

Tue, 28 November 2023

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, 15 November 2023, 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





Page 1 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 1 / 1 5 / 2 0 2 3				*Crash Time (24HRMM) 1 6 1 5				Case ID SAPD23256749				Local Use 6160																								
	*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. 13600		3 Street Prefix		* Street Name PLEASANTON				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 40		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No		Workers <input type="checkbox"/> Yes Present <input checked="" type="checkbox"/> No		Secondary <input type="checkbox"/> Yes Crash <input checked="" 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. 500		3 Street Prefix		Street Name FLOWER				4 Street Suffix ST																					
Distance from Int. or Ref. Marker 2				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Ref. Marker		Speed Limit 30		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. RDZ1431		VIN 3 G C E C 2 3 0 X 9 G 2 6 2 6 4 0																									
Veh. Year 2 0 0 9		6 Veh. Color WHI		Veh. Make CHEVROLET				Veh. Model SILVERADO K1500				7 Body Style TR																									
<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. 45234410				11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 6 / 2 2 / 1 9 9 9																							
Address (Street, City, State, ZIP) 523 CANTRELL RD SAN ATONIO, TX 78221																																					
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																					
Person Num. 1		14 Prsn. Type 1		15 Seat Position 1		ALMANZA, TOM				16 Injury Severity N		Age 24		17 Ethnicity H		18 Sex 1		19 Eject. 1		20 Restr. 1		21 Airbag 2		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 ALMANZA, TOM, 523 CANTRELL RD SAN ATONIO, TX 78221																																			
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 LOYA INSURANCE				Fin. Resp. Num. 66208194790																									
Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1 1 2 - F D - 2				29 Vehicle Damage Rating 2 - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By MISSION WRECKER				Towed To 523 CANTRELL DR																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. DMW3421		VIN 3 G N E C 1 6 Z 8 4 G 2 7 1 9 6 9																									
Veh. Year 2 0 0 4		6 Veh. Color GRY		Veh. Make CHEVROLET				Veh. Model C1500 SUBURBAN				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. 19007292				11 DL Class C		12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY) 0 1 / 1 9 / 1 9 8 4																							
Address (Street, City, State, ZIP) 1155 DUKE RD SAN ANTONIO, TX 78264																																					
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																					
Person Num. 1		14 Prsn. Type 1		15 Seat Position 1		MONTROYA, PRISCILLA				16 Injury Severity C		Age 39		17 Ethnicity H		18 Sex 2		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	
2		2		3		MONTROYA, SEVANA				C		19		H		2		1		1		1		97		N		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
3		2		6		MONTROYA, EMMARIYAN				C		12		H		2		1		1		1		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MONTROYA, CARLOS, 1155 DUKE RD SAN ANTONIO, TX 78264																																			
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 6 - B D - 2				29 Vehicle Damage Rating 2 - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By TEXAS ROADSIDE ASSISTANCE				Towed To GROWDON																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID SAPD23256749	TxDOT Crash ID 19872301.1/2023561880		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)							
	2	1	CHECKED OUT		AT SCENE											
	2	2	CHECKED OUT		AT SCENE											
	2	3	CHECKED OUT		AT SCENE											
	2	4	CHECKED OUT		AT SCENE											
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.							
	2	1	NO INSURANCE						M697744							
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								1	1	2	1	1	1	6
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) I was dispatched to the listed location for an accident major. I arrived on scene and came into contact with U2. I asked U2 and passengers if they were okay. U2 driver stated that she and her passengers were okay and checked out at the scene by ems. U2 driver said she may or may not have the passengers checked out later. I asked U2 driver what happened. U2 driver stated she was heading North on Pleasanton Rd when a vehicle ahead of her slowed down to turn and U2 slowed down to a stop when U1 hit U2 from behind.I asked U1 driver if he was okay and U1 driver stated he was fine. I asked U1 driver what happened. U1 stated that he was behind U2 and U2 came to a sudden stop and U1 tried to stop but was unable to and U1 hit U2. I provided U1 and U2 with case number and pink sheet.DMEA/coban available								Field Diagram - Not to Scale <div>Indicate North</div> <div></div> <div>Not To Scale</div> <div></div>							
INVESTIGATOR	Date Notified (MM/DD/YYYY)				Time Notified (24HRMM)				How Notified							
	1 1 / 1 5 / 2 0 2 3				1 6 1 7				DISPATCH							
	Date Arrived (MM/DD/YYYY)				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)							
	1 1 / 1 5 / 2 0 2 3				1 6 2 8				1 1 / 1 5 / 2 0 2 3							
	Date Roadway Cleared (MM/DD/YYYY)				Time Roadway Cleared (24HRMM)				Date Scene Cleared (MM/DD/YYYY)				Time Scene Cleared (24HRMM)			
1 1 / 1 5 / 2 0 2 3				1 7 3 0				1 1 / 1 5 / 2 0 2 3				1 7 3 1				
Investigation Complete		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)						ID Num.							
			LOPEZ, LUCIA						0310							
ORI Num.		T X S P D 0 0 0 0	*Agency						Service/Region/DA							
			SAN ANTONIO POLICE DEPARTMENT						S 6 0							

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