



**HIGHWAY FACTORS GROUP CHAIRMAN'S  
FACTUAL REPORT**

**Highway Attachment 2 – DPS ACCIDENT REPORTS**

**PENWELL, TEXAS**

**HWY15MH004**

**(26 pages)**



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 13 / 2015 \*Crash Time (24HRMM) 03 50 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 31.75099 Longitude (decimal degrees) 102.56209

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.2  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 1999 6. Veh. Color WHI Veh. Make FORD Veh. Model UNKNOWN 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State TX DL/ID Num. 9 DL Class A 10 CDL End. N,H 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, LOPEZ-MARQUEZ, JOSE MARIO, C, 25, H, 1, 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.

Owner  Lessee Owner/Lessee Name & Address RODRIGUEZ JR, ELIAS

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3 - R & T - 5 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By NEAL POOL Towed To 1117 SOUTH GRANT ODESSA, TEXAS

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category.

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	MEDICAL CENTER HOSPITAL- ODESSA	ODESSA FIRE RESCUE		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

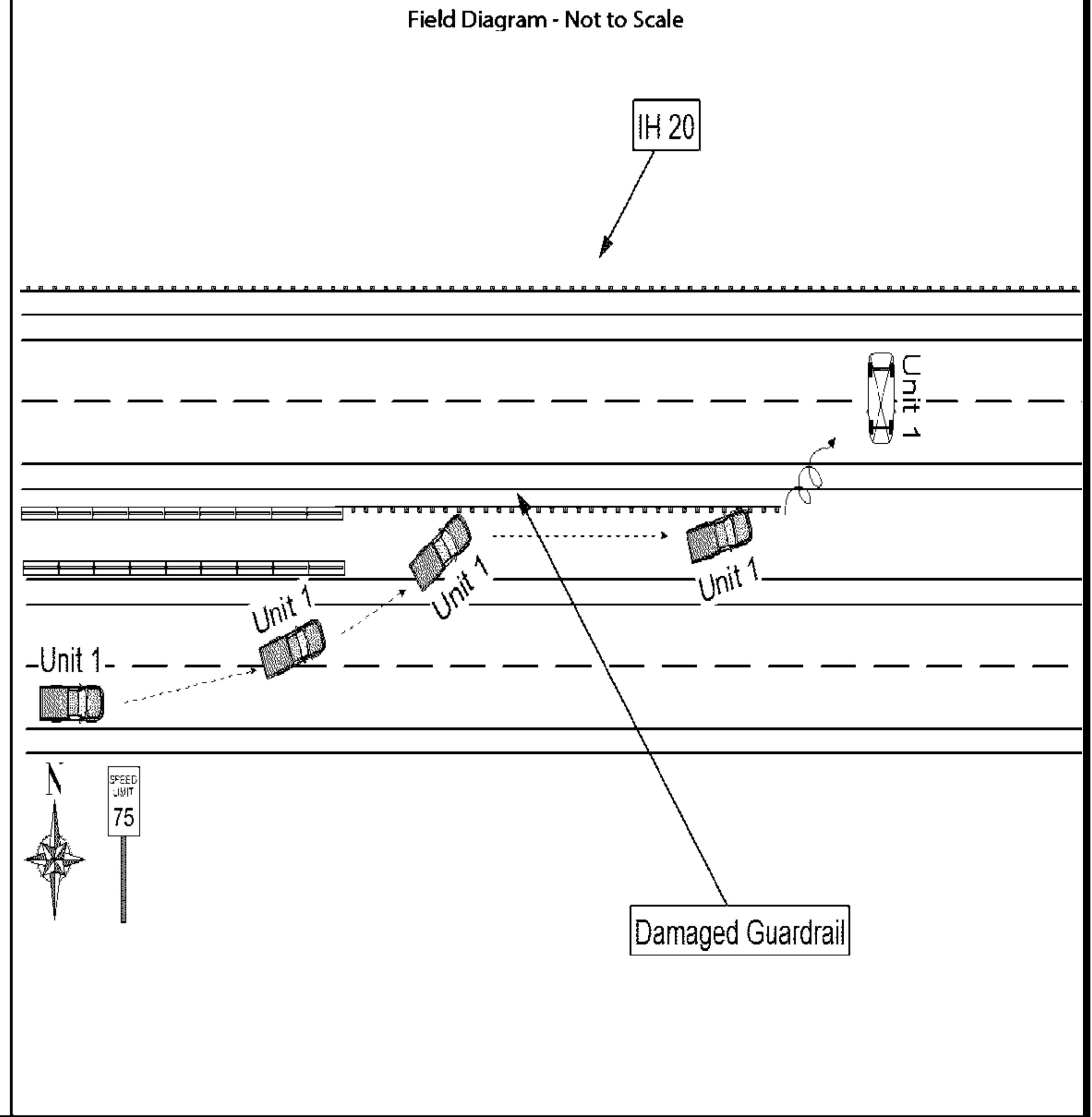
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	GUARD RAIL	TEXAS DEPARTMENT OF TRANSPORTATION	3901 E US 80 ODESSA, TX 79761

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	40			60				2	2	97	3	1	6	17

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling eastbound on the inside lane of IH 20. Unit 1 came off the roadway to the left and struck the westbound guardrail of IH 20 then traveled east along the guardrail causing heavy damage to the wooden bases and guardrail. When the guardrail ended, Unit 1 overturned on its right and came to rest on its top facing south in the middle of the roadway. Trooper Jordan Wilson made contact with the driver of Unit 1. According to the driver he fell asleep and hit a patch of ice which caused him to lose control. TXDOT was contacted on scene and notified of the damages.



Time Notified (24HR:MM)	0   3   5   5	How Notified	COMMUNICATIONS	Time Arrived (24HRMM)	0   4   2   9	Report Date (MM/DD/YYYY)	0 2 / 2 4 / 2 0 1 5
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	CARO, MARCO	ID Num.	14034		
ORI Num.		*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   4   A   0   3		



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 05 | 4 | 5 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 3 | 1 | . | 7 | 5 | 1 | 3 | 1 Longitude (decimal degrees) 1 | 0 | 2 | . | 5 | 6 | 1 | 0 | 8

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.25  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 2 | 0 | 0 | 6 6. Veh. Color BLU Veh. Make FORD Veh. Model MUSTANG 7 Body Style P2  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, KRUSE, JAMIE D, N, 44, W, 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.

Owner  Lessee Owner/Lessee Name & Address ELLIS, BRANDON C,

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 7 | - | L | D | - | 2 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category.

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - | - | - | - | - | 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

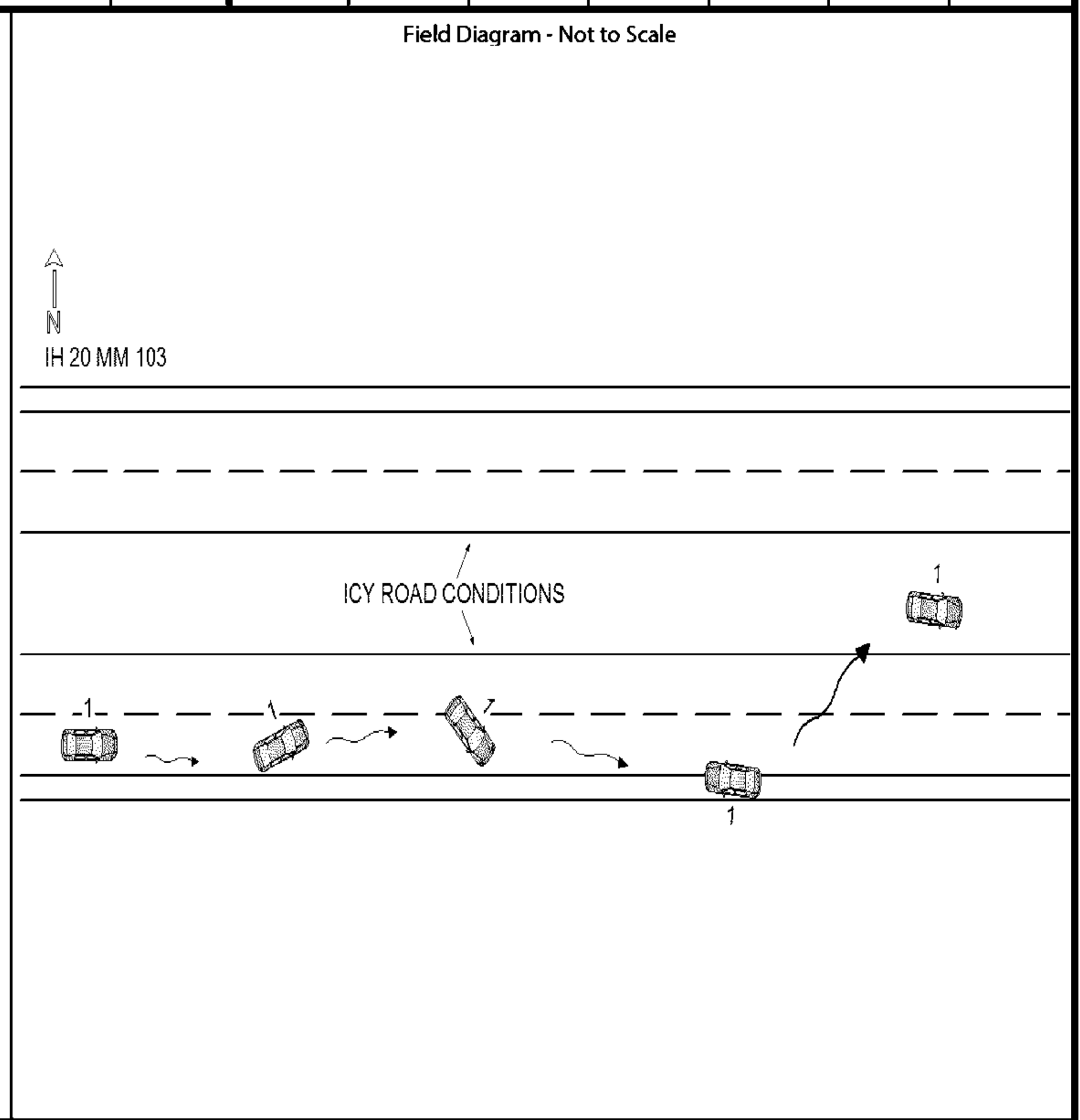
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	GUARDRAIL	TX DOT	4901 E HWY 80 ODESSA , TX 79761

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	60								2	3	97	2	1	6	17	

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling in the outside lane on IH 20 eastbound around MM 103. Due to the icy road conditions Unit 1 lost control causing it to spin towards the south guardrail while facing west. After side swiping the guardrail Unit 1 then ricocheted and spun into the center median coming to rest facing east. Unit 1 upon arrival was moved to the weight station just east of the scene. No injuries were reported



Time Notified (24HR:MM)	0   5   5   0	How Notified	COMMUNICATIONS	Time Arrived (24HRMM)	0   6   3   0	Report Date (MM/DD/YYYY)	0 2 / 0 9 / 2 0 1 5
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	OLIVAS, ADRIAN	ID Num.	14090		
ORI Num.		*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   4   A   0   3		



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

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 07 | 37 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 31.75094 Longitude (decimal degrees) 102.56193

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.20  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 2007 6. Veh. Color WHI Veh. Make FORD Veh. Model F SERIES 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State TX DL/ID Num. 9 DL Class A 10 CDL End. 96 11 DL Rest. R DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, CASTRO ENRIQUEZ, ZENAIDO, A, 58, H, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address CASTRO ENRIQUEZ, ZENAIDO

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 - R D - 2 27 Vehicle Damage Rating 2 3 - R & T - 5 Vehicle Inventoried  Yes  No

Towed By NEAL POOL Towed To 1117 S GRANT AVE ODESSA TX 79761

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category.

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	MEDICAL CENTER HOSPITAL	ODESSA FIRE AND RESCUE		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

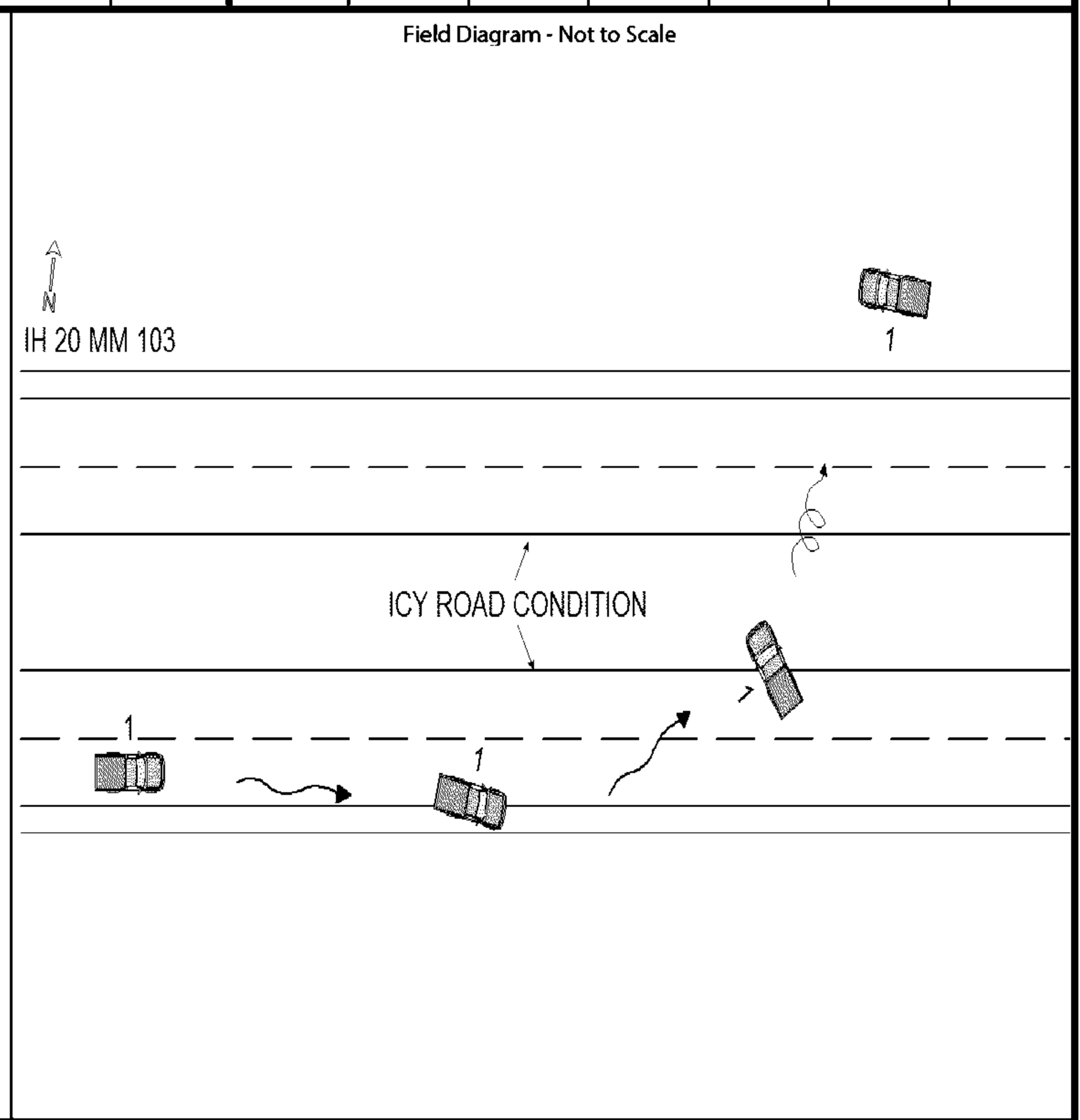
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	GUARD RAIL x2	TX DOT	3901 E HWY 80 ODESSA, TX 79761

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	60							2	3	97	2	1	6	17

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling east on IH 20 around MM 103 in the outside lane. Due to the icy conditions and a more reasonable speed due to the poor conditions, Unit 1 lost control crashing into the side barriers and ricocheted towards the center median. This caused Unit 1 to over turn into west bound traffic and over the side barriers. After overturning over the side barriers Unit 1 came to rest facing west just north of IH 20. The driver was transported for injuries. This crash was captured on video because a previous crash was being investigated at the 103 mile marker.



Time Notified (24HR:MM)	0   7   3   7	How Notified	ON SCENE	Time Arrived (24HRMM)	0   7   3   7	Report Date (MM/DD/YYYY)	0 2 / 0 9 / 2 0 1 5
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	OLIVAS, ADRIAN	ID Num.	14090		
ORI Num.		*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   4   A   0   3		



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

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 10 / 2015 \*Crash Time (24HRMM) 0 2 2 7 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 3 1 . 7 4 1 5 0 Longitude (decimal degrees) 1 0 2 . 7 4 1 5 0

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 40  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 102 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 2 0 0 7 6. Veh. Color MAR Veh. Make CHEVROLET Veh. Model UPLANDER 7 Body Style SV  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Rows include: 1 Rosenbaum, William Craig; 2 Blackwell, Rosco; 3 Proctor, Steven; 4 Goad, Christopher.

Owner  Lessee Owner/Lessee Name & Address LLC, Texas Prisoner Transportation Division, 813 W 2nd ST Taylor, TX 76574

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F R - 5 27 Vehicle Damage Rating 2 9 - L & T - 4 Vehicle Inventoried  Yes  No

Towed By Neal Pool Rekers Towed To 1117 S. Grant Ave, Odessa, TX 79761

Unit Num. 2 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State NC LP Num. VIN

Veh. Year 2 0 1 5 6. Veh. Color YEL Veh. Make KENWORTH Veh. Model UNKNOWN 7 Body Style TT  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State TX DL/ID Num. 9 DL Class A 10 CDL End. N, H, P, T 11 DL Rest. P27 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Rows include: 1 Huey, Terry Dexter; 2 Regan, Deborah Driggars.

Owner  Lessee Owner/Lessee Name & Address ESTES EXPRESS LINES, 6848 MOUNT HERMAN RD Morrisville, NC 27560

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - - - - 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried  Yes  No

Towed By Towed To



DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Medical Center Hospital, Odessa TX	Odessa Fire and Rescue		
	1	2	Medical Center Hospital, Odessa TX	Odessa Fire and Rescue		
	1	3	Medical Center Hospital, Odessa TX	Odessa Fire and Rescue		
	1	4	Medical Center Hospital, Odessa TX	Odessa Fire and Rescue		
	1	5	Medical Center Hospital, Odessa TX	Odessa Fire and Rescue		
	1	6	Medical Center Hospital, Odessa TX	Odessa Fire and Rescue		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Fail to Control Speed	TX48G50PHR4P

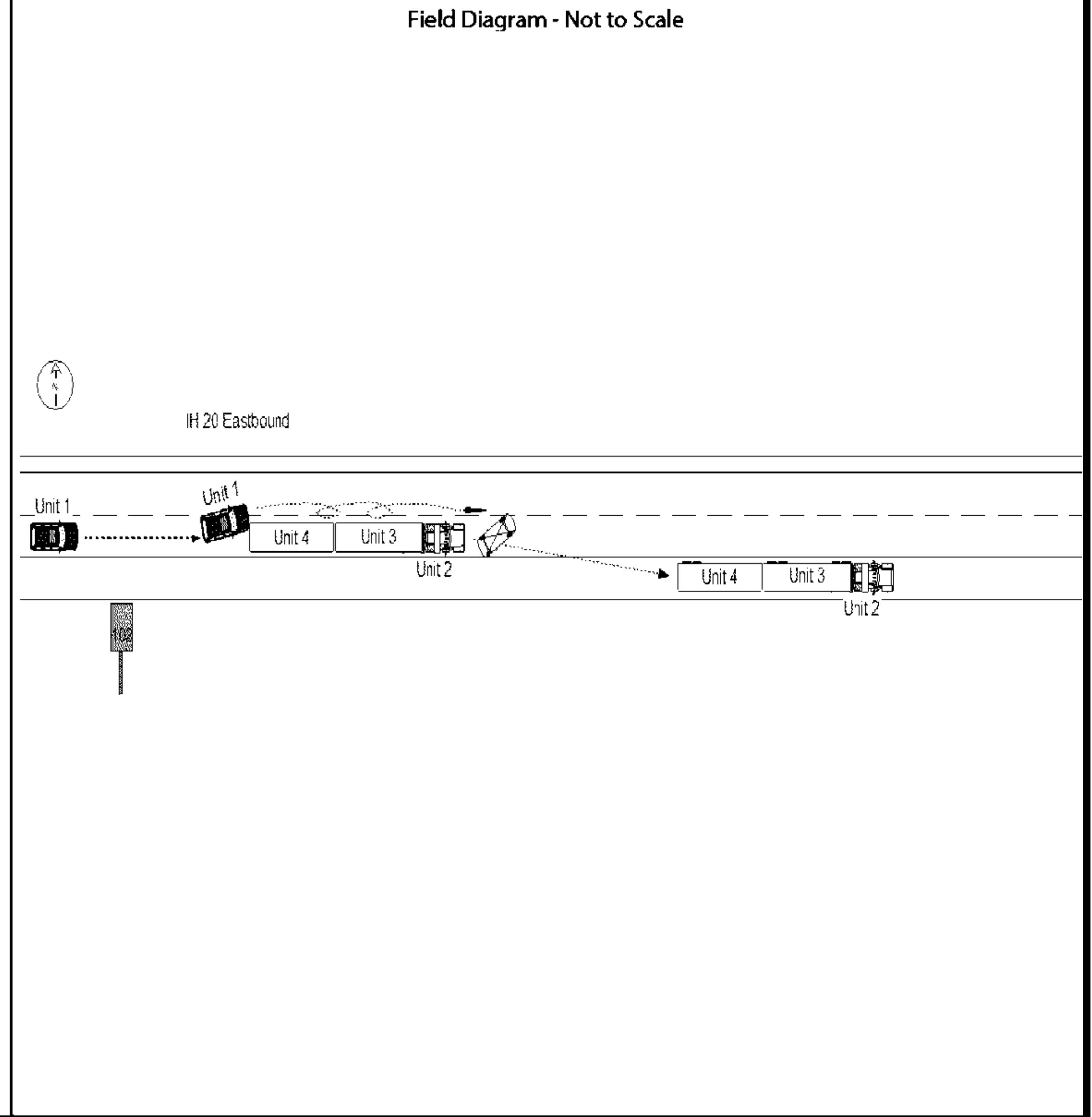
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 2	<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	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00121018		
Carrier's Corp. Name ESTES EXPRESS LINES			Carrier's Primary Addr. 3901 W Broad ST Richmond, VA 23230			30 Veh. Type 10			
31 Bus Type 0	<input checked="" type="checkbox"/> RGWV	<input type="checkbox"/> GVWR 8   0   0   0   0	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style 3	
Trailer 1 Unit Num. 3	<input checked="" type="checkbox"/> RGWV	<input type="checkbox"/> GVWR         0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailer 2 Unit Num. 4	<input checked="" type="checkbox"/> RGWV	<input type="checkbox"/> GVWR         0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sequence Of Events	35 Seq. 1 13		35 Seq. 2		35 Seq. 3		35 Seq. 4		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	22	40							1	2	98	2	1	1	17	

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling eastbound on IH 20 in the outside lane near the 102 mile marker. Unit 2 towing unit 3 and unit 4 was traveling eastbound in the outside lane of IH 20 ahead of unit 1. The driver of unit 1 stated he was fatigued due to short rest intervals between work shifts. The passengers in unit 1 stated the driver had been falling asleep while driving prior to the crash. The driver of unit 1 stated he did not see the truck tractor in front of him and attempted to veer into the inside lane of eastbound IH 20. The front right of unit 1 struck the back left of unit 4. Unit 1 overturned on its left side and rolled several times. Unit 1 came to rest in the outside lane of IH 20 facing east. Unit 2 towing unit 3 and unit 4 traveled approximately a quarter mile east on IH 20 and came to a stop in the eastbound shoulder facing east.



Time Notified (24HR:MM) 0   2   3   9	How Notified Dispatched	Time Arrived (24HRMM) 0   2   4   7	Report Date (MM/DD/YYYY) 01 / 10 / 2015
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Bazan, Jason	ID Num. 14030	
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   4   A   0   4



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 10 / 2015 \*Crash Time (24HRMM) 02 27 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 31.74150 Longitude (decimal degrees) 102.74150

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 40  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 102 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 3 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State CA LP Num. VIN

Veh. Year 2005 6. Veh. Color WHI Veh. Make HYUNDAI Veh. Model UNKNOWN 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Includes note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address ESTES EXPRESS LINES LSR, 14727 Alondra BLVD La Miranda, CA 90638

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

Unit Num. 4 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State TN LP Num. VIN

Veh. Year 2006 6. Veh. Color WHI Veh. Make GREAT DANE TRAILERS Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Includes note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address ESTES EXPRESS LINES, 3901 W Broad ST Richmond, VA 23230

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 B L 2 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions					
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale				

Time Notified (24HR:MM)	0	2	3	9	How Notified/Dispatched	Time Arrived (24HRMM)	0	2	4	7	Report Date (MM/DD/YYYY)	0 1 / 1 0 / 2 0 1 5			
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Bazan, Jason					ID Num. 14030								
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H	P	4	A	0	4			

\* Crash Date (MM/DD/YYYY) 01/10/2015      \*Crash Time (24HRMM) 0227      \*County Name ECTOR

\* City Name \_\_\_\_\_      \* 1 Rdwy. Sys. IH      \* Hwy. Num. 20

\* Street Name \_\_\_\_\_

ORI Num. \_\_\_\_\_      \*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS

Unit Num.	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.
-----------	-------------	---------------	------------------	---------------------------	--------------------	-----	--------------	--------	-----------	-----------	-----------	-----------	---------

1	5	2	7	Martin, Randy	A	51	B	1	1	96	1	97	N
---	---	---	---	---------------	---	----	---	---	---	----	---	----	---

1	6	2	9	Real, Russell	A	35	H	1	1	96	1	97	N
---	---	---	---	---------------	---	----	---	---	---	----	---	----	---


ADDITIONAL PERSONS



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 07 | 5 | 0 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 3 | 1 | \* | 7 | 5 | 0 | 9 | 7 Longitude (decimal degrees) 1 | 0 | 2 | \* | 5 | 6 | 2 | 1 | 6

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.2  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 2 | 0 | 1 | 4 6. Veh. Color GRY Veh. Make FORD Veh. Model ESCAPE 7 Body Style P4  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Rows include BROWN, BRETT A and HARRIS III, CHARLES B.

Owner  Lessee Owner/Lessee Name & Address WALKER QUALITY SERVICES

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 | 2 | - | F | D | - | 3 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Includes a note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	FAIL TO CONTROL SPEED	TX48K80PIL05

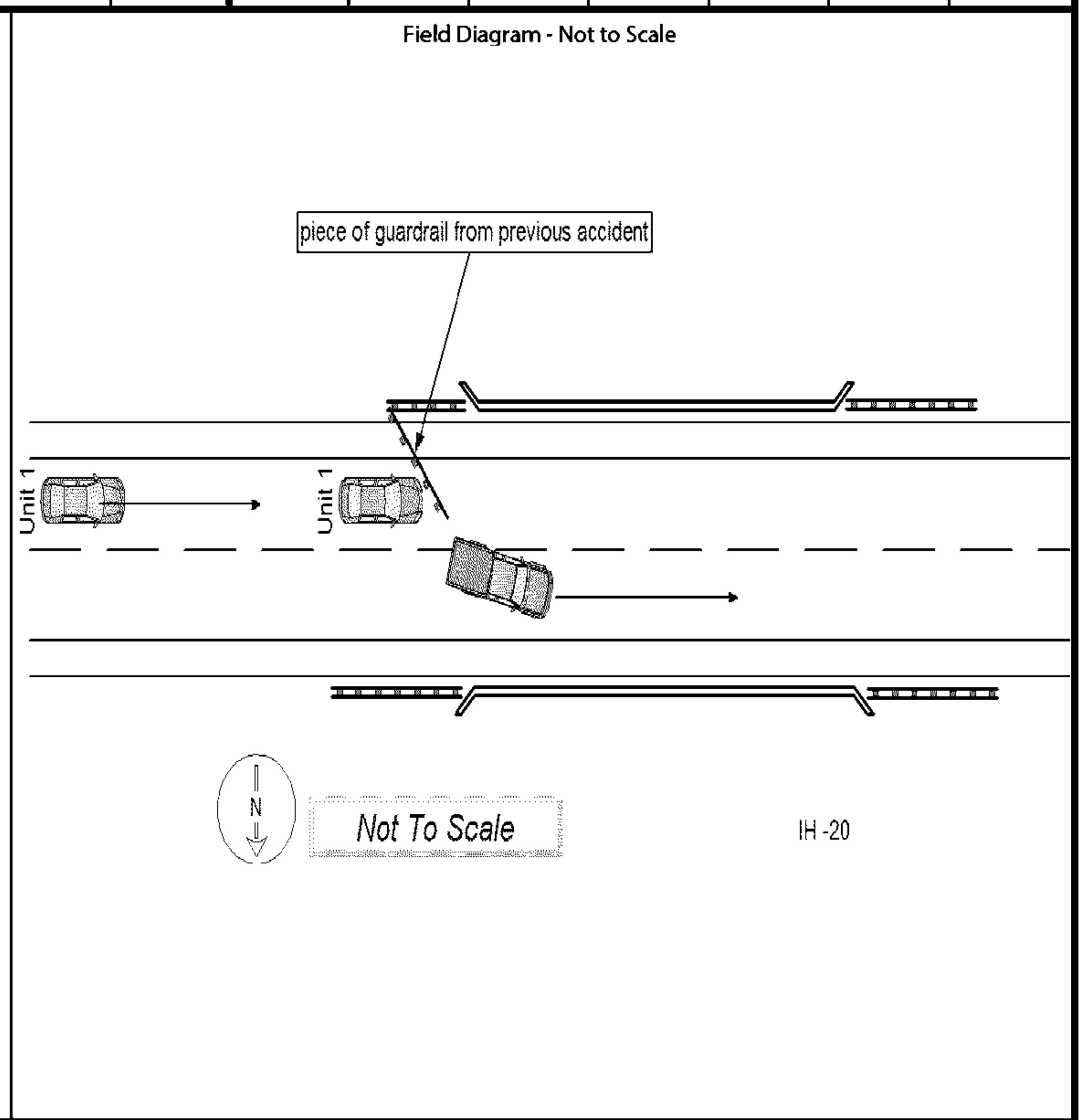
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	22									5	1	97	2	2	6	11

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling west on IH-20 a short distance behind a pickup. A crash had occurred in the area causing damage to the guardrail. The pick up changed lanes and drove around the debris. Unit 1 failed to control his speed and struck the debris in the roadway.



INVESTIGATOR	Time Notified (24HR:MM)	0   8   1   5	How Notified on scene	Time Arrived (24HRMM)	0   8   1   5	Report Date (MM/DD/YYYY)	0 2 / 2 7 / 2 0 1 5	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Villarreal, Oscar			ID Num.	9484
	ORI Num.		*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS			Service/Region/DA	H   P   4   A   0   4



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 0009 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes Latitude Longitude

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 75 Const. Zone Workers Present Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. Hwy. Num. 2. Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.1 FT MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN

Veh. Year 2014 6. Veh. Color WHI Veh. Make TOYOTA Veh. Model RAV4 7 Body Style SV Pol., Fire, EMS on Emergency

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. A, P32 DOB

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: HUERTAS, SENYDA DOVIE

Owner/Lessee Name & Address SABEDRA, ISAAC SOSA

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 B D 4 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By BOB'S TRUCK & AUTO 432-552-6808 Towed To 5000 N ANDREWS HWY, ODESSA, TX 79763

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN

Veh. Year 2006 6. Veh. Color BLU Veh. Make CHEVROLET Veh. Model SILVERADO 7 Body Style PK

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class A 10 CDL End. 96 11 DL Rest. 96 DOB

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: SOTO, JEREMIAH MACHUCA. Row 2: SOTO, SAMUEL MACHUCA

Owner/Lessee Name & Address SOTO, SANDRA A

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 F D 4 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By UNLIMITED WRECKERS 432-337-2380 Towed To 1301 S COUNTY RD, ODESSA, TX 79763

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	2	1	FAIL TO CONTROL SPEED	TX48K10PGS34

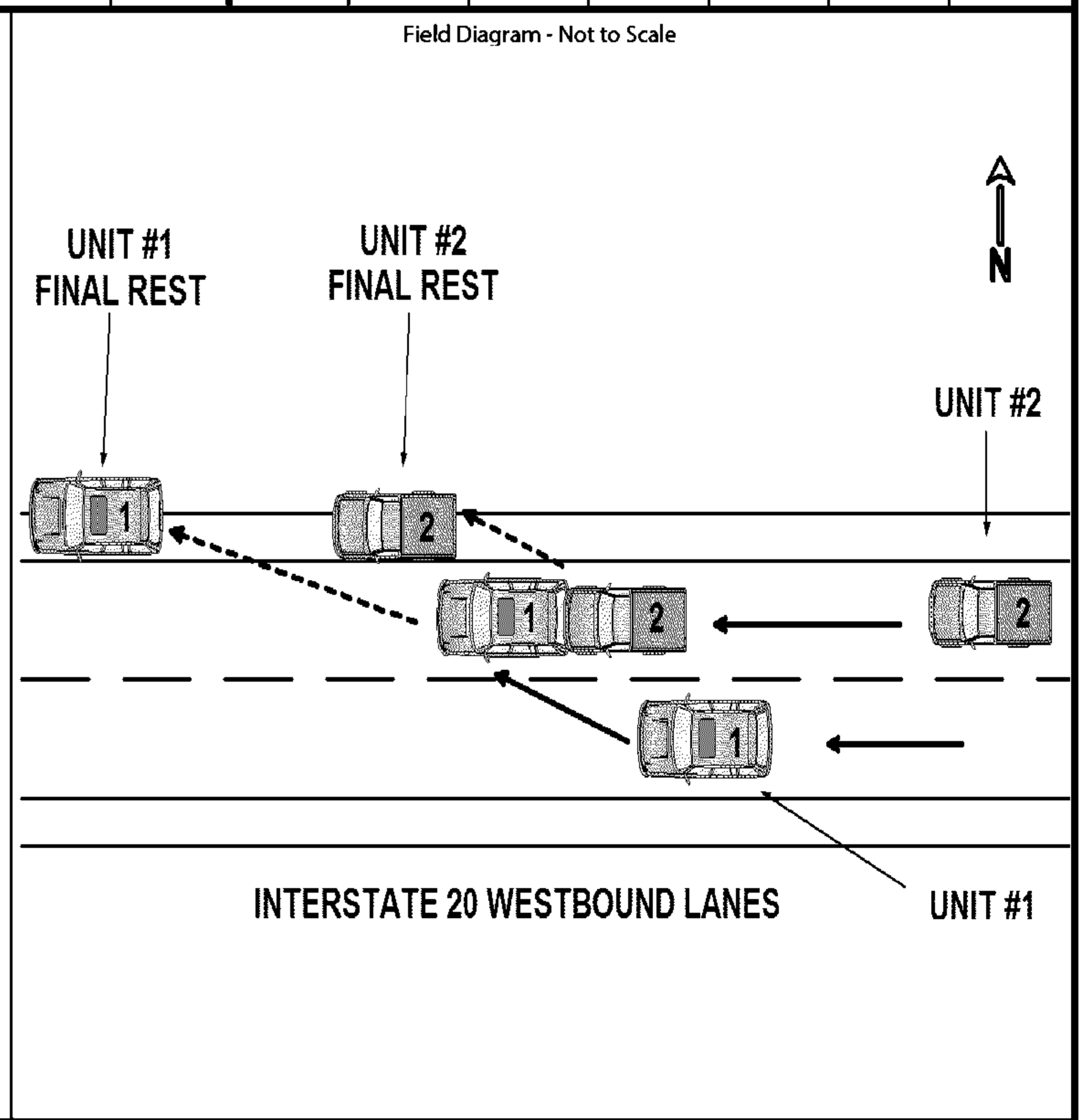
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	2	22							3	2	97	2	2	2	11

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

UNIT #1 WAS TRAVELING WESTBOUND IN THE LEFT WESTBOUND LANE OF INTERSTATE 20. UNIT #2 WAS TRAVELING WESTBOUND IN THE RIGHT WESTBOUND LANE BEHIND UNIT #1. UNIT #1 MOVED INTO THE RIGHT WESTBOUND LANE TO AVOID A CRASHED VEHICLE. UNIT #2 FAILED TO CONTROL SPEED AND STRUCK THE REAR OF UNIT #1 WITH THE FRONT OF UNIT #2. UNITS #1 AND #2 CAME TO REST UPRIGHT IN THE NORTH IMPROVED SHOULDER OF IH20.



Time Notified (24HR:MM)	0   0   2   7	How Notified	DPS COMMUNICATIONS	Time Arrived (24HRMM)	0   0   4   1	Report Date (MM/DD/YYYY)	0 1 / 1 4 / 2 0 1 5
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	SHOCK, JON D	ID Num.	13695		
ORI Num.		*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   4   A   0   3		





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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 0745 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 31.75119 Longitude (decimal degrees) 102.56131

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.2  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 2006 6. Veh. Color WHI Veh. Make FORD Veh. Model F150 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, DOUGLAS, MICHAEL HEATH, N, 50, W, 1, 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.

Owner  Lessee Owner/Lessee Name & Address DOUGLAS, MICHAEL HEATH,

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 11- F L - 1 27 Vehicle Damage Rating 2 9 - I P - 2 Vehicle Inventoried  Yes  No

Towed By CRASH MASTERS WRECKER SERVICE Towed To 4112 LYNBROOK ODESSA, TX 79762

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category.

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

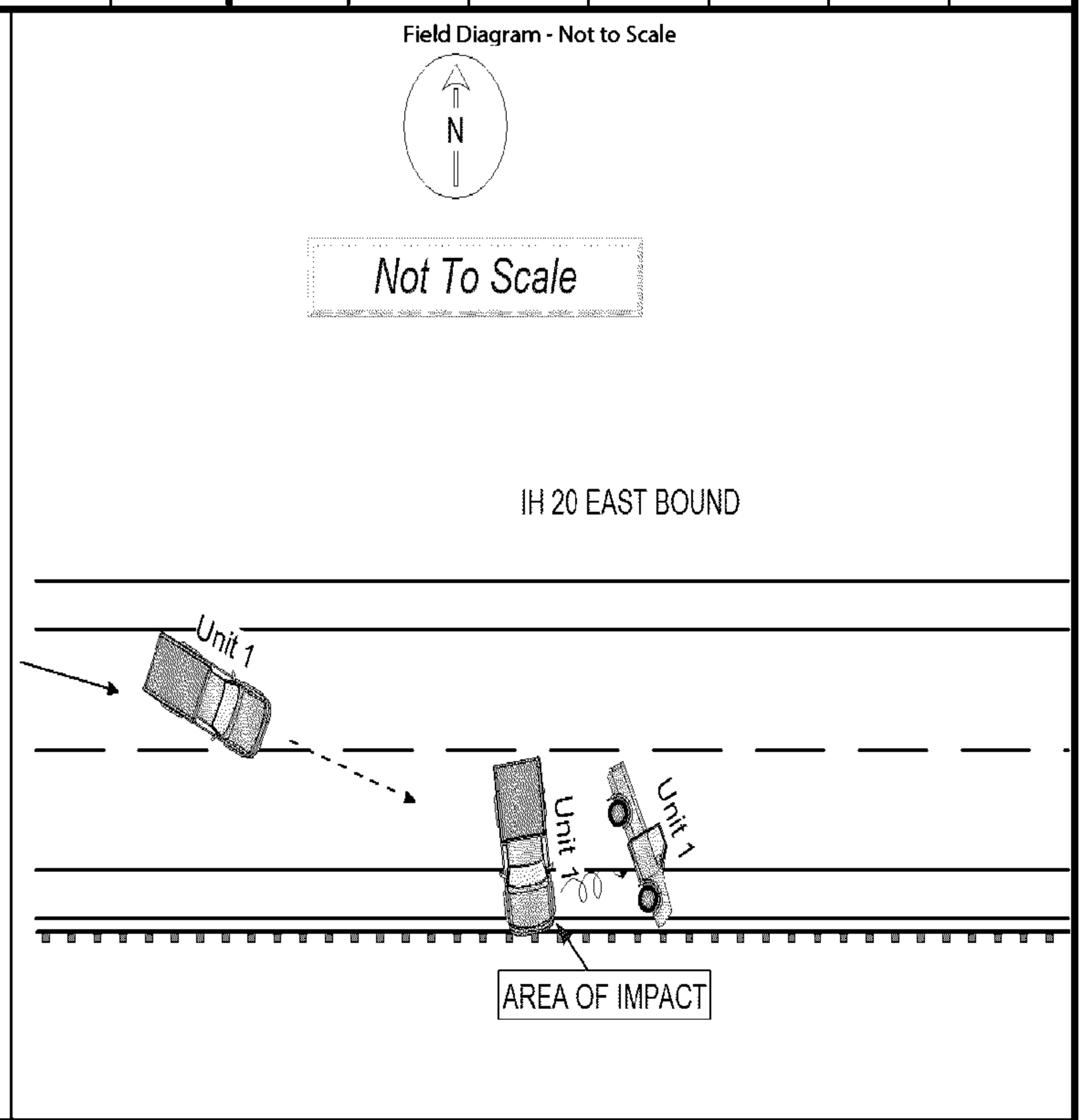
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	GUARD RAIL	TXDOT	1010 E EIGHTH ST ODESSA, TX 79761

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	60	41							4	1	97	3	1	6	17	

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling eastbound on IH 20. Unit 1 was traveling too fast for the conditions, being that there was ice on the road way. Unit 1 lost control and went into a left side skid. Unit 1 hit the guard rail with the front left part of Unit 1. After hitting the guardrail, Unit 1 fell over onto the driver side, where it came to final rest, facing southeast.



Time Notified (24HR:MM)	0   7   4   7	How Notified	DISPATCH	Time Arrived (24HRMM)	0   8   1   0	Report Date (MM/DD/YYYY)	0 2 / 0 9 / 2 0 1 5
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Cornett, Matthew	ID Num.	14152		
ORI Num.		*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   4   A   0   3		



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 07 37 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 31.75114 Longitude (decimal degrees) 102.56182

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.2  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State CO LP Num. VIN

Veh. Year 2006 6. Veh. Color BRO Veh. Make FORD Veh. Model F350 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, Cooper, Kris Lee, B, 36, W, 1, 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address Cooper, Kris Lee

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 1 - F D - 4 27 Vehicle Damage Rating 2 5 - R D - 4 Vehicle Inventoried  Yes  No

Towed By Neal Pool Wreckers Towed To 1117 S. Grant Avenue, Odessa, TX, 79761

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Medical Center Hospital, Odessa	Spouse in personal vehicle		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

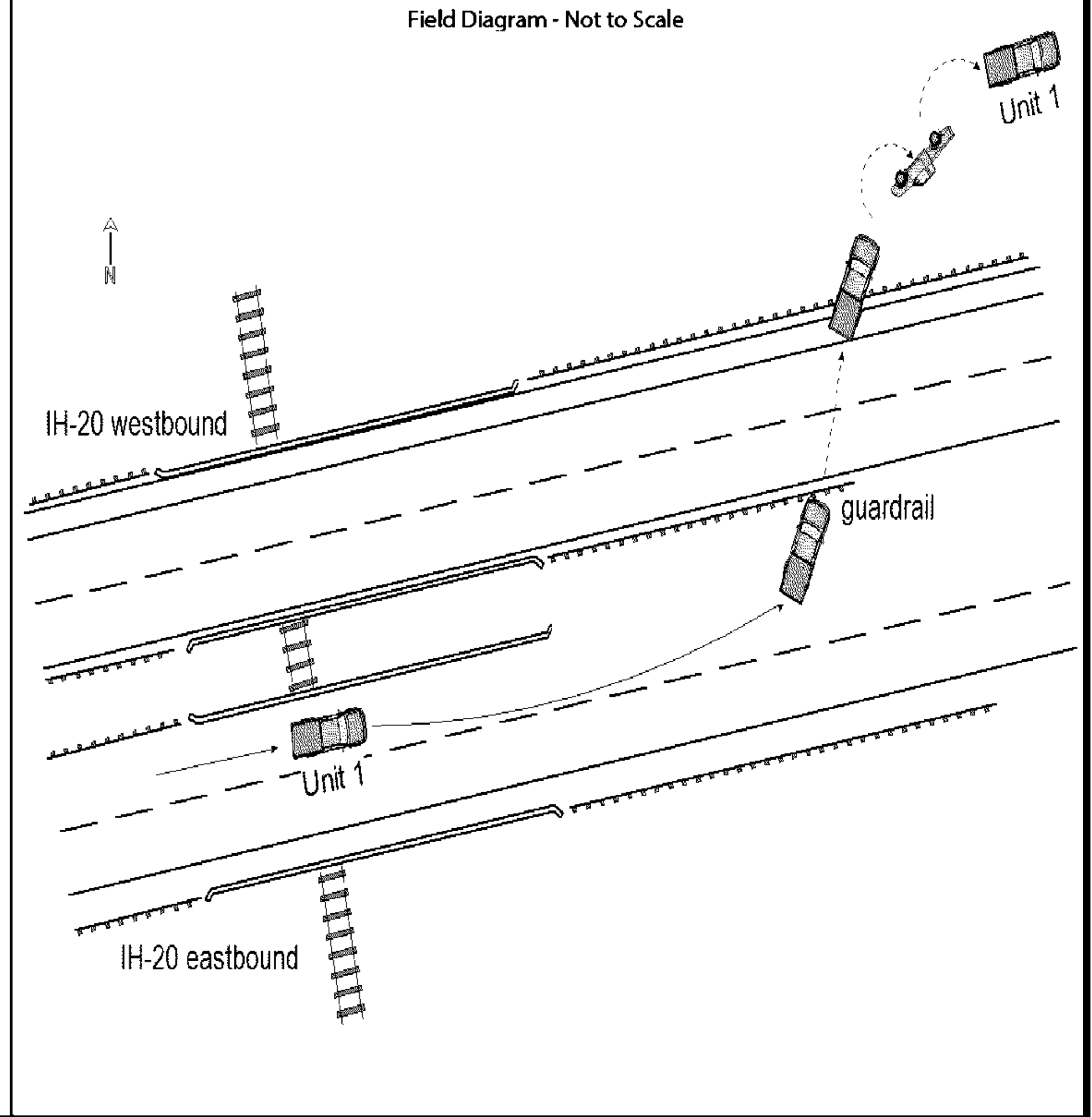
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	Metal Guardrail and Posts	Texas Department of Transportation	3901 E HWY 80 Odessa, TX 79761

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	60							2	5	97	2	1	6	17

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit 1 was traveling east on IH-20 east of mile post 103. Unit 1 drove onto an overpass and struck an icy area on the roadway at an unsafe speed. The driver of Unit 1 lost control and entered the center median. Unit 1 crossed the center median and struck the westbound inside guardrail of IH-20 with its front distributed. Unit 1 vaulted into the air as it crossed over the westbound lanes of IH-20. Unit 1 continued off the roadway to the north and tumbled end over end in a grassy area north of the roadway. Unit 1 sustained damage to its front, both sides, and the rear of the vehicle as it tumbled. Unit 1 came to a stop upright off the roadway to the north. The driver of Unit 1 stated he was traveling approximately 70-75 miles per hour when he lost control. A major fatality crash occurred in the area shortly after Unit 1 crashed. All available officers diverted to the fatality crash and the crash involving Unit 1 was not investigated. On 4/3/15 Trooper Hewitt made contact with the driver of Unit 1 and learned the crash had not yet been fully investigated or reported on a CR-3 crash report. Trooper Hewitt interviewed the driver and completed the investigation.



INVESTIGATOR	Time Notified (24HR:MM)	1   1   4   0	How Notified Telephone	Time Arrived (24HRMM)	1   1   4   0	Report Date (MM/DD/YYYY)	0 4 / 1 3 / 2 0 1 5
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Hewitt, Scott A.	ID Num.	11610		
	ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA	H   P   8   C   0   1



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 0749 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 31.75097 Longitude (decimal degrees) 102.56216

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.2  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 2015 6. Veh. Color WHI Veh. Make BLUE BIRD Veh. Model BUS 7 Body Style BU  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State TX DL/ID Num. 9 DL Class B 10 CDL End. P 11 DL Rest. P17 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Rows include Garcia Jr, Eligio; Davis, Christopher A; Self, Jason E; Rodriguez, Jeremiah R.

Owner  Lessee Owner/Lessee Name & Address Texas Department, of Corrections, 13055 FM 3522 Abilene, TX 79601

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type Fin. Resp. Name Government Vehicle Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 7 27 Vehicle Damage Rating 2 1 1 - F L - 2 Vehicle Inventoried  Yes  No

Towed By Crash Masters Towing Towed To 7407 Florida Ave Odessa, TX 79764

Unit Num. 2 5 Unit Desc. 2  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Rows are empty.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - - - - 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Medical Center Morgue, Odessa, TX	Medical Center Morgue	01/14/2015	0750
	1	2	Medical Center Morgue, Odessa, TX	Medical Center Morgue	01/14/2015	0750
	1	3	University Medical Center Lubbock TX	Odessa Fire & Rescue		
	1	4	Acres West Funeral Home, Odessa, TX	Acres West Funeral Home	01/14/2015	0751
	1	5	Acres West Funeral Home, Odessa, TX	Acres West Funeral Home	01/14/2015	0751
	1	6	Acres West Funeral Home, Odessa, TX	Acres West Funeral Home	01/14/2015	0751

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

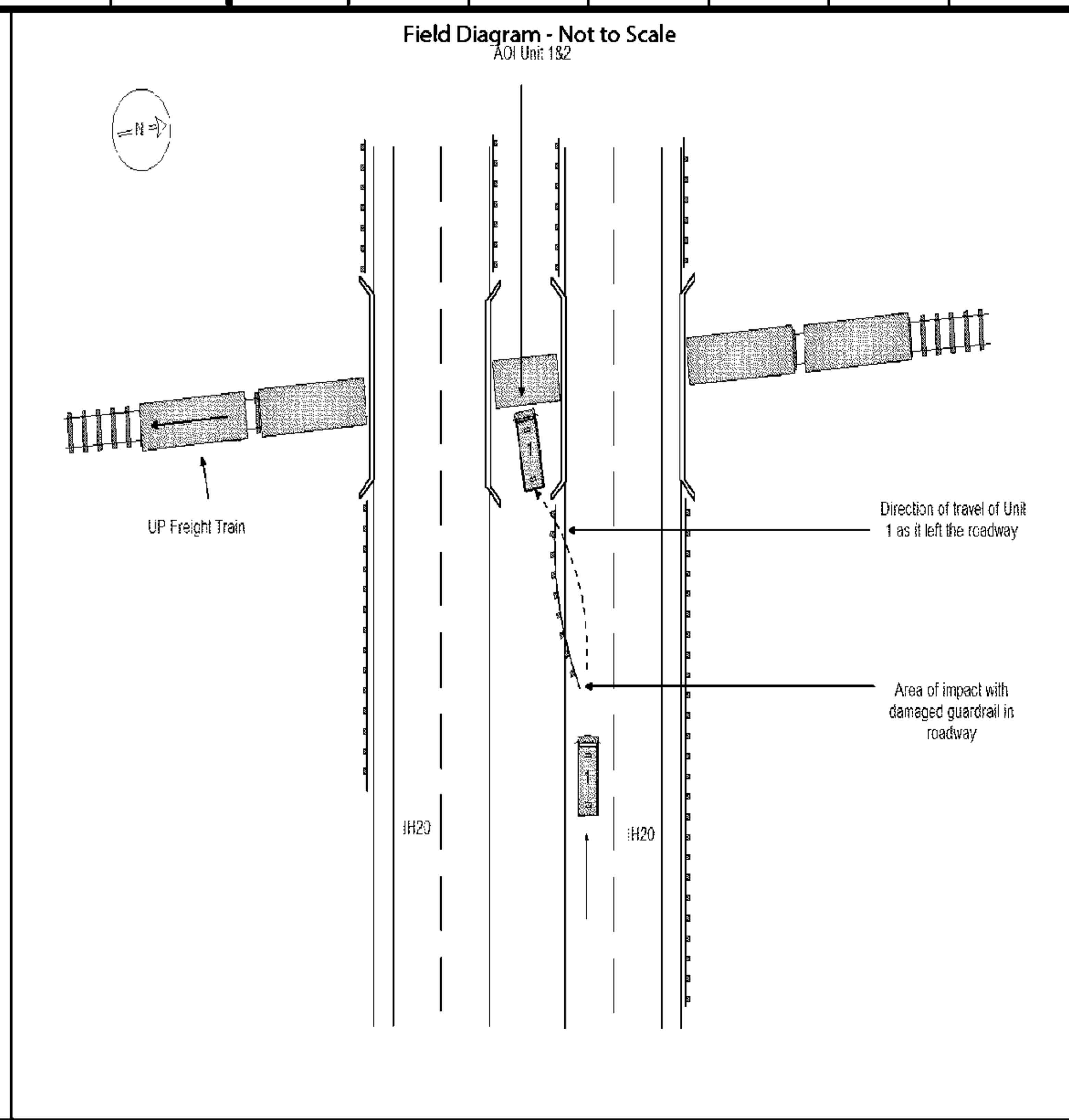
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	Guard Rail	Texas Department of Transportation	3901 E US Hwy 80 Odessa, TX 79761
	Union Pacific Rail Cars	Union Pacific Rail Road	1400 Douglas ST Omaha, NE 68179

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input checked="" type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 4	29 Carrier ID Type 96	Carrier ID Num.
Carrier's Corp. Name Texas Department of Corrections		Carrier's Primary Addr. 13055 FM 3522 Abilene, TX 79601			30 Veh. Type 4		
31 Bus Type 5	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR 3 3 0 0 0	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style 2
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1 18	35 Seq. 2 98	35 Seq. 3 15	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	98								3	1	97	2	2	6

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit#1 was westbound on IH 20. The front portion of the westbound inside lane guard rail had been damaged from a previous crash. The damaged portion of guard rail was partially laying in the inside westbound lane. Unit#1 struck the damaged guard rail with the left front tire. The collision with the damaged guard rail caused Unit#1 to abruptly steer left and leave the roadway to the left. Unit#1 collided with and traveled over the undamaged guard rail and vaulted off of the top of the bridge apron. Unit#1 descended airborne down and impacted the railroad apron and Unit#2. Unit#1 struck Unit#2 FD to LD. Unit#1 collided with Unit#2 and the UPS semitrailers Unit#2 was transporting as freight. Unit#1 became entangled with Unit#2. Unit#1 was dragged by Unit#2 approximately 230 feet south of area of impact. The body of Unit#1 separated from the chassis and came to rest facing south on the east side of the railroad tracks on its left side. The chassis was dragged approximately 348 feet before separating from Unit#2 and came to rest on the east side of the railroad tracks. Unit#2 was unaware of the collision with Unit#1 and stopped approximately a half of a mile south of the area of impact due to a ruptured brake line damaged in the collision. The driver and front seat passenger of Unit#1 were ejected and came to rest with the body of Unit#1.



Time Notified (24HR:MM) 0930	How Notified Chain of command	Time Arrived (24HRMM) 1530	Report Date (MM/DD/YYYY) 02/09/2015
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Jones, James D.	ID Num. 08693	
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 8 C 0 1



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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 01 / 14 / 2015 \*Crash Time (24HRMM) 0749 Case ID Local Use

\*County Name ECTOR \*City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 31.75097 Longitude (decimal degrees) 102.56216

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 20 2 Rdwy. Part 1 Block Num. 3 Street Prefix \* Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 75 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.2  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker 103 Street Desc. RRX Num.

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with 15 columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Includes a note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

Unit Num. 5 Unit Desc.  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year 6. Veh. Color Veh. Make Veh. Model 7 Body Style  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with 15 columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Includes a note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried  Yes  No

Towed By Towed To

VEHICLE, DRIVER, & PERSONS

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
2	Freight trailers	United Parcel Service	55 Glenlake Atlanta, GA 30328

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	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions					
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale				

Time Notified (24HR:MM)	0	9	3	0	How Notified	Chain of command	Time Arrived (24HRMM)	1	5	3	0	Report Date (MM/DD/YYYY)	0	2	0	9	2	0	1	5	
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Jones, James D.										ID Num.	08693								
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										Service/Region/DA	H P 8 C 0 1									



\* Crash Date (MM/DD/YYYY) 01 / 14 / 2015    \*Crash Time (24HRMM) 0749    \*County Name ECTOR

\* City Name \_\_\_\_\_    \* 1 Rdwy. Sys. IH    \* Hwy. Num. 20

\* Street Name \_\_\_\_\_

ORI Num. \_\_\_\_\_    \*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS    Service/Region/DA \_\_\_\_\_    H P 8 C 0 1

Unit Num.	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.
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1	5	2	14	Vasquez, Angel C	K	31	W	1	1	97	97	97	N
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1	6	2	14	Stewart, Michael S	K	25	W	1	1	97	97	97	N
---	---	---	----	--------------------	---	----	---	---	---	----	----	----	---

1	7	2	14	Ruiz, Adolfo	K	32	H	1	1	97	97	97	N
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1	8	2	14	Wise, Kaleb D	K	22	H	1	1	97	97	97	N
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1	9	2	14	Reyna, Jesus C	K	44	H	1	1	97	97	97	N
---	---	---	----	----------------	---	----	---	---	---	----	----	----	---

1	10	2	14	Townsend, Tyler E	K	29	B	1	1	97	97	97	N
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1	11	2	14	Wilson, Bryon L	K	34	B	1	1	97	97	97	N
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1	12	2	14	Johnson, Terry L	A	22	B	1	1	97	97	97	N
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1	13	2	14	Pineda, Remigio	A	34	H	1	1	97	97	97	N
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1	14	2	14	Rodriguez, Damien A	A	22	H	1	1	97	97	97	N
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1	15	2	14	Rivera, Hector	A	37	H	1	1	97	97	97	N
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ADDITIONAL PERSONS

