



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

Thu, 20 June 2024

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 Fri, 31 May 2024, 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



OUR VALUES: *People • Accountability • Trust • Honesty*
OUR MISSION: *Connecting You With Texas*

An Equal Opportunity Employer

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

2

Total
Num.
Prsns.

4

TxDOT 20225223.1
Crash ID /2024263898

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 2

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 0 5 / 3 1 / 2 0 2 4		*Crash Time (24HRMM) 2 0 1 9		Case ID SAPD24118808		Local Use 3150																													
*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. US		*Hwy. Num. 281		2 Rdwy. Part 2		Block Num. 23600		3 Street Prefix		* Street Name US HWY 281 N		4 Street Suffix																							
<input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic N		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 45		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No		Workers <input type="checkbox"/> Yes Present <input checked="" type="checkbox"/> No		Secondary <input type="checkbox"/> Yes Crash <input checked="" type="checkbox"/> No		Street Desc. ACCESS RD																					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																			
At <input checked="" type="checkbox"/> Yes Int. <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix		Street Name SUMMIT CHURCH		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		Ref. Marker		Speed Limit 40		Street Desc. MAIN LANES		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. 5444B18		VIN 3 K P C 2 4 A 3 X J E 0 1 2 4 0 1																							
Veh. Year 2 0 1 8		6 Veh. Color WHI		Veh. Make HYUNDAI		Veh. Model ACCENT		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. 33740058		11 DL Class C		12 CDL End. 96		13 DL Rest. A		DOB (MM/DD/YYYY) 0 7 / 2 1 / 1 9 9 3																							
Address (Street, City, State, ZIP) 13311 ASBURY VISTA SAN ANTONIO, TX 78249																																			
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		RODRIGUEZ, TARA, ANGELICA		N		30		H		2		1		1		3		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RODRIGUEZ, TARA, ANGELICA, 13311 ASBURY VISTA SAN ANTONIO, TX 78249																																	
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. PROGRESSIVE (COUNTY MUTUAL) INS. Name co.		Fin. Resp. Num. 975934466																											
Fin. Resp. Phone Num. (800) 776-4737		29 Vehicle Damage Rating 1		9 - L F Q - 2		29 Vehicle Damage Rating 2		- - - - - - - -		Vehicle <input type="checkbox"/> Yes Inventoried <input checked="" type="checkbox"/> No																									
Towed By TEXAS TOWING		Towed To GROWDON																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. KSN1144		VIN J T J H K 3 1 U 4 8 2 0 3 4 9 5 6																							
Veh. Year 2 0 0 8		6 Veh. Color WHI		Veh. Make LEXUS		Veh. Model RX		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. 18383880		11 DL Class C		12 CDL End. 96		13 DL Rest. A		DOB (MM/DD/YYYY) 1 0 / 1 2 / 1 9 5 0																							
Address (Street, City, State, ZIP) 619 BUTTERFLY RIDGE SAN ANTONIO, TX 78260																																			
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		LOKER, LOREN, HOWARD		N		73		W		1		1		1		1		97		N		96				96		97		97	
2		2		3		LOKER, BURTON		N		78		W		1		1		1		1		97		N											
3		2		6		LOKER, SANDRA		C		78		W		2		1		1		1		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LOKER, SANDRA, MARIE, 619 BUTTERFLY RIDGE SAN ANTONIO, TX 78260																																	
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. USAA - UNITED SERVICES Name AUTOMOBILE ASSN.		Fin. Resp. Num. 0101421217106																											
Fin. Resp. Phone Num. (800) 531-8722		29 Vehicle Damage Rating 1		1 2 - F D - 2		29 Vehicle Damage Rating 2		- - - - - - - -		Vehicle <input type="checkbox"/> Yes Inventoried <input checked="" type="checkbox"/> No																									
Towed By NOT TOWED		Towed To NOT TOWED																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID SAPD24118808	TxDOT Crash ID 20225223.1/2024263898		Page 2 of 2											
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)							
	2	3	NOT TRANSPORTED		NOT TRANSPORTED											
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	15								2	1	2	4	1	1	5
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale										
	Unit 1 driver stated that she was stopped on Summit Church RD west bound at US HWY 281 N north bound. Unit 1 driver stated that she's been having medical problems with her head. Unit 1 driver stated that she may have taken her foot off the brake and was unaware that she did. As a result of Unit 1's actions, she proceeded through the intersection and was hit by Unit 2. Unit 2 driver stated that he was driving north bound on the access road of US HWY 281 N in the center lane. Unit 2 driver stated that as he was approaching the intersection of US HWY 281 N at Summit Church Rd, he observed Unit 1 disregard the solid red line. As a result of Unit 1's actions, Unit 2 proceeded to crash into Unit 1. Unit 2 rear passenger had an injury to her face from the impact with the front passenger seat. Unit 2 passenger was cleared by SAFD on scene. No other injuries were claimed. Unit 1 driver was aware of her surroundings and aware of what occurred. It did not appear that the medical advisory board was needed to investigate Unit 1 driver's mental capacity. This is a summary of what happened. MVR and BWC are available for viewing.					<div>Indicate North</div>										
INVESTIGATOR	Date Notified (MM/DD/YYYY)				Time Notified (24HRMM)				How Notified							
	0 5 / 3 1 / 2 0 2 4				2 0 1 9				DISPATCHED							
	Date Arrived (MM/DD/YYYY)				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)							
	0 5 / 3 1 / 2 0 2 4				2 0 2 8				0 5 / 3 1 / 2 0 2 4							
	Date Roadway Cleared (MM/DD/YYYY)				Time Roadway Cleared (24HRMM)				Date Scene Cleared (MM/DD/YYYY)				Time Scene Cleared (24HRMM)			
0 5 / 3 1 / 2 0 2 4				2 1 1 1				0 5 / 3 1 / 2 0 2 4				2 1 1 1				
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)						ID Num.							
			MORGAN, JEREMY						1661							
ORI Num.		T X S P D 0 0 0 0	*Agency						Service/Region/DA							
			SAN ANTONIO POLICE DEPARTMENT						N 3 0							