



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | WWW.TXDOT.GOV

Wed, 10 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, 03 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.

A handwritten signature in black ink, appearing to read "Jim Markham".

Jim Markham
Director, Crash Data & Analysis Section
Traffic Safety Division
125 East 11th Street
Austin, TX 78701-2483



OUR VALUES: People • Accountability • Trust • Honesty
OUR MISSION: Connecting You With Texas

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you can use these section headers
for organization and spreadsheet
names

Texas Peace Officer's Crash Report (Form CR-3 4/1/2023)

Questions? Call 844/274-7457

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*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|--|--|---------------------------------|--|----------|-----------|---|--|-----------|-----------|---------------|--|----------------|----------------|--|--|--|--|--|--|
| *Crash Date (MM/DD/YYYY) 07 / 03 / 2024 | *Crash Time (24HRMM) 0 7 3 0 | Case ID SAPD24143967 | Local Use 4150 | | | | | | | | | | | | | | | | | | | | | |
| *County Name BEXAR | *City Name SAN ANTONIO | Outside City Limit | | | | | | | | | | | | | | | | | | | | | | |
| In your opinion, did this crash result in at least <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$1000 damage to any one person's property? | | | | | | | | | | | | | | | | | | | | | | | | |
| Latitude (decimal degrees) | | | | | | | | | | | | | | | | | | | | | | | | |
| Longitude (decimal degrees) | | | | | | | | | | | | | | | | | | | | | | | | |
| ROAD ON WHICH CRASH OCCURRED | | | | | | | | | | | | | | | | | | | | | | | | |
| *1 Rdwy. Sys. IH | *Hwy. Num. 37 | 2 Rdwy. Part 4 | Block Num 1200 | 3 Street Prefix N | Street Name IH37 | 4 Street Suffix | | | | | | | | | | | | | | | | | | |
| Private Drive or Road, Private Property, Parking Lot | 3 Dir. of Traffic N | 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. BLACKTOP | | | | | | | | | | | | | | | | | |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | | | | At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1 Rdwy. Int. Sys. IH Hwy. Num. 10 2 Rdwy. Part 1 Block Num. 1500 3 Street Prefix E Street Name IH10 4 Street Suffix | | | | | | | | | | | | | | | | | | | | |
| Distance from Int. or Ref. Marker 1000 | <input checked="" type="checkbox"/> FT <input type="checkbox"/> MI | 3 Dir. from Int. or Ref. Marker S | Ref. Marker | Speed Limit 30 | Street Desc. BLACKTOP | RRX Num. | | | | | | | | | | | | | | | | | | |
| Unit Num. 1 | Unit Desc. 1 | <input type="checkbox"/> Parked <input type="checkbox"/> Hit and Run | LP State TX | LP Num. CV9C926 | VIN 2 C 4 G P 4 4 R 0 5 R 2 4 7 0 9 0 | | | | | | | | | | | | | | | | | | | |
| Veh. Year 12 0 0 15 | 6 Veh. Color GRN | Veh. Make CHRYSLER | Veh. Model TOWN & COUNTRY | 7 Body Style VN | | | | | | | | | | | | | | | | | | | | |
| <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 4 | DL/ID State TX | DL/ID Num. 47376046 | 11 DL Class 5 | 12 CDL End. 5 | 13 DL Rest. 5 | DOB (MM/DD/YYYY) 08 / 11 / 2000 | | | | | | | | | | | | | | | | | | |
| Address (Street, City, State, ZIP) 22931 FAWN TRAIL ELMENDORF, TX 78112 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | FERNANDEZ, JOSALYN, SANDRA | | | <i>At least the first line which is always the driver.</i> | N | 20 | H | 2 | 1 | 1 | 1 | 97 | N | 96 | 96 | 97 | 97 | | | | | |
| 2 | 2 | 3 | FARIAS, JULIE | | | | N | 39 | H | 2 | 1 | 1 | 1 | 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 FERNANDEZ, JOSALYN, SANDRA, 22931 FAWN TRAIL ELMENDORF, TX 78112 | | | | | | | | | | | break into 2 sections: owner & address | | | | | | | | | | | | |
| Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt | 28 Fin. Resp. Type Fin. Resp. Name | Fin. Resp. Name | | | Fin. Resp. Num. | | | Fin. Resp. Num. | | | | | | | | | | | | | | | | |
| Fin. Resp. Phone Num. | | 29 Vehicle Damage Rating 1 1 6 - B D - 1 | | | 29 Vehicle Damage Rating 2 - - - - - | | | 29 Vehicle Damage Rating 2 - - - - - | | | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | |
| Towed By CONTRACT | 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. CM2D186 | VIN J A 3 A U 8 6 U 3 8 U 0 1 2 1 0 1 | | | | | | | | | | | | | | | | | | |
| Veh. Year 2 0 0 8 | 6 Veh. Color WHI | Veh. Make MITSUBISHI | | | Veh. Model LANCER | 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. 29493577 | 11 DL Class C | 12 CDL End. 96 | 13 DL Rest. 96 | DOB (MM/DD/YYYY) 01 / 22 / 1986 | | | | | | | | | | | | | | | | | | |
| Address (Street, City, State, ZIP) 5811 HORIZON DR SAN ANTONIO, TX 78228 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | RODRIGUEZ, VERONICA, B | | | N | 38 | H | 2 | 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 RODRIGUEZ, VERONICA, B, 5811 HORIZON DR SAN ANTONIO, TX 78228 | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt | 28 Fin. Resp. Type 2 | Fin. Resp. Name PROGRESSIVE (COUNTY MUTUAL) INS. CO. | | | Fin. Resp. Num. 55018160 | | | | | | | | | | | | | | | | | | | |
| Fin. Resp. Phone Num. | (800) 776-4737 | 29 Vehicle Damage Rating 1 1 2 - F D - 3 | | | 29 Vehicle Damage Rating 2 - - - - - | | | 29 Vehicle Damage Rating 2 - - - - - | | | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | |
| Towed By | Towed To | | | | | | | | | | | | | | | | | | | | | | | |

Copy from Custodial File

| | | | | | | |
|--------------|--------------------------------------|--|----------------------------------|-------------------------------|------------------------------------|----------------|
| INVESTIGATOR | Date Notified (MM/DD/YYYY) | 07 / 03 / 2024 | Time Notified (24HRMM) | 10 8 0 0 | How Notified | DISPATCHED |
| | Date Arrived (MM/DD/YYYY) | 07 / 03 / 2024 | Time Arrived (24HRMM) | 10 8 2 5 | Report Date (MM/DD/YYYY) | 07 / 03 / 2024 |
| | Date Roadway Cleared (MM/DD/YYYY) | 07 / 03 / 2024 | Time Roadway Cleared (24HRMM) | 10 8 4 0 | Date Scene Cleared (MM/DD/YYYY) | 07 / 03 / 2024 |
| | Investigation Complete | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | ORTIZ, MARCO | ID Num | 1562 |
| | ORI Num. | T X S P D 0 0 0 0 | *Agency | SAN ANTONIO POLICE DEPARTMENT | Service/ Region/DA | D 0 8 |