

Fri, 26 July 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 Wed, 24 July 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





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 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 0 7 / 2 4 / 2 0 2 4		*Crash Time (24HRMM) 1 5 2 0		Case ID SAPD24160321		Local Use 7330																													
*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. 5500		3 Street Prefix		* Street Name TEZEL		4 Street Suffix RD																							
<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 checked="" type="checkbox"/> Yes Crash <input type="checkbox"/> No		Street Desc.																					
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. 9100		3 Street Prefix		Street Name CAMINO ROSA		4 Street Suffix																					
Distance from Int. or Ref. Marker 50		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		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. 37041DV		VIN J M 3 K K B H D 9 R 1 1 3 0 4 4 4																							
Veh. Year 2 0 2 4		6 Veh. Color WHI		Veh. Make MAZDA		Veh. Model CX-90		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. 43721395		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 1 0 / 1 0 / 1 9 5 3																							
Address (Street, City, State, ZIP) 14710 CALAMITY WAY SAN ANTONIO, TX 78254																																			
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		KIM, YON, HUI		B		70		A		2		1		1		5		97		N		96				96		97		97	
2		2		3		KIM, JOSEPH, HENRY		C		77		A		1		1		1		5		97		N		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 KIM, JOSEPH, HENRY, 14710 CALAMITY WAY SAN ANTONIO, TX 78254																																	
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 CIMARRON INSURANCE		Fin. Resp. Num. PGTX101064400																											
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 - R F Q - 5		29 Vehicle Damage Rating 2		7 - B L - 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By TEXAS ROADSIDE SERVICE		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. VKJ5180		VIN 1 9 U D E 4 G 7 8 R A 0 2 8 8 7 6																							
Veh. Year 2 0 2 4		6 Veh. Color WHI		Veh. Make ACURA		Veh. Model INTEGRA		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. 45806347		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 1 0 / 3 1 / 1 9 9 4																							
Address (Street, City, State, ZIP) 13854 SILTSTONE LOOP SAN ANTONIO, TX 78253																																			
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		GAMBLIN, KENTO, DEAN		N		29		A		1		1		1		1		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 GAMBLIN, KENTO, DEAN, 13854 SILTSTONE LOOP SAN ANTONIO, TX 78253																																	
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 REDPOINT COUNTY MUTUAL		Fin. Resp. Num. 89VVPT																											
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 2 - F D - 3		29 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Towed By CONTRACT		Towed To 1420 S GERVERS ST																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID SAPD24160321	TxDOT Crash ID 20301279.1/2024339872		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	CHRISTUS SANTA ROSA WEST OVER HILLS		EMS															
	1	2	CHRISTUS SANTA ROSA WESTOVER HILLS		EMS															
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.				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	4										2	1	97	2	1	1	17		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) U1 AND U2 WERE TRAVELING NORTHBOUND IN THE 5500 BLOCK OF TEZEL ROAD. U3 WAS TRAVELING SOUTHBOUND IN THE 5500 BLOCK OF TEZEL RD. U2 STATED THAT HE WAS TRAVELING NB IN THE LEFT LANE WHEN U1 SWITCHED FROM THE RIGHT LANE TO THE LEFT LANE ABRUPTLY. U2 STATED HE WAS UNABLE TO STOP IN TIME AND CRASHED INTO THE REAR END OF U1. U1 THEN WENT LEFT OVER THE CONCRETE MEDIAN AND CRASHED HEAD ON INTO U3 WHO WAS IN THE FAR LEFT LANE HEADED SB. U1 PASSENGER WAS TRANSPORTED TO CHRISTUS SANTA ROSA WESTOVER HILLS BY EMS FOR INJURIES. NO OTHER INJURIES REPORTED. ALL THREE VEHICLES TOWED BY CONTRACT TOWING FROM LOCATION. ALL PARTIES GIVEN THIS CASE NUMBER. DMEA.										Field Diagram - Not to Scale <div>Indicate North</div> <div>5500 BLOCK TEZEL RD</div> <div></div>									
INVESTIGATOR	Date Notified (MM/DD/YYYY)					Time Notified (24HRMM)					How Notified									
	0 7 / 2 4 / 2 0 2 4					1 5 2 1					DISPATCH									
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)					Report Date (MM/DD/YYYY)									
	0 7 / 2 4 / 2 0 2 4					1 5 2 9					0 7 / 2 4 / 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 7 / 2 4 / 2 0 2 4					1 6 2 5					0 7 / 2 4 / 2 0 2 4					1 6 3 0					
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)							ID Num.									
				MINTZ, MATTHEW							1724									
ORI Num.		T X S P D 0 0 0 0		*Agency							Service/Region/DA									
				SAN ANTONIO POLICE DEPARTMENT							P 7 0									

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ZONE

ACTIVE

SCHOOL

Total
Num.
Units

3

Total
Num.
Prsns.

4

TxDOT 20301279.1

Crash ID /2024339872



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 3 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 0 7 / 2 4 / 2 0 2 4		*Crash Time (24HRMM) 1 5 2 0		Case ID SAPD24160321		Local Use 7330																													
*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. 5500		3 Street Prefix		* Street Name TEZEL		4 Street Suffix RD																							
<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 checked="" type="checkbox"/> Yes Crash <input type="checkbox"/> No		Street Desc.																					
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. 9100		3 Street Prefix		Street Name CAMINO ROSA		4 Street Suffix																					
Distance from Int. or Ref. Marker 50		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		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. GPK8776		VIN 3 B 7 H C 1 3 Y X 1 M 5 7 6 5 9 6																							
Veh. Year 2 0 0 1		6 Veh. Color RED		Veh. Make DODGE		Veh. Model RAM 1500		7 Body Style PK																											
<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. 28597313		11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 1 / 0 9 / 1 9 4 2																							
Address (Street, City, State, ZIP) 6707 EVENING SUN ST SAN ANTONIO, TX 78238																																			
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		OQUENDO, SERAFIN		N		82		H		1		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address OQUENDO, SERAFIN, 6707 EVENING SUN ST SAN ANTONIO, TX 78238																																	
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 STATE FARM		Fin. Resp. Num. 428 0893-G13-53 001																											
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 2 - F C - 3		29 Vehicle Damage Rating 2		- - - - - - - -		Vehicle <input type="checkbox"/> Yes Inventoried <input checked="" type="checkbox"/> No																									
Towed By TEXAS ROADSIDE SERVICE		Towed To 6217 GRISSOM RD																																	
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 <input type="checkbox"/> Yes Inventoried <input type="checkbox"/> No																									
Towed By		Towed To																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID SAPD24160321	TxDOT Crash ID 20301279.1/2024339872		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)											
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)										Field Diagram - Not to Scale									
INVESTIGATOR	Date Notified (MM/DD/YYYY)					Time Notified (24HRMM)					How Notified									
	0 7 / 2 4 / 2 0 2 4					1 5 2 1					DISPATCH									
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)					Report Date (MM/DD/YYYY)									
	0 7 / 2 4 / 2 0 2 4					1 5 2 9					0 7 / 2 4 / 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 7 / 2 4 / 2 0 2 4					1 6 2 5					0 7 / 2 4 / 2 0 2 4					1 6 3 0					
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)										ID Num.						
				MINTZ, MATTHEW										1724						
ORI Num.		T X S P D 0 0 0 0		*Agency										Service/Region/DA						
				SAN ANTONIO POLICE DEPARTMENT										P 7 0						