

Wed, 26 April 2023

STATE OF TEXAS §

This is to certify that I, Jim Markham, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Thu, 13 April 2023, which occurred in Bexar County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.



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





Texas Peace Officer's Crash Report (Form CR-3 4/1/2023)

Refer to the attached code sheet for numbered fields

Questions? Call 844/274-7457

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

Page 1 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 0 4 / 1 3 / 2 0 2 3		*Crash Time (24HRMM) 2 0 0 0		Case ID SAPD23080749		Local Use 6150																													
*County Name BEXAR				*City Name SAN ANTONIO				<input type="checkbox"/> Outside City Limit																											
In your opinion, did this crash result in at least \$1000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude — (decimal degrees)																													
ROAD ON WHICH CRASH OCCURRED																																			
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 1900		3 Street Prefix SW		* Street Name MILITARY		4 Street Suffix DR																							
<input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic E		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 35		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No		Workers <input type="checkbox"/> Yes Present <input checked="" type="checkbox"/> No		Secondary <input checked="" type="checkbox"/> Yes Crash <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. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2000		3 Street Prefix		Street Name COMMERCIAL		4 Street Suffix AVE																					
Distance from Int. or Ref. Marker 100		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Ref. Marker		Speed Limit 35		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. PBV2898		VIN 1 G C R C R E C 8 F Z 2 0 4 5 4 1																							
Veh. Year 2 0 1 5		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model SILVERADO		7 Body Style PK																											
<input type="checkbox"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit NO		9 Autonomous Level Engaged NO AUTOMATION		<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)																													
10 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44983259		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 2 / 1 3 / 2 0 0 2																							
Address (Street, City, State, ZIP) 10000 PADDLEFISH CREEK SAN ANTONIO, TX 78245																																			
Person Num.		14 Prsn. Type		15 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		16 Injury Severity		Age		17 Ethnicity		18 Sex		19 Eject.		20 Restr.		21 Airbag		22 Helmet		23 Sol.		24 Alc. Spec.		Alc. Result		25. Drug Spec.		26 Drug Result		27 Drug Category	
1		1		1		MARTINEZ, JAKOB		N		21		W		1		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address OJEDA, GEORGIE, 10000 PADDLEFISH CREEK SAN ANTONIO, TX 78245																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		28 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY (COUNTY MUTUAL) /WAUSAU INS. GRP		Fin. Resp. Num. ABT29171774775																											
Fin. Resp. Phone Num. (800) 225-2467		29 Vehicle Damage Rating 1 1 2 - F D - 2		29 Vehicle Damage Rating 2 - - - - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													
Towed By		Towed To																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. HVX1044		VIN 1 3 0 2 0 0 4 2 6 3 2 0 9 5 4 3 4																							
Veh. Year 2 0 1 6		6 Veh. Color WHI		Veh. Make TOYOTA		Veh. Model RAV4		7 Body Style SV																											
<input type="checkbox"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit NO		9 Autonomous Level Engaged NO AUTOMATION		<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)																													
10 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33837764		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 1 0 / 1 7 / 1 9 9 3																							
Address (Street, City, State, ZIP) 200 LONG CREEK NEW BRAUNFELS, TX 78130																																			
Person Num.		14 Prsn. Type		15 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		16 Injury Severity		Age		17 Ethnicity		18 Sex		19 Eject.		20 Restr.		21 Airbag		22 Helmet		23 Sol.		24 Alc. Spec.		Alc. Result		25. Drug Spec.		26 Drug Result		27 Drug Category	
1		1		1		BERGER, KAYLA		N		29		W		2		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address BERGER, KAYLA, 200 LONG CREEK NEW BRAUNFELS, TX 78130																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		28 Fin. Resp. Type 1		Fin. Resp. Name GERMANIA INS.		Fin. Resp. Num. 4-304-12563548																											
Fin. Resp. Phone Num. (800) 392-2202		29 Vehicle Damage Rating 1 6 - B D - 2		29 Vehicle Damage Rating 2 1 2 - F D - 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																													
Towed By		Towed To																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID SAPD23080749	TxDOT Crash ID 19491648.1/2023169521		Page 2 of 4															
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)											
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.											
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address											
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> Transporting Hazardous Material		<input type="checkbox"/> 9+ Capacity		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		30 Veh. Oper.		31 Carrier ID Type		Carrier ID Num.							
	Carrier's Corp. Name				Carrier's Primary Addr.								32 Veh. Type							
	33 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		34 HazMat Class Num.		HazMat ID Num.		34 HazMat Class Num.		HazMat ID Num.		35 Cargo Body Type					
	Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		36 Trlr. Type		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		36 Trlr. Type		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Sequence Of Events		37 Seq. 1		37 Seq. 2		37 Seq. 3		37 Seq. 4		Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		Actual Gross Weight		Total Num. Axles					
FACTORS & CONDITIONS	38 Contributing Factors (Investigator's Opinion)					39 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions									
	Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control		
	1	20	44									1	3	2	3	1	1	17		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) I was dispatched to the listed location for a call of a major accident. Upon arrival I obtained details of the crash from Officer M. Guzman #0574. Unit 1, 2, 3, and 4 were all headed eastbound on the 1900 block of Military Dr. Unit 1 was unaware of Unit 2 stopped ahead of him and slammed on his breaks to avoid collision. Unit 1 did indeed make contact with Unit 2 who in turn made contact with Unit 3 and finally Unit 4 as well. All 4 units were one in front of the other and stopped in traffic. No injuries were reported at this time. EMS cleared all parties on scene. Insurance information was distributed to all parties involved. No further action taken. DMEA.										Indicate North <div>Field Diagram - Not to Scale</div> <div>Not To Scale</div> <div></div>									
INVESTIGATOR	Date Notified (MM/DD/YYYY) 04 / 13 / 2023					Time Notified (24HRMM) 2 0 0 0					How Notified dispatched									
	Date Arrived (MM/DD/YYYY) 04 / 13 / 2023					Time Arrived (24HRMM) 2 0 0 8					Report Date (MM/DD/YYYY) 04 / 13 / 2023									
	Date Roadway Cleared (MM/DD/YYYY) 04 / 13 / 2023					Time Roadway Cleared (24HRMM) 2 0 0 8					Date Scene Cleared (MM/DD/YYYY) 04 / 13 / 2023					Time Scene Cleared (24HRMM) 2 0 3 0				
	Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) Cardenas, Jesse								ID Num. 0539									
	ORI Num. T X S P D 0 0 0 0		*Agency SAN ANTONIO POLICE DEPARTMENT								Service/Region/DA		S		6 0					

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ZONEACTIVE
SCHOOLTotal
Num.
Units

4

Total
Num.
Prsns.

4

TxDOT 19491648.1
Crash ID /2023169521

Texas Peace Officer's Crash Report (Form CR-3 4/1/2023)

Refer to the attached code sheet for numbered fields

Questions? Call 844/274-7457

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

Page 3 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 0 4 / 1 3 / 2 0 2 3		*Crash Time (24HRMM) 2 0 0 0		Case ID SAPD23080749		Local Use 6150																													
*County Name BEXAR				*City Name SAN ANTONIO				<input type="checkbox"/> Outside City Limit																											
In your opinion, did this crash result in at least \$1000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude (decimal degrees)																													
ROAD ON WHICH CRASH OCCURRED																																			
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 1900		3 Street Prefix SW		* Street Name MILITARY		4 Street Suffix DR																							
<input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic E		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 35		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No		Workers <input type="checkbox"/> Yes Present <input checked="" type="checkbox"/> No		Secondary <input checked="" type="checkbox"/> Yes Crash <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. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2000		3 Street Prefix		Street Name COMMERCIAL		4 Street Suffix AVE																					
Distance from Int. or Ref. Marker 100		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Ref. Marker		Speed Limit 35		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. SSR8379		VIN 2 T 3 H 1 R F V X P C 2 1 9 9 2 1																							
Veh. Year 2 0 2 3		6 Veh. Color WHI		Veh. Make TOYOTA		Veh. Model RAV4		7 Body Style SV																											
<input type="checkbox"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit NO		9 Autonomous Level Engaged NO AUTOMATION		<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)																													
10 DL/ID Type 1		DL/ID State TX		DL/ID Num. 41303141		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 6 / 2 5 / 1 9 9 9																							
Address (Street, City, State, ZIP) 7400 YARROW SAN ANTONIO, TX 78224																																			
Person Num.		14 Prsn. Type		15 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		16 Injury Severity		Age		17 Ethnicity		18 Sex		19 Eject.		20 Restr.		21 Airbag		22 Helmet		23 Sol.		24 Alc. Spec.		Alc. Result		25. Drug Spec.		26 Drug Result		27 Drug Category	
1		1		1		ALVARADO SERNA, RUBEN		N		23		H		1		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ALVARADO SERNA, RUBEN, 7400 YARROW SAN ANTONIO, TX 78224																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		28 Fin. Resp. Type 1		Fin. Resp. TITAN/HOME STATE COUNTY MUTUAL Name INS. CO.		Fin. Resp. Num. 2017645077																											
Fin. Resp. Phone Num. (800) 848-2687		29 Vehicle Damage Rating 1		6 - B D - 2		29 Vehicle Damage Rating 2		1 2 - F D - 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By		Towed To																																	
Unit Num. 4		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. NJF9367		VIN 4 T 1 B 1 1 H K 5 J U 0 6 9 8 4 1																							
Veh. Year 2 0 1 8		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model CAMRY		7 Body Style P4																											
<input type="checkbox"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit NO		9 Autonomous Level Engaged NO AUTOMATION		<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)																													
10 DL/ID Type 1		DL/ID State TX		DL/ID Num. 46137509		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 6 / 2 7 / 1 9 9 6																							
Address (Street, City, State, ZIP) 13800 OUSSET VON ORMY, TX 78073																																			
Person Num.		14 Prsn. Type		15 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		16 Injury Severity		Age		17 Ethnicity		18 Sex		19 Eject.		20 Restr.		21 Airbag		22 Helmet		23 Sol.		24 Alc. Spec.		Alc. Result		25. Drug Spec.		26 Drug Result		27 Drug Category	
1		1		1		VASQUEZ, VERONICA		N		26		W		2		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address VASQUEZ, LUIS, P.O BOX 603 VON ORMY, TX 78073																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		28 Fin. Resp. Type 1		Fin. Resp. INFINITY (COUNTY MUTUAL) INS. Name co.		Fin. Resp. Num. 142550367634001																											
Fin. Resp. Phone Num. (800) 334-1661		29 Vehicle Damage Rating 1		6 - B D - 2		29 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Towed By		Towed To																																	

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

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

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

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> Transporting Hazardous Material	<input type="checkbox"/> 9+ Capacity	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name			Carrier's Primary Addr.				32 Veh. Type		
	33 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	34 HazMat Class Num.	HazMat ID Num.	34 HazMat Class Num.	HazMat ID Num.	35 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	36 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	36 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	37 Seq. 1	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	38 Contributing Factors (Investigator's Opinion)					39 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions							
	Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control

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

INVESTIGATOR	Date Notified (MM/DD/YYYY)	0 4 / 1 3 / 2 0 2 3	Time Notified (24HRMM)	2 0 0 0	How Notified	dispatched		
	Date Arrived (MM/DD/YYYY)	0 4 / 1 3 / 2 0 2 3	Time Arrived (24HRMM)	2 0 0 8	Report Date (MM/DD/YYYY)	0 4 / 1 3 / 2 0 2 3		
	Date Roadway Cleared (MM/DD/YYYY)	0 4 / 1 3 / 2 0 2 3	Time Roadway Cleared (24HRMM)	2 0 0 8	Date Scene Cleared (MM/DD/YYYY)	0 4 / 1 3 / 2 0 2 3	Time Scene Cleared (24HRMM)	2 0 3 0
	Investigation Complete	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Cardenas, Jesse			ID Num.	0539
	ORI Num.	T X S P D 0 0 0 0	*Agency	SAN ANTONIO POLICE DEPARTMENT			Service/Region/DA	S 6 0