

Wed, 31 January 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 Tue, 23 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 / 23 / 2024	*Crash Time (24HRMM)	1 2 4 5	Case ID	SAPD24016533	Local Use	2340														
	*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.	US	*Hwy. Num.	90	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	W	<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit	65	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.		100 BLK OF US HWY 90W WB							
VEHICLE, DRIVER & PERSONS	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																					
	At Int.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	IH	Hwy. Num.	35	2 Rdwy. Part	4	Block Num.		3 Street Prefix		Street Name		4 Street Suffix							
	Distance from Int. or Ref. Marker	200	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	NW	Ref. Marker		Speed Limit	60	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.	RRM4723	VIN	2 G T E C 1 9 V 9 Y 1 1 6 0 1 9 8										
	Veh. Year	2 0 0 0	6 Veh. Color	GLD	Veh. Make	GMC	Veh. Model	SIERRA	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	99	DL/ID State	UN	DL/ID Num.		11 DL Class	99	12 CDL End.	99	13 DL Rest.	99	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
1	1	1	UNKNOWN, UNKNOWN						99		99	99	99	99	99	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 SIERRA, BRYAN, 7200 CLAREWOOD DR HOUSTON, TX 77036																					
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 1	1 2 -	F D -	2	29 Vehicle Damage Rating 2	-	5 -	B R -	2	Vehicle Inventoried	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Towed By	TEXAS TOWING				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.	CDY2216	VIN	1 N 4 A L 3 A P 3 D N 5 3 4 3 0 9											
Veh. Year	2 0 1 3	6 Veh. Color	GRY	Veh. Make	NISSAN	Veh. Model	ALTIMA	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.	02901060	11 DL Class	C	12 CDL End.	96	13 DL Rest.	96	DOB (MM/DD/YYYY)	0 4 / 1 7 / 1 9 8 4									
Address (Street, City, State, ZIP) 23850 MISTY PEAK SAN ANTONIO, TX 78258																						
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	COLLAZO JR, HECTOR, F						N	39	W	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 COLLAZO JR, HECTOR, F, 23850 MISTY PEAK SAN ANTONIO, TX 78258																					
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	GEICO - GOVERNMENT EMPLOYEES INS. CO.				Fin. Resp. Num.	4452491139											
Fin. Resp. Phone Num.	(800) 841-3000				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	RICHARD'S TOWING				Towed To	GROWODN																

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
	1	22										3	1	97	4	4	2	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale
	In the area of US Hwy 90W westbound, around the 100 block, units one and two crashed. Unit two was in the far left lane, lane number one. According to unit two driver, unit two driver, unit one was getting on US Hwy 90W from IH 35S. Unit one lost control, spun around multiple times and ended facing the wrong direction in lane number one. The driver and two other occupants from unit one exited out of the vehicle and ran in a unknown direction.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	01 / 23 / 2024	Time Notified (24HRMM)	1 2 4 5	How Notified	DISPATCHED
	Date Arrived (MM/DD/YYYY)	01 / 23 / 2024	Time Arrived (24HRMM)	1 2 5 3	Report Date (MM/DD/YYYY)	01 / 23 / 2024
	Date Roadway Cleared (MM/DD/YYYY)	01 / 23 / 2024	Time Roadway Cleared (24HRMM)	1 3 2 4	Date Scene Cleared (MM/DD/YYYY)	01 / 23 / 2024
	Time Scene Cleared (24HRMM)	1 3 3 6	Investigation Complete	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	REYES, J
	ID Num.	1125	ORI Num.	T X S P D 0 0 0 0	*Agency	SAN ANTONIO POLICE DEPARTMENT