

HIGHWAY FACTORS GROUP CHAIRMAN'S FACTUAL REPORT

Highway Attachment 2 – DPS ACCIDENT REPORTS

PENWELL, TEXAS

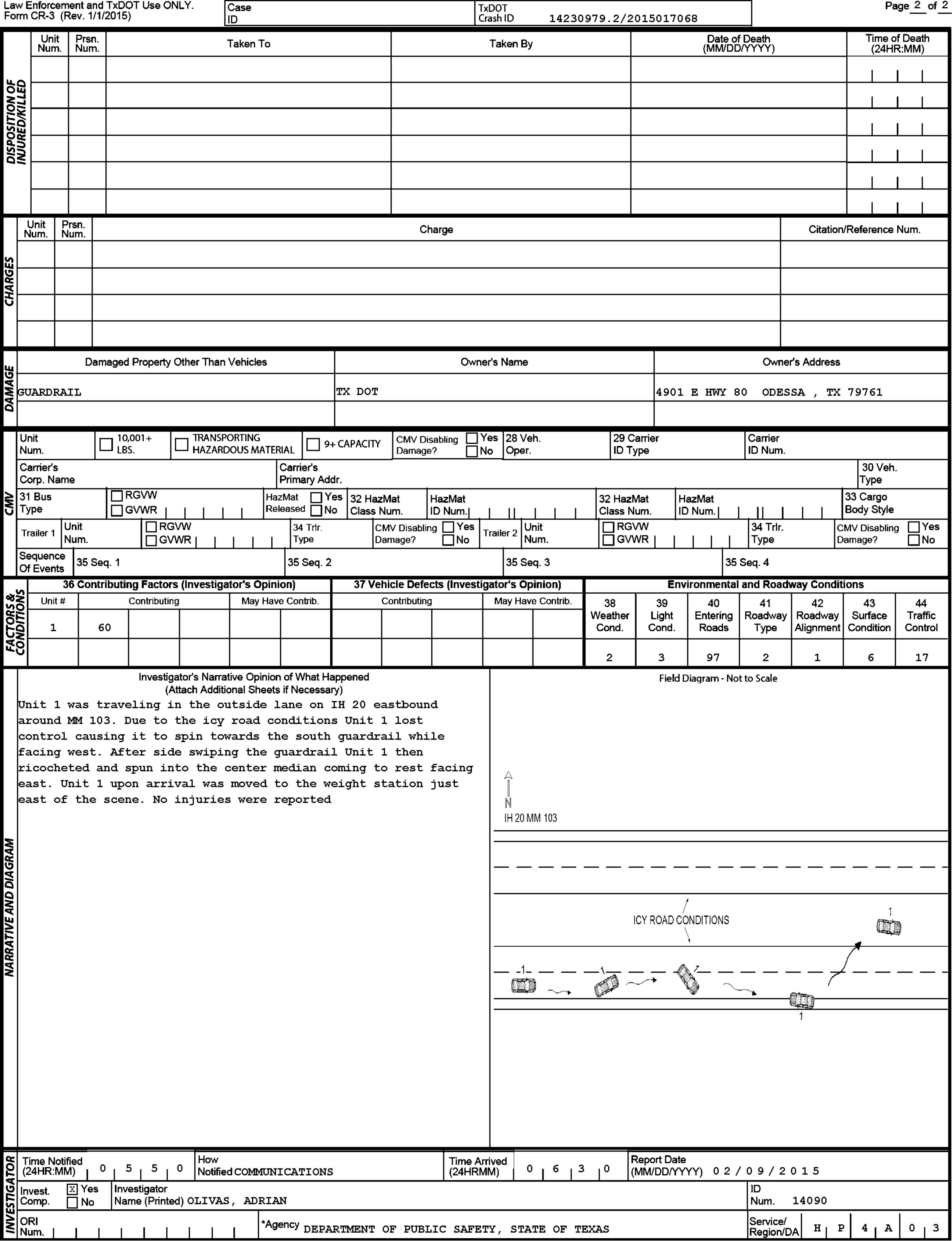
HWY15MH004

(26 pages)

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		ess (Str State, Z																									
SNO	son n.	Prsn.	Seat		F	'star Driv		ne: Last, First,			-+ lina			Injury verity	41	nicity	Sex	Eject.	Restr.	bag	met	Sol.	ا ار الراب	<u></u>	Orug Sc.	Orug ult	Orug egory
PERSONS	Per.	12 F	13 9 Pos			Uter Dire	/er or Prim	nary Person f	Or triis on	III ON IIIS	ine			14 l Sev	Age	15 Eth	16 5	17 [18 [19 Airt	20 Helm	21 §	22 <i>f</i> Spe	Alc. Resi	23 [Spe	24 [Res	25 [Cat
DRIVER, &													\dashv														
-			1										\dashv	-										t Applicat g Results			
VEHICLE,			1										\dashv										-	Driver/Pr		Person	
VE		wner	$\frac{1}{10^{\lambda}}$	/ner/Lesse	<u></u>																						
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-		of 🔲			ed 26 Fin. pt Resp.			Fin. Resp. Name						Fin Nu	n. Resp ım.) .											
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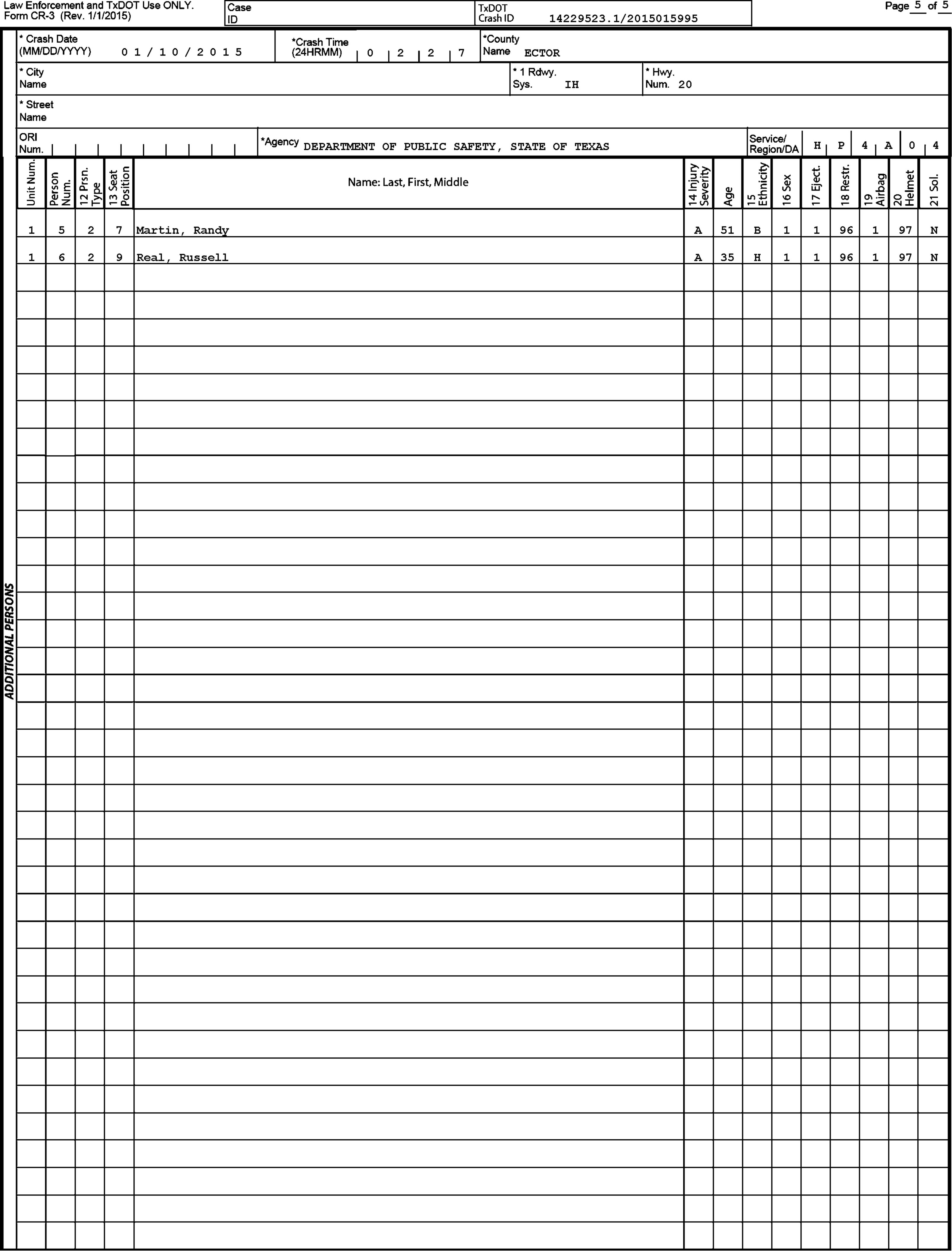
			ent and ev. 1/1/	TxDOT Use /2015)	ONLY.	Case ID					xDOT Trash ID	14228	122.2/2	2015014	4658			Pa	ge_2_of_
		Unit Num.	Prsn. Num.			Taken To					Taken E	Зу			Date of (MM/DD			•	f Death R:MM)
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V OF) -																		<u> </u>
DISPOSITION OF																			<u> </u>
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Sia	} -																	<u> </u>	
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3ES																			
CHARGES																			
٥																			
j.E			Dan	naged Proper	ty Other Than	Vehicles				Own	er's Name	e				Owne	r's Address		
MAG	SUAF	RD RA	AIL x	2				TX DOT						390	01 E HWY 8	0 ODES	SA, TX	79761	
DA																			
	Unit Num.			□ 10,001+ LBS.		ORTING DOUS MATERIA	Δ1 294	- CAPACITY	CMV Dis		Yes 28 \ No Ope			Carrier Type		Carrier ID Num.			
lt	Carri	er's			1 11/12/11/12		arrier's		Damage	<u> </u>	10 Ope	·1 •	<u> </u>	JPC		TID Hain.		30 Veh.	
I ⊦		. Name us	<u> </u>	RGVW		Hazi	Primary Add	es 32 Haz	Mat	HazMat			32 Haz	:Mat	HazMat			Type 33 Cargo	
lt	31 Bu	111	nit	│□GVWR │□□	I I I I I I I I I I I I I I I I I I I	Rele	ased No	Class N	lum.	ID Num.	Щ,		Class I	Num.	ID Num.	 34 Trlr.		Body Style MV Disabling	
	Traile	er i N	um.	•	SVWR		Туре		amage?	No No	Trailer 2	Num.	ĞV	WR		Туре		amage?	N _o _
	-	ence vents	35 Se	q. 1			35 Seq. 2				35 8	Seq. 3			35 \$	Seq. 4			
8		36 Unit #	6 Contr	ributing Facto Contribu	ors (Investiga itina	ator's Opinio May Have			nicle Defe	cts (Investi		Opinion) ave Contrib.	38	39	Environmental 40	and Road 41	way Condit	ions 43	44
FACTORS &		1	1 6	50							,		Weather Cond.		t Entering	Roadway Type		Surface	Traffic Control
FACI													Coria.	Cond			Aigimen		
				Inves	tigator's Narra	tive Opinion	of What Ha	appened					2] 3 Fie	ld Diagram - Not	to Scale	1	6	17
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/ESTI	Com	p. [X Yes No	· · · · · · · · · · · · · · · · · · ·	nted) OLIVAS											Num.	14090 I	1	I
18	ORI Num.	.	1 1	ı I	1 1 1	*Agei	ncy DEPA	RTMENT (OF PUBL	IC SAFE	TY, ST	ATE OF T	EXAS			Service/ Region/E	DA H I F) 4 ₁ A	0 3

	v Enford FATAL		nt and Ta ☑ CMV	XDOT Use ONL		□ RÆ	AILROAD	D МАВ	□ sui	PPLEME	ENT [٦ <u>ACT</u>	TIVE HOOL ZO	ONE	Tota Nur Unit	al m. ,		· 4	Tota Nun	m. ,	1	ıΩ	TxD Cras	OOT ish ID		29523	
		4	®			_		Texas	s Peace C	Officer	r's Cras	sh Re	eport ((Form	CR-3	3 1/1/	-	•	Prsr	ins.		<u> </u> 8				<u>150 13</u>	5995
4	Texas Departn	as ant		il to: Texas	•			sportation, F	Crash Da Refer to A	ata and Attache	d Analy ed Code	ysis, P le She	P.O. Beet for	ox 149 Numbe	9349, ered	, Austi Fields	tin, TX s	7871							57		
	of Transpo	portation		*=Thes	se fields	; are re	quired	on all addi	itional sh	ieets si	ubmitte	ed for ¹	this cr	ash (e	:х.: a	dditio	nal v∈	hicles	5, OC(cupar	nts, in	ıjured	l, etc.)).	Paŗ	ge <u>1</u>	of <u>5</u>
	*Crash (MM/D	DD/YY		0 1 / 1	0 / 2 (0 1 5		sh Time IRMM) 0) 2	2 7	7 Cas	;e							L	_ocal U	lse						
_	*Count Name	_	ľOR								*City Name															Outsi City L	
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ATION	Sys.	·	IH Occurred	Num.			Part Road/	<u> </u>	Num.			Prefix	x —	-l.are	Name	ne	at							Suffix			
		Road/Pri	rivate P	d on a Private D Property/Parking	ng Lot	☐ Toll	l Lane	Speed Limit	75	~~~~	Zone	∑ N	No P	Vorkers Present	⊠ No	lo D	Street Desc.										
<u>@</u> [At C	Yes	1 R	dwy.	Hwy.	y .		2. Rdwy.	Bio	lock	NG RUA	3 5	Street	ENCE N	<u> </u>	Street								4 Stre			
▍∤		X No			Num	n. T FT 3 (Dir. from	Part		um. Referenc	ce	Pro	refix Stree			Name					─ 	RRX		Suffix			
	or Ref.		ker	40 Unit		MI or	r Ref. Ma	arker E	<u> </u>	Marker	102		Desc									lum.					
	Num.	1		esc. 1		nicle	l n	State TX		Num.				VIN						T- RO	•			Pol	I., Fire, EM	MAS on	
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	8 DL/II Type	1		DL/ID State _{TX}		DL/ID Num.				9 DL Class		10 En	0 CDL nd. g	96		11 DL Rest.			DOE (MM	B W/DD/YY	YYY) [
	Addres City, S	State, Z	-																								
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& PERS	Nu Per	12 Type	13 /					ary reison.	Dr ti iis 0	T On me	T IIIIe			J4 Inju Severi			16 5	17 [18				22 Sp.	Alc. Res	Spec.		
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E, DR	2	2		Blackwell	<u> </u>									B	53 21	B	1	1	1		97	N	Drug	t Applicat g Results : Driver/Pr	are only	ly repor	rted
FHICI	3	2		Proctor,										A	30	B W	1	1	96		97 97	N	IUi L	Driver/Pri eac	rimary P ch Unit.		tor
	X Ov		Ow	Goad, Chi ner/Lessee me & Address					- - - - -		•	9	* ~ **7			<u></u>					<u>9, .</u>	N					
	Proof o	of X	Yes	Expired 2	26 Fin.			Fin. Resp.	sportat.	ion D	ivisio	on, o	13 w	Fin	n. Resp		:, TA	765	74								
	Fin. Res	Resp.		Exempt F	Resp. ≀yp•	e 2		Name 27 Vehicle		- 2		T.	<u> </u>	_ Nu	27 V	/ehicle								_	hicle		Yes
▋▕	Phone Towed							Damage F		1 2		<u> </u>	R				Rating 2		9		<u> </u>	T		4 Inve	entoried		No
	l _			ol Rekers Unit	S Park	ked	¬ Hit and	nd LP	To 1:	.117 S.	. Gran	ıt Av	ze, Od	lessa,	, TX	797€	31										
	Num.	2		esc. 1			Run	State NO		Num.				VIN L						7 Bod	4				I., Fire, EM		
	Veh. Year		└	1 5 Co	Veh. plor YEL			Veh. Make KEN	WORTH	T_ DI				n. del UNK		Г			\neg	Style	•	!		Eme	rrative if	/ (Explaid	in in ed)
	8 DL/II Type	2		DL/ID State _{TX}		DL/ID Num.				9 DL Class		10 En	0 CDL nd. N	N,H,P,		11 DL Rest.	P27		DOE (MM	B W/DD/YY	YYY)						
	Addres City, S	•																									
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LE, DRIVER, & PERSONS	_ P ₹	1 7 7	13 Po							———	——————————————————————————————————————			и Se 74	9 W	# Et 2	1	1	18		97	и 21	96 Spe		9 Spec.	24 Res	25 Cat
IIVER,	2	2		Huey, Ter Regan, De	erry Dex eborah									N	60 57	w	2	1	97		97	N			<u> </u>		<u> </u>
LE, DR			10	Kegan, 2	SDOT arr	Drraa	jar s							14	5,	- VV		+	9,	1	9,	IN	Drug	t Applicat g Results : Driver/Pri	are only	ly repor	rted
VEHIC																									ch Unit.		
	X Ov	wner essee		ner/Lessee me & Address	S ROTES	EXPRE	דון פסי	NES 684	о мошит	т н к ВМ	AM RD	Morr	ri svj.	ا ماا	אזרי 2'	7560											
		of X	Yes	Expired 2	26 Fin.			Fin. Resp.	2 MOOM	Пыка	AIN IND	MOLL	TOVI		n. Resp												
	Fin. Re	Resp.				<u></u>		27 Vehicle			_			_	27 V	/ehicle									hicle		Yes
	Phone		•					Damage F	Towed		<u></u>				Dam	iage R	Rating 2			1_				Inve	entoried	<u>d</u> <u> </u>	No
4	Ву								То																		7

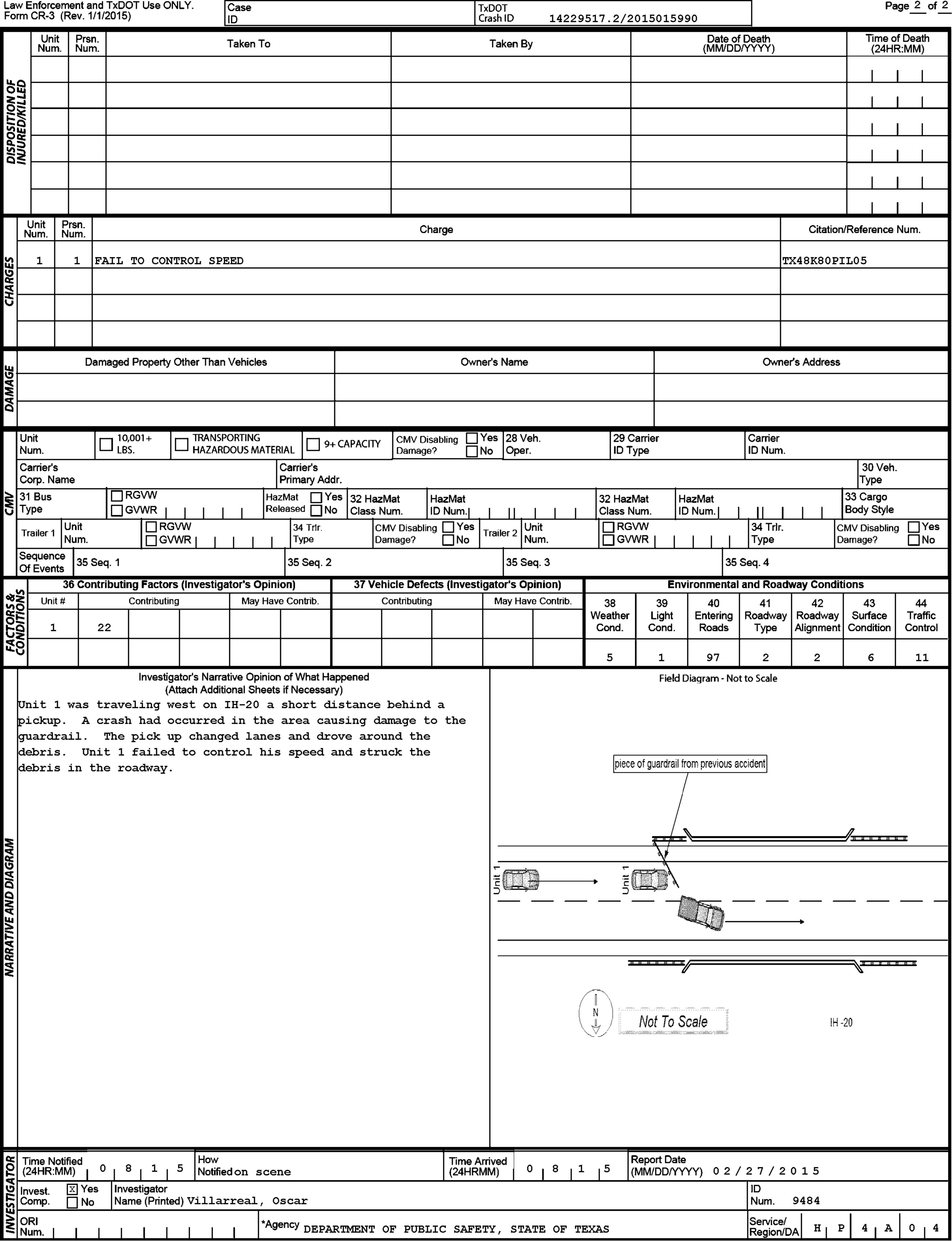
		ement an (Rev. 1/	d TxDOT Use I/2015)	ONLY.	Case ID					xDOT Trash ID	142	295	523.1/20	150159	95			Pa	ge_2_of_5
	Uni Nun				Taken To					Taken B	/				Date of (MM/DD				f Death R:MM)
	1	1	Medical	Center H	ospital,	Odessa	TX	Odess	a Fire a	and Res	cue				`	,			
DISPOSITION OF		2	Medical	Center H	lospital,	Odessa	TX	Odess	a Fire a	and Res	cue								
01TI		3	Medical	Center H	ospital,	Odessa	TX	Odess	a Fire a	and Res	cue								
SPOS	1	4			osptial,			+	a Fire a									<u> </u>	
ĬĞ.	₹	5			lospital,			+	a Fire a										
	<u> </u>				<u>-</u>			+											
Н	∸ Unit	Prsn.	меатсат	center n	Iospital,	odessa	TX		a Fire	and kes	cue						0:4-4:	/D-f	1
╽┟	Num,	Num.						<u> </u>	arge								Citation	/Reference	vum.
SES	1	1 E	Tail to Co	ontrol Sr	peed												TX48G50PI	IR4P	
CHARGES																			
Н														1					
35		Da	maged Proper	rty Other Tha	n Vehicles				Own	er's Name						Owi	ner's Address		
DAMAGE																			
7								_								,			
	Jnit Num.	2	∑ 10,001+ LBS.		SPORTING RDOUS MATER	IAL 9	+ CAPACITY	CMV Dis Damage		Yes 28 Vo No Oper			29 Ca ID Ty		1	Carrier ID Nun	n. 0012101	.8	
	Carrier's Corp. N		ES EXPRES	SS LINES		Carrier's Primary Ad	dr. 3901 ī	- ₩ Broad	l ST Ric	hmond.	VA 23	230						30 Veh. Type	10
. ⊢	31 Bus Type		X RGVW		Haz	zMat 🔲 Y	es 32 Hazi	Mat	HazMat ID Num.	1 11	1 1		32 Hazîv Class Nu		lazMat D Num.	11		33 Cargo Body Style	2
	Trailer 1	Unit	<u> </u>	RGVW	1 1 10	34 Trlr.	CN	∕IV Disablin		Trailer 2	/nit		RGV	w		34 Trli	. 0	MV Disabling	3 □ Yes
	Sequen			GVWR		35 Seq. 2	_	mage?	x No	35 S		4	□GVV	<u> </u>	35 :	Type Seq. 4	2 L	amage?	∑ No
	Of Even	เร	•	13 tors (Investi	gator's Opini			icle Defe	cts (Investi		,	$\overline{}$		En		•	dway Condit	ions	
RS &	Unit	:#	Contribu	uting	May Have	e Contrib.		Contributing		May Hav	re Contrib	_	38 Weather	39 Light	40 Entering	41 Roadwa	42 y Roadway	43 Surface	44 Traffic
FACTORS &	1		22 40										Cond.	Cond.	Roads	Туре	•	I I	Control
ú	3												1	2	98	2	1	1	17
			Inves	_	rative Opinion litional Sheets		• •							Field	Diagram - Not	t to Scale			
			_		nd on IH towing u				e near										
	rave	Ling e	astbound	in the o	utside la	ne of I	H 20 ahe	ead of											
					ted he wa shifts.	-													
					alling as it 1 stat	-													
	ract	or in :	front of	him and	attempted	to vee	r into t	he ins	ide										
					e front r overturn	_					IH	120 Eas	stbound						
_					1 came to 2 towing														
101	appro	kimate:	ly a quar	ter mile	east on					Unit 1		Unit 1		Unit 3					
4	the ea	astbou	nd should	er facin	g east.						ISON N			Unit 2	*******		Unit 4 Unit 3	Librit 2	
NARRATIV																		J 1112	
NA											***************************************								
J.R	Time N	otified		How	,				Time A	rrived				eport Date					
	Time N (24HR:	MM) ⊠ Yes	0 2 3 Investigate	9 Notif	nedDispato	ched			(24HRI) 2	4		•	YY) 01/	10/	2015		
ESTIC	nvest. Comp. ORI Num.		Name (Pri	nted) Bazar	n, Jason											Num.	14030	1	
N/	ORI Num.		<u> </u>		*Age	ency DEPA	RTMENT	OF PUBL	IC SAFE	TY, STA	TE OF	TE	XAS			Service Region	e/ I/DA H E) 4 ₁ A	0 4

	FATAL		CMV	xDOT Use (HOOL BUS	F	RAILROAE	О 🗌 МАВ	□ su	PPLEME	ENT [J ACTIVE SCHOO	L ZONE		otal um. nits	ı	4	Tot Nu Prs	tal m. sns.	ı	8 إ		DOT ash ID		2952 1501	3.1 5995
	Texa: Departr	+	Mai	il to: Tex	as Depai	tment	of Trans	sportation,	s Peace Crash D Refer to /	ata and	d Analy	sis, P.C	. Box 1	m CR 49349	-3 1/1 , Aust	tin, T	•	·	•	tions?	² Call	844/	274-74			
	Departr of Transp	ment ortation		*=Th	nese field	s are	required	on all add									ehicle	s, oc	cupa	nts, ii	njure	d, etc	.).	Pa	ge_3	of <u>5</u>
	*Crash (MM/D		:	0 1 / 1	10/2	0 1 !	والمحمد ا	sh Time IRMM) 0) 2	2 7	Case	e							Local l	Jse						
	*Coun Name	БСп	OR								*City Name													X	Outs City I	ide Limit
					esult in at lea on's propert		–	Latitude (decimal degrees)	3 :	1 1	7	4 1	5] 0		ngitude mai degre		1	0 2	<u> </u>	• 5	7	4 1	5	<u> </u>	0
07 & NC	*1 Rdv	۸۸/	<i>NHICH</i>	*Hwy. Num.	20)	2 Rdwy. Part	1	Block Num.			3 Street Prefix		* St Nan									4 Stre			
:ICATI(d on a Privat roperty/Parl			oll Road/ oll Lane	Speed Limit	75		Const. Zone	Yes	Worker	s 🔲)	res S	Street Desc.							Journa	•		
ENJ								CTION, NEA	REST INT	ERSECTI		☑ No ND OR RE		<u> </u>	10	<i></i>										
9	At Control of the Int.] Yes ☑ No	1 Re Sys	dwy.	Hw Nu	-		2. Rdwy. Part		lock um.		3 Stre			Street Name								4 Stre Suffix			
	Distan or Ref			40	[=	3 Dir. from or Ref. Ma			Referenc Marker	ce 102		Street Desc.								RX lum.					1
	Unit Num.	3	5 L De	Jnit sc. 6		rked chicle	☐ Hit an Run	d LP State C	A	LP Num.			VIN													
	Veh. Year	1 2 1			l 6. ∨eh. Color wh	L II		∨eh. Make _{HΥ} τ					Veh. Model π	NKNOW	אז				7 Bo	•			Em	., Fire, Ei ergency rative if	(Explai	in in
	8 DL/II Type	D .		DL/ID State		DL/ID Num.				9 DL Class	•	10 CE			11 DL Rest.			DC (MI			<u> </u>		1 1	1 1	ı	ıu, I
	Addres City, S	•								.		.			<u> </u>						<u>, </u>	<u> </u>			<u> </u>	<u> </u>
SNO	son n.	^o rsn. e	seat ition		En+	or Drive		e: Last, First		it on fire	+ line		njury		15 Ethnicity	Sex	Eject.	Restr.	ag	met	10	l 🐸 🔠	rit Cit	Orug .c.	Orug ult	Orug egory
& PERS	Person Num.	12 Jyp	13 (Pos		Enti		er or Primi	ary Person f	or triis ori	iii on iiis	· · · · · · · · · · · · · · · · · · ·		14 Inju	Age	유振	16 5	17		13 Airk	20 Helme	21 (22 A Spe(Alc. Result	23 l Spe	24 Res	25 [Cat
NVER,																										
.TE, DF																						Dru	t Applica g Results Driver/Pi	are on	y repo	rted
VEHIC																							ea	ch Unit	•	
		wner essee		ner/Lessee ne & Addre		S EXPI	RESS LI	NES LSR,	14727	Alondi	ra BLV	D La M	iranda	, CA	9063	В										
	Proof c Fin. Re		Yes	☐ Expired ☐ Exempt	26 Fin.			Fin. Resp. Name						in. Res lum.												
	Fin. Re	-						27 Vehicl Damage		1	, - ,	l l			Vehicle mage F		2	1	- 1 1	ı	ı	, - ,		hicle entorie		Yes No
	Towed By	t							Towed To		<u> </u>	<u> </u>		I				<u>.</u>	<u> </u>	<u> </u>	<u> </u>		_			
	Unit Num.	1	5 L De	Jnit sc. 6		rked chicle	☐ Hit an Run	d LP State T	NT	LP Num.			VIN													
	Veh. Year	. 2 .			l 6. ∨eh. Color WH	· T		Veh. Make GRI			T.EDS		Veh. Model N	<u> </u>	DT.TC	ART.F		•	7 Bo	•	·		Em	., Fire, Ei	(Explai	
	8 DL/II Type	D		DL/ID State	7411	DL/ID Num.			DAIL DAIL	9 DL Class		10 CE End.		OI AE	11 DL Rest.			DC (MI			<u>.</u>		Nai	rative if	г	:u)
	Addres	•				1									1			1///	1120071	,	<u> </u>	<u> </u>				
╽┢	- ج <u>ر</u>	sn.	ion ,				Nam	e: Last, First	, Middle				Injury	<u> </u>	nicity	×	Eject.	Restr.	ag	ē	-	. ن	<u>+</u>	rug	rug It	rug gory
PERSC	Num Num	12 Pr Type	13 Se Posit		Ent	er Drive	er or Prim	ary Person f	or this Un	it on firs	t line		14 ln	שַׁ וּע	15 Ethn	16 Se	17 Ej	18 Re		20 Helm	21 50	22 Al Spec	Alc. Resu	23 Di Spec	24 Di Resu	25 Di Cate
/ER, &																										
E, DRI																						Dru	t Applica g Results	are on	y repo	rted
VEHICLE, DRIVER, & PERSONS																						for	Driver/Pi ea	rimary l ch Unit		for
l t				ner/Lessee ne & Addre		r FVDI	DECC TI	NES, 390	1 W Pro	- d cm	Diabr	ond W	v 5555	^												
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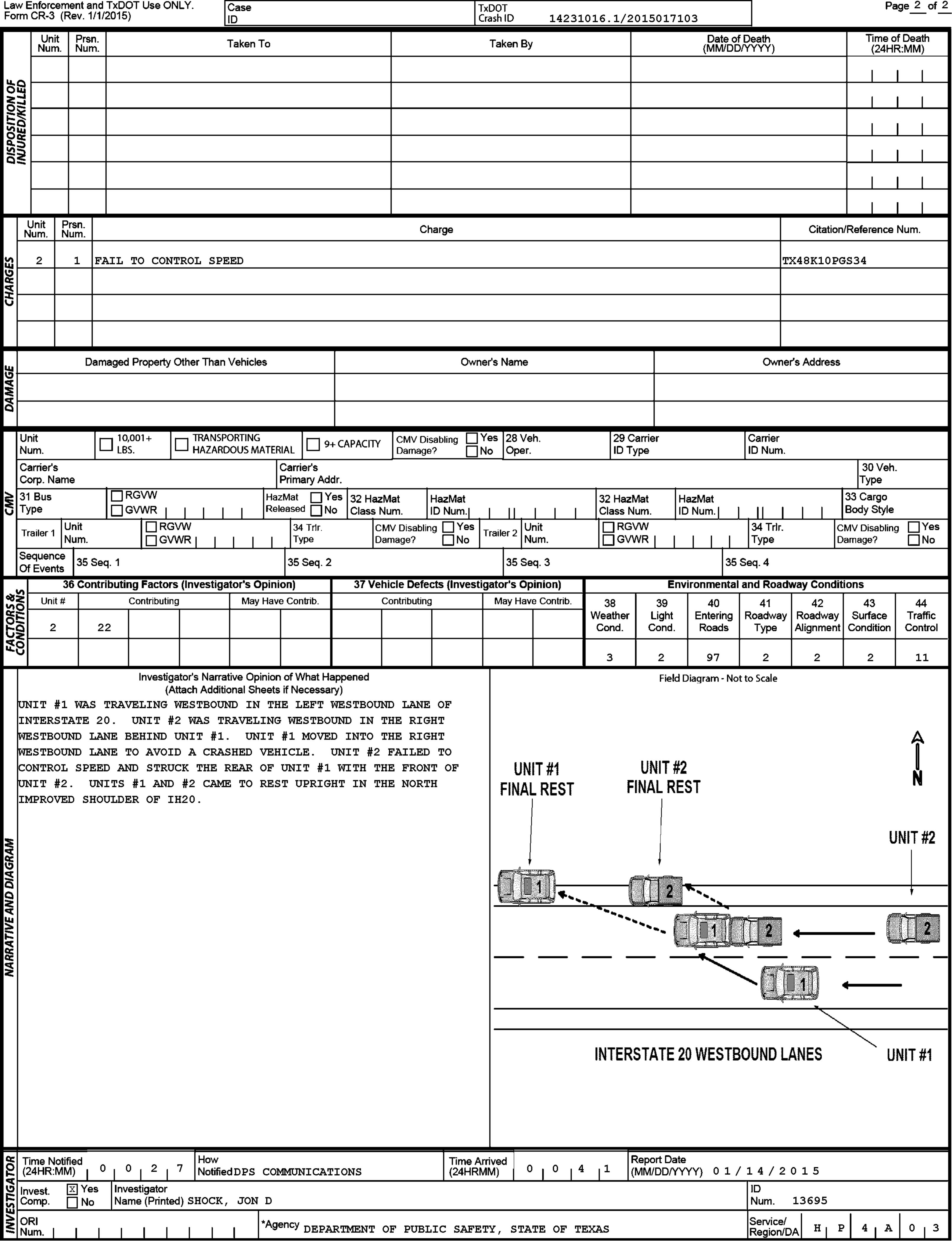
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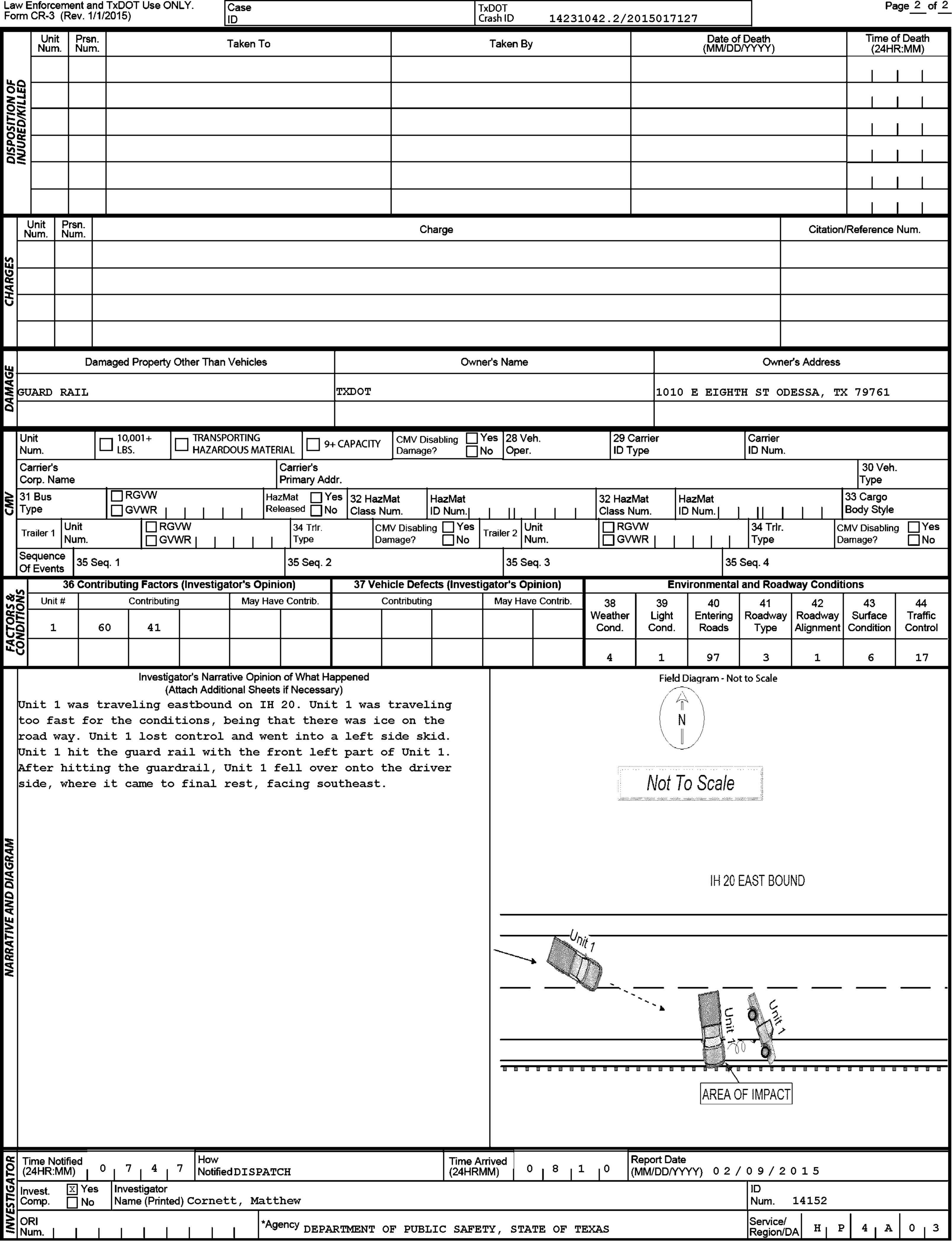
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▋╴Ͱ	City, S	itate, ∠	ZIP)					- last Eirst	Middle					<u>:</u>	T <u>ş</u>		T ti	<u>;</u>						٥	ַם	ory Ory
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	Enforc n CR-3			DOT Use C l5)	ONLY.	Case ID					xDOT Crash ID	14365	534.2/	2015133	3779			Pa	ge_2	_of_2
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A S	hort	lv af	ter 1	Unit 1	crashed.	All ava	ailable	officer	s dive	rted										
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	w Enford FATAL		nt and Ta ☑ CMV	xDOT Use C	ONLY HOOL BUS	S 🗵 R	AILROAD) МАВ	⊠ SUP	PPLEMEN	:NT _	J ACTIVE SCHOOL	ZONE	T N	otal lum. Inits		1.2	Tot Nui	ım. ,	ı ,	1 15	ارحم	DOT ash ID			2.2
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	Departn of Transp	nent ortation		*=Th	nese field	ds are re	equired	on all addi									ehicle	}S, OC	:cupa	nts, ir	njured	d, etc.	.).	Pa	ıge <u>1</u>	of 6
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	*Coun Name	nty		<u> </u>							*City Name													X	Outsi City L	
101	In you	ır opini	ion, did	this crash re				Latitude	- · •		161115					ngitude			• ,							_
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:ICAT!				d on a Private Property/Park	te Drive or	Tol		Speed Limit	75		Const. Zone	. <u> </u>	Worker	rs 🔲 \	Yes S	Street Desc.										
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	8 DL/II Type	D 2		DL/ID State	TX	DL/ID Num.				9 DL Class	В	10 CD End.	L P		11 DL Rest.			DO (MN	OB M/DD/Y`	YYY)						
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ER, & 1	1	1	1	Garcia	Jr, El	.igio							к	45	н	1	2	96	97	97	N	96		96	97	97
DRIVE	2	2 14 Davis, Christopher A											К	53	W	1	2	96	97	97	N	→	t Applical			
CLE,	3	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line 1 1 Garcia Jr, Eligio 2 2 14 Davis, Christopher A 3 2 14 Self, Jason E 4 2 14 Rodriguez, Jeremiah R											A	38	W	1	1	99	97	97	N	_	g Results Driver/Pr	-	Person	
VEH				Rodriau	iez. Je	remiah	R						K	35	н	1	1	97	97	97	N		Eu.	in one.	•	
	X 0			/ner/Lessee me & Addre		s Depa	rtment	, of Corr	rections	≈. 13C	055 FM	v 3522	Abile	ne, !	ייא 79	601										
-	Proof of Fin. Res] Yes		26 Fin.			Fin. Resp.	overnmen				I	Fin. Res Num.												
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Takes By Check Course The				and TxD 1/1/2015	OT Use Ol	NLY.	Case ID					TxDOT Crash ID	14237	372.2/2	0150218	00			Pa	ge_2_of_6
							Taken To					Taken E	Зу							
Downsged Property Cher Than Vehicles Downsged Property Cher Than Vehi		1	1	Med	Lical C	enter M	orgue, C	dessa,	TX	Medic	al Cent	er Mor	gue			01/14	/2015		† <u> </u>	
Downsged Property Cher Than Vehicles Downsged Property Cher Than Vehi	NOF	1	2	Med	Lical C	enter Mo	rgue, Od	dessa,TX	ζ	Medic	al Cent	er Mor	gue			01/14	/2015		0 7	5 0
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No.	/a	Jnion	Pacf.	ic Ra	il Cars	3			Union E	acfic 1	Rail Roa	ad			1400	Douglas	ST Oma	ha, NE (58179	
Corp. Name Texas Department of Corrections Phimary Addi 13055 FM 3522 Abilene, TX 79601 Type 4 Type 4 Type 5 GAVW Type 5 GAVW Type 5 GAVW Type 5 GAVW 7 7 7 7 7 7 7 7 7			1					IAL X 9-	+ CAPACITY							16				
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	/ Enforce FATAL	Texas Peace Officer's Crash Report (Form CR-3 1/1/2015) Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457 Refer to Attached Code Sheet for Numbered Fields "=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.). Page 3 of 6 Date DD/YYYYY) 0 1 / 1 4 / 2 0 1 5 (*Crash Time C24HRMM) 0 7 4 9 Case City Limit ropinion, did this crash result in at least oddinange to any one person's property? No No No No No No No N																								
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