



**HIGHWAY GROUP CHAIRMAN'S**

**Attachment N**  
**Sherman, Texas Police Report**  
**(10 Pages)**

☒ FATAL ☒ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT/SUPPLEMENT

## Texas Peace Officer's Crash Report

Form CR-3  
(Rev. 04/08)  
(GSD-EPC)  
Page 1 of 2Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714.  
Questions? Call: 512/486-5780

|   |  |   |                              |
|---|--|---|------------------------------|
| PLACE WHERE CRASH OCCURRED  |  | LOC # <b>080004250</b>  |                              |
| COUNTY <b>GRAYSON</b>   | CITY OR TOWN <b>SHERMAN</b>                        | ORI # <b>0910400</b>  |                              |
| IF CRASH WAS OUTSIDE CITY LIMITS<br>INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____                                       |  | DPS # _____   |                              |
| ROAD ON WHICH CRASH OCCURRED <b>2000 S 75 US</b>  |  | CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | SPEED LIMIT <b>65</b>        |
| BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____  |  | WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                              |
| INTERSECTING STREET OR RR X'ING NUMBER _____  |  | CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | SPEED LIMIT _____            |
| BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____  |  | WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                              |
| NOT AT INTERSECTION <b>.13</b> <input type="checkbox"/> FT. <input checked="" type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF <b>W WILSON ST</b> |  | MILEPOST _____  | LATITUDE _____               |
| SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT  |  | LONGITUDE _____   |                              |
| DATE OF CRASH <b>August 8 08</b>  |  | DAY OF WEEK <b>Friday</b> HOUR <b>12:45</b>   |                              |
| MONTH DATE YEAR   |  | <input checked="" type="checkbox"/> AM IF EXACTLY NOON<br><input type="checkbox"/> PM OR MIDNIGHT, SO STATE                   |                              |
| UNIT # <b>1</b>   | 1 - MOTOR VEHICLE<br>2 - TRAIN<br>3 - PEDALCYCLIST | 4 - PEDESTRIAN<br>5 - MOTORIZED CONVEYANCE<br>6 - TOWED   | 7 - NON-CONTACT<br>8 - OTHER |
| YEAR <b>02</b>  | COLOR & MAKE <b>WHITE MOTOR COACH IND.</b>         | MODEL NAME <b>J4500</b>   | BODY STYLE <b>BUS</b>        |
| DRIVER'S NAME <b>BROUSSARD, BARRETT W.</b>  |  | VIN # <b>1M83JMRA62P061796</b>  |                              |
| LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP) _____  |  | ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                    |                              |
| DRIVER'S LICENSE <b>TX</b> <b>B</b> <b>P</b>  |  | LICENSE STATUS <b>1</b>   |                              |
| STATE CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH  |  | 1-VALID<br>2-NOT VALID<br>3-SUSPENDED/REVOKED<br>4-CANCELLED/DENIED<br>5-EXPIRED<br>6-UNKNOWN                                 |                              |
| DRIVER'S ETHNICITY <b>3</b> 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION _____  |  | POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE                       |                              |
| TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED <b>2</b> TEST RESULTS _____  |  | TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED <b>1</b> TEST RESULTS <b>UNK</b> DRUG CATEGORY 1. _____ 2. _____ |                              |
| <input type="checkbox"/> LESSEE <input checked="" type="checkbox"/> OWNER <b>ANGEL TOURS, INC.,</b>   |  | <b>1505 TELEPHONE RD, HOUSTON, TX 77023</b>   |                              |
| NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)   |  | ADDRESS (STREET, CITY, STATE, ZIP)  |                              |
| LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP <b>NATIONAL INTERSTATE INS. CO.</b>  |  | VEHICLE DAMAGE RATING <b>FR-7, RD-4, VX-2</b>   |                              |
| INSURANCE COMPANY POLICY NUMBER _____   |  |   |                              |
| UNIT # <b>1</b>   | 1 - MOTOR VEHICLE<br>2 - TRAIN<br>3 - PEDALCYCLIST | 4 - PEDESTRIAN<br>5 - MOTORIZED CONVEYANCE<br>6 - TOWED   | 7 - NON-CONTACT<br>8 - OTHER |
| YEAR _____  | COLOR & MAKE _____                                 | MODEL NAME _____  | BODY STYLE _____             |
| DRIVER'S NAME _____   |  | VIN # _____   |                              |
| LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP) _____  |  | ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO   |                              |
| DRIVER'S LICENSE _____  |  | LICENSE STATUS _____  |                              |
| STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH   |  | 1-VALID<br>2-NOT VALID<br>3-SUSPENDED/REVOKED<br>4-CANCELLED/DENIED<br>5-EXPIRED<br>6-UNKNOWN                                 |                              |
| DRIVER'S ETHNICITY _____ 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION _____  |  | POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE                       |                              |
| TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED _____ TEST RESULTS _____   |  | TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED _____ TEST RESULTS _____ DRUG CATEGORY 1. _____ 2. _____         |                              |
| <input type="checkbox"/> LESSEE <input type="checkbox"/> OWNER _____  |  | NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)   |                              |
| LIABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP _____   |  | ADDRESS (STREET, CITY, STATE, ZIP)  |                              |
| INSURANCE COMPANY POLICY NUMBER _____   |  | VEHICLE DAMAGE RATING _____   |                              |
| DAMAGE TO PROPERTY OTHER THAN VEHICLES  |  |   |                              |
| <b>GUARDRAIL</b>  |  | <b>TX DOT, SHERMAN</b>  |                              |
| OBJECT  |  | NAME AND ADDRESS OF OWNER   |                              |
|   |  | <b>3904 S 75 US, SHERMAN, TX 75090</b>  |                              |
|   |  | FEET FROM CURB <b>1</b> DAMAGE ESTIMATE <b>\$ 15,000.00</b>   |                              |
| IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |                              |
| CHARGES FILED   |  |   |                              |
| NAME _____  |  | CHARGE _____ CITATION # _____   |                              |
| NAME _____  |  | CHARGE _____ CITATION # _____   |                              |
| TIME NOTIFIED OF CRASH <b>08/08/2008 1:06 A</b>   |  | HOW <b>TELEPHONE</b>  |                              |
| DATE HOUR   |  | TIME ARRIVED AT SCENE <b>08/08/2008 1:27 A</b>  |                              |
| DATE HOUR   |  | DATE OF REPORT <b>08/08/2008</b>  |                              |
| TYPED OR PRINTED NAME OF INVESTIGATOR <b>CAVER, T.</b>  |  | ID # <b>156</b> AGENCY <b>SHERMAN PD</b>  |                              |
|   |  | DIST/AREA _____ REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                           |                              |

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☒ FATAL    ☒ CMV INVOLVED    ☐ SCHOOL BUS RELATED    ☐ RAILROAD RELATED    ☐ MEDICAL ADVISORY BOARD    ☐ HIT AND RUN    ☐ AMENDMENT/SUPPLEMENT

|  |                             |                        |
|--|-----------------------------|------------------------|
| PLACE WHERE CRASH OCCURRED   |                             | LOC # <b>080004250</b> |
| COUNTY <b>GRAYSON</b>  | CITY OR TOWN <b>SHERMAN</b> | ORI # <b>0910400</b>   |
| IF CRASH WAS OUTSIDE CITY LIMITS<br>INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W    OF _____ |                             | DPS # _____            |

|   |   |   |                       |
|---|---|---|-----------------------|
| ROAD ON WHICH CRASH OCCURRED  |   | CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SPEED LIMIT <b>65</b> |
| BLOCK NUMBER _____  | STREET OR ROAD NAME <b>2000 S 75 US</b> | WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                       |
| INTERSECTING STREET OR RR X'ING NUMBER  |   | CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SPEED LIMIT _____     |
| BLOCK NUMBER _____  | STREET OR ROAD NAME _____               | WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                       |
| NOT AT INTERSECTION <b>.13</b> <input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W    OF <b>W WILSON ST</b> |   | MILEPOST _____  | LATITUDE _____        |
| SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT  |   | LONGITUDE _____   |                       |

|               |                                  |                           |                   |   |
|---------------|----------------------------------|---------------------------|-------------------|---|
| DATE OF CRASH | <b>August</b> <b>8</b> <b>08</b> | DAY OF WEEK <b>Friday</b> | HOUR <b>12:45</b> | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM    IF EXACTLY NOON OR MIDNIGHT, SO STATE |
| MONTH         | DATE                             | YEAR                      |                   |   |

|                 |
|-----------------|
| UNIT # <b>1</b> |
|-----------------|

| ITEM # | SEAT POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI) | ADDRESS | EJECTED | RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|--------|---------------|---|---------|---------|----------------|--------|--------|-----|-----|-------------|
| 1      | 1             | BROUSSARD, BARRETT WAYNE  |         | 5       | 1              | 1      | 4      | 52  | M   | A           |
| 2      | 12            | BUI, PHU VAN  |         | 1       | 8              | 1      | 4      | 76  | M   | K           |
| 3      | 12            | NGUYEN, HANH VIET   |         | 1       | 8              | 1      | 4      | 60  | M   | K           |
| 4      | 12            | NGUYEN, KHIEM THANH   |         | 1       | 8              | 1      | 4      | 81  | M   | K           |
| 5      | 12            | TA, MINDY HAO   |         | 1       | 8              | 1      | 4      | 49  | F   | K           |
| 6      | 12            | DANG, XUAN HOA  |         | 1       | 8              | 1      | 4      | 59  | F   | K           |
| 7      | 12            | VU, THUY THU  | TX      | 1       | 8              | 1      | 4      | 27  | F   | K           |
| 8      | 12            | PHAN, HUE THI   |         | 1       | 8              | 1      | 4      | 59  | F   | K           |
| 9      | 12            | LAM, TUONG SO   |         | 1       | 8              | 1      | 4      | 62  | F   | K           |
| 10     | 12            | NGUYEN, BOI   |         | 1       | 8              | 1      | 4      | 84  | M   | K           |
| 11     | 12            | LE, PHONG   |         | 1       | 8              | 1      | 4      | 67  | M   | K           |
| 12     | 12            | PHAM, SOI THI   |         | 1       | 8              | 1      | 4      | 71  | F   | K           |
| 13     | 12            | TRAN, CATHERINE YEN   |         | 1       | 8              | 1      | 4      | 59  | F   | K           |
| 14     | 12            | NGUYEN, VIVICA PHUNG  |         | 1       | 8              | 1      | 4      | 29  | F   | K           |
| 15     | 12            | CAO, NHUNG THI  |         | 1       | 8              | 1      | 4      | 60  | F   | K           |
| 16     | 12            | HOANG, DUNG THI   | TX      | 1       | 8              | 1      | 4      | 71  | F   | K           |
| 17     | 12            | NGUYEN, XUAN THI  |         | 1       | 8              | 1      | 4      | 50  | F   | K           |
| 18     | 12            | TRAN, VIVI MELISSA  |         | 1       | 8              | 1      | 4      | 14  | F   | B           |
| 19     | 12            | XUONG, KY PHUNG   |         | 1       | 8              | 1      | 4      | 67  | M   | B           |
| 20     | 12            | JACOBS, VICTORIA OANH   |         | 1       | 8              | 1      | 4      | 36  | F   | A           |
| 21     | 12            | MAI, KATHY KHANH  |         | 1       | 8              | 1      | 4      | 45  | F   | B           |
| 22     | 12            | TRAN, HAI V   |         | 1       | 8              | 1      | 4      | 54  | M   | A           |
| 23     | 12            | NGUYEN, LEHA THI  |         | 1       | 8              | 1      | 4      | 45  | F   | B           |
| 24     | 12            | VU, KHOI  |         | 1       | 8              | 1      | 4      | 12  | M   | B           |
| 25     | 12            | NGUYEN, CHAM T  | TX      | 1       | 8              | 1      | 4      | 89  | F   | K           |
| 26     | 12            | NGUYEN, PAUL PHUONG   |         | 1       | 8              | 1      | 4      | 38  | M   | A           |
| 27     | 12            | TRAN, TUAN  |         | 1       | 8              | 1      | 4      | 53  | M   | B           |
| 28     | 12            | HOANG, THANH THI  |         | 1       | 8              | 1      | 4      | 50  | F   | B           |
| 29     | 12            | HOANG, THANH DINH   |         | 1       | 8              | 1      | 4      | 21  | M   | B           |
| 30     | 12            | TRAN, NGOC  | TX      | 1       | 8              | 1      | 4      | 65  | F   | A           |
| 31     | 12            | NGUYEN, TRANG   |         | 1       | 8              | 1      | 4      | 33  | F   | A           |
| 32     | 12            | UONG, THOA THI  |         | 1       | 8              | 1      | 4      | 57  | F   | B           |
| 33     | 12            | DO, TRANG   |         | 1       | 8              | 1      | 4      | 34  | F   | B           |
| 34     | 12            | TRAN, KY THI  |         | 1       | 8              | 1      | 4      | 71  | F   | A           |
| 35     | 12            | LE, ANNA  |         | 1       | 8              | 1      | 4      | 55  | F   | A           |
| 36     | 12            | NGUYEN, CATHERINE DUyen   |         | 1       | 8              | 1      | 4      | 48  | F   | A           |
| 37     | 12            | PHAN, JENNIFER  |         | 1       | 8              | 1      | 4      | 11  | F   | A           |
| 38     | 12            | BUI, JAMES  |         | 1       | 8              | 1      | 4      | 09  | M   | A           |
| 39     | 12            | BUI, KATHERINE  |         | 1       | 8              | 1      | 4      | 12  | F   | B           |

## Texas Peace Officer's Crash Report - Additional Injured/Killed Disposition

|   |  |  |  |                           |  |   |  |
|---|--|--|--|---------------------------|--|---|--|
| PLACE WHERE CRASH OCCURRED  |  |  |  |                           |  | LOC # <b>080004250</b>  |  |
| COUNTY <b>GRAYSON</b> CITY OR TOWN <b>SHERMAN</b>   |  |  |  |                           |  | ORI # <b>0910400</b>  |  |
| IF CRASH WAS OUTSIDE CITY LIMITS<br>INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ |  |  |  |                           |  | DPS # _____   |  |
| DATE OF CRASH   |  | MONTH <b>August</b> DATE <b>8</b> YEAR <b>08</b> |  | DAY OF WEEK <b>Friday</b> |  | HOUR <b>12:45</b>   |  |
|   |  |  |  |                           |  | <input checked="" type="checkbox"/> AM IF EXACTLY NOON<br><input type="checkbox"/> PM OR MIDNIGHT, SO STATE |  |
| UNIT # <b>1</b>   |  |  |  |                           |  | # OF PERSONS TRANSPORTED FOR TREATMENT <b>33</b>  |  |

| DISPOSITION OF KILLED OR INJURED |                                |                             | IF AMBULANCE USED, SHOW |                       |                  |                                  |
|----------------------------------|--------------------------------|-----------------------------|-------------------------|-----------------------|------------------|----------------------------------|
| ITEM #                           | TAKEN TO                       | BY                          | TIME NOTIFIED           | TIME ARRIVED AT SCENE | AMBULANCE UNIT # | # OF ATTENDANTS INCLUDING DRIVER |
| 2                                | DANNEL (302 S WALNUT ST)       |                             |                         |                       |                  |                                  |
| 3                                | WALDO (611 N TRAVIS ST)        |                             |                         |                       |                  |                                  |
| 4                                | DANNEL (302 S WALNUT ST)       |                             |                         |                       |                  |                                  |
| 5                                | WALDO (611 N TRAVIS ST)        |                             |                         |                       |                  |                                  |
| 6                                | WALDO (611 N TRAVIS ST)        |                             |                         |                       |                  |                                  |
| 7                                | WALDO (611 N TRAVIS ST)        |                             |                         |                       |                  |                                  |
| 8                                | WALDO (611 N TRAVIS ST)        |                             |                         |                       |                  |                                  |
| 9                                | DANNEL (302 S WALNUT ST)       |                             |                         |                       |                  |                                  |
| 10                               | DANNEL (302 S WALNUT ST)       |                             |                         |                       |                  |                                  |
| 11                               | ANGELIC MORTUARY (1301 TEAGUE) |                             |                         |                       |                  |                                  |
| 12                               | ANGELIC MORTUARY (1301 TEAGUE) |                             |                         |                       |                  |                                  |
| 13                               | WALDO (611 N TRAVIS ST)        |                             |                         |                       |                  |                                  |
| 14                               | PARKLAND HOSPITAL DALLAS, TX   |                             |                         |                       |                  |                                  |
| 15                               | JOHN PETER SMITH HOSPITAL      |                             |                         |                       |                  |                                  |
| 16                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 17                               | METHODIST MEMORIAL DALLAS, TX  |                             |                         |                       |                  |                                  |
| 18                               | TEXOMA MEDICAL CENTER DENISON  | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 19                               | TEXOMA MEDICAL CENTER DENISON  | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 20                               | TEXOMA MEDICAL CENTER DENISON  | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 21                               | TEXOMA MEDICAL CENTER DENISON  | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 22                               | TEXOMA MEDICAL CENTER DENISON  | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 23                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              |                                  |
| 24                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 25                               | HARRIS METHODIST (FT WORTH)    |                             |                         |                       |                  |                                  |
| 26                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 27                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 28                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 29                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 30                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 31                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 32                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 33                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 34                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 35                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 36                               | WILSON N JONES                 | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              | 2                                |
| 37                               | PRESBYTERIAN HOSPITAL OF ALLEN | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              |                                  |
| 38                               | PRESBYTERIAN HOSPITAL OF ALLEN | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              |                                  |
| 39                               | PRESBYTERIAN HOSPITAL OF ALLEN | SHERMAN FIRE DEPT AMBULANCE |                         |                       | M81              |                                  |

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

| ITEM # | DATE OF DEATH | TIME OF DEATH | ITEM # | DATE OF DEATH | TIME OF DEATH | ITEM # | DATE OF DEATH | TIME OF DEATH | ITEM # | DATE OF DEATH | TIME OF DEATH |
|--------|---------------|---------------|--------|---------------|---------------|--------|---------------|---------------|--------|---------------|---------------|
| 2      | 08/08/2008    | 3:34 A        | 3      | 08/08/2008    | 3:30 A        | 4      | 08/08/2008    | 3:35 A        | 5      | 08/08/2008    | 3:39 A        |
| 6      | 08/08/2008    | 3:31 A        | 7      | 08/08/2008    | 3:29 A        | 8      | 08/08/2008    | 3:32 A        | 9      | 08/08/2008    | 3:33 A        |
| 10     | 08/08/2008    | 3:36 A        | 11     | 08/08/2008    | 3:37 A        | 12     | 08/08/2008    | 3:38 A        | 13     | 08/08/2008    | 3:40 A        |
| 14     | 08/08/2008    | 3:40 A        | 15     | 08/08/2008    | 1:04 P        | 16     | 08/08/2008    | 7:50 P        | 17     | 08/08/2008    | 10:35 P       |
| 25     | 08/09/2008    | 3:55 P        |        |               |               |        |               |               |        |               |               |
|        |               |               |        |               |               |        |               |               |        |               |               |
|        |               |               |        |               |               |        |               |               |        |               |               |

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|  |                        |
|--|------------------------|
| PLACE WHERE CRASH OCCURRED   | LOC # <b>080004250</b> |
| COUNTY <b>GRAYSON</b> CITY OR TOWN <b>SHERMAN</b>  | ORI # <b>0910400</b>   |
| IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ | DPS # _____            |

|   |   |                       |
|---|---|-----------------------|
| ROAD ON WHICH CRASH OCCURRED  | CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SPEED LIMIT <b>65</b> |
| BLOCK NUMBER _____ STREET OR ROAD NAME <b>2000 S 75 US</b> ROUTE NUMBER OR STREET CODE _____  | WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                       |
| INTERSECTING STREET OR RR X'ING NUMBER  | CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SPEED LIMIT _____     |
| BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____  | WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                       |
| NOT AT INTERSECTION <b>.13</b> <input checked="" type="checkbox"/> FT. <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF <b>W WILSON ST</b> | MILEPOST _____  | LATITUDE _____        |
| SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT  |   |                       |

|                                  |               |              |  |
|----------------------------------|---------------|--------------|--|
| DATE OF CRASH                    | DAY OF WEEK   | HOUR         | IF EXACTLY NOON OR MIDNIGHT, SO STATE                              |
| <b>August</b> <b>8</b> <b>08</b> | <b>Friday</b> | <b>12:45</b> | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
| MONTH DATE YEAR                  | WEEK          |              |  |

|                 |
|-----------------|
| UNIT # <b>1</b> |
|-----------------|

| ITEM # | SEAT POSITION | COMPLETE ALL DATA ON ALL OCCUPANTS NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI) | ADDRESS | EJECTED | RESTRAINT USED | AIRBAG | HELMET | AGE | SEX | INJURY CODE |
|--------|---------------|---|---------|---------|----------------|--------|--------|-----|-----|-------------|
| 1      | 1             | BROUSSARD, BARRETT WAYNE  |         | 5       | 1              | 1      | 4      | 52  | M   | A           |
| 2      | 12            | NGUYEN, MADONNA LUU   |         | 1       | 8              | 1      | 4      | 34  | F   | B           |
| 3      | 12            | LAI, JOSEPH   |         | 1       | 8              | 1      | 4      | 07  | M   | B           |
| 4      | 12            | TRAN, CRYSTAL   |         | 1       | 8              | 1      | 4      | 12  | F   | B           |
| 5      | 12            | DO, LIEN T  |         | 1       | 8              | 1      | 4      | 25  | F   | B           |
| 6      | 12            | NGUYEN, TERESA  |         | 1       | 8              | 1      | 4      | 13  | F   | A           |
| 7      | 12            | NGUYEN, LINH THI  |         | 1       | 8              | 1      | 4      | 19  | F   | A           |
| 8      | 12            | NGUYEN, TRAM THINHU   |         | 1       | 8              | 1      | 4      | 38  | M   | A           |
| 9      | 12            | NGUYEN, TIEN VAN  |         | 1       | 8              | 1      | 4      | 63  | M   | A           |
| 10     | 12            | VONG, PHUONG  |         | 1       | 8              | 1      | 4      | 54  | M   | A           |
| 11     | 12            | TRAN, THUY L  |         | 1       | 8              | 1      | 4      | 41  | F   | A           |
| 12     | 12            | PHAM, HOA THI   |         | 1       | 8              | 1      | 4      | 78  | F   | A           |
| 13     | 12            | TA, THUONG VAN  |         | 1       | 8              | 1      | 4      | 54  | M   | B           |
| 14     | 12            | VU, NGOC LIEN   |         | 1       | 8              | 1      | 4      | 44  | F   | B           |
| 15     | 12            | BUI, MATTHEW  |         | 1       | 8              | 1      | 4      | 14  | M   | A           |
| 16     | 12            | TRAN, MUNG THI  |         | 1       | 8              | 1      | 4      | 60  | F   | A           |
| 17     | 12            | BUI, THIEP  |         | 1       | 8              | 1      | 4      | 47  | M   | A           |
| 18     | 12            | TRAN, SCOTT   |         | 1       | 8              | 1      | 4      | 31  | M   | A           |
| 19     |               |   |         |         |                |        |        |     |     |             |
| 20     |               |   |         |         |                |        |        |     |     |             |
| 21     |               |   |         |         |                |        |        |     |     |             |
| 22     |               |   |         |         |                |        |        |     |     |             |
| 23     |               |   |         |         |                |        |        |     |     |             |
| 24     |               |   |         |         |                |        |        |     |     |             |
| 25     |               |   |         |         |                |        |        |     |     |             |
| 26     |               |   |         |         |                |        |        |     |     |             |
| 27     |               |   |         |         |                |        |        |     |     |             |
| 28     |               |   |         |         |                |        |        |     |     |             |
| 29     |               |   |         |         |                |        |        |     |     |             |
| 30     |               |   |         |         |                |        |        |     |     |             |
| 31     |               |   |         |         |                |        |        |     |     |             |
| 32     |               |   |         |         |                |        |        |     |     |             |
| 33     |               |   |         |         |                |        |        |     |     |             |
| 34     |               |   |         |         |                |        |        |     |     |             |
| 35     |               |   |         |         |                |        |        |     |     |             |
| 36     |               |   |         |         |                |        |        |     |     |             |
| 37     |               |   |         |         |                |        |        |     |     |             |
| 38     |               |   |         |         |                |        |        |     |     |             |
| 39     |               |   |         |         |                |        |        |     |     |             |

|  |  |              |                  |
|--|--|--------------|------------------|
| PLACE WHERE<br>CRASH OCCURRED                                  |  | LOC #        | <b>080004250</b> |
| COUNTY   | <b>GRAYSON</b>   | CITY OR TOWN | <b>SHERMAN</b>   |
| IF CRASH WAS OUTSIDE CITY LIMITS<br>INDICATE FROM NEAREST TOWN |  | ORI #        | <b>0910400</b>   |
|  | MILES  | DPS #        |                  |
|  | <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W         OF |              |                  |

DATE OF CRASH August 8 08 DAY OF WEEK Friday HOUR 12:45

MONTH DATE YEAR

☒ AM ☐ PM IF EXACTLY NOON OR MIDNIGHT, SO STATE

|                    |   |
|--------------------|---|
| UNIT #<br><b>1</b> | # OF PERSONS<br>TRANSPORTED FOR<br>TREATMENT<br><b>33</b> |
|--------------------|---|

[illegible]

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

[illegible]

|   |  |  |  |
|---|--|--|--|
| CRB-3C (Rev. 01/06) COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S CRASH REPORT   |  |  |  |
| <input type="checkbox"/> 10,001 LBS. OR MORE  |  | <input type="checkbox"/> HAZARDOUS MATERIAL  |  |
|   |  | <input checked="" type="checkbox"/> 9 OR MORE PASSENGER CAPACITY (DRIVER INCLUDED) |  |
| CRASH INFORMATION   |  | LOC # <b>080004250</b>   |  |
| 1. COUNTY <b>GRAYSON</b> 2. CITY OR TOWN <b>SHERMAN</b>   |  | ORI # <b>0910400</b>   |  |
| 3. ROAD ON WHICH CRASH OCCURRED <b>2000 S 75 US</b>   |  | DPS # _____  |  |
| 4. DATE OF CRASH <b>August</b> <b>8</b> <b>08</b> 5. HOUR <b>12:45</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM   |  | ROADWAY ACCESS   |  |
|   |  | <b>1</b> 1 - FULL ACCESS CONTROL<br>2 - PARTIAL ACCESS<br>3 - NO ACCESS            |  |
| DRIVER INFORMATION  |  | 1 - A 4 - D<br>2 - B 5 - M<br>3 - C 6 - UNK  |  |
| 6. NAME <b>BROUSSARD, BARRETT WAYNE</b> 7. DRIVER LICENSE CLASS <b>2</b>  |  |  |  |
| CARRIER INFORMATION   |  |  |  |
| 8. VEHICLE OPERATION <input checked="" type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE <input type="checkbox"/> NOT IN COMMERCE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PERSONAL  |  |  |  |
| 9. CARRIER'S CORPORATE NAME <b>IGUALA BUSMEX INC.</b>   |  |  |  |
| 10. CARRIER'S PRIMARY ADDRESS <b>1505 TELEPHONE RD</b> <b>HOUSTON, TX 77023</b>   |  |  |  |
| 11. CARRIER ID TYPE <input type="checkbox"/> ICC <input checked="" type="checkbox"/> US DOT <input type="checkbox"/> TxDOT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE 12. CARRIER ID NUMBER <b>1786461</b>  |  |  |  |
| MOTOR VEHICLE INFORMATION   |  |  |  |
| 13. UNIT NUMBER ON CRB-3 <b>1</b> 14. LICENSE PLATE _____ 15. GROSS VEHICLE WEIGHT RATING (GVWR) <input checked="" type="checkbox"/> <b>54,000</b>  |  |  |  |
| 16. VEHICLE TYPE  |  |  |  |
| 1 - PASSENGER CAR (ONLY IF VEHICLE DISPLAYS HM PLACARDS) 7 - TRUCK TRAILER<br>2 - LIGHT TRUCK (ONLY IF VEHICLE DISPLAYS HM PLACARDS) 8 - TRUCK TRACTOR (BOBTAIL)<br>3 - BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER) 9 - TRACTOR/SEMI-TRAILER<br>4 - BUS (SEATS FOR >15 PEOPLE, INCLUDING DRIVER) 10 - TRACTOR/DOUBLE TRAILER<br>5 - SINGLE UNIT TRUCK (2 AXLES, 6 TIRES) 11 - TRACTOR/TRIPLE TRAILER<br>6 - SINGLE UNIT TRUCK (3 OR MORE AXLES) 99 - UNKNOWN HEAVY TRUCK OVER 10,000 LBS. (CANNOT CLASSIFY)   |  |  |  |
| 17. CARGO BODY STYLE  |  |  |  |
| 1 - BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER) 7 - CONCRETE MIXER 98 - OTHER _____<br>2 - BUS (SEATS FOR >15 PEOPLE, INCLUDING DRIVER) 8 - AUTO TRANSPORTER<br>3 - VAN/ENCLOSED BOX 9 - GARBAGE/REFUSE<br>4 - CARGO TANK 10 - GRAIN, CHIPS, GRAVEL<br>5 - FLATBED 11 - POLE<br>6 - DUMP 12 - NOT APPLICABLE  |  |  |  |
| 18. HAZARDOUS MATERIAL  |  |  |  |
| TRANSPORTING PLACARDABLE HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAZARDOUS MATERIAL RELEASED OR SPILLED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DO NOT INCLUDE FUEL FROM THE VEHICLE FUEL TANK)   |  |  |  |
| 1 DIGIT CLASS # <input type="checkbox"/> 4 DIGIT ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 DIGIT CLASS # <input type="checkbox"/> 4 DIGIT ID# <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |  |  |
| TRAILER NUMBER 1 INFORMATION  |  |  |  |
| 19. LICENSE PLATE _____ 20. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/> REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input type="checkbox"/> _____ TRAILER TYPE <input type="checkbox"/> 1 - FULL TRAILER <input type="checkbox"/> 2 - SEMI TRAILER <input type="checkbox"/> 3 - POLE TRAILER  |  |  |  |
| TRAILER NUMBER 2 INFORMATION  |  |  |  |
| 21. LICENSE PLATE _____ 22. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/> REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input type="checkbox"/> _____ TRAILER TYPE <input type="checkbox"/> 1 - FULL TRAILER <input type="checkbox"/> 2 - SEMI TRAILER <input type="checkbox"/> 3 - POLE TRAILER  |  |  |  |
| 23. SEQUENCES OF EVENTS - UNIT <b>1</b>   |  |  |  |
| SEQ 1 SEQ 2 SEQ 3 SEQ 4   |  |  |  |
| <b>98</b> <b>1</b> <b>18</b> <b>3</b>   |  |  |  |
| 1 - NONCOLLISION: RAN OFF ROAD 12 - COLLISION INVOLVING PEDESTRIAN<br>2 - NONCOLLISION: JACKKNIFE 13 - COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT<br>3 - NONCOLLISION: OVERTURN (ROLLOVER) 14 - COLLISION INVOLVING PARKED MOTOR VEHICLE<br>4 - NONCOLLISION: DOWNHILL RUNAWAY 15 - COLLISION INVOLVING TRAIN<br>5 - NONCOLLISION: CARGO LOSS OR SHIFT 16 - COLLISION INVOLVING PEDALCYCLE<br>6 - NONCOLLISION: EXPLOSION OR FIRE 17 - COLLISION INVOLVING AN ANIMAL<br>7 - NONCOLLISION: SEPARATION OF UNITS 18 - COLLISION INVOLVING A FIXED OBJECT<br>8 - NONCOLLISION: CROSS MEDIAN/CENTERLINE 19 - COLLISION WITH WORK ZONE MAINTENANCE EQUIPMENT<br>9 - NONCOLLISION: EQUIPMENT FAILURE 20 - COLLISION WITH OTHER MOVABLE OBJECT<br>10 - NONCOLLISION: OTHER 21 - COLLISION WITH UNKNOWN MOVABLE OBJECT<br>11 - NONCOLLISION: UNKNOWN 98 - OTHER <b>RF TIRE FAILURE</b> |  |  |  |
| 24. TOTAL NUMBER OF AXLES <b>3</b>  |  |  |  |
| 25. TOTAL NUMBER OF TIRES <b>8</b>  |  |  |  |
| 26. OFFICER'S PRINTED NAME <b>CAVER, T.</b> DEPT. <b>SHERMAN PD</b> DATE <b>08/08/2008</b>  |  |  |  |



## Texas Peace Officer's Crash Report - Crash Description

|   |                             |                        |
|---|-----------------------------|------------------------|
| PLACE WHERE<br>CRASH OCCURRED   |                             | LOC # <b>080004250</b> |
| COUNTY <b>GRAYSON</b>   | CITY OR TOWN <b>SHERMAN</b> | ORI # <b>0910400</b>   |
| IF CRASH WAS OUTSIDE CITY LIMITS<br>INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ |                             | DPS # _____            |

|                  |                                       |                                 |                                  |                |               |      |              |   |  |
|------------------|---------------------------------------|---------------------------------|----------------------------------|----------------|---------------|------|--------------|---|--|
| DATE OF<br>CRASH | <b>August</b><br><small>MONTH</small> | <b>8</b><br><small>DATE</small> | <b>08</b><br><small>YEAR</small> | DAY OF<br>WEEK | <b>Friday</b> | HOUR | <b>12:45</b> | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | IF EXACTLY NOON<br>OR MIDNIGHT, SO STATE |
|------------------|---------------------------------------|---------------------------------|----------------------------------|----------------|---------------|------|--------------|---|--|

**Unit 1 was traveling north in the right (outside) lane in the 2000 blk of US Hwy 75 S. Unit 1 lost tire tread, causing tire failure, from the right front steer axle tire. (\*\*Note\*\* It was later determined that this right front tire was a recapped tire) Unit 1 immediately began losing control and traveled approximately 130 feet from the point of tire failure until it struck the east curb. Unit 1 struck the east curb as it was traveling over a bridge that crosses over Post Oak Creek. Unit 1 traveled over the curb and struck the bridge guardrail, which broke approximately 120 feet of the guardrail from the bridge. Unit 1 then fell off the bridge approximately eight feet down, landing on it`s right side on the north embankment of the creek and slid for approximately 24 feet up the embankment. The bus contained 55 passengers and 1 driver. Twelve of the passengers were dead on the scene. At the time of completing this narrative, five other passengers have died at surrounding hospitals, due to injuries they had sustained from this crash.**

# Texas Peace Officer's Crash Report - Diagram

|   |                             |                        |
|---|-----------------------------|------------------------|
| PLACE WHERE CRASH OCCURRED  |                             | LOC # <b>080004250</b> |
| COUNTY <b>GRAYSON</b>   | CITY OR TOWN <b>SHERMAN</b> | ORI # <b>0910400</b>   |
| IF CRASH WAS OUTSIDE CITY LIMITS<br>INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ |                             | DPS # _____            |

|               |               |          |           |             |               |      |              |  |  |
|---------------|---------------|----------|-----------|-------------|---------------|------|--------------|--|--|
| DATE OF CRASH | <b>August</b> | <b>8</b> | <b>08</b> | DAY OF WEEK | <b>Friday</b> | HOUR | <b>12:45</b> | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | IF EXACTLY NOON<br>OR MIDNIGHT, SO STATE |
|---------------|---------------|----------|-----------|-------------|---------------|------|--------------|--|--|

