



**SURVIVAL FACTORS ATTACHMENT**

**Texas Department of Public Safety Crash Report**

**Monaville, TX**

**HWY22FH002**

(4 pages)



**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Date (MM/YYYY) 12 / 17 / 2021 \*Crash Time (24HRMM) 1 2 1 3 Case ID Local Use  
 \*County Name WALLER \*City Name  Outside City Lim  
 In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No Latitude (decimal degrees) 2 9 9 5 0 4 9 Longitude (decimal degrees) 0 9 6 0 8 1 4 5

**ROAD ON WHICH CRASH OCCURRED**

\*1 Rdwy. Sys. FM \*Hwy. Num. 1887 2 Rdwy. Part 1 Block Num. 3 Street Prefix \*Street Name 4 Street Suffix  
 Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 55 Const. Zone  Yes  No Workers Present  Yes  No Street Desc. ASPHALT

**INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER**

At Int.  Yes  No 1 Rdwy. Sys. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix  
 Distance from Int. or Ref. Marker 0.5  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker 458 Street Desc. RRR Num.

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 4 D R B U C 8 N 2 J B 7 3 6 8 5  
 Veh. Year 2 0 1 8 6. Veh. Color YEL Veh. Make INTERNATIONAL Veh. Model UNKNOWN 7 Body Style SB  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  
 8 DL/ID Type 2 DL/ID State TX DL/ID Num. 9 DL Class B 10 CDL End. P, S 11 DL Rest. P16 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) HEMPSTEAD, TX 77445

Person Num.	12 Prin. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug
1	1	1	CROSS-CREAG, PATRICE MACHELLE	B	59	B	2	1	1	97	97	N	96		3	2	9
2	14		RAGSTON, ABIGAIL THOMAS	K	59	B	2	2	96	97	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
3	2	14		N	8	H	2	1	4	97	97	N					
4	2	14		B	5	H	1	1	99	97	97	N					

Owner  Lessee Owner/Lessee Name & Address HEMPSTEAD ISD, 1440 13TH ST HEMPSTEAD, TX 77445

Proof of Fin. Resp.  Yes  No  Expired  Exempl 25 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.  
 Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3 - R & T - 6 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried  Yes  No

Towed By WALLER COUNTY PAINT & BODY Towed To 40793 FM 1488, HEMPSTEAD, TEXAS 77445

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

Address (Street, City, State, ZIP)

Person Num.	12 Prin. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug

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

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  No  Expired  Exempl 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.  
 Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - - - - 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried  Yes  No

Towed Towed



Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
1	1	MEMORIAL HERMANN TMC (HOUSTON, TEXAS)	WALLER COUNTY EMS MEDIC 5		
1	2	HARRIS CO INSTITUTE OF FORENSIC SCIENCE	SCHMIDT FUNERAL HOME	12 / 17 / 2021	1   2   2   4
	4	MEMORIAL HERMANN (KATY, TEXAS)	WALLER COUNTY EMS MEDIC 6		
	5	MEMORIAL HERMANN (KATY, TEXAS)	WALLER COUNTY EMS MEDIC 6		
1	6	MEMORIAL HERMANN TMC (HOUSTON, TEXAS)	MEMORIAL HERMANN LIFE FLIGHT 7		

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
1	1	CRIMINALLY NEGLIGENT HOMICIDE (TEXAS PENAL CODE 19.05)	2022I-THP2-150468

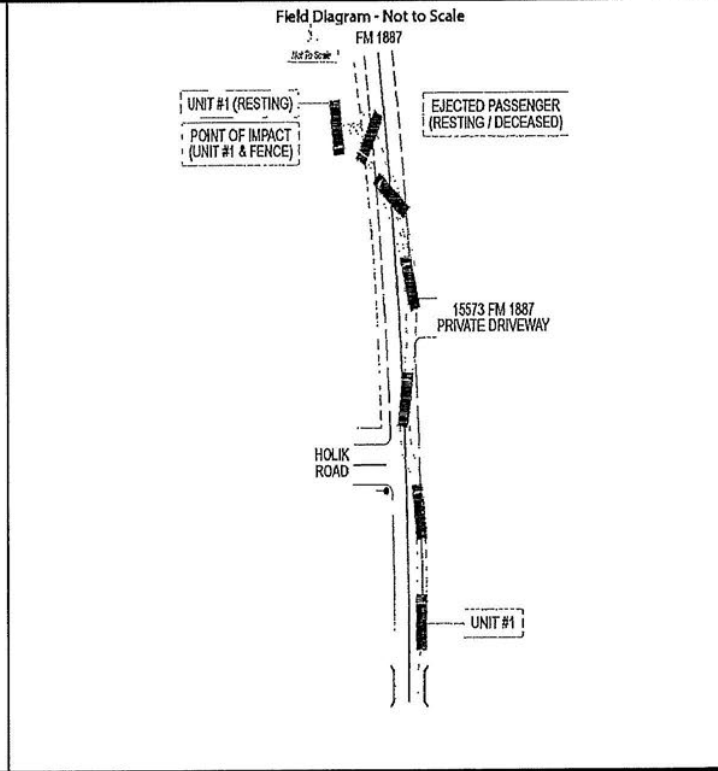
Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
BARBED-WIRE PROPERTY FENCE	HERRERA, HECTOR S	31 GARRISON DR SPRING VALLEY, NY 10977

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input checked="" type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 4	29 Carrier ID Type 96	Carrier ID Num.		
Carrier's Corp. Name HEMPSTEAD ISD		Carrier's Primary Addr. 1440 13TH ST HEMPSTEAD, TX 77445						30 Veh. Type 4	
31 Bus Type 1	<input checked="" type="checkbox"/> RGWW	<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 Type 2	
Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1 1	35 Seq. 2 3	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
Init #	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 Contro
1	20	61					2	1	97	1	4	1	11

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

UNIT #1 WAS TRAVELING IN THE SOUTHBOUND MAIN LANE OF FM 1887, NORTH OF HOLIK ROAD. UNIT #1 BEGAN TO TRAVEL OFF THE ROADWAY, WITH THE RIGHT-HAND WHEELS ENTERING THE GRASSY, SOUTHBOUND DITCH. DRIVER OF UNIT #1 OVER-CORRECTED, CAUSING UNIT #1 TO VEER TO THE LEFT, CROSSING THE CENTER STRIPE / DIVIDER. DRIVER OF UNIT #1 OVER-CORRECTED, CAUSING UNIT #1 TO VEER TO THE RIGHT, ENTERING THE GRASSY, SOUTHBOUND DITCH. DRIVER OF UNIT #1 OVER-CORRECTED, CAUSING UNIT #1 TO VEER TO THE LEFT, AT WHICH TIME UNIT #1 BEGAN A SIDE-SKID AND SPINNING 180 DEGREES, FACING NORTH. UNIT #1 SKIDDED UNTIL LEAVING THE ROADWAY, ENTERING THE GRASSY, NORTHBOUND DITCH WHERE UNIT #1'S RIGHT-SIDE WHEELS DUG INTO THE SOFT DIRT, CAUSING UNIT #1 TO ROLL. UNIT #1 ROLLED OVER, IMPACTING WITH A BARBED-WIRE PROPERTY FENCE, AND CAME TO REST ON ITS WHEELS IN A FIELD. DURING THE ROLLOVER, A PASSENGER IN UNIT #1 WAS EJECTED THROUGH THE REAR WINDOW, COMING TO REST IN THE GRASSY, NORTHBOUND DITCH. THE EJECTED PASSENGER WAS PRONOUNCED DECEASED ON SCENE.



Time Notified (24HR:MM) 1   2   1   6	How Notified DISPATCH	Time Arrived (24HRMM) 1   2   3   1	Report Date (MM/DD/YYYY) 01 / 13 / 2022
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) MATHES, MICHAEL ANTHONY	ID Num. 14310	