

Thu, 08 June 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 Mon, 05 June 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



☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ZONE

ACTIVE

SCHOOL

Total
Num.
Units

4

Total
Num.
Prsns.

5

TxDOT 19583001.1
Crash ID /2023261694

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.).

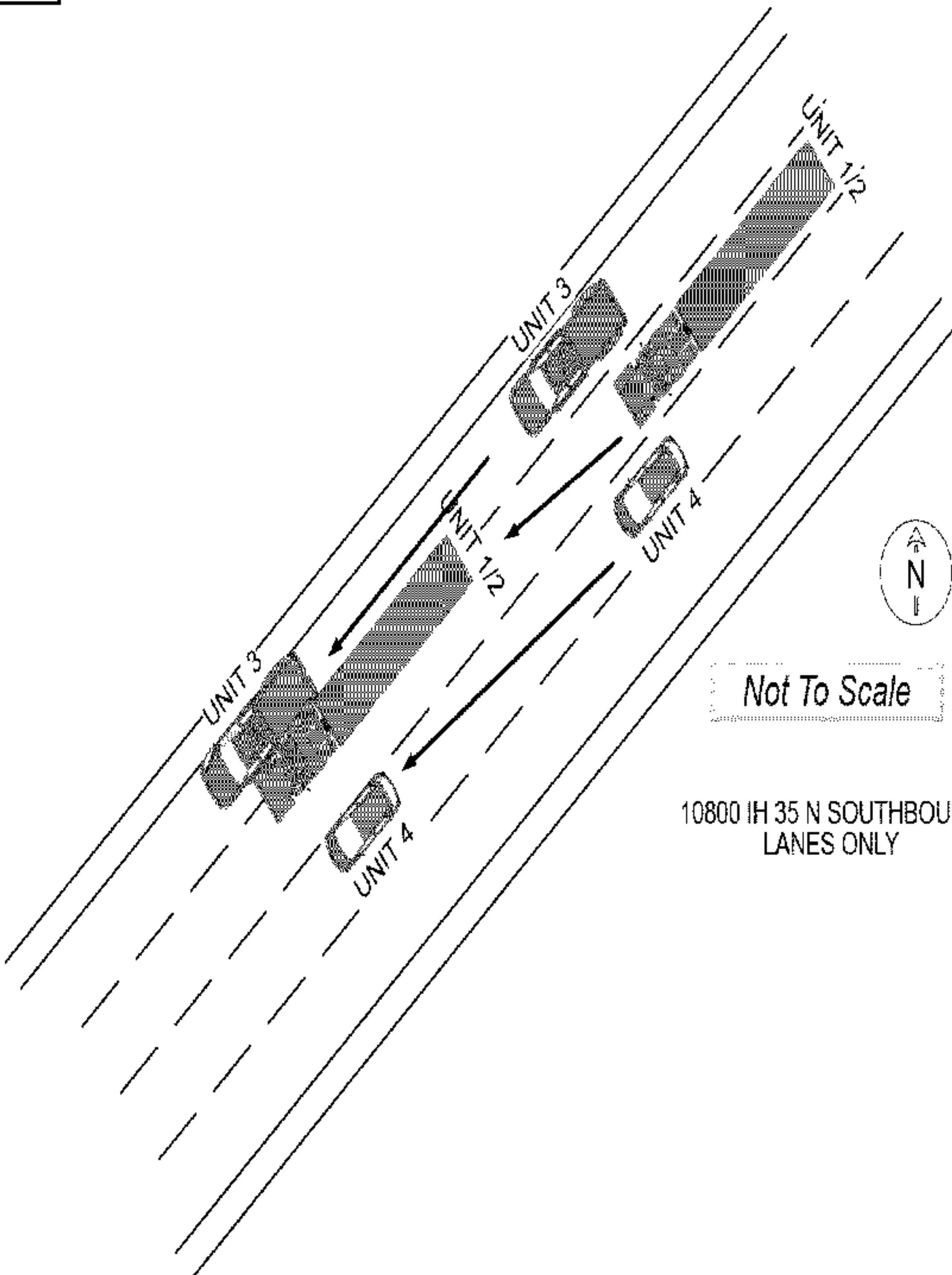
Page 1 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

| | | | |
|--|--|--|--|
| *Crash Date (MM/DD/YYYY) 06 / 05 / 2023 | *Crash Time (24HRMM) 0712 | Case ID SAPD23123101 | Local Use 3230 |
| *County Name BEXAR | | *City Name SAN ANTONIO | |
| 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. IH | *Hwy. Num. 35N | 2 Rdwy. Part 1 | Block Num. 10800 |
| 3 Street Prefix | | * Street Name | |
| 4 Street Suffix | | | |
| <input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot | 3 Dir. of Traffic SW | <input type="checkbox"/> Toll Road/ Toll Lane | Speed Limit 65 |
| 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. 400 | 3 Street Prefix N | Street Name WEIDNER | |
| 4 Street Suffix RD | | | |
| Distance from Int. or Ref. Marker 0.2 | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI | 3 Dir. from Int. or Ref. Marker NE | Ref. Marker |
| Speed Limit | Street Desc. | | RRX Num. |
| Unit Num. 1 | 5 Unit Desc. 1 | <input type="checkbox"/> Packed Vehicle <input type="checkbox"/> Hit and Run | LP State TX |
| LP Num. 1N11046 | VIN 1F U J G L C K 6 8 L A A 3 9 8 5 | | |
| Veh. Year 2008 | 6 Veh. Color WHI | Veh. Make FREIGHTLINER | Veh. Model CASCADIA 113 |
| 7 Body Style TT | <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 2 | DL/ID State TX | DL/ID Num. 14078344 | 11 DL Class A |
| 12 CDL End. T | 13 DL Rest. A | DOB (MM/DD/YYYY) 03 / 29 / 1961 | |
| Address (Street, City, State, ZIP) 1005 NW 7TH ST GRAND PRAIRIE, TX 75050 | | | |
| 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 RAMIREZ GODOY, EUSTACIO |
| 16 Injury Severity N | Age 62 | 17 Ethnicity H | 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 BUGS BUNNY LOGISTICS, LLC, 6743 AMBERCREST DR ARLINGTON, TX 76002 | | | |
| 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 HIGHLANDER SPECIALTY INSURANCE COMPANY |
| Fin. Resp. Num. CH01-0000663-01 | | | |
| Fin. Resp. Phone Num. | 29 Vehicle Damage Rating 1 3 - R D - 1 | 29 Vehicle Damage Rating 2 - - - - - | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Towed By | | Towed To | |
| Unit Num. 2 | 5 Unit Desc. 6 | <input type="checkbox"/> Packed Vehicle <input type="checkbox"/> Hit and Run | LP State TX |
| LP Num. 169C497 | VIN 1J J V 5 3 2 W 8 1 L 7 4 9 0 8 1 | | |
| Veh. Year 2001 | 6 Veh. Color WHI | Veh. Make WABASH NATIONAL CORP | Veh. Model UNKNOWN |
| 7 Body Style TL | <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 | DL/ID State | DL/ID Num. | 11 DL Class |
| 12 CDL End. | 13 DL Rest. | 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 | 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 OLIVAS, RAFAEL ADAME, 6743 AMBERCREST DR ARLINGTON, TX 76002 | | | |
| 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 HIGHLANDER SPECIALTY INSURANCE COMPANY |
| Fin. Resp. Num. CH01-0000663-01 | | | |
| 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 SAPD23123101 | TxDOT Crash ID 19583001.1/2023261694 | 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) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | |
| CHARGES | Unit Num. | Prsn. Num. | Charge | | | | | | Citation/Reference Num. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE | Damaged Property Other Than Vehicles | | | | Owner's Name | | | | Owner's Address | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| CMV | Unit Num. | 1 | <input checked="" type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> Transporting Hazardous Material | <input type="checkbox"/> 9+ Capacity | CMV Disabling Damage? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 30 Veh. Oper. | 1 | 31 Carrier ID Type | 1 | Carrier ID Num. | 03652862 | | | | | | | | | |
| | Carrier's Corp. Name | | | | Carrier's Primary Addr. | | | | 32 Veh. Type | | 9 | | | | | | | | | | | |
| | 33 Bus Type | | 0 | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR | 8 | 0 | 0 | 0 | 0 | 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 | 3 | | | | | |
| | Unit Num. | | 2 | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR | 6 | 8 | 0 | 0 | 0 | 36 Trlr. Type | 2 | CMV Disabling Damage? | <input type="checkbox"/> Yes <input checked="" 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 | | 14 | | 37 Seq. 2 | | 37 Seq. 3 | | 37 Seq. 4 | | Intermodal Shipping Container Permit | | <input type="checkbox"/> Yes <input checked="" 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 | | | | | | | | | | 1 | 1 | 97 | 3 | 1 | 1 | 96 | | | | |
| NARRATIVE AND DIAGRAM | Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Unit 3 was traveling southwest on IH 35 N in the number four lane. Unit 1 was towing Unit 2. Unit 1/2 was traveling southwest on IH 35 N in the number three lane. Unit 4 was traveling southwest on IH 35 N in the number two lane. Unit 4 moved to the right towards Unit 1/2 but did not impact Unit 1/2. Unit 1/2 swerved to the right and entered Unit 3's lane crashing into Unit 3 in the 10800 block of IH 35 N. **COBAN/BWC available** | | | | | | | | | | Field Diagram - Not to Scale  | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| INVESTIGATOR | Date Notified (MM/DD/YYYY) | | | | | 06 / 05 / 2023 | | | | | Time Notified (24HRMM) | | | 07 1 3 | | | How Notified | | | DISPATCHED | | |
| | Date Arrived (MM/DD/YYYY) | | | | | 06 / 05 / 2023 | | | | | Time Arrived (24HRMM) | | | 07 2 4 | | | Report Date (MM/DD/YYYY) | | | 06 / 05 / 2023 | | |
| | Date Roadway Cleared (MM/DD/YYYY) | | | | | 06 / 05 / 2023 | | | | | Time Roadway Cleared (24HRMM) | | | 07 2 8 | | | Date Scene Cleared (MM/DD/YYYY) | | | 06 / 05 / 2023 | | |
| | Time Scene Cleared (24HRMM) | | | | | 08 0 0 | | | | | Investigation Complete | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | Investigator Name (Printed) | | | CARTER, JUSTIN | | |
| | ORI Num. | | | | | T X S P D 0 0 0 0 | | | | | *Agency | | | SAN ANTONIO POLICE DEPARTMENT | | | Service/Region/DA | | | N 3 0 | | |



Page 3 of 4

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|---|--|--|--|---|------------------------------|---|--|--|-------------------------------|--|--|--|--------------------------------|------------------------------------|--|-----------------------|---|--------|--|-----------|--|-----------|--|-----------|--|-----------|--|---------|--|---|--|----------------|--|-------------------|--|-------------------|--|---------------------|--|
| IDENTIFICATION & LOCATION | *Crash Date (MM/DD/YYYY) 06 / 05 / 2023 | | | | *Crash Time (24HRMM) 0712 | | | | Case ID SAPD23123101 | | | | Local Use 3230 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *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. IH | | *Hwy. Num. 35N | | 2 Rdwy. Part 1 | | Block Num. 10800 | | 3 Street Prefix | | * Street Name | | | | 4 Street Suffix | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Private Drive or Road, Private Property, Parking Lot | | 3 Dir. of Traffic SW | | <input type="checkbox"/> Toll Road/ Toll Lane | | Speed Limit 65 | | 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. 400 | | 3 Street Prefix N | | Street Name WEIDNER | | | | 4 Street Suffix RD | | | | | | | | | | | | | | | | | | | | | | | |
| Distance from Int. or Ref. Marker 0.2 | | | | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI | | 3 Dir. from Int. or Ref. Marker NE | | Ref. Marker | | Speed Limit | | Street Desc. | | | | RRX Num. | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Num. 3 | | 5 Unit Desc. 1 | | <input type="checkbox"/> Parked Vehicle | | <input type="checkbox"/> Hit and Run | | LP State TX | | LP Num. SVR4524 | | VIN 3C63RRGL5N349334 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh. Year 2022 | | 6 Veh. Color BLK | | Veh. Make DODGE | | | | Veh. Model RAM 1500 | | | | 7 Body Style PK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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. 19315324 | | | | 11 DL Class C | | 12 CDL End. 96 | | 13 DL Rest. 96 | | DOB (MM/DD/YYYY) 10 / 13 / 1980 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (Street, City, State, ZIP) 594 SLEEPY MDW NIXON, TX 78140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE, DRIVER & PERSONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | WORDEN, SEAN PHILLIP | | | | | | C | | 42 | | W | | 1 | | 1 | | 1 | | 1 | | 97 | | N | | 96 | | | | 96 | | 97 | | 97 | |
| 2 | | 2 | | 3 | | MISCHKE, GABRIEL | | | | | | N | | 11 | | W | | 1 | | 1 | | 1 | | 1 | | 97 | | N | | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. | | | | | | | | | |
| 3 | | 2 | | 4 | | WORDEN, DELILAH | | | | | | N | | 8 | | W | | 2 | | 1 | | 1 | | 1 | | 97 | | N | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee | | Owner/Lessee Name & Address CANNON, LANCE RANDALL, 14002 RUDDER CT CORPUS CHRISTI, TX 78418 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 INS. CO. | | | | Fin. Resp. Num. 000000648975821 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fin. Resp. Phone Num. (800) 255-7828 | | | | 29 Vehicle Damage Rating 1 9 - L D - 2 | | | | 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. 4 | | 5 Unit Desc. 7 | | <input type="checkbox"/> Parked Vehicle | | <input type="checkbox"/> Hit and Run | | LP State UN | | LP Num. | | VIN | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh. Year | | 6 Veh. Color 99 | | Veh. Make UNKNOWN | | | | Veh. Model UNKNOWN | | | | 7 Body Style 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Responder Struck (Explain in Narrative if checked) | | | | 8 Autonomous Unit UNKNOWN | | | | 9 Autonomous Level Engaged UNKNOWN | | | | <input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 DL/ID Type | | DL/ID State | | DL/ID Num. | | | | 11 DL Class | | 12 CDL End. | | 13 DL Rest. | | DOB (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (Street, City, State, ZIP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE, DRIVER & PERSONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | 97 | | 99 | | 99 | | 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 UNKNOWN, UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 - - - - - | | | | 29 Vehicle Damage Rating 2 - - - - - | | | | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Towed By | | | | Towed To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---------------------------------------|---|--|--|---|--|--|-----------------------------------|-------------------|---|------------------|---|-------------------|--|----------------------|----------------------|--------------------|--|--|
| Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023) | | Case ID SAPD23123101 | | TxDOT Crash ID 19583001.1/2023261694 | | Page 4 of 4 | | | | | | | | | | | | | | |
| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | | Taken By | | Date of Death (MM/DD/YYYY) | | Time of Death (24HRMM) | | | | | | | | | | | |
| | 3 | 1 | PRIVATE PHYSICIAN | | SELF | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 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 | | |
| | 4 | 4 | | | | | | | | | | | | | | | | | | |
| NARRATIVE AND DIAGRAM | Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) | | | | | | | | | | Field Diagram - Not to Scale | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| INVESTIGATOR | Date Notified (MM/DD/YYYY) 06 / 05 / 2023 | | | | | | | | Time Notified (24HRMM) 07 1 3 | | | | How Notified DISPATCHED | | | | | | | |
| | Date Arrived (MM/DD/YYYY) 06 / 05 / 2023 | | | | | | | | Time Arrived (24HRMM) 07 2 4 | | | | Report Date (MM/DD/YYYY) 06 / 05 / 2023 | | | | | | | |
| | Date Roadway Cleared (MM/DD/YYYY) 06 / 05 / 2023 | | | | | | Time Roadway Cleared (24HRMM) 07 2 8 | | | | Date Scene Cleared (MM/DD/YYYY) 06 / 05 / 2023 | | | | Time Scene Cleared (24HRMM) 08 0 0 | | | | | |
| | Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Investigator Name (Printed) CARTER, JUSTIN | | | | | | | | | | ID Num. 0915 | | | | | | | |
| | ORI Num. TXSPD00000 | | *Agency SAN ANTONIO POLICE DEPARTMENT | | | | | | | | | | Service/Region/DA N | | 30 | | | | | |