

Wed, 04 September 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 Fri, 23 August 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





Questions? Call 844/274-7457

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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 08 / 23 / 2024		*Crash Time (24HRMM) 1 5 3 0		Case ID SAPD24183794		Local Use 7150									
	*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. 9200		3 Street Prefix		* Street Name CINNAMON CREEK		4 Street Suffix			
	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 9700		3 Street Prefix		Street Name FREDERICKSBURG		4 Street Suffix RD	
	Distance from Int. or Ref. Marker 50		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		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. SHV2754		VIN 1 J 4 R S 4 G G 8 B C 7 1 9 5 7 0					

VEHICLE, DRIVER & PERSONS	Veh. Year 2 0 1 1		6 Veh. Color GRY		Veh. Make JEEP		Veh. Model GRAND CHEROKEE		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 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. 1		14 Prsn. Type 1		15 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line UNKNOWN, UNKNOWN				16 Injury Severity 99		Age 99		17 Ethnicity 99		18 Sex 1		19 Eject. 99		20 Restr. 99		21 Airbag 99		22 Helmet 97		23 Sol. N		24 Alc. Spec. 96		Alc. Result		25 Drug Spec. 96		26 Drug Result 97		27 Drug Category 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 RIOS, PEGGY, MUNOZ, 5127 QUINTARD SAN ANTONIO, TX 78214																																			
	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. Name Old American County Mutual				Fin. Resp. Num. CCB01360821																											
	Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1				29 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
	Towed By				Towed To																																	

VEHICLE, DRIVER & PERSONS	Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. HKX6427		VIN 2 T 2 Z K 1 B A 5 A C 0 0 6 8 6 2																											
	Veh. Year 2 0 1 0		6 Veh. Color GRY		Veh. Make LEXUS		Veh. Model RX SERIES		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. 22451541		11 DL Class C		12 CDL End. 96		13 DL Rest. A		DOB (MM/DD/YYYY)																									
	Address (Street, City, State, ZIP) 9427 KIRK POND SAN ANTONIO, TX 78240																																					
	Person Num. 1		14 Prsn. Type 1		15 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line TRAN, MARTIN, TRONG KIM				16 Injury Severity B		Age 74		17 Ethnicity A		18 Sex 1		19 Eject. 1		20 Restr. 1		21 Airbag 1		22 Helmet 97		23 Sol. N		24 Alc. Spec. 96		Alc. Result		25 Drug Spec. 96		26 Drug Result 97		27 Drug Category 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 TRAN, MARTIN, TRONG KIM, 9427 KIRK POND SAN ANTONIO, TX 78240																																			
	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. Name ALLSTATE				Fin. Resp. Num. 886984044																											
	Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1				29 Vehicle Damage Rating 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By				Towed To																																		

Law Enforcement and TxDOT Use ONLY.
Form CR-3 (Rev. 4/1/2023)

Case ID

SAPD24183794

TxDOT
Crash ID

20353755.1/2024392302

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)					
	2	1	PRIVATE DOCTOR		SELF									
	2	2	Private Doctor		Self									
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.					
	1	1	FAILURE TO STOP AND RENDER AID- MOVING						SAPD24183794					
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	41	20					1	1	97	3	1	1	17

NARRATIVE AND DIAGRAM

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

I was dispatched to the above listed location for the report of a minor accident. Upon arrival, I found that DV1 was the hit and run driver and vehicle. DV1 fled the scene before providing the required information for a motor vehicle accident and also failed to check on the welfare of the injured occupants inside DV2. I then contacted the DV2 driver and the DV2 rear right side passenger who were involved with the hit and run crash. DV2 could not speak English very well so I used his passenger to translate for me. According to DV2, he was driving east bound near the 9200 block of Cinnamon Creek in the left lane. DV2 stated that DV1 approached from behind him and impacted the rear of his vehicle. DV2 stated that it caused enough damage to DV1's vehicle to make it drive on its rims. DV1 collided with DV2's vehicle caused a large dent to the rear of DV1's vehicle which made the vehicle unable to be driven safely from the scene. DV2 and the rear right passenger were both evaluated by the San Antonio Fire Department EMT's and recommended that they follow up with a doctor as they left. DV2 claimed injury to his head and left shoulder while the DV2 passenger claimed pain to her head. Both parties of the DV2 vehicle quickly left the scene after their vehicle was towed to seek medical assistance. Detective Dain's arrived on scene and completed photographs of the accident scene and of DV2's vehicle. Det Dains then followed the marks on the road caused by the rim touching the roadway. Det Dains located the point of stop for the DV1 vehicle at a residence. However, nobody answered the door at the residence. Det Dains was able to watch ring camera footage from the neighbor nearby to find that the DV1 vehicle drove on the rim into the garage and then park inside. I contacted the traffic investigation detectives with all the information that we had for the case as well as the on duty supervisor. DMEA.

Indicate North

Field Diagram - Not to Scale

Not To Scale

9200 CINNAMON CREEK

POINT OF IMPACT

DV1

DV1

DV2

INVESTIGATOR	Date Notified (MM/DD/YYYY)				Time Notified (24HRMM)				How Notified			
	0 8 / 2 3 / 2 0 2 4				1 7 5 1				Dispatch			
	Date Arrived (MM/DD/YYYY)				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)			
	0 8 / 2 3 / 2 0 2 4				1 7 5 4				0 8 / 2 3 / 2 0 2 4			
	Date Roadway Cleared (MM/DD/YYYY)				Time Roadway Cleared (24HRMM)				Date Scene Cleared (MM/DD/YYYY)			
0 8 / 2 3 / 2 0 2 4				1 8 4 1				0 8 / 2 3 / 2 0 2 4				
Investigation <input type="checkbox"/> Yes Complete <input checked="" type="checkbox"/> No				Investigator Name (Printed)				ID Num.				
				ERB, TAYLOR				0185				
ORI Num.				*Agency				Service/ Region/DA				
T X S P D 0 0 0 0				SAN ANTONIO POLICE DEPARTMENT				P 7 0				