

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

Mon, 12 February 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 Thu, 25 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



ACTIVE SCHOOL FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ZONE														To Nu Ur	otal um. nits	ı	3	To Nu Pr	tal m. sns.				xDOT rash ID	2000 /202					
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۸S	Type 4 State TX Num. 26756058 Class 5 End. 5 Address (Street, City, State, ZIP) 2147 W POPLAR ST SAN ANTONIO, TX 78207 Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line Popular ST SAN ANTONIO CONTROL C														Rest.	5		(MI	/I/DD/\	YYYY) J	0	5 / 2	2 1 /	1 1	9 8	8 9			
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E, DRN	1	4	16	MADINA,	KARIN	Α										A	47	H	2	97	97	97	97	1	•	Applicat			
VEHICLE, DRIVER																									for I	g Result Driver/Pr each Uni	imary F		
Owner Owner/Lessee Name & Address Proof of Yes Expired 28 Fin. Fin. Resp.																													
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-	Fin. Res	sp.			, - , 1	-		2	9 Vehic	le Rating 1	1 1	ı	, - ,		, .	29 Vehicle Yes Damage Rating 2													
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			nd TxDOT Use (4/1/2023)	ONLY.	Case ID S	APD2401	.8477		xDOT rash ID	200088	Page_2_of_4										
	Ur	nit Prs	n.		Taken To					Taken l	Зу				f Death D/YYYY)	Time of Death (24HRMM)					
NOF	INJURED/KILLED	1		O MAGISTE	RATE NURS	E		OFFI	CER RAMI	REZ #	1772		,								
SITIO		1	SAMMC			EMS															
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	Unit Num.	Prsn. Num.										Citation/Reference Num.									
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CHARGES	1	1	FSRA-ACCI			JRY										SAPD2401					
CH	1	1	FSRA-COLL													SAPD2401					
	_		amaged Propert			_			er's Nam	e				Owr	er's Address						
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DAN	DAMA	GE TO	FENCE				HEALY -N	TORPHY	CENTER				918	TIAE O	AK ST	SAN ANTO	TO, TX	18202			
	Unit		10,001+	Transp	orting		+ Canacity	CMV D	isabling 🔲	Yes 30 \	/eh.	31 Ca			Carrier						
	Num. Carrier	Num. LBS. Hazardous Material Carrier's Corp. Name Primary Addr.										ID Typ	e		ID Num	ım. 32 Veh.					
	•											34 HazM	at L	lazMat		Type 35 Cargo					
CM	33 Bus Type		☐GVWR	HazMat ID Num.	 Jnit		Class Nu		O Num.	 36 Trlr.		Body Type									
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FACTORS &		1	23 67									Weather Cond.	Light Cond.	Entering Roads	Roadwa Type		Surface	Traffic Control			
FAC												1	2	4	1	4	1	17			
				tigator's Narra	•		• •			Indic	ate			agram - Not	t to Scale	_					
	On J	anuary	7 25th, 202	(Attach Addit 2 4,whil €			.	was	North												
	_		d to the al			-											N N				
	vehicle that collided with pedestrians. Upon arrival, EMS was on scene with Unit 2 and 3. Unit 1 ran up onto the sidewalk to														600	Blk Live Oak St		/			
	which Unit 1 , as a result, ran over Unit 2 and struck Unit 3 Unit 2 sustained non-life threatening serious bodily injuries															Not To Scale					
	was	at the	s transport e intersect	tion of N	Molan and	l Live	Oak. Uni	it 3 i	nformed												
M	me t	hat U	nit 1's dried on where crash, at orted that o' clock points o'	iver had	fled the	scene	after s	striki	ng Unit												
AGR/	2 and	ntinu	ed on where	e Unit 1	then str	ruck a	fence, o	causin	g a												
IG GA	seco Unit	ndary 3 rem	crash, at	the inte t Unit 1	ersection had jumm	of Li ed a c	ve Oak a urb and	and No.	lan St. k Unit 2	2						3.					
VE AI	at t	he 12	o' clock p	position	Unit 3	also r	eported	that 1	Unit 1					3. 							
RATI	bega posi	n to ' tion.	'fishtail" [Ref SAPD2	striking 24018477/	y Unit 3 'Intoxica	at Uni ition A	ssault]	O'CLO	ck 1's		100th Blk N	olan St									
NA	driv Traf	er was	s later loc nvestigatio	cated and	l was boo	ked fo	r the li	isted (charges.					∠ 200 Blk Nolar	n St						
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	ORI		<u> </u>		irez, My										Num. Service						
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Law Enforcement and TxDOT Use ONLY SCHOOL FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ZONE														To Nu Un	tal ım. ıits	1	3	To Nu Prs	tal ım. sns.		:		DOT 2	20008 /2024					
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21				this crash reany one pers	esult in a	nt least	t ⊠ Yes	Latite	ude al degrees)	1 1	<u> </u>	, • ,	1	- DF	I I	ATO			gitude		ı			• 1		ı	<u> </u>		
07	ROAD (on n	/HICH	CRASH OC	CURRE	D			ar dag (000)			<u> </u>					T									1			
NOIL	*1 Rdwy Sys.	/. Ll		*Hwy. Num.			2 Rd Part	1	<u> </u>	Block Num	. 10			Pre		<u> </u>	* Str	e N	olar							4 Street Suffix ST			
TIFICA	Priva Priva Parki	ate Dri ate Pro ing Lo	Property, Lot Traffic E Toll Road/ Speed Cons								onst. one	☐ Yes ☒ No	Wo Pre	orkers 🗌 Y esent 🔀	res Se No Cra	conda ash	ry 🔲 🕽	es S lo C	Street Desc.										
IDEN	INTERS	Private Drive or Road, Private Property, Parking Lot Traffic E Toll Road/ Toll Lane Speed Limit 30 Const. Yes Work Preserved Fractional									D OR REF 3 Street	t Street										4 Street							
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	or Ref. N Unit	Marke	er 5 L	Init	+	or Ro arked	ef. Marke	er t and	LP	Marker	T.	.P	Limit	4	45	Desc.							1	Num.					
	Num. 3 Veh.	1	Ďe	sc. 4	\	ehicle	11 1	ın	State /eh.			lum.			Ver	VIN n.						<u> </u>	 ' Body						1
-	Year Color Make Mode													del Style Style Police, Fire, EMS on Em												Emerc	rencv		
-	Responder Struck (Explain in Narrative if checked) 8 Autonomous Unit NO DL/ID DL/ID DL/ID DL/ID 11 DL 12 CDL												s Level	Enga	ged N O) AU	TOMA	TION				J (Expl	ain in Na	rrative	if chec	ked)			
	Type 4 State TX Num. 19873058 Address (Street, City, State, ZIP) 110 MCCULLOUGH SAN ANTONI, TX 78215										Class			End. 5			Rest.	5		- 1	M/DD/Y	/YYY) _[0 8	3 / 2	9 /	1	9 7	7 6	
RSON	City, Sta	te, Z	iP)	110 MCCU	LLOUG	H S										ury ity		ity		ಕ	str.	rbag	T				rug .	<u>Б</u>	ug yory
R & PE	Address (Street, City, State, ZIP) 110 MCCULLOUGH SAN ANTONI, TX 78215 Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line. 1 4 16 PIERCE, COREY, LAMONT									first line	€		16 Inju Severi	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr	21 Airl	22 Helmet	23 Sol	24 Alc. Spec.	Alc. Result	25. Dr Spec.	26 Dru Result	27 Dru Catego			
DRIVE	1	4	16	PIERCE,	CORE	Z, L	TNOMA									В	47	В	1	97	97	97	97	N	96		96	97	97
HCLE,																				Drug	Applicab Results river/Pri	are or	nly rep	orted					
VE	Owr	ner		ner/Lessee																					1	ach Unit	-		
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		p		Exempt		/pe		Na	ame							Fin. Resp. Num.												l Von	
	Fin. Res Phone N	-							29 Vehi Damag	e Rating						1 20 10111010									ehicle Yes ventoried No				
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	10 DL/ID Type		t	DL/ID State		DL/I Nur						11 Dl Class			12 CDL End.			13 DL Rest.			DC (MI		/YYY) <u> </u>		1/1	1 1/			
SONS	Address City, Sta Num. 14 Prsn.	ate, Z	eet, IP)																	ندا	نے ا	g	T	Τ					
& PER	Person Num. 14 Prsn	Type	l5 Seat Position		Ente	er Dri	Na ver or P			irst, Micon for th		it on	first line	€		16 Injury Severity	\ge	17 Ethnicity	18 Sex	19 Eject	20 Restr	21 Airba	22 Helmet	1	4 Alc. Spec.	Alc. Result	25. Druç Spec.	6 Drug tesult	27 Drug Categor
DRIVER		'	<u> </u>													L 0)		Т Ш			~			14 0,	, (4 0)	<u> </u>	(7 0)	2 11	0 5
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	Proof of Fin. Resp			Expired 2		/pe		I	n. Resp ame	•		######	***************************************	*4	**************************	Fir N u	n. Res _l ım.	ρ.	····			***************************************	(IIIIII) ****	***************************************					
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Phone Num. Towed By Damage Rating 1 Towed Too																													

				TxDOT Use ONLY. 1/2023)	Case SAPD2401		TxDOT Crash ID	200088		Page <u>4</u> of <u>4</u>										
	I NI	Init F um. N	Prsn. Num.		Taken To			Taken By				Date of (MM/DE	f Death D/YYYY)		Time of (24HF	Death RMM)				
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CHARGES																				
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j.		Damaged Property Other Than Vehicles Owner's Name																		
DAMAGE																				
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	Unit Num.				ansporting 9	+ Capacity	CMV Disabling [Damage?	Yes 30 Ve	h.	31 Carri ID Type			Carrier ID Num							
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	Of Ev	enis		buting Factors (Inves	stigator's Opinion)	39 Vehi	cle Defects (Inve	stigator's Op	Containe inion)	er Permit		/eight rironmental	and Roa	dway Condit	Axles i ons					
ORS &		nit#		Contributing	May Have Contrib.	Co	ontributing	May Have	e Contrib.	40 Weather	41 Light	42 Entering	43 Roadwa	44 y Roadway	45 Surface	46 Traffic				
FACTORS &	70 									Cond.	Cond.	Roads	Туре	Alignment	Condition	Control				
	<u> </u>			Investigator's M	larrative Opinion of What Ha	annonod					E: 5:									
					dditional Sheets if Necessal			Indicate North	;		Fleid Dia	agram - Not	to Scale							
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TOR	(MM	DD/YY	YY)	01/25/2			•••••	RMM) 2			I/DD/YY	YY)		1/26/2	2024					
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	ORI Num.	_		S P D O O		ANTONIO	POLICE DEP	ARTMENT					Service.		_{T I}					