

125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | WWW.TXDOT.GOV

Thu, 08 June 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 Mon, 05 June 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



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OCA1	\$1000 ROAD	our opinion, did this crash result in at least \(\times \) Yes O0 damage to any one person's property? \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \															1		mal degre					<u> </u>							
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DRIVER	1	1	1	UNKNOWN,	UNKNO	NWC										99		99	99	97	99	99	97	N	_	^ nnlianh	96	97	97		
VEHICLE,																									Drug for D	Applicab Results river/Pri ach Unit	are on mary P	ily rep	orted		
	∑ Owner Owner/Lessee																														
Proof of Yes Expired 28 Fin. Fin. Resp. No Exempt Resp. Type Fin. Resp. Fin. Resp. 29 Vehicle											Fin. Resp.																				
												lum. 29	Vehicle									hicle		Yes							
	Phone Towed	-								Rating 1								nage R		2						Inv	ventorie	ed X	No		
	By									To																					

	v Enford m CR-3			xDOT Use ONL 2023)	Y. C	ase)	SAPD231	.23101			xDOT rash ID	195830	01.1/20	2326169		Page <u>4</u> of <u>4</u>					
	Unit Prsn. Num. Taken To										Taken By				Date of (MM/DE	f Death D/YYYY)		Time of (24HF	f Death RMM)		
NO.	3	1	I	PRIVATE PH	YSICIAN				SELF												
SITIC	ED/K																				
DISPC	5 																				
	Unit Num.	Prsn Num	i.						C	harge							Citation/	/Reference I	Num.		
GES																					
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														_							
SE			Dama	ged Property Of	ther Than V	ehicles	3			Own	er's Name					Own	er's Address				
DAMAGE																					
a													•			•					
	Unit Num.			10,001+ LBS.	∃ Transpoi Hazardo		erial 🗆	9+ Capacity	CMV D Damaç	Disabling 🔲 ge? 🔲	Yes 30 Vel No Oper.	٦.	31 Ca ID Ty			Carrier ID Num.	,				
	Carrier' Corp. N						Carrier's Primary A	.ddr.										32 Veh. Type			
CMV	33 Bus Type			☐RGVW ☐GVWR				Yes 34 Hazi No Class N		HazMat ID Num.		I	34 HazN Class N		lazMat D Num.			35 Cargo Body Type			
	Unit Num.]	RGVW GVWR			36 Trlr. Type	СМ		g 🔲 Yes L	Jnit Jum.		RGVW GVWR	1 1 1	•	36 Trlr. Type		MV Disabling amage?	Yes No		
	Sequer Of Ever		7 Seq.	•	37 Seq. 2		<u>'</u>	Seq. 3		37 Seq. 4			dal Shipping	Yes A	ctual Pross	. , , ,		Total Num. Axles			
		38 C	ontrib	uting Factors	 		•			ects (Investi		inion)			Veight vironmental	and Road	dway Conditi				
ORS 8	5 Un	it #		Contributing		May H	lave Contrib.		Contributin	g	May Have	e Contrib.	40 Weather	41 Light	42 Entering	43 Roadway	' '	45 Surface	46 Traffic		
FACTORS &		1	4										Cond.	Cond.	Roads	Туре	Alignment	Condition	Control		
				Investigat	or's Narrativ	∕e Onin	nion of What I	Hannened						C:ald D	in aware . Net	t to Coole					
							ets if Necess				Indicate North			rieiu D	iagram - Not	i to Scale					
3RAN																					
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H	Date N	lotified									me Notified			How							
	(MM/D	D/YYY	Y)	06/05	/ 2 0 2	3				(2	24HRMM)	0 7	7 1 3	Notified		TCHED					
70R	Date A (MM/E	Arrived DD/YYY	YY)	06/05	/ 2 0 2	3				Time A (24HRN		17 12		Report Dat MM/DD/YY		0,6	5 / 0 5 / 2	2023			
TIGA	Date R Cleare	toadwa d (MM/	iy /DD/YY	YY) 06/	/ 0 5 / 2	0 2 :	Time Ro Cleared	-	0 7	2 8	Date Sce Cleared		YYY) 0 6	/ 0 5 /		Time Scer Cleared (2		0 8	0 0		
VVES	Date A (MM/E Date R Cleare Investig Comple	gation	X Ye	s Investigator Name (Printe	54) as som	- O	TTTCIMTY	.	_	<u> </u>	•				1	ID Num	0015		•		
	ORI	_		<u> </u>		_ *	Aganak									Service/			<u> </u>		
	Num.	T	x s	P D O		0 */	Agency SA I	OINOTHA N) POLI	CE DEPAR	TMENT					Region/	DA N	3 0			