



HUMAN PERFORMANCE FACTORS ATTACHMENT

Pickup Truck Driver 7-5-12 Crash Report

Andrews, TX

HWY22MH006

(6 pages)

7-6-2012

Law Enforcement and TxDOT Use Only
 FATAL CMV SCHOOL BUS RAILROAD MEDICAL ADVISORY BOARD

| | | | | |
|------------------|---|------------------|---|----------------|
| Total Num. Units | 2 | Total Num. Prsns | 2 | TxDOT Crash ID |
|------------------|---|------------------|---|----------------|

SUPPLEMENT ACTIVE SCHOOL ZONE ON PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/PARKING LOT

Texas Peace Officer's Crash Report (Form CR-3 ALTERNATE 7/1/11)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.). Page 1 of 4

| | | | | | | | |
|--------------------------|--|--|---|--|--|---|--|
| *Crash Date (MM/DD/YYYY) | 07/05/2012 | *Crash Time (24HRMM) | 1531 | Case ID | A12037 | Local Use | |
| *County Name | GAINES | | *City Name | SEMINOLE | | Outside City Limits | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Roadway Part | <input checked="" type="checkbox"/> 1-Main/Proper Lane | <input type="checkbox"/> 2-Service/Frontage Road | <input type="checkbox"/> 3-Entrance/On Ramp | <input type="checkbox"/> 4-Exit/Off Ramp | <input type="checkbox"/> 5-Connector/Flyover | <input type="checkbox"/> 98-Other (Narrative) | Toll Road/Lane <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Construction Zone | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes, no workers | <input type="checkbox"/> Yes, workers present | Latitude (Decimal) | Longitude (Decimal) - | | |
| *Address | 100 BLOCK EAST AVENUE A | | | | In your opinion, did crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

Intersecting Road, Or If Crash Not At Intersection, Provide Nearest Intersecting Road Or Reference Marker

| | | | | | | |
|-----------------------|---|--|---|--|------------------------|--|
| Crash at Intersection | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If No, Distance from Intersection/Reference Marker | <input type="checkbox"/> FT <input type="checkbox"/> MI | Direction From Intersection/Reference Marker | NORTH | |
| Address | <input checked="" type="checkbox"/> Reference Marker 100 BLOCK NORTHEAST 2ND STREET | | | | Railroad Crossing Num. | |

Unit, Driver and Persons Information

| | | | | | | | |
|----------------|--|--|---|---|---|---|--|
| Unit Number | 1 | Parked Vehicle | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Did this unit "Hit and Run"? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Police, Fire, EMS on Emergency (Narrative) | |
| Unit Descript. | <input checked="" type="checkbox"/> 1-Motor Vehicle | <input type="checkbox"/> 2-Train | <input type="checkbox"/> 3-Pedalcyclist | <input type="checkbox"/> 4-Pedestrian | <input type="checkbox"/> 5-Motorized Conveyance | <input type="checkbox"/> 6-Towed/Trailer | <input type="checkbox"/> 7-Non-Contact <input type="checkbox"/> 98-Other (Narrative) |
| LP State | TX | LP Number | | VIN | 1 Z V F T 8 0 N 5 7 5 2 | | |
| Vehicle Year | 2007 | Vehicle Make | FORD | Vehicle Model | MUSTANG | Vehicle Color | ORANGE |
| Body Style | <input checked="" type="checkbox"/> P2 (2DR Passenger Car) | <input type="checkbox"/> P4 (4DR Passenger Car) | <input type="checkbox"/> PK (Pickup) | <input type="checkbox"/> AM (Ambulance) | <input type="checkbox"/> BU (Bus) | <input type="checkbox"/> SB (Yellow School Bus) | |
| DL/ID Type | <input type="checkbox"/> 1-Driver License | <input type="checkbox"/> 2-Commercial Driver License | <input type="checkbox"/> 3-Occupational | <input checked="" type="checkbox"/> 4-ID Card | <input type="checkbox"/> 5-Unlicensed | <input type="checkbox"/> 98-Other | <input type="checkbox"/> 99-Unknown |

| | | | | | | | | | | | |
|---|-----------------------------|--------------|--|----------|------|------------------|--|--------------|------|--------------------|--|
| DL/ID State | MX | DL/ID Number | | DL Class | NONE | DOB (MM/DD/YYYY) | | CDL Endorse. | NONE | DL Restrict. | NONE |
| Address (Street, City, State, Zip) | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee | Owner/Lessee Name & Address | JESUS RUIZ/ | | | | | | | | Proof of Insurance | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Exempt <input type="checkbox"/> No <input type="checkbox"/> Expired |

| | | | | | |
|-------------------|--------------------------|---------------|--|---------------------------|----------------|
| Insurance Company | HOME STATE COUNTY MUTUAL | Policy Number | | Ins. Company Phone Number | 1-888-888-0080 |
|-------------------|--------------------------|---------------|--|---------------------------|----------------|

| | | | | | |
|---------------------|---|----------|----------------------|----------|--|
| Vehicle Inventoried | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Towed By | DRIVEN AWAY BY OWNER | Towed To | |
|---------------------|---|----------|----------------------|----------|--|

| 1. Person Type | 2. Seat Position | 3. Injury Severity | 4. Ethnicity | 5. Ejected | 6. Restraint Used | 7. Airbag | 8. Helmet Use |
|------------------------|-------------------|-------------------------------|---------------------------------|--------------------------|-----------------------------|----------------------|------------------------|
| 1-Driver | 1-Front Left | A - Incapacitating Injury | W - White | 1-No | 1-Shoulder & Lap Belt | 1-Not Deployed | 1-Not Worn |
| 2-Passenger/Occupant | 2-Front Center | B - Non-Incapacitating Injury | B - Black | 2-Yes | 2-Shoulder Belt Only | 2-Deployed, Front | 2-Worn, Damaged |
| 3-Pedalcyclist | 3-Front Right | C - Possible Injury | H - Hispanic | 3-Yes, Partial | 3-Lap Belt Only | 3-Deployed, Side | 3-Worn, Not Damaged |
| 4-Pedestrian | 4-2nd Seat Left | K - Killed | A - Asian | 4-Child Seat | 4-Child Seat Facing Forward | 4-Deployed, Rear | 4-Worn, Unknown Damage |
| 5-Motorcyclist | 5-2nd Seat Center | N - Not Injured | I - Amer. Indian/Alaskan Native | 5-Child Seat Facing Rear | 5-Child Seat Facing Rear | 5-Deployed, Multiple | 5-Worn, Unknown Damage |
| 6-Motorcycle Passenger | 6-2nd Seat Right | 99 - Unknown | 98 - Other | 6-Child Seat, Unknown | 6-Child Seat, Unknown | 6-Not Applicable | 6-Not Applicable |
| 7-Other (Narrative) | 7-3rd Seat Left | | 99 - Unknown | 7-Child Booster Seat | 7-Child Booster Seat | 7-Not Applicable | 7-Not Applicable |
| | 8-3rd Seat Center | | | | | 99-Unknown | 99-Unknown If Worn |
| | 9-3rd Seat Right | | | | | | |

| Person Num. | 1. Person Type | 2. Seat Position | Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed) | 3. Injury Severity | Age | 4. Ethnicity | Sex | 5. Ejected | 6. Restraint | 7. Airbag | 8. Helmet | Sol. (Y or N) |
|-------------|----------------|------------------|--|--------------------|-----|--------------|-----|------------|--------------|-----------|-----------|---------------|
| 1 | 1 | 1 | VILLEGAS-BARRIENTOS, VICENTE | N | 26 | H | M | 1 | 1 | 1 | 1 | N |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | |
|---|--|---------------------|--|
| Driver/Primary Person: Alcohol Specimen | <input type="checkbox"/> 1-Breath <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input checked="" type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative) | Alcohol Test Result | |
|---|--|---------------------|--|

| | | | |
|---------------|---|------------------|---|
| Drug Specimen | <input type="checkbox"/> 2-Blood <input type="checkbox"/> 3-Urine <input type="checkbox"/> 4-Refused <input checked="" type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative) | Drug Test Result | <input type="checkbox"/> 1-Positive <input type="checkbox"/> 2-Negative <input checked="" type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 99-Unknown |
| Drug Category | <input type="checkbox"/> 2-CNS Depressants <input type="checkbox"/> 3-CNS Stimulants <input type="checkbox"/> 4-Hallucinogens <input type="checkbox"/> 6-Narcotic Analgesics <input type="checkbox"/> 7-Inhalants <input type="checkbox"/> 8-Cannabis <input type="checkbox"/> 10-Disassociative Anesthetics <input type="checkbox"/> 11-Multiple Drugs (Narrative) | | <input checked="" type="checkbox"/> 97-Not Applicable <input type="checkbox"/> 98-Other Drugs (Narrative) <input type="checkbox"/> 99-Unknown |

Additional Unit, Driver and Persons Information

Unit Number 2 Parked Vehicle Yes No Did this unit "Hit and Run"? Yes No Police, Fire, EMS on Emergency (Narrative)

Unit Descript. 1-Motor Vehicle 2-Train 3-Pedalcyclist 4-Pedestrian 5-Motorized Conveyance 6-Towed/Trailer 7-Non-Contact 98-Other (Narrative)

LP State TX LP Number [REDACTED] VIN 1 F T N X 2 0 F 1 Y E [REDACTED]

Vehicle Year 2000 Vehicle Make FORD Vehicle Model F-250 Vehicle Color GREEN

Body Style P2 (2DR Passenger Car) P4 (4DR Passenger Car) PK (Pickup) AM (Ambulance) BU (Bus) SB (Yellow School Bus)
 FE (Farm Equip.) FT (Fire Truck) MC (Motorcycle) SV (SUV) PC (Police Car/Truck) PM (Police Motorcycle)
 TL (Trailer, Semi, Pole) TR (Truck) TT (Truck Tractor) VN (Van) 98-Other (Narrative) 99-Unknown

DL/ID Type 1-Driver License 2-Commercial Driver License 3-Occupational 4-ID Card 5-Unlicensed 98-Other 99-Unknown

DL/ID State TX DL/ID Number [REDACTED] DL Class C DOB (MM/DD/YYYY) [REDACTED] CDL Endorse. NONE DL Restrict. NONE

Address (Street, City, State, Zip) [REDACTED]

Owner Lessee Owner/Lessee Name & Address TROY GILL/ [REDACTED] Proof of Insurance Yes No Exempt Expired

Insurance Company PROGRESSIVE Policy Number [REDACTED] Ins. Company Phone Number 1800-876-5581

Vehicle Inventoried Yes No Towed By DRIVEN AWAY BY OWNER Towed To

| | | | | | | | | |
|---|--|---|---|---|---|---|--|---|
| 1. Person Type 1-Driver 2-Passenger/ Occupant 3-Pedalcyclist 4-Pedestrian 5-Motorcycle Driver 6-Motorcycle Passenger 98-Other (Narrative) 99-Unknown | 2. Seat Position 1-Front Left 2-Front Center 3-Front Right 4-2nd Seat Left 5-2nd Seat Center 6-2nd Seat Right 7-3rd Seat Left 8-3rd Seat Center 9-3rd Seat Right | 10-Cargo Area 11-Outside Vehicle 13-Other in Vehicle 14-Passenger in Bus 16-Pedestrian, Pedalcyclist, or Motorized Conveyance 98-Other (Narrative) 99-Unknown | 3. Injury Severity A - Incapacitating Injury B - Non- Incapacitating Injury C - Possible Injury K - Killed N - Not Injured 99 - Unknown | 4. Ethnicity W - White B - Black H - Hispanic A - Asian I - Amer. Indian/ Alaskan Native 98 - Other 99 - Unknown | 5. Ejected 1-No 2-Yes 3-Yes, Partial 97-Not Applicable 99-Unknown | 6. Restraint Used 1-Shoulder & Lap Belt 2-Shoulder Belt Only 3-Lap Belt Only 4-Child Seat Facing Forward 5-Child Seat Facing Rear 6-Child Seat, Unknown 7-Child Booster Seat 96-None 97-Not Applicable 98-Other (Narrative) 99-Unknown | 7. Airbag 1-Not Deployed 2-Deployed, Front 3-Deployed, Side 4-Deployed, Rear 5-Deployed, Multiple 97-Not Applicable 99-Unknown | 8. Helmet Use 1-Not Worn 2-Worn, Damaged 3-Worn, Not Damaged 4-Worn, Unknown Damage 97-Not Applicable 99-Unknown If Worn |
|---|--|---|---|---|---|---|--|---|

| Person Num. | 1. Person Type | 2. Seat Position | Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed) | 3. Injury Severity | Age | 4. Ethnicity | Sex | 5. Ejected | 6. Restraint | 7. Airbag | 8. Helmet | Sol. (Y or N) |
|-------------|----------------|------------------|--|--------------------|-----|--------------|-----|------------|--------------|-----------|-----------|------------------|
| 1 | 1 | 1 | SIEMENS, HENRICH, KNELSEN | C | 28 | W | M | 1 | 1 | 1 | 1 | Y |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Driver/Primary Person: Alcohol Specimen 1-Breath 2-Blood 3-Urine 4-Refused 96-None 98-Other (Narrative) Alcohol Test Result

Drug Specimen 2-Blood 3-Urine 4-Refused 96-None 98-Other (Narrative) Drug Test Result 1-Positive 2-Negative 97-Not Applicable 99-Unknown

Drug Category 2-CNS Depressants 3-CNS Stimulants 4-Hallucinogens 6-Narcotic Analgesics 7-Inhalants 8-Cannabis
 10-Disassociative Anesthetics 11-Multiple Drugs (Narrative) 97-Not Applicable 98-Other Drugs (Narrative) 99-Unknown

Disposition of Injured/Killed (If additional lines are needed use the "Disposition of Additional Injured/Killed Form")

| Unit Num. | Person Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-----------|-------------|----------|----------|-------------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Damage Other Than Vehicles

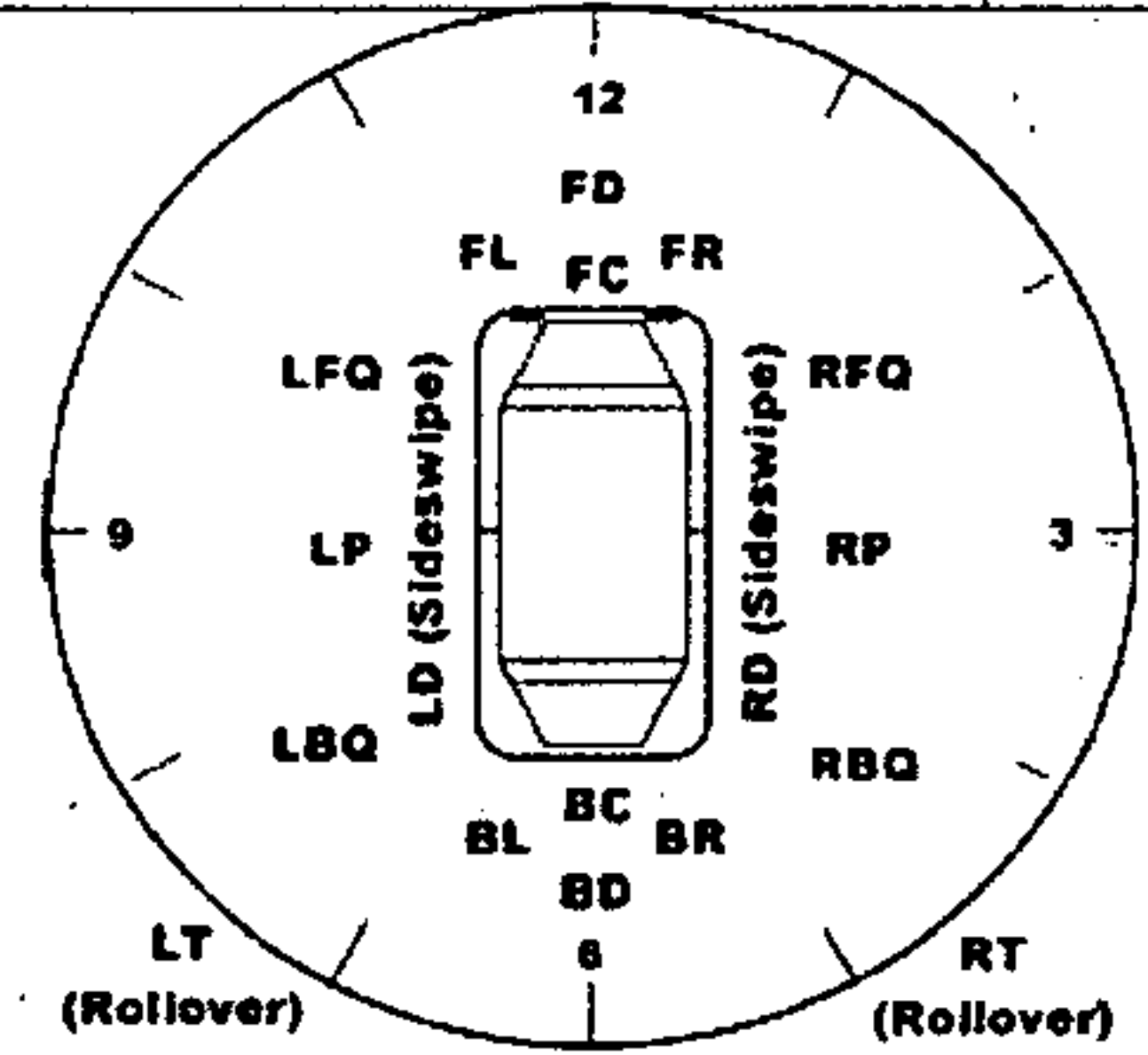
| Damaged Property Other than Vehicles | Owner's Name | Owner's Address |
|--------------------------------------|--------------|-----------------|
| | | |
| | | |
| | | |

Environmental & Roadway Conditions (Only check one box in each section)

| | | | | |
|---|---|---|---|---|
| Roadway Type <input checked="" type="checkbox"/> 1-Two Way, Not Divided <input type="checkbox"/> 2-Two Way, Divided Unprotected Median <input type="checkbox"/> 3-Two Way, Divided Protected Median <input type="checkbox"/> 4-One Way <input type="checkbox"/> 98-Other (Narrative) | Entering Roads <input type="checkbox"/> 2-Three Entering Roads - T <input checked="" type="checkbox"/> 4-Four Entering Roads <input type="checkbox"/> 6-Six Entering Roads <input type="checkbox"/> 8- Cloverleaf <input type="checkbox"/> 98-Other (Narrative) | <input type="checkbox"/> 3-Three Entering Roads - Y <input type="checkbox"/> 5-Five Entering Roads <input type="checkbox"/> 7- Traffic Circle <input type="checkbox"/> 97- Not Applicable | Roadway Alignment <input checked="" type="checkbox"/> 1-Straight, Level <input type="checkbox"/> 3-Straight, Hillcrest <input type="checkbox"/> 5-Curve, Grade <input type="checkbox"/> 98-Other (Narrative) | <input type="checkbox"/> 2-Straight, Grade <input type="checkbox"/> 4-Curve, Level <input type="checkbox"/> 6-Curve, Hillcrest <input type="checkbox"/> 99-Unknown |
| Traffic Control <input type="checkbox"/> 2-Inoperative (Narrative) <input type="checkbox"/> 3-Officer <input type="checkbox"/> 4-Flagman <input type="checkbox"/> 5-Signal Light <input type="checkbox"/> 6-Flashing Red Light <input type="checkbox"/> 7-Flashing Yellow Light <input type="checkbox"/> 8-Stop Sign <input type="checkbox"/> 9-Yield Sign <input type="checkbox"/> 10-Warning Sign <input type="checkbox"/> 11-Center Stripe/Divider <input type="checkbox"/> 12-No Passing Zone <input type="checkbox"/> 13-RR Gate/Signal <input type="checkbox"/> 15-Crosswalk <input type="checkbox"/> 16-Bike Lane <input checked="" type="checkbox"/> 17-Marked Lanes <input type="checkbox"/> 18-Signal Light w/Red Light Running Camera <input type="checkbox"/> 96-None <input type="checkbox"/> 98-Other (Narrative) | | | | |
| Weather Condition <input checked="" type="checkbox"/> 1-Clear <input type="checkbox"/> 2-Cloudy <input type="checkbox"/> 3-Rain <input type="checkbox"/> 4-Sleet/Hail <input type="checkbox"/> 5-Snow <input type="checkbox"/> 6-Fog <input type="checkbox"/> 7-Blowing Sand/Snow <input type="checkbox"/> 8-Severe Crosswinds <input type="checkbox"/> 98-Other (Narrative) <input type="checkbox"/> 99-Unknown | | Surface Condition <input checked="" type="checkbox"/> 1-Dry <input type="checkbox"/> 2-Wet <input type="checkbox"/> 3-Standing Water <input type="checkbox"/> 4-Snow <input type="checkbox"/> 5-Slush <input type="checkbox"/> 6-Ice <input type="checkbox"/> 7-Sand, Mud, Dirt <input type="checkbox"/> 98-Other (Narrative) <input type="checkbox"/> 99-Unknown | | Light Condition <input checked="" type="checkbox"/> 1-Daylight <input type="checkbox"/> 2-Dark, Not Lighted <input type="checkbox"/> 3-Dark, Lighted <input type="checkbox"/> 4-Dark, Unknown Lighting <input type="checkbox"/> 5-Dawn <input type="checkbox"/> 6-Dusk <input type="checkbox"/> 98-Other (Narrative) <input type="checkbox"/> 99-Unknown |

Damage Rating (See diagram)

| Unit Num. | Damage Rating 1 (Most Severe) | | | Damage Rating 2 | | |
|-----------|-------------------------------|----------------|-----------------------|---------------------------|----------------|-----------------------|
| | Direction of Force (1-12) | Area of Damage | Damage Severity (0-7) | Direction of Force (1-12) | Area of Damage | Damage Severity (0-7) |
| 1 | 10 | LBQ | 3 | | | |
| 2 | 12 | FD | 1 | | | |



Special Cases:
VB-1 (Vehicle burned, NOT due to collision)
VB-7 (Vehicle caught fire due to collision)
TP-0 (Top damage only)
VX-0 (Undercarriage damage only)
MC-1 (Motorcycle, moped, scooter, etc.)
NA (Not applicable (farm tractor, etc.))

Narrative and Diagram

Investigator's Narrative Opinion of What Happened
 (Explain all "98-Other" answers in narrative. Attach additional sheets if necessary.)

UNIT #1 WAS TRAVELING EAST BOUND IN OUTER MOST LANE

IN THE 100 BLOCK OF EAST AVENUE A. UNIT #2 WAS

TRAVELING EAST BOUND IN THE INNER MOST LANE IN THE

100 BLOCK OF EAST AVENUE A. UNIT #1 MADE A LEFT HAND

TURN FROM THE WRONG LANE CROSSING UNIT #2'S PATH OF

TRAVEL. UNIT #1 CAUSED ITS LEFT BACK QUATER PANEL

TO STRIKE UNIT #2'S FRONT DISTRIBUTED.

Field Diagram - Not to Scale

Indicate North

SEE ATTACHED DIAGRAM:

Commercial Motor Vehicle

| | | | | | | |
|-----------|--------------------------------------|--|--------------------------------------|-------------------|--|--|
| Unit Num. | <input type="checkbox"/> 10,001+ LBS | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY | Vehicle Operation | <input type="checkbox"/> 1-Interstate Commerce | <input type="checkbox"/> 2-Intrastate Commerce |
| | | | | | <input type="checkbox"/> 3-Not in Commerce | <input type="checkbox"/> 4-Government |
| | | | | | | <input type="checkbox"/> 5-Personal |

| | | | | | |
|-----------------|-----------------------------------|---|-----------------------------------|-----------------|--------------------|
| Carrier ID Type | <input type="checkbox"/> 1-US DOT | <input type="checkbox"/> 2-TxDOT | <input type="checkbox"/> 3-ICC/MC | Carrier ID Num. | Carrier Corp. Name |
| | <input type="checkbox"/> 96-None | <input type="checkbox"/> 98-Other (Narrative) | | | |

| | | |
|-------------------------|------------------|------------------|
| Carrier Primary Address | Total Num. Axles | Total Num. Tires |
|-------------------------|------------------|------------------|

| | | | | | | | |
|--------------|--|---|--|--|--|--|--|
| Vehicle Type | <input type="checkbox"/> 1-Passenger Car | <input type="checkbox"/> 2-Light Truck | <input type="checkbox"/> 3-Bus (9-15) | <input type="checkbox"/> 4-Bus (>15) | <input type="checkbox"/> 5-Single Unit Truck (2 Axles 6 Tires) | <input type="checkbox"/> 6-Single Unit Truck (3 or More Axles) | <input type="checkbox"/> 7-Truck Trailer |
| | <input type="checkbox"/> 8-Truck Tractor (Bobtail) | <input type="checkbox"/> 9-Tractor/Semi Trailer | <input type="checkbox"/> 10-Tractor/Double Trailer | <input type="checkbox"/> 11-Tractor/Triple Trailer | <input type="checkbox"/> 98-Other (Narrative) | <input type="checkbox"/> 99-Unknown Heavy Truck | |

| | | | | | | | | |
|----------------|--|---|--|-------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------|
| Roadway Access | <input type="checkbox"/> 1-Full Access Control | <input type="checkbox"/> 2-Partial Access Control | <input type="checkbox"/> 3-No Access Control | <input type="checkbox"/> RGWV | <input type="checkbox"/> GVWR | Haz Mat. Released | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------|--|---|--|-------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------|

| | | | | | | | | | | |
|---------------------|--|--|--|--|--|------------------------------|--|--|--|--|
| Haz Mat. Class Num. | <input type="checkbox"/> 1-Explosives | <input type="checkbox"/> 2-Gases | <input type="checkbox"/> 3-Flammable Liquids | <input type="checkbox"/> 4-Flammable Solids | <input type="checkbox"/> 5-Oxidizers & Organic Peroxides | Hazardous Material ID Number | | | | |
| | <input type="checkbox"/> 6-Toxic Materials & Infectious Substances | <input type="checkbox"/> 7-Radioactive Materials | <input type="checkbox"/> 8-Corrosive Materials | <input type="checkbox"/> 9-Miscellaneous Dangerous Goods | | | | | | |

| | | | | | | | | | | |
|---------------------|--|--|--|--|--|------------------------------|--|--|--|--|
| Haz Mat. Class Num. | <input type="checkbox"/> 1-Explosives | <input type="checkbox"/> 2-Gases | <input type="checkbox"/> 3-Flammable Liquids | <input type="checkbox"/> 4-Flammable Solids | <input type="checkbox"/> 5-Oxidizers & Organic Peroxides | Hazardous Material ID Number | | | | |
| | <input type="checkbox"/> 6-Toxic Materials & Infectious Substances | <input type="checkbox"/> 7-Radioactive Materials | <input type="checkbox"/> 8-Corrosive Materials | <input type="checkbox"/> 9-Miscellaneous Dangerous Goods | | | | | | |

| | | | | | | |
|------------------|---|--|---|--|------------------------------------|--|
| Cargo Body Style | <input type="checkbox"/> 1-Bus (9-15) | <input type="checkbox"/> 2-Bus (>15) | <input type="checkbox"/> 3-Van/Enclosed Box | <input type="checkbox"/> 4-Cargo Tank | <input type="checkbox"/> 5-Flatbed | <input type="checkbox"/> 6-Dump |
| | <input type="checkbox"/> 7-Concrete Mixer | <input type="checkbox"/> 8-Auto Transporter | <input type="checkbox"/> 9-Garbage Refuse | <input type="checkbox"/> 10-Grain Chips Gravel | <input type="checkbox"/> 11-Pole | <input type="checkbox"/> 13-Intermodal |
| | <input type="checkbox"/> 14-Logging | <input type="checkbox"/> 15-Vehicle Towing Another Vehicle | <input type="checkbox"/> 97-Not Applicable | <input type="checkbox"/> 98-Other (Narrative) | | |

| | | | | | | | |
|---------------------|---|---|---|-------------------------------|---|---|---|
| Trailer 1 Unit Num. | <input type="checkbox"/> RGWV | <input type="checkbox"/> GVWR | Trailer 2 Unit Num. | <input type="checkbox"/> RGWV | <input type="checkbox"/> GVWR | | |
| Type | <input type="checkbox"/> 1-Full Trailer | <input type="checkbox"/> 2-Semi-Trailer | <input type="checkbox"/> 3-Pole Trailer | Type | <input type="checkbox"/> 1-Full Trailer | <input type="checkbox"/> 2-Semi-Trailer | <input type="checkbox"/> 3-Pole Trailer |

| 9. Sequence of Events | | | 9. Sequence of Events | | | |
|--------------------------------------|--|--|-----------------------|---------|---------|---------|
| 1-Non-Collision: Ran Off Road | 8-Non-Collision: Cross Median/Centerline | 15-Collision: Train | Event 1 | Event 2 | Event 3 | Event 4 |
| 2-Non-Collision: Jackknife | 9-Non-Collision: Equipment Failure | 16-Collision: Pedalcycle | | | | |
| 3-Non-Collision: Overturn Rollover | 10-Non-Collision: Other | 17-Collision: Animal | | | | |
| 4-Non-Collision: Downhill Runaway | 11-Non-Collision: Unknown | 18-Collision: Fixed Object | | | | |
| 5-Non-Collision: Cargo Loss/Shift | 12-Collision: Pedestrian | 19-Collision: Work Zone Maintenance Equip. | | | | |
| 6-Non-Collision: Explosion/Fire | 13-Collision: Motor Vehicle in Transport | 20-Collision: Other Movable Object | | | | |
| 7-Non-Collision: Separation of Units | 14-Collision: Parked Motor Vehicle | 21-Collision: Unknown Movable Object | | | | |
| | | 98-Other (Narrative) | | | | |

Contributing Factors, Vehicle Defects, and Damage Rating

| 10. Factors and Conditions | | | | |
|---|--|------------------------------------|---|--|
| 1-Animal on Road, Domestic | 22-Failed to Control Speed | 35-FTYROW, Stop Sign | 49-Improper Start from Parked Position | 62-Taking Medication (Narrative) |
| 2-Animal on Road, Wild | 23-Failed to Drive in Single Lane | 36-FTYROW, To Pedestrian | 50-Load Not Secure | 63-Turned Improperly, Cut Corner on Left |
| 3-Backed Without Safety | 24-Failed to Give Half of Roadway | 37-FTYROW, Turning Left | 51-Opened Door into Traffic Lane | 64-Turned Improperly, Wide Right |
| 4-Changed Lane when Unsafe | 25-Failed to Heed Warning Sign | 38-FTYROW, Turn on Red | 52-Oversized Vehicle or Load | 65-Turned Improperly, Wrong Lane |
| 14-Disabled in Traffic Lane | 26-Failed to Pass to Left Safely | 39-FTYROW, Yield Sign | 53-Overtake and Pass Insufficient Clearance | 66-Turned when Unsafe |
| 15-Disregard Stop and Go Signal | 27-Failed to Pass to Right Safely | 40-Fatigued or Asleep | 54-Parked and Failed to Set Brake | 67-Under Influence, Alcohol |
| 16-Disregard Stop Sign or Light | 28-Failed to Signal or Gave Wrong Signal | 41-Faulty Evasive Action | 55-Parked in Traffic Lane | 68-Under Influence, Drug |
| 17-Disregard Turn Marks at Intersection | 29-Failed to Stop at Proper Place | 42-Fire in Vehicle | 56-Parked without Lights | 69-Wrong Side, Approach or Intersection |
| 18-Disregard Warning Sign at Construction | 30-Failed to Stop for School Bus | 43-Fleeing or Evading Police | 57-Passed in No Passing Lane | 70-Wrong Side, Not Passing |
| 19-Distracted in Vehicle | 31-Failed to Stop for Train | 44-Followed Too Closely | 58-Passed on Right Shoulder | 71-Wrong Way, One Way Road |
| 20-Driver Inattention | 32-FTYROW, Emergency Vehicle | 45-Had Been Drinking | 59-Pedestrian FTYROW to Vehicle | 72-Cell/Mobile Phone Use |
| 21-Drove Without Headlights | 33-FTYROW, Open Intersection | 46-Handicapped Driver (Narrative) | 60-Unsafe Speed | 73-Road Rage |
| | 34-FTYROW, Private Drive | 47-Ill (Narrative) | 61-Speeding, (Over Limit) | 98-Other (Narrative) |
| | | 48-Impaired Visibility (Narrative) | | |

| 10. Contributing Factors (Investigator's Opinion) | | | | 11. Vehicle Defects | | 11. Vehicle Defects (Investigator's Opinion) | | | |
|---|--------------|--|----------------------|-------------------------------------|-----------------------------------|--|--------------|--|----------------------|
| Unit Num. | Contributing | | May Have Contributed | 11. Vehicle Defects | | Unit Num. | Contributing | | May Have Contributed |
| 1 | 65 | | | 5-Defective or No Headlamps | 10-Defective or No Vehicle Brakes | | | | |
| | | | | 6-Defective or No Stop Lamps | 11-Defective Steering Mechanism | | | | |
| | | | | 7-Defective or No Tail Lamps | 12-Defective or Slick Tires | | | | |
| | | | | 8-Defective or No Turn Signal Lamps | 13-Defective Trailer Hitch | | | | |
| | | | | 9-Defective or No Trailer Brakes | 98-Other (Narrative) | | | | |

| Unit Num. | Person Num. | Charge | Citation/Reference Num. |
|-----------|-------------|----------------------------|-------------------------|
| 1 | 1 | NO DRIVERS LICENSE | 051370 |
| 1 | 1 | TURNU LEFT FROM WRONG LANE | 051370 |

| | |
|--|---|
| Investigator Information | |
| Time Notified (24HRMM) 1532 | How Notified DISPATCHED |
| Time Arrived (24HRMM) 1534 | Report Date (MM/DD/YYYY) 07/05/2012 |
| Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator's Name (Print) First Initial, Last Name Z, ANTHONY |
| Badge/ID Num. 608 | District/Area |
| ORI Num. | *Agency SEMINOLE POLICE DEPARTMENT |

CRASH IDENTIFICATION (COPY INFORMATION IN THIS SECTION EXACTLY AS SHOWN ON BASIC REPORT)

COUNTY: GAINES

CITY OR TOWN: SEMINOLE

ROAD ON WHICH CRASH OCCURRED: INTERSECTION OF 100 BLK E AVE A AND
100 BLK NE 2ND ST

DATE OF ACCIDENT: 07-05-2012

TIME CRASH OCCURRED: 1531 HRS

UNIT NO. 1 OPERATOR

LICENSE PLATE: TX LP- [REDACTED]

LAST: VILLEGAS-BARRIENTOS

FIRST: VICENTE

