

Wed, 19 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, 06 April 2023, which occurred in Atascosa 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 | | | 2Total
Num.
Prsns. | | | 4TxDOT 19488298.1
Crash ID /2023166172

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 4 / 0 6 / 2 0 2 3		*Crash Time (24HRMM) 0 7 4 7		Case ID TX 2023-63467		Local Use																															
*County Name ATASCOSA				*City Name				<input checked="" 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) 2 9 ° 0 9 1 3 1				Longitude — (decimal degrees) 0 9 8 ° 6 8 0 9 4																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. FM		*Hwy. Num. 476		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																									
<input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic S		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 60		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.																							
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. FM		Hwy. Num. 2504		2 Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		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 60		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. RJD2186		VIN 2 G K A L M E K 7 F 6 2 2 4 9 1 7																									
Veh. Year 2 0 1 5		6 Veh. Color RED		Veh. Make GMC		Veh. Model TERRAIN		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. 42858036		11 DL Class C		12 CDL End. 96		13 DL Rest. A		DOB (MM/DD/YYYY) 1 1 / 1 5 / 1 9 9 6																									
Address (Street, City, State, ZIP) 104 Butterfly TRL. 104 LN Poteet, TX 78065																																					
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		Mendoza, Sheyla M				A		26		H		2		1		1		5		97		N		96				96		97		97	
2		2		6		Torres, Helen				A		6		H		2		1		4		3		97		N		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
3		2		4		Torres, Vincent				A		5		H		1		1		96		3		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Torrez, Felix, 104 Butterfly TRL. 104 LN Poteet, TX 78065																																			
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. OLD AMERICAN COUNTY MUTUAL FIRE Name INS. CO.				Fin. Resp. Num. HGA-22877																											
Fin. Resp. Phone Num. (877) 437-5007				29 Vehicle Damage Rating 1 1 ° R F Q ° 5				29 Vehicle Damage Rating 2 ° °				Vehicle <input checked="" type="checkbox"/> Yes Inventoried <input type="checkbox"/> No																									
Towed By Horn's Wrecker Service				Towed To 5966 N SH-16, Poteet, TX 79065																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. FVN4018		VIN 2 C 4 R D G C G 3 D R 7 4 9 9 5 1																									
Veh. Year 2 0 1 3		6 Veh. Color BLU		Veh. Make DODGE		Veh. Model GRAND CARAVAN		7 Body Style VN																													
<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. 20245163		11 DL Class C		12 CDL End. 96		13 DL Rest. A		DOB (MM/DD/YYYY) 0 9 / 1 0 / 1 9 8 8																									
Address (Street, City, State, ZIP) 1875 FM 2504 Poteet, TX 78065																																					
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		Hernandez III, Rogelio				A		34		H		1		1		1		5		97		N		96				96		97		97	
																												Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Jimenez, Mary J, 1875 FM 2504 Poteet, TX 78065																																			
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. PROGRESSIVE (COUNTY MUTUAL) INS. Name co.				Fin. Resp. Num. 959128775																											
Fin. Resp. Phone Num. (800) 776-4737				29 Vehicle Damage Rating 1 1 2 ° F D ° 5				29 Vehicle Damage Rating 2 ° °				Vehicle <input checked="" type="checkbox"/> Yes Inventoried <input type="checkbox"/> No																									
Towed By Horn's Wrecker Service				Towed To 5966 N SH-16, Poteet, TX 78065																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID TX 2023-63467	TxDOT Crash ID 19488298.1/2023166172		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)										
	1	1	Methodist Hospital Atascosa		Atascosa County EMS														
	1	2	Methodist Hospital Atascosa		Atascosa County EMS														
	1	3	Methodist Hospital Atascosa		Atascosa County EMS														
	2	1	Methodist Hospital Atascosa		Atascosa County EMS														
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.										
	1	1	Fail to Yield ROW: Turning Left (TXTRC: 545.152)						TXC231026053										
	1	1	Safety Seat Sys: Child <8 YOA Not Secured (TXTRC 545.412)						TXC231026053										
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	37																	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Unit 1 was traveling southbound on FM 476 attempting to turn east on FM 476 heading towards Poteet, TX. Unit 2 was traveling northbound on FM 2504 attempting to continue its travel on FM 476 northbound. Unit 1 failed to Yield ROW turning left when the front of Unit 2 collided with the front passenger side of Unit 1. The collision was so forceful that Unit 1 was spun around and came to a rest facing north on FM 476. Unit 2 was also spun around and came to a rest facing southbound on FM 2504. The occupants in Unit 1 were all severely injured; a 5 YO male was not restrained by the required safety seat and sustained serious head injuries. Another passenger, a 6 YO female sustained a large laceration on her knee. The driver of Unit 1 sustained unknown serious injuries. The driver of Unit 2 sustained serious unknown injuries. All were taken to Methodist Hospital Atascosa by Atascosa County EMS. Upon interview of the driver of Unit 2, he state that Unit 1 pulled out in front of him and he did not have enough time to avoid the collision. Upon interview of the driver of Unit 1, she stated she did not see Unit 1 and that her 5 YO son may not have been restrained by a safety seat.										Indicate North Field Diagram - Not to Scale 								
INVESTIGATOR	Date Notified (MM/DD/YYYY)					Time Notified (24HRMM)					How Notified								
	0 4 / 0 6 / 2 0 2 3					0 7 5 1					Atascosa County Comm								
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)					Report Date (MM/DD/YYYY)								
	0 4 / 0 6 / 2 0 2 3					0 8 1 5					0 4 / 0 7 / 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 4 / 0 6 / 2 0 2 3					0 9 0 2					0 4 / 0 6 / 2 0 2 3					0 9 0 2				
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)										ID Num.						
			Stephens, Mitchel Bradford										16220						
ORI Num.			*Agency										Service/Region/DA						
			DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										H P 6 C 0 4						