



Page 1 of 2

IDENTIFICATION & LOCATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---------------------|--|--|--|--|---|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|-------------------|--|--|--|--|---|--|--|--|--|
| *Crash Date (MM/DD/YYYY)03 / 16 / 2024 | | | | | | | | | | *Crash Time (24HRMM)1919 | | | | | | | | | | Case IDSAPD24058696 | | | | | | | | | | Local Use7160 | | | | | | | | | | | | | | |
| *County NameBEXAR | | | | | | | | | | | | | | | | | | | | *City NameSAN 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. Part1 | | | | | Block Num.8500 | | | | | 3 Street Prefix | | | | | * Street NameHuebner | | | | | | | | | | 4 Street SuffixRD | | | | | | | | | |
| <input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot | | | | | 3 Dir. of TrafficNE | | | | | <input type="checkbox"/> Toll Road/ Toll Lane | | | | | Speed Limit45 | | | | | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | 1 Rdwy. Sys.LR | | | | | Hwy. Num. | | | | | 2 Rdwy. Part1 | | | | | Block Num.6000 | | | | | 3 Street Prefix | | | | | Street NameEckhert | | | | | | | | | | 4 Street SuffixRD | | | | |
| Distance from Int. or Ref. Marker | | | | | | | | | | <input type="checkbox"/> FT <input type="checkbox"/> MI | | | | | 3 Dir. from Int. or Ref. Marker | | | | | Ref. Marker | | | | | Speed Limit45 | | | | | Street Desc. | | | | | | | | | | RRX Num. | | | | |

VEHICLE, DRIVER & PERSONS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|------------------|--|---|--|---------------------|--|--|--|--|---------------------------------------|-----------------|--|--|--|--|---|--|--------------------|--|-----------------------------|-------------------|--------------|--|--------|--|---|--|-----------|--|-----------|----------------------------|-----------|--|---------|--|--|--|-------------|--|----------------|--|----------------|--|------------------|--|
| Unit Num.1 | | | | | 5 Unit Desc.1 | | | | | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run | | | | | LP StateTX | | | | | LP Num.4934U32 | | | | | | | | | | VIN1N4BL4DV7M386797 | | | | | | | | | | | | | | | | | | | |
| Veh. Year2021 | | | | | 6 Veh. ColorBLK | | | | | | | | | | Veh. MakeNISSAN | | | | | | | | | | Veh. ModelALTIMA | | | | | | | | | | 7 Body StyleP4 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Responder Struck (Explain in Narrative if checked) | | | | | | | | | | 8 Autonomous UnitNO | | | | | | | | | | 9 Autonomous Level EngagedNO AUTOMATION | | | | | | | | | | <input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked) | | | | | | | | | | | | | | | | | | | |
| 10 DL/ID Type98 | | | | | DL/ID StateMX | | | | | DL/ID Num.AX091506 | | | | | | | | | | 11 DL Class98 | | | | | 12 CDL End.98 | | | | | 13 DL Rest.98 | | | | | DOB (MM/DD/YYYY)11/27/2002 | | | | | | | | | | | | | | |
| Address (Street, City, State, ZIP)9400 Fredericksburg RD San Antonio, TX 78240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | Leon, Adrian | | | | | | | | | | | | | | | N | | 21 | | H | | 1 | | 1 | | 1 | | 5 | | 97 | | N | | 96 | | | | 96 | | 97 | | 97 | |
| 2 | | | 2 | | 3 | | Chavarro, Alison | | | | | | | | | | | | | | | N | | 19 | | H | | 2 | | 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 & AddressLeon, Adrian, 9400 Fredericksburg RD San Antonio, TX 78240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Fin. Resp. | | | <input type="checkbox"/> Yes <input checked="" 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 112FD4 | | | | | | | | | | 29 Vehicle Damage Rating 2 | | | | | | | | | | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | |
| Towed ByTexas Towing Services | | | | | | | | | | Towed ToGrowdon Impound | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Num.2 | | | | | 5 Unit Desc.1 | | | | | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run | | | | | LP StateTX | | | | | LP Num.JBG3096 | | | | | | | | | | VIN2C3CXBGXFH846956 | | | | | | | | | | | | | | | | | | | |
| Veh. Year2015 | | | | | 6 Veh. ColorGRY | | | | | | | | | | Veh. MakeDODGE | | | | | | | | | | Veh. ModelCHARGER | | | | | | | | | | 7 Body StyleP4 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Responder Struck (Explain in Narrative if checked) | | | | | | | | | | 8 Autonomous UnitNO | | | | | | | | | | 9 Autonomous Level EngagedNO AUTOMATION | | | | | | | | | | <input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked) | | | | | | | | | | | | | | | | | | | |
| 10 DL/ID Type1 | | | | | DL/ID StateTX | | | | | DL/ID Num.19036154 | | | | | | | | | | 11 DL ClassC | | | | | 12 CDL End.96 | | | | | 13 DL Rest.96 | | | | | DOB (MM/DD/YYYY)09/07/1976 | | | | | | | | | | | | | | |
| Address (Street, City, State, ZIP)9100 Ridge Mill San Antonio, TX 78250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | TELLO, JENNIFER | | | | | | | | | | | | | | | C | | 47 | | H | | 2 | | 1 | | 1 | | 5 | | 97 | | N | | 96 | | | | 96 | | 97 | | 97 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee | | | Owner/Lessee Name & AddressTELLO, JENNIFER, 9100 Ridge Mill San Antonio, TX 78250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Fin. Resp. | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt | | | 28 Fin. Resp. Type2 | | | | | Fin. Resp. NameRedpoint County Mutual | | | | | | | | | | Fin. Resp. Num.RPEG14048-00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fin. Resp. Phone Num. | | | | | | | | | | 29 Vehicle Damage Rating 112FD5 | | | | | | | | | | 29 Vehicle Damage Rating 2 | | | | | | | | | | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | |
| Towed ByTexas Roadside | | | | | | | | | | Towed ToGrowdon Impound | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|--|---|---|---|--|----------------------|-------------------------|-----------------------|---|-------------------|-----------------|----------------------|----------------------|-----------------------------|--|--|--|--|
| Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023) | | Case ID SAPD24058696 | TxDOT Crash ID 20084197.1/2024121720 | | 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) | | | | | | | | | | | |
| | 2 | 1 | Medical care of choice. | | Self | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| CHARGES | Unit Num. | Prsn. Num. | Charge | | | | | | Citation/Reference Num. | | | | | | | | | | | |
| | 1 | 1 | No Liability Insurance | | | | | | M653765 | | | | | | | | | | | |
| | 1 | 1 | No Drivers License | | | | | | M653765 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | 1 | 1 | 4 | 2 | 1 | 1 | 5 | | | | |
| NARRATIVE AND DIAGRAM | Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) U2 was traveling NE on Huebner Rd in the number 2 lane moving through the intersection with a green light. U1 was traveling SW on Huebner Rd in the number 1 lane attempting to make a left turn on Eckhert road. Unit 1 had a flashing yellow arrow and did not yield to U2. U1 pulled in front of U2 causing a head on collision. Both vehicle sustained moderate damage to the front end. U1 and U2 occupants were cleared on scene by EMS and did not sustain any known injuries. U2 driver stated that she was going to transport herself to a hospital of her choice. | | | | | | | | | | Field Diagram - Not to Scale | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| INVESTIGATOR | Date Notified (MM/DD/YYYY) | | | | | Time Notified (24HRMM) | | | | | How Notified | | | | | Witnessed | | | | |
| | 0 3 / 1 6 / 2 0 2 4 | | | | | 1 9 1 9 | | | | | | | | | | | | | | |
| | Date Arrived (MM/DD/YYYY) | | | | | Time Arrived (24HRMM) | | | | | Report Date (MM/DD/YYYY) | | | | | | | | | |
| | 0 3 / 1 6 / 2 0 2 4 | | | | | 1 9 1 9 | | | | | 0 3 / 1 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 3 / 1 6 / 2 0 2 4 | | | | | 2 0 0 0 | | | | | 0 3 / 1 6 / 2 0 2 4 | | | | | 2 0 1 0 | | | | | |
| Investigation Complete | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Investigator Name (Printed) | | | | | | | | | | ID Num. | | | | | | |
| | | | | Batey, Matthew | | | | | | | | | | 1406 | | | | | | |
| ORI Num. | | T X S P D 0 0 0 0 | | *Agency | | | | | | | | | | Service/Region/DA | | | | | | |
| | | | | SAN ANTONIO POLICE DEPARTMENT | | | | | | | | | | P 7 0 | | | | | | |