

Wed, 09 August 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 Fri, 23 June 2023, which occurred in Guadalupe 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



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

2

Total
Num.
Prsns.

3

TxDOT 19619067.1
Crash ID /2023303107

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.).

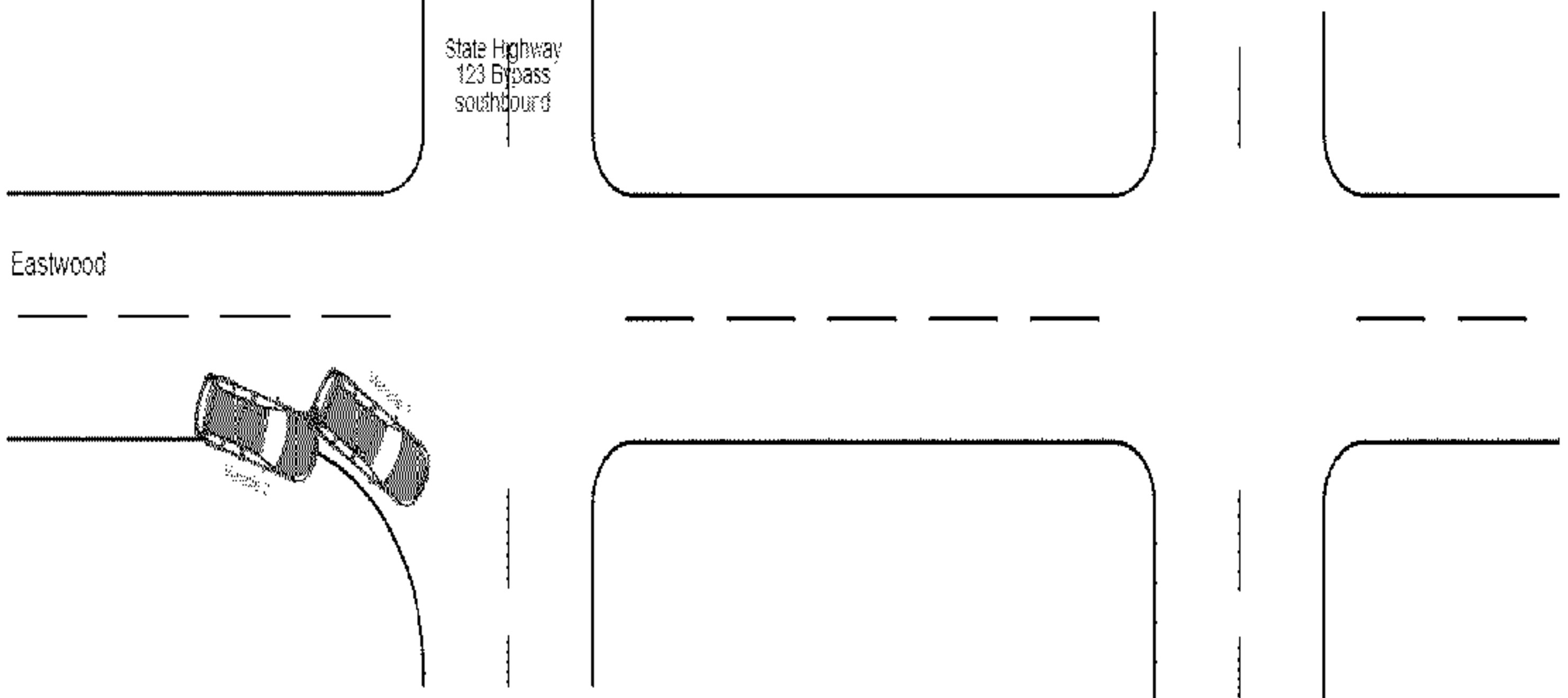
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IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 06 / 23 / 2023		*Crash Time (24HRMM) 1 7 3 0		Case ID 23-P17501		Local Use 23-P17501																													
*County Name GUADALUPE				*City Name SEGUIN				<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.		3 Street Prefix		* Street Name Eastwood		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 type="checkbox"/> Yes Crash <input checked="" type="checkbox"/> No		Street Desc. 2-lane paved																					
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. SH		Hwy. Num. 123		2 Rdwy. Part 1		Block Num.		3 Street Prefix S		Street Name State Hwy 123 Bypass		4 Street Suffix																					
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 45		Street Desc. 4 lane divided		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. DXK4619		VIN 2 G N A L B E K 0 D 1 1 1 3 2 1 0																							
Veh. Year 2 0 1 3		6 Veh. Color SIL		Veh. Make CHEVROLET		Veh. Model EQUINOX		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. 10475357		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 8 / 0 7 / 1 9 6 2																							
Address (Street, City, State, ZIP) 533 Johnson AVE Seguin, TX 78155																																			
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		Delagarza, Anita Marie		N		60		H		2		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Delagarza, Anita Marie, 533 Johnson AVE Seguin, TX 78155																																	
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 2		Fin. Resp. Name Texas Farm Bureau		Fin. Resp. Num. 23302986																									
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 1 -		F L -		2		29 Vehicle Damage Rating 2		- - -		Vehicle Inventoried		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Towed By N/A		Towed To N/A																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. NXP7766		VIN 1 F M C U 0 F 6 3 L U B 6 6 1 7 7																							
Veh. Year 2 0 2 0		6 Veh. Color GRY		Veh. Make FORD		Veh. Model ESCAPE		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. 47975389		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 4 / 1 8 / 1 9 9 7																							
Address (Street, City, State, ZIP) 206 Troell ST Seguin, TX 78155																																			
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		SANCHEZ, Ceira Alyzibeth		N		26		H		2		1		1		1		97		N		96				96		97		97	
2		2		3		SANCHEZ, BRENDA ANN		N		52		H		2		1		1		1		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SANCHEZ, Ceira Alyzibeth, 206 Troell ST Seguin, TX 78155																																	
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 2		Fin. Resp. Name Consumers County Mutual		Fin. Resp. Num. 6120253732221																									
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		7 -		B R -		2		29 Vehicle Damage Rating 2		- - -		Vehicle Inventoried		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Towed By N/A		Towed To N/A																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID 23-P17501	TxDOT Crash ID 19619067.1/2023303107		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)							
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								1	1	4	1	1	1	5
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Vehicle 2 was on Eastwood, eastbound, stopped at the red light at the intersection of with South State Highway 123 Bypass, waiting to make a right turn. Vehicle 1 was behind Vehicle 2, also waiting to make a right turn. Vehicle 2 began to move and then stopped again. Driver 1, seeing Vehicle 2 begin to move, also began to move forward, looked to the left for traffic on S. St. Hwy. 123 Bypass, and did not notice until too late that Vehicle 2 had stopped again. Driver 1 swerved to the right but was not able to avoid striking the rear right corner of Vehicle 2.								Indicate North Field Diagram - Not to Scale 							
INVESTIGATOR	Date Notified (MM/DD/YYYY)				Time Notified (24HRMM)				How Notified							
	0 6 / 2 3 / 2 0 2 3				1 7 3 2				Dispatch							
	Date Arrived (MM/DD/YYYY)				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)							
	0 6 / 2 3 / 2 0 2 3				1 7 4 2				0 6 / 2 3 / 2 0 2 3							
	Date Roadway Cleared (MM/DD/YYYY)				Time Roadway Cleared (24HRMM)				Date Scene Cleared (MM/DD/YYYY)				Time Scene Cleared (24HRMM)			
0 6 / 2 3 / 2 0 2 3				1 7 3 3				0 6 / 2 3 / 2 0 2 3				1 7 4 7				
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)						ID Num.							
			Collier, William Clayton						639							
ORI Num.		T X 0 9 4 0 3 0 0	*Agency						Service/Region/DA							
			SEGUIN POLICE DEPARTMENT						1							