

Mon, 12 February 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 Thu, 25 January 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





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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY)	01 / 25 / 2024	*Crash Time (24HRMM)	2 2 0 3	Case ID	SAPD24018477	Local Use	2130															
	*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.	LR	*Hwy. Num.		2 Rdwy. Part	1	Block Num.	100	3 Street Prefix		* Street Name	Nolan	4 Street Suffix	ST									
	<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	30	Const. Zone	<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 Int.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	IH	Hwy. Num.	37	2 Rdwy. Part	1	Block Num.	0	3 Street Prefix		Street Name	IH 37 SB OFRP	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.		RRX Num.													
Unit Num.	1	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State	TX	LP Num.	SWR5015	VIN	2 G 1 W B 5 8 K 7 7 9 3 6 1 1 9 2												
Veh. Year	2 0 0 7	6 Veh. Color	BLK	Veh. Make	CHEVROLET	Veh. Model	IMPALA	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	4	DL/ID State	TX	DL/ID Num.	26756058	11 DL Class	5	12 CDL End.	5	13 DL Rest.	5	DOB (MM/DD/YYYY)	0 5 / 2 1 / 1 9 8 9										
Address (Street, City, State, ZIP) 2147 W POPLAR ST SAN ANTONIO, TX 78207																							
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	GARZA, JAIME						C	34	H	1	99	99	1	97	N	2	0	2	99	99	
																		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 CASTILLO, BRENDA, R, 535 S ACME RD SAN ANTONIO, TX 78237																					
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. Name	AMERICAN ACCESS CASUALTY COMPANY			Fin. Resp. Num.	42AU001060855													
Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1	1 2 - F D - 2	29 Vehicle Damage Rating 2	- - - - - - - -	Vehicle Inventoried	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
Towed By	TEXAS TOWING			Towed To	TID HOLD-GROWDON																		
Unit Num.	2	5 Unit Desc.	4	<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			NO			9 Autonomous Level Engaged			NO AUTOMATION			<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)									
10 DL/ID Type	99	DL/ID State	UN	DL/ID Num.		11 DL Class	99	12 CDL End.	99	13 DL Rest.	99	DOB (MM/DD/YYYY)	0 9 / 1 0 / 1 9 7 6										
Address (Street, City, State, ZIP) HOMELESS																							
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	4	16	MADINA, KARINA						A	47	H	2	97	97	97	97	N	96		96	97	97	
																		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<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 SAPD24018477	TxDOT Crash ID 20008898.1/2024046846		Page 2 of 4															
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)											
	1	1	TAKEN TO MAGISTRATE NURSE		OFFICER RAMIREZ #1772															
	2	1	SAMMC		EMS															
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.											
	1	1	INTOXICATION ASSAULT						SAPD24018477											
	1	1	FSRA-ACCIDENT CAUSING INJURY						SAPD24018477											
	1	1	FSRA-COLLISION CAUSING SBI						SAPD24018477											
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address											
	DAMAGE TO FENCE				HEALY-MURPHY CENTER				618 LIVE OAK ST SAN ANTONIO, TX 78202											
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	23	67									1	2	4	1	4	1	17		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) On January 25th, 2024, while on uniform patrol, I was dispatched to the above location for a report of an motor vehicle that collided with pedestrians. Upon arrival, EMS was on scene with Unit 2 and 3. Unit 1 ran up onto the sidewalk to which Unit 1 , as a result, ran over Unit 2 and struck Unit 3. Unit 2 sustained non-life threatening serious bodily injuries. Unit 2 was transported to SAMMC. Unit 3 advised me that Unit 1 was at the intersection of Nolan and Live Oak. Unit 3 informed me that Unit 1's driver had fled the scene after striking Unit 2 and Unit 3. Prior to Unit 1's driver fleeing the scene, Unit 1 continued on where Unit 1 then struck a fence, causing a secondary crash, at the intersection of Live Oak and Nolan St. Unit 3 reported that Unit 1 had jumped a curb and struck Unit 2 at the 12 o' clock position. Unit 3 also reported that Unit 1 began to "fishtail" striking Unit 3 at Unit 1's 5 o'clock position. [Ref SAPD24018477/Intoxication Assault] Unit 1's driver was later located and was booked for the listed charges. Traffic Investigation Detectives were notified. DMEA.										Indicate North Field Diagram - Not to Scale 									
INVESTIGATOR	Date Notified (MM/DD/YYYY)					Time Notified (24HRMM)					How Notified									
	0 1 / 2 5 / 2 0 2 4					2 2 0 4					DISPATCHED									
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)					Report Date (MM/DD/YYYY)									
	0 1 / 2 5 / 2 0 2 4					2 2 0 8					0 1 / 2 6 / 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 1 / 2 6 / 2 0 2 4					0 1 0 0					0 1 / 2 6 / 2 0 2 4					0 2 0 0					
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)							ID Num.										
			Ramirez, Myles							1772										
ORI Num.		T X S P D 0 0 0 0	*Agency							Service/Region/DA										
			SAN ANTONIO POLICE DEPARTMENT							T I T I										



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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 1 / 2 5 / 2 0 2 4										*Crash Time (24HRMM) 2 2 0 3										Case ID SAPD24018477										Local Use 2130																				
	*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. LR					*Hwy. Num.					2 Rdwy. Part 1					Block Num. 100					3 Street Prefix					* Street Name Nolan										4 Street Suffix ST																
<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 30					Const. Zone <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					1 Rdwy. Sys. IH					Hwy. Num. 37					2 Rdwy. Part 1					Block Num. 0					3 Street Prefix					Street Name IH 37 SB OFRP										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.										RRX Num.											
Unit Num. 3					5 Unit Desc. 4					<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 NO										9 Autonomous Level Engaged NO AUTOMATION										<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)																					
10 DL/ID Type 4					DL/ID State TX					DL/ID Num. 19873058										11 DL Class 5					12 CDL End. 5					13 DL Rest. 5					DOB (MM/DD/YYYY) 0 8 / 2 9 / 1 9 7 6																
Address (Street, City, State, ZIP) 110 MCCULLOUGH SAN ANTONI, TX 78215																																																			
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		4		16		PIERCE, COREY, LAMONT																		B		47		B		1		97		97		97		97		N		96				96		97		97	
<input type="checkbox"/> Owner		Owner/Lessee Name & Address																																																	
<input type="checkbox"/> Lessee																																																			
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																																									
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		Owner/Lessee Name & Address																																																	
<input type="checkbox"/> Lessee																																																			
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 SAPD24018477	TxDOT Crash ID 20008898.1/2024046846		Page 4 of 4																													
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)																									
	3	1	SEEKING SELF-TREATMENT		SEEN BY EMS																													
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.																									
	1	1	TERRORISTIC THREAT TO PEACE OFFICER						SAPD24018477																									
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)					0 1 / 2 5 / 2 0 2 4					Time Notified (24HRMM)				2 2 0 4				How Notified DISPATCHED															
	Date Arrived (MM/DD/YYYY)					0 1 / 2 5 / 2 0 2 4					Time Arrived (24HRMM)				2 2 0 8				Report Date (MM/DD/YYYY)				0 1 / 2 6 / 2 0 2 4											
	Date Roadway Cleared (MM/DD/YYYY)					0 1 / 2 6 / 2 0 2 4					Time Roadway Cleared (24HRMM)				0 1 0 0				Date Scene Cleared (MM/DD/YYYY)				0 1 / 2 6 / 2 0 2 4				Time Scene Cleared (24HRMM)				0 2 0 0			
	Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)										Ramirez, Myles										ID Num.				1772					
	ORI Num.		T X S P D 0 0 0 0		*Agency										SAN ANTONIO POLICE DEPARTMENT										Service/Region/DA		T I		T I					