

### HIGHWAY GROUP CHAIRMAN'S

Attachment N Sherman, Texas Police Report (10 Pages)

▼ FATAL		and IXDOT use ONLY
	K FATAL	CMV INVOLVED

SCHOOL BUS RELATI	

RAILROAD RELATED

■ MEDICAL ADVISORY BOARD

☐ HIT AND RUN

☐ AMENDMENT/SUPPLEMENT Form CR-3 (Rev. 04/08) (GSD-EPC) Page 1 of 2

### Texas Peace Officer's Crash Report

Submission 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# 080004250
COUNTY GRAYSON CITY OR TOWN SHERMAN	ORI# <b>0910400</b>
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN MILES N S E W OF	DPS#
ROAD ON WHICH CRASH OCCURRED  BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE  CONSTRUCTION WORKERS PR	_
INTERSECTING STREET CONSTRUCTION OF RR X'ING NUMBER WARKERS DE WARKERS DE	_ =
BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE	MILEPOST LATITUDE
NOT AT INTERSECTION13	LONGITUDE
DATE OF CRASH August 8 08 WEEK Friday HOUR	12:45 M IF EXACTLY NOON PM OR MIDNIGHT, SO STATE
UNIT# 1 - MOTOR VEHICLE 4 - PEDESTRIAN 7 - NON-CONTACT 2 - TRAIN 5 - MOTORIZED CONVEYANCE 8 - OTHER VIN# 1MR31MR 462P06	ALTERED TYES
YEAR COLOR & WHITE MODEL BODY	LICENSE
MODEL 02 MAKE MOTOR COACH IND. NAME J4500 STYLE BUS	PLATE  YEAR STATE NUMBER
DRIVER'S  ** SEE CO  MEN  NAME BROUSSARD, BARRETT W.	N 1 **
LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP)	1-VALID 4-CANCELLED/DENIED
DRIVER'S LICENSE TX B P LICENSE STATE CLASSITYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH	2-NOT VALID 5-EXPIRED 3-SUSPENDED/REVOKED 6-UNKNOWN
DRIVER'S ETHNICITY  3  1-WHITE 2-HISPANIC 5-OTHER  DRIVER'S SEX  MALE DRIVER'S OCCUPATION POLICE, FIREFIGHTER, EMS	, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
TYPE OF ALCOHOL SPECIMEN TAKEN  1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED  2 RESULTS 1-BLOOD 2-URINE 3-NONE 4-REFUSED 1 RESULTS 1-BLOOD 2-URINE 3-BLOOD 3-URINE 3-BLOOD 3-B	DRUG 1
□ LESSEE	
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)  ADDRESS (STREET, CITY, STATE, ZIP)	FR-7, RD-4, VX-2
LIABILITY YES (800)469-4318 INSURANCE NO NO NATIONAL INTERSTATE INS. CO. NATIONAL INTERSTATE INTERSTATE INTERSTATE INS. CO. NATIONAL INTERSTATE INTERSTATE IN	EHICLE DAMAGE RATING
UNIT# 1 - MOTOR VEHICLE 4 - PEDESTRIAN 7 - NON-CONTACT 2 - TRAIN 5 - MOTORIZED CONVEYANCE 8 - OTHER VIN #	ALTERED YES VEHICLE HEIGHT NO
YEAR COLOR & MODEL BODY	LICENSE
	YEAR STATE NUMBER
DRIVER'S NAME	
LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP)  DRIVER'S LICENSE	1-VALID 4-CANCELLED/DENIED 2-NOT VALID 5-EXPIRED
LICENSE STATUS	2-NOT VALID 5-EXPIRED 3-SUSPENDED/REVOKED 6-UNKNOWN
DRIVER'S 1-WHITE 4-ASIAN DRIVER'S T MALE DRIVER'S	
2-HISPANIC 3-BLACK 5-OTHER SEX FEMALE OCCUPATION POLICE, FIREFIGHTER, EMS	, ON EMERGENCY If CHECKED, PLEASE EXPLAIN IN NARRATIVE
TYPE OF ALCOHOL SPECIMEN TAKEN TEST TYPE OF DRUG SPECIMEN TAKEN TEST	DRUG 1.
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED RESULTS 1-BLOOD 2-URINE 3-NONE 4-REFUSED RESULTS	CATEGORY 2.
OWNER  NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)  ADDRESS (STREET, CITY, STATE, ZIP)	
LIABILITY YES INSURANCE NO V	EHICLE DAMAGE RATING
EXP INSURANCE COMPANY POLICY NUMBER  DAMAGE TO PROPERTY OTHER THAN VEHICLES	
TX DOT, SHERMAN     GUARDRAIL   3904 S 75 US, SHERMAN, TX 75090	1 \$ 15,000.00  FEET FROM CURB DAMAGE ESTIMATE
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?	DAMAGE ESTIMATE
CHARGES FILED	
NAME CHARGE	CITATION#
NAME CHARGE	CITATION #
TIME NOTIFIED OF CRASH 08/08/2008 1:06 A HOW TELEPHONE TIME ARRIVED AT SCENE 08/08/2008	1:27 A DATE OF REPORT 08/08/2008
DATE HOUR DATE	HOUR REPORT TYES
TYPED OR PRINTED  NAME OF INVESTIGATOR CAVER, T.  SHERMAN P  156 AGENCY	D REPORT ☐ YES DIST/AREA COMPLETE NO

1 - FRONT 2 - FRONT 3 - FRONT 4 - SECON 5 - SECON	SEAT POSITION  SOLICITATION  S												INJURY TING INJURY								
UNIT#		ED DUE TO BLING DAMAGE	YES	VEHICLI	E REMOVED 1	o <u>80</u>	O S EA	ST S	T, SHERN	1AN, T	K		BY		TEX	OMA	AU1	г <u>о с</u> /	ARE		
ITEM#	SEAT POSITION	COMPLETE ALL DATA O HOWEVER, IT IS NOT NE NAME (LAST, FIRST, MI)						ADDRESS						SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	BROUSSAR	D, BAF	RETT W	/AYNE									N	5	1	1	4	52	М	Α
3	12	BUI, PHU V										-		N	1	8	1	4	76	M	K
4	12 12	NGUYEN, H										+		N N	1	8	1	4	60 81	M	K
5	12	TA, MINDY		IIIAIIII										N	1	8	1	4	49	F	K
UNIT#		ED DUE TO BLING DAMAGE	YES NO		E REMOVED 1	то							BY	·							
ITEM#	SEAT POSITION	COMPLETE ALL DATA O HOWEVER, IT IS NOT NE NAME (LAST, FIRST, MI)	N ALL OCCUP CESSARY TO	ANTS NAMES, PO SHOW ADDRESS	OSITIONS, RESTRAI ES UNLESS KILLED	NTS USED, ET OR INJURED	TC.	ADDRESS						SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6																					
7																					
9																					
10																					
	DAL., MOT. EY, ETC.	COMPLETE IF CASUALT CASUALTY NAME (LAST		OTOR VEHICLE				ADDRESS					SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
niant.	UTION::										1				<u> </u>		LIGHT -				
DISPOS		ILLED OR INJURED	TAKEN	N TO			l		BY			1	TIME		ARRIVED		LANCE	# OF ATTE		# OF F	PERSONS
1	NOTIFIED											TIFIED	A1	SCENE	M		INCLUDING		TRANSP	ORTED FOR ATMENT	
2,4		INEL (302 S		UT ST)																] 3	33
3,5	_	LDO (611 N 1																			
COMPLI		DATE OF DEATH		(If a driver	or occupant die	_	days of the cra		complete this area	and mail the su	pplement to the Cr	_		eau) E OF DEATH		ITEM#	DAT	E OF DEATH	_	TIME OF I	DEATH
2		8/08/2008		34 A	3	+	08/2008	+	3:30 A	4	08/08/2	_		35 A		5		8/20		3:39	
INVEST	IGATOR'S N	Attache	F WHAT H	APPENED (AT	TACH ADDITION	IAL SHEET				DIAG	<u> </u>							1 - TWO-W/ 2 - TWO-W/	AY, NOT DIVI	UNPROTEC	TED MEDIAN
											INDICATE NORTH						3	4 - ONE-WA 5 - UNKNO		PROTECTE	D BARRIER
											<del>-</del>			200	S 75 US	(Service	Road)	• •	• •	• •	_
											<b>←</b>										
													-		-2-	• •	• •	•	•••	• •	-
											Indicate North		5		7	Z.					
														The state of the s	آجيري	<b>F</b>			t Oak Creek		
										١,									Post		
FACT	ORS AN	D CONDITIONS	ISTED	ARE THE	INVESTIGA	TOR'S O	PINION			_   [		1									_
UNIT	1	S/CONDITIONS CONTRIBUT	NO 0.		CONDITIONS MAY O	R VEH	IICLE DEFECTS	VE	HICLE DEFECTS MAY	$\neg \bot$	<b>—</b>										_
	1	2 3	1	2	3	1	2	1	2	7	<b>—</b>										_
<u>1</u>	74	2 3	1	41	3	1	12	1	2	41	• • •		• •	• •	2000 S	75 US				• •	-
																				<b>→</b>	
	MAL ON ROAD		40 -	- FATIGUED OR AS	SLEEP		71 - WRONG			_										<b>-</b>	
3 - BAC 4 - CHA	MAL ON ROAD KED WITHOUT NGED LANE W SEE VEHICLE D	SAFETY /HEN UNSAFE	42 - 43 -	<ul> <li>FAULTY EVASIVE</li> <li>FIRE IN VEHICLE</li> <li>FLEEING OR EVA</li> <li>FOLLOWED TOO</li> </ul>	ADING POLICE		72 - CELL/MC 73 - ROAD R/ 74 - OTHER F	AGE		TRAF	FIC CONTROL							ROADW	AY RELA		
14 - DIS 15 - DIS	ABLED IN TRA	FFIC LANE P AND GO SIGNAL P SIGN OR LIGHT	45 - 46 -	- HAD BEEN DRINI	KING DRIVER (EXP. IN NAF	RRATIVE)	VEHIC	TIRE CLE DEF	FAILURE ECTS	1 - NON 2 - INOR	PERATIVE 8	- STOP SIG	G YELLOW	14 -	RR GATES/SI	E		1 - ON ROA 2 - IOFF RO	ADWAY		
17 - DIS 18 - DIS	REGARD TUR	N MARKS AT INTERSECTION RNING SIGN AT CONSTRUCT	1 48 - 10N 49 -	<ul> <li>IMPAIRED VISIBII</li> </ul>	LITY (EXP. IN NARR. RT FROM PARKED P	ATIVE) OSITION	5 - DEFEC	CTIVE OR NO	HEADLAMPS STOP LAMPS	3 - OFF 4 - FLAG 5 - SIGN	GMAN 10 NAL LIGHT 11	- YIELD SIG - WARNIN 1 - CENTER	IG SIGN R STRIPE/DI	16 · VIDER 17 ·	CROSSWALK BIKE LANE OTHER		11	3 - SHOULD 4 - MEDIAN	DER		3
20 - DRI 21 - DRI 22 - FAI	IVER INATTEN OVE WITHOUT LED TO CONT	TION 'HEADLIGHTS ROL SPEED	51 - 52 - 53 -	<ul> <li>OPENED DOOR I</li> <li>OVERSIZE VEHIC</li> <li>OVERTAKE AND</li> </ul>	INTO TRAFFIC LANE CLE OR LOAD PASS INSUFFICIEN	CLEARANCE	8 - DEFE	CTIVE OR NO	TAIL LAMPS TURN SIG. LAMPS TRAILER BRAKES VEHICLE BRAKES		OF THE ROAD		SING ZONE		Y ALIGNI	MENT [		LIGHT C	ONDITIO	ON	<u> </u>
24 - FAI 25 - FAI	LED TO GIVE I LED TO HEED	IN SINGLE LANE HALF OF ROADWAY WARNING SIGN	55 - 56 -	<ul> <li>PARKED IN TRAF</li> <li>PARKED WITHOU</li> </ul>	JT LIGHTS	S	11 - DEFE	CTIVE OR NO CTIVE OR SL	STEERING MECH. ICK TIRES	1 - MAII 2 - SER	VICE ROAD			1 - STRAIGH 2 - STRAIGH	Γ, GRADE	7 - OTHER 8 - UNKNOW	WN	1 - DAYLIGI 2 - DARK, N	IOT LIGHTED	8 - OTH 9 - UNK	IER (NOWN
27 - FAI 28 - FAI	LED TO PASS LED TO GIVE S	TO LEFT SAFELY TO RIGHT SAFELY SIGNAL OR WRONG SIGNAL AT PROPER PLACE	58 - 59 -	- PASSED IN NO P - PASSED ON RIGI - PED/PEDALCYC/	HT SHOULDER MOT. CON. FTY RO	V TO VEHICLE				4 - EXIT	INECTOR		1	3 - STRAIGH 4 - CURVE, L 5 - CURVE, C 6 - CURVE, F	RADE		1	3 - DARK, L 4 - DARK, U 5 - DAWN 6 - DUSK	IGHTED INK LIGHTING	G	2
30 - FAI 31 - FAI		AT PROPER PLACE	60 -	- SPEEDING - UNS	MEE CONDER LIMIT)					7 - OTH			- 11	o - OURVE, P	-LLUNEOI		- 11	9 - POQV			
32 EAL	LED TO STOP LED TO STOP	FOR SCHOOL BUS FOR TRAIN	62 -	<ul> <li>SPEEDING - OVE</li> <li>TAKING MEDICA</li> <li>TURNED IMPROF</li> </ul>	R LIMIT TION (EXP. IN NARR	ATIVE)						SURFA	CF	WEATHE	R			SURFAC	CE COND	OITION	
33 - FAI 34 - FAI 35 - FAI	LED TO STOP LED TO STOP LED TO YIELD LED TO YIELD LED TO YIELD LED TO YIELD	FOR SCHOOL BUS FOR TRAIN ROW - EMERGENCY VEHIC ROW - OPEN INTERSECTIC ROW - PRIVATE DRIVE ROW - STOP SIGN	62 - LE 63 - N 64 - 65 -	- TAKING MEDICA' - TURNED IMPROF - TURNED IMPROF - TURNED IMPROF - TURNED WHEN I	R LIMIT TION (EXP. IN NARR PERLY - CUT CORNE PERLY - WIDE RIGH PERLY - WRONG LAI UNSAFE	R ON LEFT				TYPE 1 - CON 2 - BLAI	OF ROADWAY		CE	2 - RAIN	.OUDY 7 - SE 8 - OT			SURFAC 1 - DRY 2 - WET			MUD, DIRT
33 - FAI 34 - FAI 35 - FAI 36 - FAI 37 - FAI 38 - FAI	LED TO STOP LED TO STOP LED TO YIELD LED TO YIELD	FOR SCHOOL BUS FOR TRAIN ROW - EMERGENCY VEHIC ROW - OPEN INTERSECTIO ROW - PRIVATE DRIVE	62 - LE 63 - N 64 - 65 - 66 - 67 - 68 - 69 -	- TAKING MEDICA' - TURNED IMPROF - TURNED IMPROF - TURNED IMPROF - TURNED WHEN I - UNDER INFLUEN - UNDER INFLUEN	ER LIMIT TION (EXP. IN NARR PERLY - CUT CORNE PERLY - WIDE RIGH PERLY - WRONG LAI JINSAFE ICE - ALCOHOL ICE - DRUG JPROACH OR IN IN	ER ON LEFT T NE				TYPE 1 - CON	OF ROADWAY  ICRETE 5-DIRT CKTOP 6-OTHER CK 7-UNKNOW	N	1	1 - CLEAR/CI 2 - RAIN 3 - SLEET/HA 4 - SNOW 5 - FOG	.OUDY 7 - SE 8 - OT			1 - DRY 2 - WET	CE COND	7 - SAND,	MUD, DIRT

Texas Peace Officer's Crash Report

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Questions? Call: 512/424-7121

<b>X</b> FA	TAL	CMV INVOLVED	SCHOOL BU	IS RELATED	RAILROAD RE	ELATED	MEDICAL ADVISORY BO	DARD	☐ HIT A	ND RUN	· [	AMEN	DMENT/S	SUPPLE	MENT
	E WHER								LOC#_		30	3000	4250		
cour	NTY	GRAYSON	V	CITY OR	TOWN	SH	IERMAN		ORI# _						
		S OUTSIDE CITY LIMITS OM NEAREST TOWN											<del>100</del>		
INDIC	ATE FRO	OM NEAREST TOWN	N	MILES N	S E W OF				DPS#_						
	D ON WH			20	00 S 75 US			CONST	RUCTION Z	ONE	☐ YES ☐ YES	NO NO	SPEE	D 4	65
CRAS	SH OCCU	BLOCK NUMBER	S <sup>-</sup>	TREET OR ROAD	NAME	ROUTE NUM	MBER OR STREET CODE	WORKE	KS FRESE	INI	<u> </u>	M NO	LIIVIII		<u>,,</u>
		IG STREET						CONST	RUCTION Z	ONE	YES	NO NO	SPEE	D	
ORR	R X'ING	NUMBER BLOCK NUMBER	S <sup>-</sup>	TREET OR ROAD	NAME	ROUTE NUM	MBER OR STREET CODE	WORKE							
		RSECTION .13	☐ FT.		OF		WILSON ST		MILEPO	-	ATITUDI				
NOT	AT INTER	RSECTION .13	<b>X</b> MI.	N S E	W SHOW MILEPOST ( NEAREST INTERSE	OR NEAREST INTERSE SECTING STREET OR R	ECTING NUMBERED HIGHWAY, IF NONE, SHOW EFERENCE POINT			L	.ONGITU	DE			
DATE	OF				DAY OF							₩ лм			
CRA	SH	August MONTH	<u>8</u>	<u>08</u>	WEEK _		Friday	HOUR	12	:45	<u> </u>	PM	IF EXACTLY	NOON T, SO STATE	
UNIT															
1															
ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS N HOWEVER, IT IS NOT NECESSARY TO SHOW I NAME (LAST, FIRST, MI)	NAMES, POSITIONS, RESTR ADDRESSES UNLESS KILL	AINTS USED, ETC. ED OR INJURED	ADDRESS				EJECTED	RESTRAIN USED	T AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	BROUSSARD, BARRE	TT WAVNE		ADDRESS				5	1	1	4	52	М	Α
2	12	BUI, PHU VAN	III WAINE		1				1	8	1	4	76	M	K
3	12	NGUYEN, HANH VIET	-						1	8	1	4	60	M	K
4	12	· ·							1	8	1	4	81	M	K
5	12	TA, MINDY HAO	ANII		+				1	8	1	4	49	F	K
6	12	DANG, XUAN HOA							1	8	1	4	59	F	K
7	12				TV				1	8	1	4	27	F	K
8	12	VU, THUY THU			, , TX				1	8	1	4	59	F	K
9	12	PHAN, HUE THI			+			+	1	8	1	4	62	F	K
10	12	LAM, TUONG SO							1	8	1	4	84	M	K
11	12	NGUYEN, BOI						-	1	8	1	4	67	M	K
12	12	LE, PHONG			+			+	1	8	1	4	71	F	K
13	12	PHAM, SOI THI	EN					$\dashv$	1	8	1	4	59	F	K
14	12	TRAN, CATHERINE Y						_	1	8	1	4	29	F	K
15	12	NGUYEN, VIVICA PHI	UNG					+	1	8	1	4	60	F	K
16	12	CAO, NHUNG THI			TV				1	8	1	4	71	F	K
17	12	HOANG, DUNG THI NGUYEN, XUAN THI			, , TX			<del>-</del>	1	8	1	4	50	F	K
18	12	TRAN, VIVI MELISSA							1	8	1	4	14	F	В
19	12	XUOUNG, KY PHUNG						+	1	8	1	4	67	М	В
20	12	JACOBS, VICTORIA O						+	1	8	1	4	36	F	A
21	12	MAI, KATHY KHANH	ZANII					+	1	8	1	4	45	F	В
22	12	TRAN, HAI V							1	8	1	4	54	м	A
23	12	NGUYEN, LEHA THI							1	8	1	4	45	F	В
24	12	VU, KHOI							1	8	1	4	12	м	В
25	12	NGUYEN, CHAM T			, , TX				1	8	1	4	89	F	K
26	12	NGUYEN, PAUL PHUC	ONG						1	8	1	4	38	М	A
27	12	TRAN, TUAN							1	8	1	4	53	М	В
28	12	HOANG, THANH THI							1	8	1	4	50	F	В
29	12	HOANG, THANH DINI							1	8	1	4	21	М	В
30	12	TRAN, NGOC			, , TX				1	8	1	4	65	F	Α
31	12	NGUYEN, TRANG							1	8	1	4	33	F	Α
32	12	UONG, THOA THI						$\neg \vdash$	1	8	1	4	57	F	В
33	12	DO, TRANG						$\neg$	1	8	1	4	34	F	В
34	12	TRAN, KY THI							1	8	1	4	71	F	Α
35	12	LE, ANNA						$\neg$	1	8	1	4	55	F	A
36	12	NGUYEN, CATHERINI	E DUYEN					$\neg$	1	8	1	4	48	F	Α
37	12	PHAN, JENNIFER						$\neg$	1	8	1	4	11	F	Α
38	12	BUI, JAMES						$\neg$	1	8	1	4	09	М	Α
39		BUI. KATHERINE							1	8	1	4	12	F	В

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

CRASH OC										LOC#_		080	00425	0
COUNTY _		GR	AYSON		CITY OR TOWN _		SHERN	1AN		ORI#		09	10400	)
	VAS OUTSID			MILE	S N S E V	V OF				DPS#				
DATE OF	TOM NEXT		···			DAY OF				_				
CRASH _	A	MONTH	<u>st</u>	B DATE	O8 YEAR	WEEK	Frie	day	_ HOUR	12	2:45	- <b>X</b>	AM IF EXAC PM OR MID!	TLY NOON NIGHT, SO STATE
UNIT#												Т	# OF PERSONS RANSPORTED FOR TREATMENT	33
	F KILLED OR INJ	URED									F AMBULANCI			
ITEM	A#			TAKEN TO			ВУ			TIME NOTIFIED	TIME	ARRIVED SCENE	AMBULANCE UNIT#	# OF ATTENDANTS INCLUDING DRIVER
2		DANN	EL (302 S WA	LNUT ST)						HOTHER		OOLIIL	Jill #	mozodno diaven
3			O (611 N TRA											
4		DANN	EL (302 S WA	LNUT ST)										
5	,	WALD	O (611 N TRA	VIS ST)										
6		WALD	O (611 N TRA	VIS ST)										
7		WALD	O (611 N TRA	VIS ST)										
8	,	WALD	O (611 N TRA	VIS ST)										
9		DANN	EL (302 S WA	LNUT ST)										
10	0	DANN	EL (302 S WA	LNUT ST)										
1:	1 .	ANGE	LIC MORTUAR	Y (1301 T	EAGUE)									
12	2	ANGEI	LIC MORTUAR	Y (1301 T	EAGUE)									
13	3	WALD	O (611 N TRA	VIS ST)										
14	1	PARKI	AND HOSPIT	AL DALLAS	5, TX									
15	5 .	JOHN	PETER SMITH	HOSPITA	L									
10	5	WILSO	ON N JONES			SHERMAN F	RE DEPT A	MBULANCE					M81	2
17	7	METH	ODIST MEMOI	RIAL DALL	AS, TX									
18	3	TEXON	MA MEDICAL (	CENTER DE	NISON	SHERMAN F	RE DEPT A	MBULANCE					M81	2
19	9	TEXON	MA MEDICAL (	CENTER DE	NISON	SHERMAN F	RE DEPT A	MBULANCE					M81	2
20	)	TEXON	MA MEDICAL (	CENTER DE	NISON	SHERMAN F	RE DEPT A	MBULANCE					M81	2
2:	1 '	TEXON	MA MEDICAL (	CENTER DE	NISON	SHERMAN F	RE DEPT A	MBULANCE					M81	2
22	2	TEXON	MA MEDICAL (	CENTER DE	NISON	SHERMAN F	RE DEPT A	MBULANCE					M81	2
23	3	WILSO	ON N JONES			SHERMAN F	RE DEPT A	MBULANCE			_		M81	
24	1	WILSO	ON N JONES			SHERMAN F	RE DEPT A	MBULANCE			-		M81	2
2!	5	HARR:	IS METHODIS	T (FT WOF	RTH)						_			_
20		WILSO	ON N JONES			SHERMAN F	RE DEPT A	MBULANCE			_		M81	2
27			ON N JONES			SHERMAN F							M81	2
28			ON N JONES			SHERMAN F							M81	2
29			ON N JONES			SHERMAN F							M81	2
30			ON N JONES			SHERMAN F					-		M81	2
3:			ON N JONES			SHERMAN F					+		M81	2
32			ON N JONES			SHERMAN F							M81	2
33			ON N JONES			SHERMAN F					+		M81	2
34			ON N JONES			SHERMAN F							M81	2
3!			ON N JONES			SHERMAN F							M81	2
30			ON N JONES	CDITAL OF	ALLEN	SHERMAN F					+		M81	2
31			SYTERIAN HOS SYTERIAN HOS			SHERMAN F					+		M81	
39			SYTERIAN HOS			SHERMAN F							M81 M81	
	S SECTION IF PER							ement to the Crash Records	Bureau)				LIOT	1
ITEM#	DATE OF DEA	тн	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	08/08/2	008	3:34 A	3	08/08/2008	3:30 A	4	08/08/2008	3:3	5 A	5	08/0	8/2008	3:39 A
6	08/08/2	800	3:31 A	7	08/08/2008	3:29 A	8	08/08/2008	3:3	2 A	9	08/0	8/2008	3:33 A
10	08/08/2	800	3:36 A	11	08/08/2008	3:37 A	12	08/08/2008	3:3	8 A	13	08/0	8/2008	3:40 A
14	08/08/2	800	3:40 A	15	08/08/2008	1:04 P	16	08/08/2008	7:5	0 P	17		8/2008	10:35 P
25	08/09/2		3:55 P											
	-													

Texas Peace Officer's Crash Report

Submission 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: 512/424-7121

	TAL		SCHOOL BU	S RELATED	□ R/	AILROAD RELATI	ED MEDICAL ADVIS	SORY BOARD		HIT A	ND RUN		AMENI	DMENT/	SUPPLE	MENT
	E WHER			L	oc#_		08	3000	4250							
1			N	CITY O	R TOWN		SHERMAN		1	)RI#						
1									1							
INDIC	CATE FRO	OM NEAREST TOWN _	N	MILES N	SEV	V OF			D	PS# _						
	ON WH			20				CONST	RU	CTION Z S PRESE	ONE [	YES	NO NO	SPEE	D	
CRAS	SH OCCU	BLOCK NUMBER	S1	TREET OR ROA	D NAME	7 <b>5 US</b> RO	UTE NUMBER OR STREET COD	WORK	ERS	PRESE	NT L	」YES	X NO	LIMIT		<u>)5</u>
		G STREET							RU	CTION Z PRESE	ONE [	YES	NO	SPEE	D	
OR R	R X'ING I	NUMBER BLOCK NUMBER	S1	TREET OR ROA	D NAME	RO	UTE NUMBER OR STREET COD	WORK	ERS	PRESE	NT [	YES	X NO	LIMIT		
										MILEPO	ST LA	ATITUDE	<b>=</b>			
NOT.	AT INTER	RSECTION .13	💢 MI.	N S E	w	SHOW MILEPOST OR NEAR	EST INTERSECTING NUMBERED HIGHWAY, IF N		-		LC	ONGITU	DE			
DATI	E OF															
CRA	SH	August MONTH	8 DATE	08_ YEAR		WEEK	Friday	HOUR	!	12	:45	_	X AM	OR MIDNIGH	NOON	
UNIT	*	MONIH	DATE	YEAR										OK IIIIDITIO	, 00 01/112	
1																
ITEM#	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT HOWEVER, IT IS NOT NECESSARY TO SHO	S NAMES, POSITIONS, RESTR	AINTS USED, ETC.						EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
	-	NAME (LAST, FIRST, MI)	W ADDRESSES SHEESS RICE	ED OK INJUKED	ADDR	ESS			-							CODE
1	1	BROUSSARD, BARR	ETT WAYNE		1				Н	5	1	1	4	52	М	Α
2	12	NGUYEN, MADONNA	LUU						Н	1	8	1	4	34	F	В
3	12	LAI, JOSEPH							Н	1	8	1	4	07	М	В
4	12	TRAN, CRYSTAL							Н	1	8	1	4	12	F	В
5	12	DO, LIEN T							Н	1	8	1	4	25	F	В
6	12	NGUYEN, TERESA							$\mathbb{H}$	1	8	1	4	13	F	Α
7	12	NGUYEN, LINH THI							Н	1	8	1	4	19	F	Α
8	12	NGUYEN, TRAM THI							H	1	8	1	4	38	М	Α
9	12	NGUYEN, TIEN VAN							4	1	8	1	4	63	М	Α
10	12	VONG, PHUONG							$\dashv$	1	8	1	4	54	M	Α
11	12	TRAN, THUY L			-				Н	1	8	1	4	41	F	Α
12	12	PHAM, HOA THI			+				Н	1	8	1	4	78	F	A
13	12	TA, THUONG VAN			1				Н	1	8	1	4	54	M	В
14	12	VU, NGOC LIEN			+				Н	1	8	1	4	44	F	В
15	12	BUI, MATTHEW			+				Н	1	8	1	4	14	<u>M</u>	Α
16	12	TRAN, MUNG THI							Н	1	8	1	4	60	F	A
17	12	BUI, THIEP							Н	1	8	1	4	47	M	A
19	12	TRAN, SCOTT			<u> </u>				Н	1	8	1	4	31	М	Α
20									$\dashv$							-
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37									$\exists$							
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39																

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

PLACE WH CRASH OC									LOC#		080	00425	0
		GRAYSON		CITY OR TOWN		SHERN	1AN					10400	
		DE CITY LIMITS				<u> </u>						710400	
INDICATE F	ROM NEAR	EST TOWN	MILE	S N S E	V OF				DPS#_				_
DATE OF CRASH		August	8	08	DAY OF WEEK	Eri/	day	ПОПВ	12	)· <b>4</b> 5	X	AM IF EXACT	LY NOON
CRASH _		MONTH	DATE	YEAR	WEEK	1110	шау	_ 11001		73	- <u> </u>	AM IF EXACT PM OR MIDNI	GHT, SO STATE
UNIT#											П	# OF PERSONS RANSPORTED FOR TREATMENT	33
	F KILLED OR IN	IIIBED								F AMBULANCE			
ITE		JORED	TAKEN TO		1	ВУ			TIME NOTIFIED		ARRIVED SCENE	AMBULANCE	# OF ATTENDANTS INCLUDING DRIVER
2		NORTH CENTRAL I		CIVINNEY	CHEDMAN ET		MRIII ANCE		NOTIFIED	AT:	SCENE	UNIT#	
3		NORTH CENTRAL I			SHERMAN FI							M81 M81	2
4		NORTH CENTRAL I			SHERMAN FI							M81	
5		NORTH CENTRAL I			SHERMAN FI							M81	2
6		NORTH CENTRAL I			SHERMAN FI							M81	2
7		NORTH CENTRAL I			SHERMAN FI							M81	2
8		NORTH CENTRAL I			SHERMAN FI							M81	2
9		NORTH CENTRAL I			SHERMAN FI							M81	2
10		METHODIST MEMO											
1:		BAYLOR MEDICAL		•									
1		BAYLOR MEDICAL											
1:	3	MED CTR OF SOUT	HEASTERN	OKLA	SHERMAN FI	RE DEPT A	MBULANCE					M81	2
14	4	MED CTR OF SOUT	HEASTERN	OKLA	SHERMAN FI	RE DEPT A	MBULANCE					M81	2
1	5	PARKLAND HOSPI	TAL DALLA	S, TX									
10	6	PARKLAND HOSPI	TAL DALLA	S, TX									
17	7	PARKLAND HOSPI	TAL DALLA	S, TX									
18	8	PARKLAND HOSPI	TAL DALLA	S, TX									
					1								
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COMPLETE THE	S SECTION IF PE	RSON KILLED (If a driver	or occupant dies wi	ithin 30 days of the crash, p	lease complete this area a	nd mail the supple	ment to the Crash Records	Bureau)		•			
ITEM#	DATE OF DE	ATH TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF	DEATH	ITEM#	DATE	OF DEATH	TIME OF DEATH
											<u> </u>		

		01/06) COMMERCIAL N					
☐ 10,001 LBS. OR	MORE		☐ HAZARD	OUS MATERIAL	X 9 OR MO		ACITY (DRIVER INCLUDED)
							080004250
1. COUNTY	GRAYSON	2. CITY OR T	OWN	SHERMA	<u>N</u>	-	0910400
			2000 6 7	- 110		DPS#	
3. ROAD ON WHICH CRA	BLOCK#		2000 S 75 STREET OR ROAD NAM	<u> </u>	ROUTE#	- ROADWAY ACCES	
					M AM	II I a DADT	ACCESS CONTROL TIAL ACCESS
4. DATE OF CRASH	August	8	<b>08</b> 5. I	OUR 12:45	MA AM Maria Amaria	1 1 3-NO A	
DRIVER INFORMATION	MONTH	DAY	YEAR			1	
	ARD, BARRETT W	AVNE		7 DDIVED LIGEN	SE CLASS 2	1 - A 4 - D 2 - B 5 - M	
CARRIER INFORMATION	ARD, BARREII W	ATNE		_ /. DRIVER LICENS	SE CLASS	3 - C 6 - UNK	
8. VEHICLE OPERATION	■ INTERSTATE COMM	MEDCE III	TRASTATE COMM		T IN COMMERCE	☐ GOVERNME	NT ☐ PERSONAL
	_			INCL INC	71 IN COMMERCE	☐ GOVERNME	INI LI PERSONAL
9. CARRIER'S CORPORA	TE NAME <b>IGUALA E</b>	SUSMEX INC.					
10. CARRIER'S PRIMARY	ADDRESS 1505 TELE	PHONE RD STREET		HOUS	STON, TX 770	D23 STATE	ZIP
11. CARRIER ID TYPE	□ ICC X US DOT		OTHER   NO	NF 12.C	ARRIER ID NUMBER		ZIP
MOTOR VEHICLE INFORM			ZITIER	12. 0	AUTULITIE NOMBLIT	1700401	
IN STOR VEHICLE INFORM							
13. UNIT NUMBER ON CF	RB-3 <b>1</b> 14. LICEN	SE PLATE	STATE NUM	15. GR	OSS VEHICLE WEIGH		X
40.45.00		TEAR	STATE NOW	PER KE	GISTERED GROSS VI	EHICLE WEIGHT (RGV	w) 🗆 <u>54,000</u>
16. VEHICLE TYPE	D CAD (ONLY IE VEHICLE D		2)	7 TRUCK TRAILER			
	R CAR (ONLY IF VEHICLE DI CK (ONLY IF VEHICLE DISPL		o)	7 - TRUCK TRAILER 8 - TRUCK TRACTOR	R (BOBTAIL)		
3 - BUS (SEATS	FOR 9-15 PEOPLE, INCLUE	ING DRIVER)		9 - TRACTOR/SEMI-	TRAILER É		
4-BUS (SEATS	FOR >15 PEOPLE, INCLUD			10 - TRACTOR/DOUB			
	T TRUCK (2 AXLES, 6 TIRES T TRUCK (3 OR MORE AXLE			11 - TRACTOR/TRIPL		00 LBS. (CANNOT CLA	SSIFY)
17. CARGO BODY STYLE							
	FOR 0.45 DEODLE INCLUS	NING DDIVED	7 COM	NOTE MIXED	00 OT	UED	
	FOR 9-15 PEOPLE, INCLUE FOR >15 PEOPLE, INCLUD			CRETE MIXER TRANSPORTER	98 - 011	HER	
3 - VAN/ENCLOS		IN DIANCELLY		BAGE/REFUSE			
4-04K00 IAK	IK			N, CHIPS, GRAVEL			
5 - FLATBED 6 - DUMP			11 - POLE 12 - NOT	: APPLICABLE			
18. HAZARDOUS MATERIA	AL	☐ YES			☐ YES	S (DO NOT INCLUDE FUE	-I FROM
TRANSPORTING PLACAR	DABLE HAZARDOUS MATE		HAZARDOUS M	ATERIAL RELEASED (	OR SPILLED 🕱 NO		NK)
4 BIOLT OF 400 #	4 DIOIT ID#	7	4 51017 01 400	" A DIOIT ID"		7	
	4 DIGIT ID#	<u> </u>	1 DIGIT CLASS	# 4 DIGIT ID#			
TRAILER NUMBER 1 INFO	RMATION					TRAILER T	YPE
19. LICENSE PLATE		20. GROSS VE	HICLE WEIGHT R	ATING (GVWR)		1-F	FULL TRAILER SEMI TRAILER POLE TRAILER
		REGISTER	ED GROSS VEHIC	LE WEIGHT (RGVW)	⊐		POLE TRAILER
TRAILER NUMBER 2 INFO	RMATION					TRAILER T	YPE
21. LICENSE PLATE		22 GPOSS VE	HICI E WEIGHT D	ATING (G\/\WP\	7		FULL TRAILER SEMI TRAILER
ZI. LICENSET LATE		REGISTER	ED GROSS VEHIC	ATING (GVWR) [ LE WEIGHT (RGVW) [	i	3-F	POLE TRAILER
23. SEQUENCES OF EVEN	ITS - UNIT 1						24. TOTAL NUMBER OF AXLES
SEQ 1 SEQ 2	2 SEQ 3	SEQ 4					Z4. TO TAE NOMBER OF AREE
98   1	18	3					3
							25. TOTAL NUMBER OF TIRES
1 - NONCOLLISION: RAN C		12 - COLLISION INVO		AN EHICLE IN TRANSPOR	т		25. TOTAL NUMBER OF TIRES
2 - NONCOLLISION: JACKI 3 - NONCOLLISION: OVER		14 - COLLISION INVO			1		8
4 - NONCOLLISION: DOWN	,	15 - COLLISION INVO				L	
5 - NONCOLLISION: CARG		16 - COLLISION INVO		CLE			
6 - NONCOLLISION: EXPLO	OSION OR FIRE	17 - COLLISION INVO	DLVING AN ANIMA	L			
7 - NONCOLLISION: SEPAR		18 - COLLISION INVO					
8 - NONCOLLISION: CROS				INTENANCE EQUIPME	ENT		
9 - NONCOLLISION: EQUIF 10 - NONCOLLISION: OTHE		20 - COLLISION WITH 21 - COLLISION WITH					
11 - NONCOLLISION: UNK		98 - OTHER <b>RF TI</b>		ADEL ODULOT			
	- ****	<u></u>					
26. OFFICER'S PRINTED N	IAME CAVER, T.			n	EPTSHERN	1AN PD DATE	08/08/2008

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

PLACE WHERE CRASH OCCURRED							LOC#	080004250
COUNTY	GRAYSON	(	CITY OR TOWN		SHERMAN		ORI#	0910400
IF CRASH WAS OUT INDICATE FROM NE		MILES	N S E	W OF			DPS#	
DATE OF CRASH	August	8	<b>08</b>	DAY OF WEEK	Friday	HOUR	12:45	AM IF EXACTLY NOON PM OR MIDNIGHT, SO STATE
Unit 1 was Unit 1 lost (**Note** immediate tire failure traveling o and struck the bridge it`s right s the emban were dead	traveling north tire tread, causing It was later detailed began losing of until it struck the ver a bridge guard. Unit 1 then fell ide on the north kment. The bus on the scene. A lat surrounding h	in the ritermine control at crossed drail, woff the contair the tire tire the tire tire tire tire tire tire tire tir	ght (outs failure, fro d that thi and trave curb. Uni s over Po hich brok bridge ap kment of led 55 pa me of con	side) lane in the right from the right from led approximate approximate the creek appleting this	n the 2000 blk of the tire was a received the tire was a received the east curb as let. Unit 1 travers at ly eight feet do and slid for appind 1 driver. Two s narrative, five	of US Hy cle tire. capped to capped	wy 75 S.  tire) Unit 1 the point of  tr the curb uardrail from ding on rely 24 feet up the passenge	

## Texas Peace Officer's Crash Report - Diagram

PLACE V CRASH (	VHERE DCCURRED						LOC#		080004250
1	GRAYSON H WAS OUTSIDE CITY LIMITS				SHERMAN		ORI#		0910400
INDICAT	E FROM NEAREST TOWN	MI	LES N S	E W OF			_ DPS#		
DATE OF CRASH	August MONTH	8 DATE		DAY OF WEEK	Friday	но	UR	2:45	AM IF EXACTLY NOON PM OR MIDNIGHT, SO STATE
	Indicate North		• •	) S 75 US (S	Service Road		Post Oak Creek		
	1 -								<u>•</u>
-		•	• •	2000 S 75		3	•	• •	<u>•</u>
-			- – -					<b>→</b>	•  •
-	• • • • •	• •	• •	• • •	• • •	Dra	ewing No	t To Scal	e.