

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal
Num. 0 0 3
UnitsTotal
Num. 0 0 6
Prsns.TxDOT
Crash ID

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

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

IDENTIFICATION & LOCATION

★Crash Date (MM/DD/YYYY) 0 1 / 2 5 / 2 0 2 2 ★Crash Time (24HRMM) 1 6 2 7 Case ID 220006321 Local Use

★County Name TARRANT ★City Name FORT WORTH ☐ Outside City LimitIn your opinion, did this crash result in at least \$1,000 damage to any one person's property? ☒ Yes ☐ No Latitude (decimal degrees) 3 2 . 6 1 4 9 5 Longitude (decimal degrees) — 0 9 7 . 3 4 9 3 3

ROAD ON WHICH CRASH OCCURRED

★1 Rdwy. Sys. LR ★Hwy. Num. 2 Rdwy. Part 1 Block Num. 9600 3 Street Prefix ★Street Name CROWLEY 4 Street Suffix RD

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot ☐ Toll Road/Toll Lane Speed Limit 45 Const. ☐ Yes ☒ No Workers Present ☐ Yes ☒ No Street Desc.

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

At Int. ☒ Yes ☐ No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 1900 3 Street Prefix W Street Name RISINGER 4 Street Suffix RDDistance from Int. or Ref. Marker ☐ FT ☐ 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. NXW2645 VIN 4 T 1 C E 3 0 P 8 7 U 7 6 0 0 4 3Veh. Year 2 0 0 7 6 Veh. Color SIL Veh. Make TOYOTA Veh. Model CAMRY 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. 19968354 9 DL Class 5 10 CDL End. 5 11 DL Rest. 5 DOB (MM/DD/YYYY) 0 7 / 3 0 / 1 9 7 5

Address (Street, City, State, ZIP) 8602 PEACH ST. LUBBOCK TX 79404

VEHICLE, DRIVER, & PERSONS

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	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 JOSE LUIS	C	46	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.

☒ Owner ☐ Lessee Owner/Lessee Name & Address MARTINEZ JOSE LUIS 8602 PEACH ST. LUBBOCK TX 79404Proof of Fin. Resp. ☒ Yes ☐ Expired ☐ Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name OLD AMERICAN COUNTY MUTUAL FIRE Fin. Resp. Num. VGO-487218Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 11 - FR - 6 27 Vehicle Damage Rating 2 - - Vehicle ☒ Yes ☐ No Inventoried

Towed By CORNISH WRECKER SERVICE Towed To 2557 S RIVERSIDE DR

VEHICLE, DRIVER, & PERSONS

Unit Num. 2 5 Unit Desc. 1 ☐ Parked Vehicle ☐ Hit and Run LP State TX LP Num. HLL5239 VIN 3 F A D P 4 A J 9 E M 2 3 4 4 4 8Veh. Year 2 0 1 4 6 Veh. Color SIL Veh. Make FORD Veh. Model FIESTA 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. 45289934 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 1 1 / 3 0 / 2 0 0 3

Address (Street, City, State, ZIP) 2068 LEONARD RANCH RD FORT WORTH TX 76134

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	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	THAWNG ZUNG LIAN	C	18	A	1	1	1	5	97	N	96		96	97	97
2	2	5	CUNG BIAK	C	16	A	1	1	96	5	97	N					

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

☒ Owner ☐ Lessee Owner/Lessee Name & Address LIAN ZA KHAR 2068 LEONARD RANCH RD FORT WORTH TX 76134Proof of Fin. Resp. ☒ Yes ☐ Expired ☐ Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name PROGRESSIVE COUNTY MUTUAL INSURANCE Fin. Resp. Num. 925403567Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 7 27 Vehicle Damage Rating 2 - - Vehicle ☐ Yes ☒ No Inventoried

Towed By BEARD'S TOWING Towed To 4400 E LOOP 820 S FORT WORTH, 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	HARRIS HOSPITAL - DOWNTOWN	MEDSTAR 66	/ /	
	2	2	HARRIS HOSPITAL - DOWNTOWN	MEDSTAR 35	/ /	
	1	1	JPS HOSPITAL	MEDSTAR 21	/ /	
					/ /	
					/ /	

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

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

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?
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:

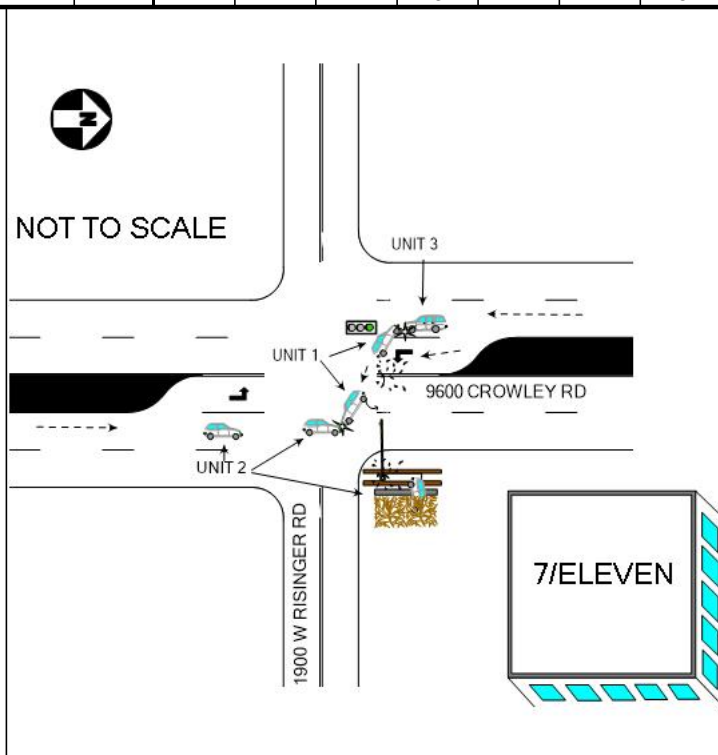
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								1	1	4	3	1	1	5	

UNIT 1 WAS TRAVELING SOUTH ON CROWLEY RD AND MADE A LEFT TURN TO TURN EAST BOUND ON W RISINGER ROAD. UNIT 2 WAS TRAVELING NORTH ON CROWLEY RD IN LANE 2. UNIT 3 WAS TRAVELING SOUTH ON CROWLEY RD IN LANE 1.

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 CROSSED THE MEDIAN AND HIT UNIT 3 THAT WAS SITTING AT A RED LIGHT.

UNIT 2 DRIVER STATED THAT HE WAS TRAVELING NORTH ON CROWLEY RD WHEN UNIT 1 TURNED LEFT IN FRONT OF HIM.

UNIT 3 STATED SHE DIDN'T SEE EXACTLY WHAT OCCURRED UNTIL SHE WAS HIT BY UNIT 1.



INVESTIGATOR	Time Notified (24HR:MM)	1 7 3 4	How Notified	DISPATCHED	Time Arrived (24HR:MM)	1 7 4 0	Report Date (MM/DD/YYYY)	0 1 2 5 2 0 2 2
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HAYES	T		ID Num.	4485
	ORI Num.	T X 2 2 0 1 2 0 0	*Agency	FORT WORTH POLICE DEPARTMENT			Service/Region/DA	S O U T H



Refer to Attached Code Sheet for Numbered Fields

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

★Crash Date (MM/DD/YYYY) 01/25/2022		★Crash Time (24HRMM) 1627		Case ID 220006321		Local Use																																					
★County Name TARRANT				★City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																			
In your opinion, has this crash resulted in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.61495		Longitude (decimal degrees) -097.34933																																					
ROAD ON WHICH CRASH OCCURRED																																											
★1 Rdwy. Sys. LR		★Hwy. Num.		2 Rdwy. Part 1		Block Num. 9600		3 Street Prefix		★Street Name CROWLEY		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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Workers Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Street Desc.																															
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																											
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 1900		3 Street Prefix W		Street Name RISINGER		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. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. PRC1059		VIN 5N1AZ2DJ0MC126836																															
Veh. Year 2021		6 Veh. Color BLK		Veh. Make NISSAN		Veh. Model MURANO		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. 18027887		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/08/1977																															
Address (Street, City, State, ZIP) 752 WATSON WAY CROWLEY TX 76036																																											
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		NGUYEN OANH THI		N		44		A		2		1		1		1		97		N		96				96		97		97									
2		2		3		PHAM PHILLIP		N		16		A		1		1		1		1		97		N		Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
3		2		4		PHAM EMMY		N		16		A		2		1		1		1		97		N																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LASSITER OLYVIA J BURLESON TX 76028		Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE FIRE AND CASUALTY INSURANCE		Fin. Resp. Num. 000000816868819		Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 10- FL-6		27 Vehicle Damage Rating 2 - -		Vehicle Inventoried <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																									
Towed By DRIVER DROVE IT HOME		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)								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 Fin. Resp. <input 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 - -		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.																																			

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"/> 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	1	4	3	1	1	5	
NARRATIVE AND DIAGRAM																
INVESTIGATOR	Time Notified (24HR:MM)		1 7 3 4		How Notified		DISPATCHED		Time Arrived (24HRMM)		1 7 4 0		Report Date (MM/DD/YYYY)		0 1 2 5 2 0 2 2	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HAYES T										ID Num. 4485			
	ORI Num.	T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT										Service/Region/DA S O U T H		