



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

Wed, 20 March 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, 13 March 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



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

An Equal Opportunity Employer

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ZONEACTIVE
SCHOOLTotal
Num.
Units

2

Total
Num.
Prsns.

3

TxDOT 20074052.1
Crash ID /2024111567

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

Refer to the attached code sheet for numbered fields

Questions? Call 844/274-7457

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

Page 1 of 2

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 03 / 13 / 2024		*Crash Time (24HRMM) 2 2 3 0		Case ID SAPD24056419		Local Use 6110																													
*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) 2 9 ' 3 8 9 6 0		Longitude (decimal degrees) 0 9 8 ' 5 3 2 0 1																															
ROAD ON WHICH CRASH OCCURRED																																			
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 400		3 Street Prefix		* Street Name LINARES		4 Street Suffix AVE																							
<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 20		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 Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 1000		3 Street Prefix		Street Name PHYLLIS		4 Street Suffix ST																					
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Ref. Marker		Speed Limit 20		Street Desc.		RRX Num.																							
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Packed Vehicle <input checked="" type="checkbox"/> Hit and Run		LP State TX		LP Num. NKP8830		VIN 1 G C 2 K V C G 5 C Z 2 9 3 2 7 3																									
Veh. Year 2 0 1 2		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO		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 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	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SOLANO, ISSAC, MANUEL, 7109 W LOOP 410 SAN ANTONIO, TX 78254																																	
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 - F D - 2		29 Vehicle Damage Rating 2		- - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By NOT TOWED		Towed To N/A																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Packed Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. 7VPJV		VIN 1 G 4 G C 5 E R 8 D F 1 6 8 2 6 6																									
Veh. Year 2 0 1 3		6 Veh. Color RED		Veh. Make BUICK		Veh. Model LACROSSE		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. 15303105		11 DL Class C		12 CDL End. 96		13 DL Rest. A		DOB (MM/DD/YYYY) 0 8 / 2 7 / 1 9 6 1																							
Address (Street, City, State, ZIP) 2109 SAN LUIS ST SAN ANTONIO, TX 78207																																			
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		SMITH, DENNIS, RAY		N		62		H		1		1		1		1		97		N		96				96		97		97	
2		2		3		SMITH, AMANDA		N		62		H		2		1		1		1		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SMITH, DENNIS, RAY, 2109 SAN LUIS ST SAN ANTONIO, TX 78207																																	
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 old American County Mutual Fire Insuran		Fin. Resp. Num. AWP217390																											
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		2 - R F Q - 2		29 Vehicle Damage Rating 2		- - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By NOT TOWED		Towed To N/A																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID SAPD24056419	TxDOT Crash ID 20074052.1/2024111567		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)											
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	16								1	3	4	1	1	1	8				
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Unit 1 was traveling SB on Phyllis St at the intersection of Linares Ave. Unit 2 was traveling WB on Linares approaching the intersection at Phyllis St. Driver of Unit 2 stated as he didn't have a stop sign and drove through the intersection. Driver of Unit 2 said Unit 1 had a stop sign but didn't stop and crashed into him. Driver of Unit 2 said Driver of Unit 1 told him he was sorry and he didn't have insurance and left the scene. Driver of Unit 2 followed Unit 1 and was able to get the license plate number and it was confirmed Unit 1 had no insurance. Driver of Unit 2 was given the case number.										Field Diagram - Not to Scale 									
INVESTIGATOR	Date Notified (MM/DD/YYYY) 03 / 13 / 2024					Time Notified (24HRMM) 2 2 5 0					How Notified DISPATCHED									
	Date Arrived (MM/DD/YYYY) 03 / 13 / 2024					Time Arrived (24HRMM) 2 2 5 8					Report Date (MM/DD/YYYY) 03 / 13 / 2024									
	Date Roadway Cleared (MM/DD/YYYY) 03 / 13 / 2024					Time Roadway Cleared (24HRMM) 2 2 3 0					Date Scene Cleared (MM/DD/YYYY) 03 / 13 / 2024					Time Scene Cleared (24HRMM) 2 3 0 0				
	Investigation Complete <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Investigator Name (Printed) GESCHKE, YVETTE								ID Num. 1027									
	ORI Num. T X S P D 0 0 0 0		*Agency SAN ANTONIO POLICE DEPARTMENT								Service/Region/DA		S 6 0							