      |                  |                  | Pol., F                  | ire, E                       | MS on<br>(Explain<br>checked | in       |  |  |
|                                     | 8 DL<br>Type  | /ID              | DI                  | /ID   DI                        | _/ID<br><sub>um.</sub> 45289   |                          | OND            | 9<br>C   | DL<br>lass C   | 10 (<br>End  | CDL                    |                       | 11         | DL<br>st. A      |                         |                  | 1                |                    |                  |                  | 1 1              | /3,0                     |                              |                              | _        |  |  |
|                                     | Addr  | ess (S<br>State, |                     | 000015                          | ONARD F                        |                          | RD             | •  |  |              |                        |                       | FO         | RT۱              | NOF                     | RTH              |                  | `                  |                  |                  | T                | x 76                     | 134                          |                              |          |  |  |
| VEHICLE, DRIVER, & PERSONS          | Person<br>Num.  | 12 Prsn.<br>Type | 13 Seat<br>Position |                                 | Enter Driver                   | Name: La<br>or Primary F |                |  | on first   | line         |                        | 14 Injury<br>Severity | Age        | 15<br>Ethnicity  | 16 Sex                  | 17 Eject.        | 18 Restr.        | 19<br>Airbag       | 20<br>Helmet     | 21 Sol.          | 22 Alc.<br>Spec. | Alc.<br>Result           | 23 Drug<br>Spec.             | 24 Drug<br>Result            | Category |  |  |
| R, & F                              | 1   | 1                | 1                   | THAWN                           | <u> </u>                       | ZUNG                     |                | L  | IAN  |              |                        | С                     | 18         | Α                | 1                       | 1                | 1                | 5                  | 97               | N                | 96               |                          | 96                           | 97 9 <sup>-</sup>            | 7        |  |  |
| DRIVE                               | 2   | 2                | 5                   | CUNG                            |                                | BIAK                     |                |  |  |              |                        | С                     | 16         | Α                | 1                       | 1                | 96               | 5                  | 97               | N                |                  | Applicat<br>Results      |                              |                              |          |  |  |
| HCLE,                               |   |                  |                     |                                 |                                |                          |                |  |  |              |                        |                       |            |                  |                         |                  |                  |                    |                  |                  | for C            | river/Pr<br>ea           | imary<br>ch Uni              |                              | or       |  |  |
| VEI                                 | Mo  | wner<br>essee    | _                   | l<br>ner/Lessee<br>ne & Address | <b>.</b>                       |                          | IAN<br>2068 L  | EONAR  | D RAI  | ZA<br>NCH RI | D                      | <u> </u>              |            | KHA              | AR                      |                  | <u> </u>         | FO                 | RT'              | WO               | ∟<br>RTH         | TX                       | 761                          | 34                           |          |  |  |
|                                     |   | f of Resp.       |                     | Expired                         | 26 Fin.<br>Resp. Type          |                          | Fin. Re        | sp.  |  |              |                        | INGLID                | ΔΝΩΕ       | Fin. F           |                         | )254             | 1035             |                    | •                |                  |                  |                          |                              |                              |          |  |  |
|                                     | Fin. I  | Resp.            |                     |                                 |                                |                          | 27 V           | Vehicle 27 Vehicle Vehicle Vehicle   |  |              |                        |                       |            |                  |                         |                  |                  | es                 |                  |                  |                  |                          |                              |                              |          |  |  |
| Phone Num.  Towed By BEARD'S TOWING |   |                  |                     |                                 |                                |                          |                |  | Damage Rating 1 12 - FD - 7 Damage Rating 2 Inventoried No Towed To 4400 E LOOP 820 S FORT WORTH, TX |              |                        |                       |            |                  |                         |                  |                  |                    |                  | 10               |                  |                          |                              |                              |          |  |  |

| ase 220006321 | TxDOT<br>Crash ID |
|---------------|-------------------|

|                       | 1  | Unit<br>Num.  | nit Prsn.<br>Im. Num. Taken To |                  |                         |        |                  |                     |                      |       | Taken By          |                           |                |                       |                         |                      |                          | Date o                   |                         | Time of Death<br>(24HR:MM) |                      |                          |                    |  |  |  |  |  |  |
|-----------------------|--|---|--------------------------------|------------------|-------------------------|--------|------------------|---------------------|----------------------|-------|-------------------|---------------------------|----------------|-----------------------|-------------------------|----------------------|--------------------------|--------------------------|-------------------------|----------------------------|----------------------|--------------------------|--------------------|--|--|--|--|--|--|
|                       | 2  | 2   | 1                              | НА               | RRIS                    | Н      | OSPIT            | ΓAL - [             | 1WO                  | NTC   | DWN               | MED                       | DSTA           | R 6                   | 6                       |                      |                          |                          | /                       | /                          |                      |                          | 1 1                |  |  |  |  |  |  |
| NO.                   | 2  | 2   | 2                              | НА               | RRIS                    | Н      | OSPIT            | ΓAL - [             | 1WO                  | NTC   | NWN               | MED                       | DSTA           | R 3                   | 5                       |                      |                          |                          | /                       | /                          |                      |                          |                    |  |  |  |  |  |  |
| SITIC                 | 1 ED/K   |   | 1                              | JР               | S HO                    | SF     | PITAL            |                     |                      |       |                   | MED                       | OSTA           | R 2                   | 1                       |                      |                          |                          | /                       | /                          |                      |                          |                    |  |  |  |  |  |  |
| <b>DISPOSITION OF</b> |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          | /                       | /                          |                      |                          |                    |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          | /                       | /                          |                      |                          |                    |  |  |  |  |  |  |
| L                     | Uni  | : <u>.</u>   n  |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          | /                       | /                          |                      |                          |                    |  |  |  |  |  |  |
|                       | Nun  |   | Prsn. Num. Charge              |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       | Citation/Reference Num. |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
| CHARGES               |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
| CHA                   |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
| 3                     |  |   | Da                             | maged            | Property                | Othe   | er Than Ve       | hicles              |                      |       |                   |                           | (              | Owner                 | 's Name                 |                      |                          |                          |                         | Owne                       | er's Address         |                          |                    |  |  |  |  |  |  |
| DAMAGE                | FE   | NCI   | E                              |                  |                         |        |                  |                     |                      |       | UNKN              | OWN                       |                |                       |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
| à                     |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       | Unit<br>Num.   |   |                                | □ 10,<br>LB      | 001+<br>5.              |        | TRANSP<br>HAZARE | ORTING<br>OOUS MATE | RIAL [               | 9+    | CAPACITY          | CMV Di<br>Damag           | isabling<br>e? | ☐ Ye                  |                         | <b>).</b>            | 29 Ca<br>ID Ty           | Carrier<br>ID Num.       |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       | Carrie<br>Corp.  | er's<br>. Name  | 9                              |                  |                         |        |                  |                     | Carrier's<br>Primary |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            |                      |                          | 30 Veh.<br>Type    |  |  |  |  |  |  |
| CMV                   | 31 Bu<br>Type  |   |                                |                  | RGVW<br>GVWR            | HazMat |                  |                     |                      |       |                   |                           | 1 1 1          | 33 Cargo<br>Body Type |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       | Unit<br>Num.   |   |                                |                  | RGVW<br>GVWR            | Ш      |                  |                     | 34 Trlr.<br>Type     |       |                   | V Disabling<br>nage?      | Ye:            |                       |                         |                      | RGVW<br>GVWR             |                          |                         | 34 Trlr.<br>Type           |                      | CMV Disabling<br>Damage? | Yes No             |  |  |  |  |  |  |
|                       | Sequ<br>Of Ev  | ence<br>ents  | 35 Se                          | q. 1             |                         |        | 35 Seq. 2        |                     | 3                    | 5 Seq | . 3               |                           | 35 Seq. 4      |                       |                         | Intermod<br>Containe | lal Shipping<br>r Permit | ☐ Yes G<br>☐ No W        | ctual<br>ross<br>⁄eight | 1 1 1                      | 1 1                  | Total Num.<br>Axles:     |                    |  |  |  |  |  |  |
| S&                    | <u> </u>   | 3<br>Unit#  | 6 Conti                        |                  | Factors (<br>Contribut  |        | stigator's       | ·                   | e Contrib            | ).    |                   | icle Defec<br>Contributir |                | igator'               | s Opinion)<br>May Have  |                      | 38                       | Envi                     | ronmental a             | and Roadwa<br>41           | y Conditions<br>42   | 43                       | 44                 |  |  |  |  |  |  |
| FACTORS &             |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      | Weather<br>Cond.         | Light<br>Cond.           | Entering<br>Roads       | Roadway<br>Type            | Roadway<br>Alignment | Surface<br>Condition     | Traffic<br>Control |  |  |  |  |  |  |
| FA                    | 3  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      | 1                        | 1                        | 4                       | 3                          | 1                    | 1                        | 5                  |  |  |  |  |  |  |
|                       | TUF  | RN T  | O TL                           | JRN I            | EAST E                  | 301    | JND O            | N W RI              | SINGE                | ER R  | RD AND<br>ROAD. U | INIT 2 \                  | WAS            | -T                    |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  | EY RD<br>EY RD      |                      |       | 2. UNIT (<br>·    | 3 WAS                     |                |                       |                         | _                    |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       | UNIT 1 STATED THAT HE HAD A GREEN LIGHT AND PROCEEDED TO TURN LEFT; HE STATED HE DID NOT SEE ANOTHER VEHICLE COMING UNTIL IT WAS TOO LATE, CAUSING UNIT 2 TO COLLIDE WITH HIM. AFTER UNIT 2 COLLIDED WITH UNIT 1, UNIT 1 SPUN AROUND AND |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       | CR   | CROSSED THE MEDIAN AND HIT UNIT 3 THAT WAS SITTING AT A RED NOT TO SCALE UNIT 3                       |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       | LIMIT 2                 |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
| ×                     |  | NIT 2 DRIVER STATED THAT HE WAS TRAVELING NORTH ON ROWLEY RD WHEN UNIT 1 TURNED LEFT IN FRONT OF HIM. |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                | ONITS                 |                         |                      |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
| AGRA                  |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       | 83.<br>20ro             |                      |                          |                          | 000                     | * -                        | <b>∢</b>             |                          |                    |  |  |  |  |  |  |
| NDD                   |  |   |                                |                  | UNIT                    |        | I'I SEE          | EXAC                | ILY W                | /HA   | T OCCU            | RRED                      | UNTIL          | -                     |                         |                      |                          | UNIT                     | 1                       | F +                        |                      |                          |                    |  |  |  |  |  |  |
| NARRATIVE AND DIAGRAM | 960  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                | 9600                  | CROWLEY                 | RD<br>—              |                          |                          |                         |                            |                      |                          |                    |  |  |  |  |  |  |
| ARRA                  |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      | UNIT                     | 2/                       |                         | -                          |                      |                          | 6                  |  |  |  |  |  |  |
| ~                     |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       | <u> </u>                |                      |                          | 8                        |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          | GER                      |                         |                            | 7,                   | ELEV                     | EN 📙               |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          | RISINGER                 |                         |                            | "                    | LLLV                     |                    |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          | 1900 W                   |                         |                            |                      |                          |                    |  |  |  |  |  |  |
|                       |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          | 19                       |                         |                            | 4                    | 100                      | 100                |  |  |  |  |  |  |
| L                     |  |   |                                |                  |                         |        |                  |                     |                      |       |                   |                           |                |                       |                         |                      |                          |                          |                         |                            | 27                   |                          |                    |  |  |  |  |  |  |
| ITOR                  | Time<br>(24H   | e Notifi<br>IR:MM)  | ied<br>)                       | 1 <sub>1</sub> 7 | 7   3                   | 4      | How<br>Notifie   | d DISP              | ATC                  | HEI   | D                 |                           |                | ne Arriv<br>HRMM      |                         | 7                    | 4 <sub> </sub> 0         | Report Date<br>MM/DD/YYY | <sub>Y)</sub> 0         | 1 / 2                      | 2 5 /                | 2 0                      | 2 2                |  |  |  |  |  |  |
| ESTIGATOR             | Inves  | st.   | Yes<br>No                      |                  | estigator<br>ne (Printe | ed)    | HAYES            | 3                   |                      |       |                   | Т                         |                |                       |                         |                      |                          |                          |                         | ID<br>Num. 44              | 485                  |                          |                    |  |  |  |  |  |  |
| INVE                  | ORI<br>Num   | . <sub> </sub> T  | $\overline{X}$                 | 2                | 2   0                   | 1      | 2 0              | 0 *A                | gency <b>F</b>       | OR    | T WO              | RTH I                     | POLI           | CE                    | DEPA                    | RTME                 | NT                       |                          |                         | Service/<br>Region/[       | $_{DA}   s_1 c$      | UIT                      | Н                  |  |  |  |  |  |  |

| La                         | aw Enf                   | _  | nent a            | nd TxDOT Use ONLY V SCHOOL BUS [                       | RAILROAD                                 | MAB SUPI                  | PLEMENT                            | ACTIV<br>SCHO         |                         | l N              | otal<br>lum. (<br>Jnits ∟ | 0 0       | 3         | Tota<br>Nun<br>Prsi        | n. (         | 0 0                                      | 6   | TxDOT<br>Crash I |                           |  |  |  |
|----------------------------|--------------------------|--|-------------------|--|--|---------------------------|------------------------------------|-----------------------|-------------------------|------------------|---------------------------|-----------|-----------|----------------------------|--------------|--|---|------------------|---------------------------|--|--|--|
|                            | Tex<br>Depar<br>of Trans | vas<br>rtment<br>sportation  | М                 | ail to: Texas Department o                             | of Transportation, C<br>Refer t          | to Attached Code S        | alysis, P.Ò. Bo:<br>Sheet for Numb | x 149349<br>bered Fie | ), Aus<br>elds          | tin, TX          |                           |           |           |                            |              | 4/274                                    | -7457   | P                | age∟                      | 3 of 4                                   |  |  |
|                            |                          | ash Da<br>'DD/Y`   |                   | 0 1 / 2 5 / 2  | 0 2 2 *Ci                                | rash Time 1 6             | / /                                | Case<br>D 220         | 00063                   | 221              |                           |           |           |                            | Lo           | cal<br>se                                |   |                  |                           |  |  |  |
| ≥                          | *Co                      |  |                   |  |  | ★City<br>Name FO          |                                    |                       | <i>,</i>                |                  |                           |           |           |                            |              |  |   |                  | Outside<br>City Limit     |  |  |  |
| OCATION                    | In yo                    | ur op  | inion,            | did this crash result in a<br>to any one person's prop | it least XYes La                         | titude<br>ecimal degrees) | 5                                  | Longit                |                         | ~~~~             | ١                         | _         | 0 9       | 7                          | 3            |  |   |                  |                           |  |  |  |
| 8 1                        | ROA                      | D ON   |                   | H CRASH OCCURRED                                       | 2 Rdwy.                                  | Block                     | 3 Street                           |                       |                         |                  |                           |           |           |                            |              |  | Street  |                  |                           |  |  |  |
| ATION                      | Sys.                     |  | LR                | ★Hwy.<br>Num.  | Part 1                                   | Num. 9600                 | Prefix                             |                       | ★Street<br>Name CROWLEY |                  |                           |           |           |                            |              |  |   |                  | uffix                     | RD                                       |  |  |
| ENTIFICATION               | INTE                     | Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/ Speed Const. Yes Zone No Present No Desc.    Vest No   Workers Yes   Workers Yes   Street   Present No Desc. |                   |  |  |                           |                                    |                       |                         |                  |                           |           |           |                            |              |  |   |                  |                           |  |  |  |
| IDEI                       | At<br>Int.               | XY6  | es 1 I            | Rdwy. Hwy.   | 2 Rdwy<br>Part                           |                           |                                    | 3 Street<br>Prefix    |                         | Stı              | reet                      |           |           |                            |              |  |   |                  | 4 Street<br>Suffix RD     |  |  |  |
|                            | Dista                    | nce fr   | om Int            |  | 3 Dir. from Int.<br>or Ref. Marker       | Reference<br>Marker       | Stree                              | t                     | VV                      | Name RISINGER    |                           |           |           |                            |              | RRX                                      |   |                  |                           | ΚU                                       |  |  |
|                            | Unit<br>Num.             | ef. Mar  | 5 (               | Jnit Parked Vehicle                                    | Hit and LP State                         | IIP                       |                                    |                       | /IN <sub>-</sub> 5      | 5 <sub>1</sub> N | .1 . <i>F</i>             | ιZ        | ,2        | D,                         |              | Num.                                     | ı.C.  | 1,2              | 2,6,8,3,6,                |  |  |  |
|                            | \/- I-                   | .5   |                   | C.V-F  | Veh.<br>Make NISSA                       | Veh. 7 Body               |                                    |                       |                         |                  |                           |           |           |                            |              | Pol., Fire, EMS on Emergency (Explain in |   |                  |                           |  |  |  |
|                            | 8 DL/<br>Type            | ID .   | DL                | /ID DL/ID Num. 18027                                   | <u> </u>                                 | 9 DL<br>Class C           | Model MURANO   9 DL                |                       |                         |                  |                           |           |           |                            |              |  | 0 , 5   |                  |                           | /_1_9_7_7                                |  |  |
|                            | Addre                    | ess (S<br>State,   | treet,            | 752 WATSON WA  |  | Olass 5                   | "Епа.                              |                       |                         | ROW              |                           |           | 10        | VIIVI/D                    | <i>D/11</i>  | 11) =                                    |   | тх 76036         |                           |  |  |  |
| SNO                        | son<br>n.                | 12 Prsn.<br>Type   | Seat              | Enter Priver   | Name: Last, First<br>or Primary Person f | ,                         | lino                               | 14 Injury<br>Severity | 40                      | 15<br>Ethnicity  | Sex                       | 17 Eject. | 18 Restr. | 19<br>Airbag               | 20<br>Helmet | 21 Sol.                                  | 22 Alc.<br>Spec.  | Alc.<br>Result   | 23 Drug<br>Spec.          | 24 Drug<br>Result<br>25 Drug<br>Category |  |  |
| •                          |                          | 12<br>Ty   | 13<br>Pos         |  |  |                           |                                    | Se 1                  | Age                     |                  | 19                        | 17        | 9         |                            |              | 21                                       | Spe.  | Alc              | 23<br>Spe                 |  |  |  |
| VER, &                     | 1                        | 1  | 1                 | NGUYEN<br>PHAM   | OANH<br>PHILLIP                          | THI                       |                                    | N                     | 44<br>16                |                  | 2 1                       |           | 1         |                            | 97           | N  | 96  |                  | 96                        | 97 97                                    |  |  |
| E, DRI                     | 3                        |  | 3<br>4            | PHAM   | EMMY                                     |                           |                                    | N                     | D                       |                  |                           |           |           |                            |              |  | Not Applicable – Alcohol and<br>Drug Results are only reported<br>for Driver/Primary Person for |                  |                           |  |  |  |
| VEHICLE, DRIVER,           |                          |  |                   |  |  |                           |                                    |                       |                         | , ,              |                           |           |           |                            |              |  | each Unit.  |                  |                           |  |  |  |
| >                          | NO                       | wner<br>essee  |                   | ner/Lessee<br>ne & Address                             | LASSIT<br>1524 E                         | TER<br>BASLOW LN          | OLYVIA J<br>N BURLESON TX 76       |                       |                         |                  |                           |           |           |                            |              | 760                                      | )28   |                  |                           |  |  |  |
|                            |                          | f of Resp.   |                   | Expired 26 Fin. Resp. Type                             | Fin. Re                                  | esp. ALLSTATE FIRE        | AND CASUALTY                       | / INSURA              | NCE                     | Fin. F<br>Num.   | Resp.                     | 000       | 008       | 1686                       | 688          | 19                                       |   |                  |                           |  |  |  |
|                            | Fin. F                   |  |                   |  | 27 V                                     | /ehicle<br>nage Rating 1  | 10-                                | 27 Ve                 |                         |                  |                           |           |           | Vehicle Yes Inventoried No |              |  |   |                  |                           |  |  |  |
|                            | Towe                     | -d   |                   | R DROVE IT HOM   | <br>1E                                   | Towed                     |                                    |                       |                         |                  |                           |           |           |                            |              | III III                                  |   |                  |                           |  |  |  |
|                            | Unit<br>Num.             |  | - 1               | Jnit Parked Vehicle                                    | Hit and LP<br>Run State                  | LP<br>Num.                |                                    | ,                     | /IN _                   |                  |                           | ı         | 1         | ĻĻ                         |              | ı  | ابا   |                  |                           |  |  |  |
|                            | Veh.<br>Year             |  |                   | 6 Veh.<br>Color  | Veh.<br>Make                             |                           |                                    | Veh.<br>Model         |                         |                  |                           |           |           | - 1                        | Body<br>yle  |  |   | Emer             | gency                     | MS on<br>(Explain in<br>checked)         |  |  |
|                            | 8 DL/<br>Type            |  | St                | /ID DL/ID ate Num.                                     |  | 9 DL<br>Class             | 10 CDL<br>End.                     |                       | 11<br>Re                | DL<br>est.       |                           |           |           | OB<br>MM/D                 | D/YY         | · · · · · · · · · · · · · · · · · · ·    |   |                  |                           |  |  |  |
| ,                          | City,                    | ess (S<br>State,   | ZIP)              |  |  |                           |                                    | <u> </u>              | <u> </u>                |                  | <u> </u>                  |           | ا ت       |                            |              |  |   |                  |                           | >  |  |  |
| VEHICLE, DRIVER, & PERSONS | Person<br>Num.           | 12 Prsn.<br>Type   | 3 Seat<br>osition | Enter Driver   | Name: Last, First<br>or Primary Person f |                           | line                               | 14 Injury<br>Severity | Age                     | 15<br>Ethnicity  | 16 Sex                    | 17 Eject. | 18 Restr. | 19<br>Airbag               | 20<br>Helmet | 21 Sol.                                  | 22 Alc.<br>Spec.  | Alc.<br>Result   | 3 Drug                    | 24 Drug<br>Result<br>25 Drug<br>Category |  |  |
| & PE                       | ш Z                      | 1 L  | Т Ц               |  |  |                           |                                    | <u></u> ← 0)          | ٩                       | — Ш              |                           | _         | _         | <del>-</del> ⊄             | 2 T          | - 7                                      | 0.0   | ų LL             | 0 0                       | 2 11 2 0                                 |  |  |
| RIVER                      |                          |  |                   |  |  |                           |                                    |                       |                         |                  |                           |           |           |                            |              |  |   |                  |                           | lcohol and                               |  |  |
| CLE, D                     |                          |  |                   |  |  |                           |                                    |                       |                         |                  |                           |           |           |                            |              |  | Drug<br>for D   | river/Pr         | are or<br>imary<br>ch Uni | nly reported<br>Person for               |  |  |
| VEHIC                      |                          | wner   | O\4/              | ner/Lessee   |  |                           |                                    |                       |                         |                  |                           |           |           |                            |              |  |   |                  | 5111                      |  |  |  |
|                            | Le                       | essee  | Nan               | ne & Address   | F:- D                                    | nan.                      |                                    |                       |                         | E:- 5            | 2000                      |           |           |                            |              |  |   |                  |                           |  |  |  |
|                            |                          | Resp.  | Yes<br>No         | Exempt Resp. Type                                      |  | •                         |                                    |                       |                         | Fin. F<br>Num.   | •                         |           |           |                            |              |  |   | I.               |                           |  |  |  |
|                            |                          | e Nun  | n.                |  |  | /ehicle<br>nage Rating 1  | -                                  | -                     |                         | 27 Ve<br>Dama    | ehicle<br>age Ra          | ting 2    |           |                            | -            |  | -   |                  | ehicle                    | Yes                                      |  |  |
|                            | Towe<br>By               | ed   |                   |  |  | Towed<br>To               |                                    |                       |                         |                  |                           |           |           |                            |              |  |   |                  |                           |  |  |  |

Case | 220006321 Form CR-3 (Rev. 1/1/2018) Crash ID Unit Num. Prsn. Num. Date of Death (MM/DD/YYYY) Taken By Unit Num. Prsn. Num. Charge Citation/Reference Num. Damaged Property Other Than Vehicles Owner's Name Owner's Address DAMAGE ☐ Yes ☐ No TRANSPORTING HAZARDOUS MATERIAL 28 Veh. 29 Carrier Carrier □ 10,001+ LBS. CMV Disabling 9+ CAPACITY ID Type Num. Damage? Oper. ID Num. Carrier's Carrier's Corp. Name Primary Addr. HazMat Yes 32 HazMat Released No Class Num. 31 Bus RGVW HazMat 32 HazMat HazMat GVWR Type ID Num. Class Num. ID Num. RGVW GVWR Yes No RGVW GVWR CMV Disabling Unit 34 Trlr. CMV Disabling Unit 34 Trlr. Num Type Damage? Num. Type Damage? Intermodal Shipping Yes No Actual Gross Weight Sequence 35 Seq. 3 35 Seq. 1 35 Seq. 2 35 Seq. 4 37 Vehicle Defects (Investigator's Opinion) Environmental and Roadway Conditions 36 Contributing Factors (Investigator's Opinion) Unit# Contributing May Have Contrib. Contributing May Have Contrib. 41 42 38 39 40 Light Weather Entering Roadway Roadway Cond. Cond. Roads Alignment Type 4 3 INVESTIGATOR

INDESTIGATOR

OD SUIT

OD How Notified DISPATCHED Time Notified (24HR:MM) Time Arrived (24HRMM) Report Date (MM/DD/YYYY) 7 | 3 | 7 | 4 | 0 0 1 / 2 5 / 2 0 2 2 1 1 1 Yes No Investigator Invest. Comp. Name (Printed) HAYES Num. 4485 Service/ Region/DA T , X , 2 , 2 , 0 , 1 , 2 , 0 , 0 SIOUIT Н \*Agency FORT WORTH POLICE DEPARTMENT

TxDOT

Law Enforcement and TxDOT Use ONLY.