



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

Highway Attachment – TXDPS Police Accident Report

Concan, Texas

HWY17MH011

(5 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) 03 / 29 / 2017		*Crash Time (24HRMM) 1 2 2 0		Case ID		Local Use		
*County Name UVALDE				*City Name				<input checked="" type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 2 9 . 5 8 0 3 4		Longitude (decimal degrees) 0 9 9 . 7 5 2 1 1		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. US		*Hwy. Num. 83		2 Rdwy. Part 1		Block Num.		
3 Street Prefix		* Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 70		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2. Rdwy. Part		
Block Num.		3 Street Prefix		Street Name		4 Street Suffix		
Distance from Int. or Ref. Marker 0.6		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker 554		
Street Desc.		RRX Num.						

VEHICLE, DRIVER, & PERSONS

Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. [REDACTED]		VIN 3 D 7 M X 4 8 C 7 7 G [REDACTED]																											
Veh. Year 2 0 0 7		6. Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. [REDACTED]		9 DL Class C		10 CDL End. 96		11 DL Rest. A																											
DOB (MM/DD/YYYY)																																					
Address (Street, City, State, ZIP) [REDACTED] LEAKEY, TX 78873																																					
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				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	
1		1		1		YOUNG, JACK DILLON				A		20		W		1		1		96		2		97		N		2				2		99		99	
												Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address YOUNG, JOSEPH BENJAMIN, [REDACTED] LEAKEY, TX 78873																																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name DAIRYLAND COUNTY MUTUAL				Fin. Resp. Num. [REDACTED]																											
Fin. Resp. Phone Num. 800-334-0090		27 Vehicle Damage Rating 1 1 2 -		F L - 7		27 Vehicle Damage Rating 2				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
Towed By GILBERT'S BODY SHOP		Towed To 1804 NORTH GETTY ST. UVALDE, TX 78801																																			

VEHICLE, DRIVER, & PERSONS

Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. [REDACTED]		VIN 1 F D W E 3 5 S 6 4 H [REDACTED]																											
Veh. Year 2 0 0 4		6. Veh. Color WHI		Veh. Make FORD		Veh. Model E SERIES		7 Body Style BU		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 2		DL/ID State TX		DL/ID Num. [REDACTED]		9 DL Class AM		10 CDL End. P, S, T		11 DL Rest. A, P32																											
DOB (MM/DD/YYYY)																																					
Address (Street, City, State, ZIP) [REDACTED] BLVD NEW BRAUNFELS, TX 78130																																					
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				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	
1		1		1		BARRETT, MURRAY WILLIAM				K		66		W		1		1		1		2		97		N		96				96		97		97	
2		2		3		ALLEN, HOWARD B				K		81		W		1		1		1		2		97		N											
3		2		14		ALLEN, RHONDA B				K		61		W		2		1		3		97		97		N											
4		2		14		BARBER, HAROLD B				K		87		W		1		1		3		97		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FIRST BAPTIST CHURCH, 733 CROSS ST NEW BRAUNFELS, TX 78130																																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Church Mutual Insurance Name Company				Fin. Resp. Num. [REDACTED]																											
Fin. Resp. Phone Num. 800-554-2642		27 Vehicle Damage Rating 1 1 2 -		F L - 7		27 Vehicle Damage Rating 2				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
Towed By HERNANDEZ WRECKER		Towed To 1894 NORTH GETTY STREET UVALDE, TX 78801																																			

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	UNIVERSITY HOSPITAL, SAN ANTONIO, TX	Air Life 4		
	2	1	220 S GETTY ST, UVALDE, TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 5
	2	2	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 6
	2	3	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 1
	2	4	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 4
	2	5	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 7

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

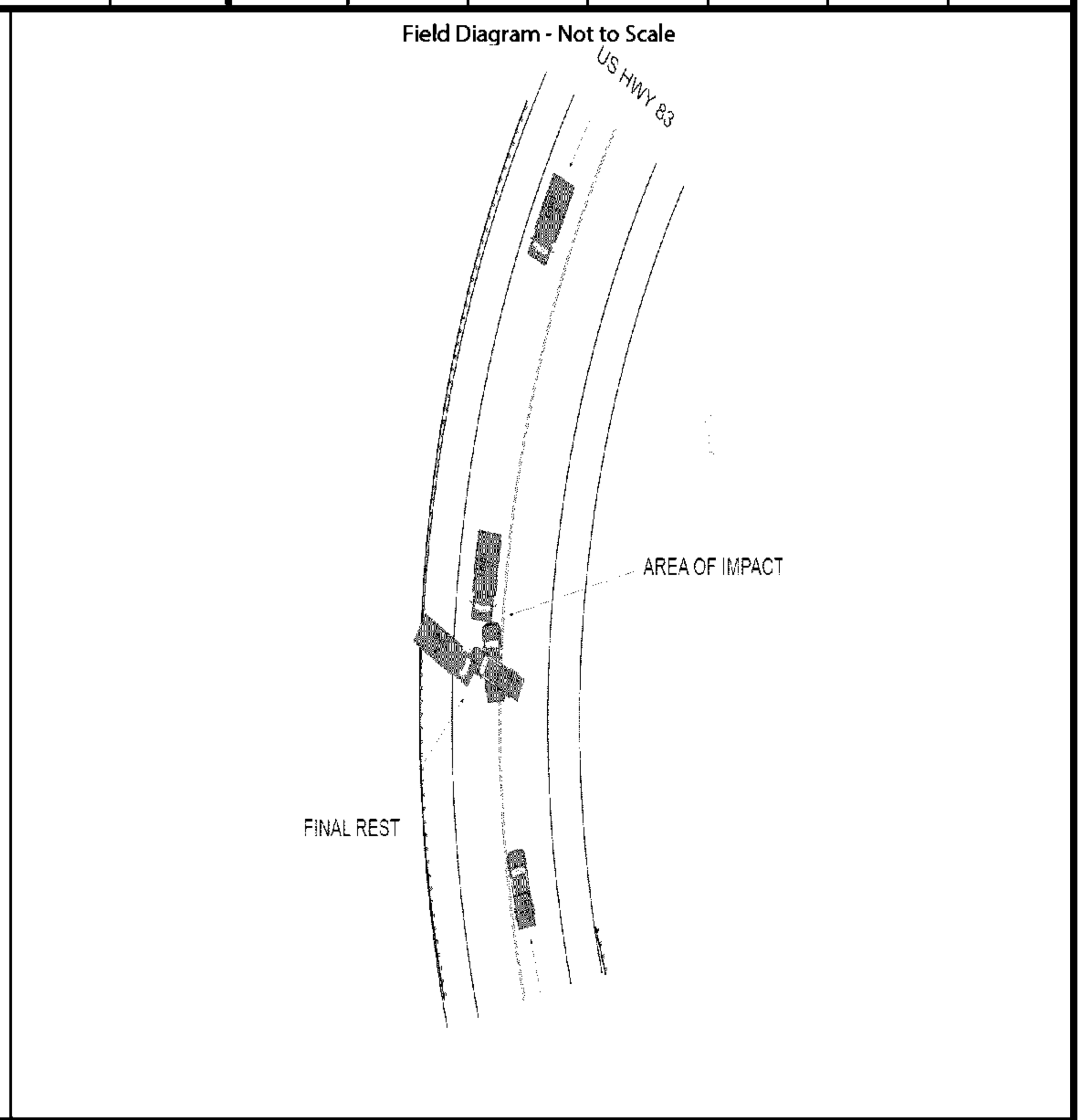
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
METAL GUARDRAIL	TEXAS DEPARTMENT OF TRANSPORTATION	2322 W US 90 UVALDE 78801	

Unit Num. 2	<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. 5	29 Carrier ID Type 96	Carrier ID Num.
Carrier's Corp. Name FIRST BAPTIST CHURCH			Carrier's Primary Addr. 733 CROSS ST NEW BRAUNFELS, TX 78130			30 Veh. Type 3	
31 Bus Type 5	<input type="checkbox"/> RGWW <input checked="" 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 1
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 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	70		75	62					1	1	97	1	5	1	12

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

Unit No.1 northbound on US.83. Unit No.2 southbound on US 83. US 83 in this location is a two way roadway with a marked no passing zone. Unit No.1 crossed over the double yellow no passing zone lane markers into the oncoming lane of traffic and struck Unit No.2 in its lane of travel. Unit No.1 struck Unit No.2 front left to front left. After impact both Units rotated counter clockwise and came to rest across the southbound shoulder, southbound lane and partially in the northbound lane of US 83. Driver of Unit No.1 stated he had been taking medication and texting on his phone. This report will remain incomplete until all evidence has been analyzed.



Time Notified (24HR:MM) 1 5 3 0	How Notified IN PERSON BY COC	Time Arrived (24HRMM) 2 0 3 0	Report Date (MM/DD/YYYY) 04/01/2017
Invest. Comp. <input checked="" 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) 03 / 29 / 2017	*Crash Time (24HRMM) 1 2 2 0	*County Name UVALDE
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* City Name	* 1 Rdwy. Sys. US	* Hwy. Num. 83
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* Street Name

ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/ Region/DA	H	P	8	C	0	1
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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.
2	5	2	14	MOORE, CRISTIE C	K	68	W	2	1	3	97	97	N
2	6	2	14	ROSAMOND, MILDRED G	K	87	W	2	1	3	97	97	N
2	7	2	14	BANKS, AVIS S	K	83	W	2	1	3	97	97	N
2	8	2	14	HAWKINS, DONNA E	K	69	W	2	1	3	97	97	N
2	9	2	14	BARBER, MARGARET R	K	82	W	2	1	3	97	97	N
2	10	2	14	HARRIS, ROSE M	A	64	B	2	1	99	97	97	N
2	11	2	14	SCHMELTEKOPF, ADDIE M	K	84	W	2	1	3	97	97	N
2	12	2	14	TYSDAL, SUE W	K	76	W	2	1	3	97	97	N
2	13	2	14	VULLIET, DOROTHY F	K	84	W	2	1	3	97	97	N
2	14	2	14	WALKER, MARTHA H	K	84	W	2	1	3	97	97	N

ADDITIONAL PERSONS

