

Mon, 17 July 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 Tue, 11 July 2023, which occurred in Nueces 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 11<sup>th</sup> Street  
Austin, TX 78701-2483







Page 1 of 5

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 07 / 11 / 2023										*Crash Time (24HRMM) 1220										Case ID C2304349										Local Use																			
	*County Name NUECES																				*City Name CORPUS CHRISTI																				<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. SH					*Hwy. Num. 358					2 Rdwy. Part 2					Block Num. 5800					3 Street Prefix S					* Street Name PADRE ISLADND										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 45					Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Secondary Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Street Desc.															
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																		
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					1 Rdwy. Sys. LR					Hwy. Num.					2 Rdwy. Part 1					Block Num. 1500					3 Street Prefix					Street Name AIRLINE										4 Street Suffix RD										
Distance from Int. or Ref. Marker 0.3										<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI					3 Dir. from Int. or Ref. Marker W					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. RWV3556										VIN 1C4NJDEB8ED820895															
Veh. Year 2014					6 Veh. Color SIL										Veh. Make JEEP										Veh. Model COMPASS										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. 48132516										11 DL Class C					12 CDL End. 96					13 DL Rest. 96					DOB (MM/DD/YYYY) 05 / 10 / 1986															
Address (Street, City, State, ZIP) 12113 DESSAU RD BLDG 6 APT 304, AUSTIN, TX 78754																																																		
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		BERRY, JAMES															N		37		W		1		1		1		1		97		N		96				96		97		97		

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID C2304349	TxDOT Crash ID 19646132.1/2023334272		Page 2 of 5														
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.										
	1	1	UNSAFE SPEED						E490587										
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	60								1	1	97	4	1	1	17			
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)  Unit 1, Unit 2 and Unit 3 were traveling east in the 5800 blk of S Padre Island Dr (EB). Unit 2 and Unit 3 stopped due to traffic while Unit 1 was traveling at an unsafe speed striking Unit 2 from behind. This caused Unit 2 to strike Unit 3 from behind.										Field Diagram - Not to Scale								
											<div>Indicate North</div> <div>5800 blk S Padre Island Dr (EB)</div> <div></div>								
INVESTIGATOR	Date Notified (MM/DD/YYYY)					Time Notified (24HRMM)			How Notified			DISPATCH							
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)			Report Date (MM/DD/YYYY)			07 / 11 / 2023							
	Date Roadway Cleared (MM/DD/YYYY)					Time Roadway Cleared (24HRMM)			Date Scene Cleared (MM/DD/YYYY)			Time Scene Cleared (24HRMM)							
	Investigation Complete					Investigator Name (Printed)			ID Num.			Service/Region/DA							
ORI Num.										*Agency					CORPUS CHRISTI POLICE DEPARTMENT				
T X 1 7 8 0 2 0 0										T R									



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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY)    0 7 / 1 1 / 2 0 2 3							*Crash Time (24HRMM)    1   2   2   0							Case ID    C2304349								Local Use																										
	*County Name    NUECES												*City Name    CORPUS CHRISTI																		<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.    SH				*Hwy. Num.    358				2 Rdwy. Part    2				Block Num.    5800				3 Street Prefix    S				* Street Name    PADRE ISLADND								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    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.																				
VEHICLE, DRIVER & PERSONS	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.    1500				3 Street Prefix				Street Name    AIRLINE								4 Street Suffix    RD																		
	Distance from Int. or Ref. Marker    0 . 3				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI				3 Dir. from Int. or Ref. Marker    W				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.    SYS8591				VIN    1   C   3   C   C   C   F   B   7   G   N   1   5   3   7   3   4																								
	Veh. Year    2   0   1   6				6 Veh. Color    GRY				Veh. Make    CHRYSLER								Veh. Model    200								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.    00299288								11 DL Class    C				12 CDL End.    96				13 DL Rest.    A				DOB (MM/DD/YYYY)    0   4   /   1   2   /   1   9   5   9																					
Address (Street, City, State, ZIP)    543 CR 396 KENEDY, TX 78119																																																	
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		PEREZ, IRMA																C		64		H		2		1		1		1		97		N		96				96		97		97	
2		2		6		LOPEZ, GUADALUPE																N		51		H		2		1		1		1		97		N		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
3		2		4		SERENA, ELIDA																C		87		H		2		1		1		1		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address    PEREZ, THOMAS, 543 CR 396 KENEDY, TX 78119																																															
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. TX. (SOUTHERN) FARM BUREAU INS. Name    CO.								Fin. Resp. Num.    23281988																															
Fin. Resp. Phone Num.    (800) 266-5458								29 Vehicle Damage Rating 1    -    B    D    -    1								29 Vehicle Damage Rating 2    -    -    -    -    -    -    -								Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By    DRIVER										Towed To    DRIVEN AWAY																																							
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"/> Responder Struck (Explain in Narrative if checked)						8 Autonomous Unit										9 Autonomous Level Engaged										<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)																							
10 DL/ID Type				DL/ID State				DL/ID Num.								11 DL Class				12 CDL End.				13 DL Rest.				DOB (MM/DD/YYYY)																					
Address (Street, City, State, ZIP)																																																	
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	
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address																																															
Proof of Fin. Resp.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		28 Fin. Resp. Type				Fin. Resp. Name								Fin. Resp. Num.																															
Fin. Resp. Phone Num.								29 Vehicle Damage Rating 1    -    -    -    -    -    -    -								29 Vehicle Damage Rating 2    -    -    -    -    -    -    -								Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Towed By										Towed To																																							

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID C2304349	TxDOT Crash ID 19646132.1/2023334272		Page 4 of 5														
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)										
	3	1	PRIVATE DOCTOR		SELF														
	3	3	BAY AREA CC HOSPITAL		MEDIC UNIT														
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)					Time Notified (24HRMM)					How Notified								
	0 7 / 1 1 / 2 0 2 3					1   2   2   3					DISPATCH								
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)					Report Date (MM/DD/YYYY)								
	0 7 / 1 1 / 2 0 2 3					1   2   2   8					0 7 / 1 1 / 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 7 / 1 1 / 2 0 2 3					1   2   2   1					0 7 / 1 1 / 2 0 2 3					1   2   4   0				
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)								ID Num.								
			GUERRA, ARNOLDO								8419								
ORI Num.		T   X   1   7   8   0   2   0   0	*Agency								Service/Region/DA								
			CORPUS CHRISTI POLICE DEPARTMENT								T   R								

[illegible]