



**SURVIVAL FACTORS GROUP**  
**CHAIRMAN'S FACTUAL REPORT**  
**ATTACHMENT 1**  
**MIDLAND POLICE DEPARTMENT PRELIMINARY REPORT**

**REDACTED**

**Fatal Grade Crossing Accident**  
**Midland, TX; 11/15/2012**

**HWY-13-MH-003**  
(6 Pages)

Law Enforcement and TxDOT Use ONLY

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 0 0 4 Total Num. Prsns. 0 2 5 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780  
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.).

\*Crash Date (MM/DD/YYYY) 11/12/2012 \*Crash Time (24HRMM) 1 6 3 5 Case ID 121115033 Local Use  
\*County Name Midland \*City Name MIDLAND  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) Longitude - (decimal degrees)

ROAD ON WHICH CRASH OCCURRED  
1 Rdw. Sys. LR \*Hwy. Num. 2 Rdw. Part 1 Block Num. 800 3 Street Prefix S \* Street Name GARFIELD 4 Street Suffix AVE  
 Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 35 Const. Zone  No Workers Present  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER  
At Int.  Yes  No 1 Rdw. Sys. LR Hwy. Num. 2 Rdw. Part 1 Block Num. 2200 3 Street Prefix W Street Name INDUSTRIAL 4 Street Suffix  
Distance from Int. or Ref. Marker 30  FT  MI 3 Dir. from Int. or Ref. Marker NORTH Reference Marker Street Desc. RRX Num.

Unit Num. 3 5 Unit Desc. 2  Parked Vehicle  Hit and Run LP State LP Num. VIN  
Veh. Year 2 0 0 6 6. Veh. Color ONG Veh. Make GENERAL ELECTRIC Veh. Model 7 Body Style 98  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  
8 DL/D Type DL/D State DL/D Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)  
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

Person Num.	12 Prsn. Type	13 Seat Position	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	N	27	W	1	1	99	97	97	N	96		96	97	97
2	2	98	N	35	H	1	1	99	97	97	N					
3	2	98														
4	2	98														

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

Owner  Lessee Owner/Lessee Name & Address UNION PACIFIC RAILROAD, ODESSA, TEXAS  
Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name SELF INSURED Fin. Resp. Num.  
Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - F R - 1 27 Vehicle Damage Rating 2 - Vehicle Inventoried  Yes  No  
Towed By REMOVED FROM SCENE Towed To UNION PACIFIC RAILROAD

Unit Num. 4 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. FLD995 VIN  
Veh. Year 2 0 0 8 6. Veh. Color GRY Veh. Make FORD Veh. Model CROWN VICTORIA 7 Body Style 4D  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  
8 DL/D Type 1 DL/D State TX DL/D Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) MIDLAND, TEXAS 79703  
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

Person Num.	12 Prsn. Type	13 Seat Position	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	N	38	H	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 MIDLAND COUNTY, MIDLAND, TEXAS 79701  
Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name WELLS FARGO Fin. Resp. Num.  
Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - R P - 1 27 Vehicle Damage Rating 2 - R B Q - 1 Vehicle Inventoried  Yes  No  
Towed By B & B WRECKER AND RECOVERY INC Towed To 2435 EAST HWY 80, MIDLAND, TEXAS 79701

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Case ID 121115033

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	2	1	SANCHEZ FUNERAL HOME	SANCHEZ FUNERAL HOME	11/15/2012	
	2	2	SANCHEZ FUNERAL HOME	SANCHEZ FUNERAL HOME	11/15/2012	
	2	3	SANCHEZ FUNERAL HOME	SANCHEZ FUNERAL HOME	11/15/2012	
	2	4	SANCHEZ FUNERAL HOME	SANCHEZ FUNERAL HOME	11/15/2012	

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

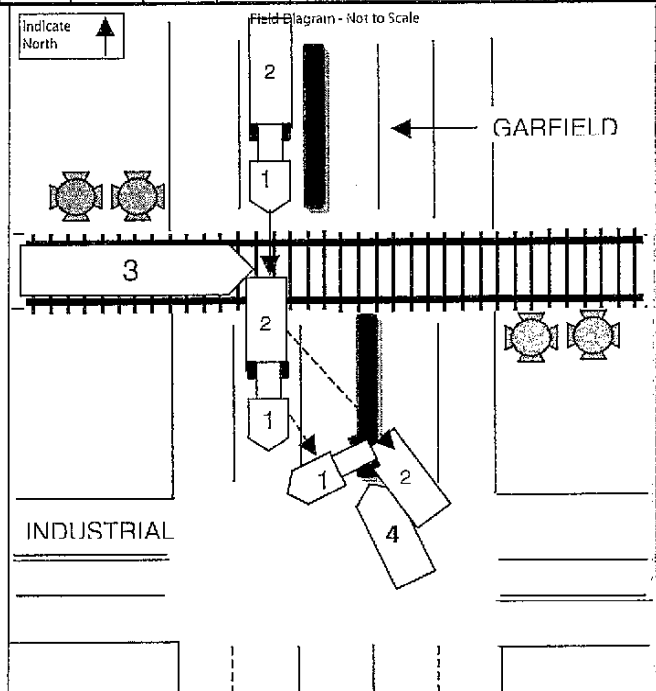
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address
	RR CROSSING ARMS		UNION PACIFIC RAILROAD	ODESSA, TEXAS 79761
	SIGNAL LIGHTS/SIGNAGE		CITY OF MIDLAND, TEXAS	300 N LORAIN, MIDLAND, TEXAS

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper. 2	29 Carrier ID Type 1	Carrier ID Num. [REDACTED]
Carrier's Corp. Name SMITH INDUSTRIES INC		Carrier's Primary Addr. 3509 EAST S.H. HWY 158, MIDLAND, TEXAS 79706 PH [REDACTED]				
30 Rdwy. Access 1	31 Veh. Type 9	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR 8,000	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Style 97	Trailer 1	Unit Num. 2	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR 1,000	34 Trlr. Type 2	Trailer 2
Sequence Of Events	35 Seq. 1 15	35 Seq. 2 14	35 Seq. 3	35 Seq. 4	Total Num. Axles 5	Total Num. Tires 18

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	-	-	-	-	-	-	-	1	1	98	3	3	1

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

#1, TOWING #2, SB 800 S GARFIELD IN THE INSIDE LANE. #3 EB ON RR TRACKS. #4 PARKED BLOCKING TRAFFIC FOR PARADE PROCESSION FACING NORTH. #1, TOWING #2, CROSSED RR TRACKS AND #2 WAS STRUCK BY #3 IN THE RBQ WITH #3'S FR. COLLISION CAUSED #2 TO SPIN TO LEFT SHEARING OFF RR CROSSING ARM AND SIGNAGE ALONG ROADWAY AND #2 THEN STRUCK #4 IN THE RP AND RBQ.



Time Notified (24HR:MM) 1 6 3 6	How Notified ON SCENE	Time Arrived (24HR:MM) 1 6 3 6	Report Date (MM/DD/YYYY) 11/15/2012
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) [REDACTED]	ID Num. 5621	
ORI Num. TX 1 6 5 0 1 1 N	*Agency MIDLAND POLICE DEPARTMENT	District Area	

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Case ID **121115033** TxDOT Crash ID

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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
	RR CROSSING ARMS	UNION PACIFIC RAILROAD	ODESSA, TEXAS 79761
	SIGNAL LIGHTS/SIGNAGE	CITY OF MIDLAND, TEXAS	300 N LORAIN, MIDLAND, TEXAS

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rdwy. Access	31 Veh. 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	Trailer 2	Unit Num. <input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	1	35 Seq. 3	35 Seq. 4	Total Num. Axles Total Num. Tires

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
	3	-	-	-	-	-	-	-	-	1	1	98	3	3	1
4	-	-	-	-	-	-	-	-							

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North 	Field Diagram - Not to Scale
	SEE PAGE 2 OF 6 PAGES		SEE PAGE 2 OF 6 PAGES FOR DIAGRAM

Time Notified (24HR:MM)	1   6   3   6	How Notified	ON SCENE	Time Arrived (24HR:MM)	1   6   3   6	Report Date (MM/DD/YYYY)	11/15/2012	
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)					ID Num.	5621
ORI Num.			*Agency MIDLAND POLICE DEPARTMENT			District/Area		



**CASE ID:** 121115033  
**CRASH DATE:** 11/15/2012 **CRASH TIME:** 1635 **COUNTY NAME:** MIDLAND  
**CITY NAME:** MIDLAND  
**RDWY SYS:** LR  
**HWY NUM:**  
**STREET NAME:** 800 SOUTH GARFIELD  
**ORI NUM:**   
**AGENCY:** MIDLAND POLICE DEPT.

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**FRONT OF UNIT #2**

**UNIT #2  
FLATBED TRAILER  
SEATING CHART**

