

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units | | | 3 Total Num. Prns. | | 1 | 1 TxDOT Crash ID 18835087.3 /2022150289



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.).

Form containing crash details: Crash Date (03/15/2022), County (ANDREWS), City (ANDREWS), Road (FM 1788), Vehicle 1 (Ford Transit), Vehicle 2 (All Other Makes), Driver information, and insurance details.

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|--|----------------------------------|----------------------------|-------------------------|
| | 1 | 1 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 2 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 3 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 4 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 5 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 6 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
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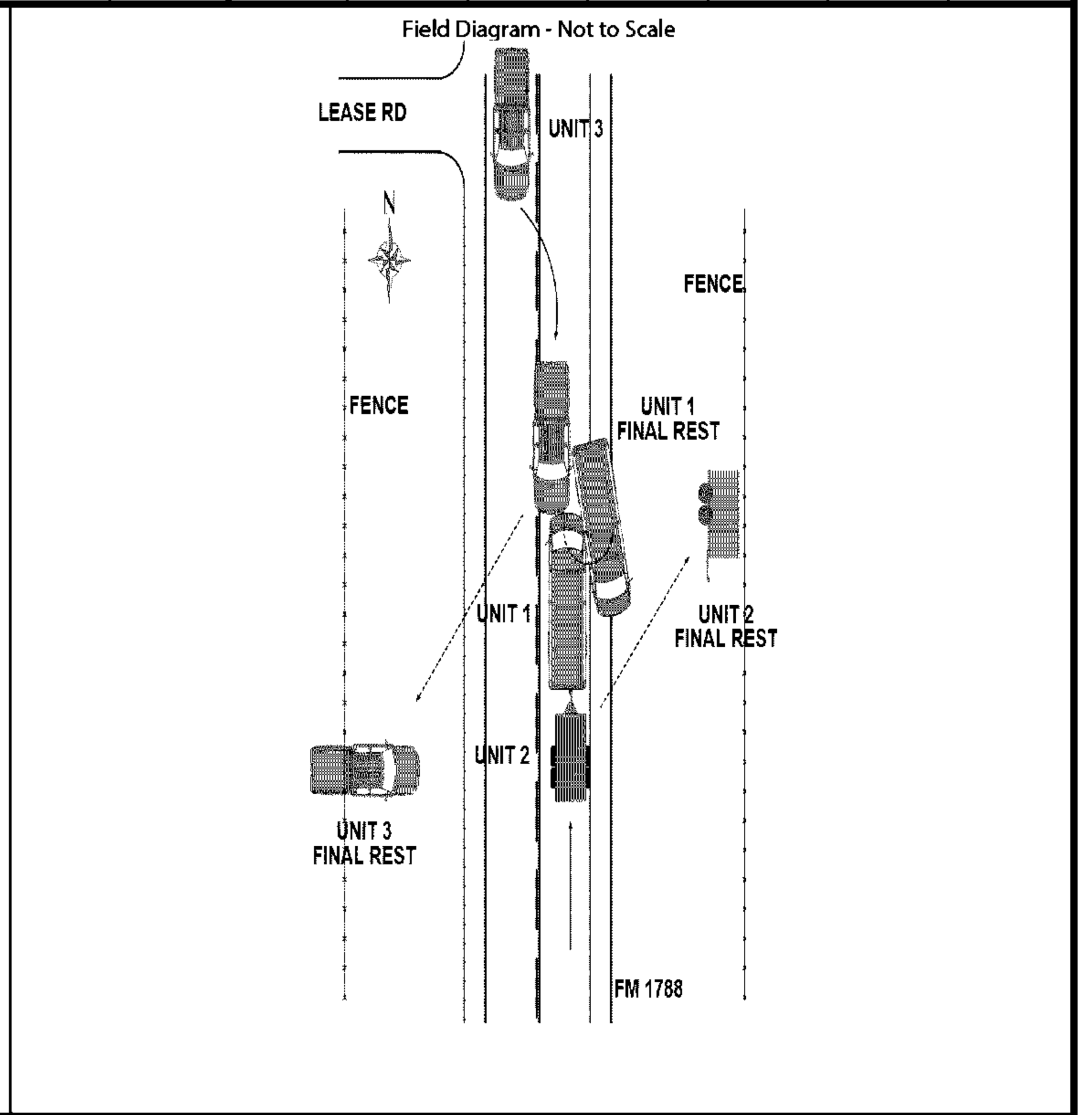
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------------|---|
| | BARBED WIRE FENCE | STERLING CATTLE CO | 21005 E STATE HWY 350 COAHOMA, TX 79511 |

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|----------------------|--|--|---|---|--|----------------------|---|
| 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. 1 | 29 Carrier ID Type 1 | Carrier ID Num. 00836792 |
| Carrier's Corp. Name | UNIVERSITY OF THE SOUTHWEST | | Carrier's Primary Addr. | 6610 N LOVINGTON HWY HOBBS, NM 88240 | | | |
| 31 Bus Type 0 | <input type="checkbox"/> RGWW | <input checked="" type="checkbox"/> GVWR | 9 0 0 0 | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num. | HazMat ID Num. | 33 Cargo Body Type 98 |
| Unit Num. 2 | <input type="checkbox"/> RGWW | <input checked="" type="checkbox"/> GVWR | 3 5 0 0 | 34 Trlr. Type 2 | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num. | <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR |
| Sequence Of Events | 35 Seq. 1 13 | 35 Seq. 2 7 | 35 Seq. 3 6 | 35 Seq. 4 | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Actual Gross Weight | Total Num. Axles |

| 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 | 2 | 97 | 1 | 1 | 1 |

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

UNIT 1 (A FORD TRANSIT 12-PASSENGER VAN), TOWING UNIT 2 (A SMALL SINGLE-AXLE UTILITY TRAILER), WAS TRAVELING NORTHBOUND ON FM 1788 IN THE NORTHBOUND LANE. UNIT 3 WAS TRAVELING SOUTHBOUND ON FM 1788 IN THE SOUTHBOUND LANE. FOR UNKNOWN REASONS, THE LEFT FRONT TIRE OF UNIT 3 DEFLATED, CAUSING UNIT 3 TO DRIVE ON THE WRONG SIDE OF THE ROADWAY - NOT PASSING AND ENTER INTO THE NORTHBOUND LANE. THE FRONT OF UNIT 3 COLLIDED WITH THE FRONT OF UNIT 1. UNIT 2 SEPARATED FROM UNIT 1 AND OVERTURNED INTO THE EAST BARROW DITCH. UNIT 1 CAME TO REST UPRIGHT IN THE NORTHBOUND LANE. UNIT 3 CAME TO REST UPRIGHT IN THE WEST BARROW DITCH, STRIKING A BARBED WIRE FENCE. UNIT 1 AND UNIT 3 CAUGHT FIRE. ON-SCENE INVESTIGATION WAS UNABLE TO DETERMINE THE IDENTIFICATION OF THE DRIVER OF UNIT 3; THE OCCUPANTS WERE KNOWN TO BE FATHER AND SON. UNIT 3 PASSENGER WAS POSITIVELY IDENTIFIED THROUGH DNA TESTING. UNIT 1 PASSENGER, GARCIA, WAS SEATED IN THE FOURTH ROW SEATING, UNKNOWN SEAT POSITION. TOXICOLOGY EXAMS WERE PERFORMED ON UNIT 1 AND UNIT 3 DRIVERS BY THE MEDICAL EXAMINER. UNIT 1 DRIVER'S BLOOD TESTED NEGATIVE FOR THE PRESENCE OF DRUGS. UNIT 3 DRIVER'S BLOOD TESTED POSITIVE FOR THE PRESENCE OF CNS STIMULANTS (METHAMPHETAMINE AND AMPHETAMINE).



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|--------------|-------------------------|---|-----------------------------|---|-----------------------|---------------|--------------------------|-------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 2 1 3 0 | How Notified | CHAIN OF COMMAND | Time Arrived (24HRMM) | 2 2 4 5 | Report Date (MM/DD/YYYY) | 12 / 13 / 2022 |
| | Invest. Comp. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | SHOCK, JON D | | ID Num. | 13695 | |
| | ORI Num. | | *Agency | DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | | | | Service/Region/DA |

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 3 Total Num. Prsns. 1 1 TxDOT Crash ID 18835087.3 /2022150289



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.).

IDENTIFICATION & LOCATION: *Crash Date (MM/DD/YYYY) 03/15/2022, *Crash Time (24HRMM) 2015, Case ID, Local Use, *County Name ANDREWS, *City Name, *Outside City Limit, In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes, Latitude 32.39424, Longitude 102.42349. ROAD ON WHICH CRASH OCCURRED: *1 Rdwy. Sys. FM, *Hwy. Num. 1788, 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 75, Const. Zone No, Workers Present No, Street Desc. INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Int. 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 0.72, FT, MI, 3 Dir. from Int. or Ref. Marker N, Reference Marker 290, Street Desc., RRX Num. VEHICLE, DRIVER, & PERSONS: Unit Num. 3, 5 Unit Desc. 1, Parked Vehicle, Hit and Run, LP State TX, LP Num., VIN 3D7K S28C87G, Veh. Year 2007, 6. Veh. Color WHI, Veh. Make DODGE, Veh. Model RAM 2500, 7 Body Style PK, Pol., Fire, EMS on Emergency (Explain in Narrative if checked), 8 DL/ID Type 1, DL/ID State TX, DL/ID Num., 9 DL Class C, 10 CDL End. 96, 11 DL Rest. 96, DOB, Address (Street, City, State, ZIP) SEMINOLE, TX 79360. Person Num., 12 Prsn. 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 Category. Owner, Owner/Lessee Name & Address SEMINOLE, TX 79360, Proof of Fin. Resp. Yes, Expired, 26 Fin. Resp. Type 2, Fin. Resp. Name FARMERS TEXAS COUNTY MUTUAL, Fin. Resp. Num., Fin. Resp. Phone Num. 512-233-3000, 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried Yes, Towed By WEST TEXAS ROADRUNNER TOW 432-634-2064, Towed To 1218 S 385, ANDREWS, TX 79714. 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, Address (Street, City, State, ZIP), Person Num., 12 Prsn. 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 Category. Owner, Owner/Lessee Name & Address, Proof of Fin. Resp. Yes, Expired, 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, Towed By, Towed To.

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|--|----------------------------------|----------------------------|-------------------------|
| | 3 | 1 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
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| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
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| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
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|----------------------|--|--|--|--|---|---------------------|--|
| Unit Num. | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. | 29 Carrier ID Type | Carrier ID Num. |
| Carrier's Corp. Name | Carrier's Primary Addr. | | 30 Veh. Type | | | | |
| 31 Bus Type | <input 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 |
| 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 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No | Actual Gross Weight | Total Num. Axles |

| 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 | 70 | | | | 12 | | | | | | | | | |

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|--------------|--|--|--|--|------------------------------|--|--|--|
| INVESTIGATOR | Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) | | | | Field Diagram - Not to Scale | | | |
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|-------------------------|---|-----------------------------|---|-----------------------|-----------------------|--------------------------|----------------|
| Time Notified (24HR:MM) | 2 1 3 0 | How Notified | CHAIN OF COMMAND | Time Arrived (24HRMM) | 2 2 4 5 | Report Date (MM/DD/YYYY) | 12 / 13 / 2022 |
| Invest. Comp. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | SHOCK, JON D | ID Num. | 13695 | | |
| ORI Num. | | *Agency | DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | Service/Region/DA | H P 4 A 0 4 | | |

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| Case ID | TxDOT Crash ID | 18835087.3/2022150289 |
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|--|--|-------------------------------|
| * Crash Date (MM/DD/YYYY) 03 / 15 / 2022 | * Crash Time (24HRMM) 2 0 1 5 | * County Name ANDREWS |
| * City Name | * 1 Rdwy. Sys. FM | * Hwy. Num. 1788 |
| * Street Name | | |
| ORI Num. | * Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | Service/Region/DA H P 4 A 0 4 |

| Unit Num. | Person Num. | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Eject. | 18 Restr. | 19 Airbag | 20 Helmet | 21 Sol. |
|-----------|-------------|---------------|------------------|---------------------------|--------------------|-----|--------------|--------|-----------|-----------|-----------|-----------|---------|
| 1 | 5 | 2 | 6 | [REDACTED] | K | 21 | W | 2 | 1 | 96 | 99 | 97 | N |
| 1 | 6 | 2 | 7 | [REDACTED] | K | 18 | H | 1 | 1 | 96 | 99 | 97 | N |
| 1 | 7 | 2 | 8 | [REDACTED] | A | 19 | W | 1 | 1 | 96 | 99 | 97 | N |
| 1 | 8 | 2 | 9 | [REDACTED] | A | 20 | W | 1 | 2 | 96 | 99 | 97 | N |
| 1 | 9 | 2 | 99 | [REDACTED] | K | 19 | H | 1 | 1 | 96 | 99 | 97 | N |
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ADDITIONAL PERSONS

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units | 3 Total Num. Prsns. | 1 1 TxDOT Crash ID | 18835087.2 /2022150289



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.).

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---------------------------|--------------------|-----------------|---|--------------|-----------|--|-------------|------------------|-------------------|---------------------|
| IDENTIFICATION & LOCATION | *Crash Date (MM/DD/YYYY) 03 / 15 / 2022 | | *Crash Time (24HRMM) 2 0 1 5 | | Case ID | | Local Use | | | | | | | | | | | | | | |
| | *County Name ANDREWS | | | | *City Name | | <input checked="" type="checkbox"/> Outside City Limit | | | | | | | | | | | | | | |
| | In your opinion, did this crash result in at least \$1,000 damage to any one person's property? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Latitude (decimal degrees) 3 2 . 3 9 4 2 4 | | Longitude (decimal degrees) 1 0 2 . 4 2 3 4 9 | | | | | | | | | | | | | | |
| | ROAD ON WHICH CRASH OCCURRED | | | | | | | | | | | | | | | | | | | | |
| | *1 Rdwy. Sys. FM | | *Hwy. Num. 1788 | | 2 Rdwy. Part 1 | Block Num. | 3 Street Prefix | * Street Name | 4 Street Suffix | | | | | | | | | | | | |
| | <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | | <input type="checkbox"/> Toll Road/Toll Lane | | Speed Limit 75 | | Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Street Desc. | | | | | | | | | | | | |
| | INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | | | | | | | | | | | | | | | | | | | | |
| | At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 0.72 | | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI | 3 Dir. from Int. or Ref. Marker N | | Reference Marker 290 | Street Desc. | RRX Num. | | | | | | | | | | | | | |
| | Unit Num. 1 | 5 Unit Desc. 1 | <input type="checkbox"/> Parked Vehicle | <input type="checkbox"/> Hit and Run | LP State NM | LP Num. APXP42 | VIN 1 F B Z X 2 C G 5 H K B 2 0 9 5 4 | | | | | | | | | | | | | | |
| Veh. Year 2 0 1 7 | 6. Veh. Color WHI | Veh. Make FORD | Veh. Model TRANSIT | 7 Body Style VN | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | | | | | | | | | | | | | | | | |
| 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. A | DOB (MM/DD/YYYY) | | | | | | | | | | | | | | | |
| Address (Street, City, State, ZIP) KILLEEN, TX 76541 | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE, DRIVER, & PERSONS | Person Num. 1 | 12 Prsn. Type 1 | 13 Seat Position 1 | Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line | | | | 14 Injury Severity K | Age 26 | 15 Ethnicity W | 16 Sex 1 | 17 Eject. 1 | 18 Restr. 99 | 19 Airbag 99 | 20 Helmet 97 | 21 Sol. N | 22 Alc. Spec. 96 | Alc. Result | 23 Drug Spec. 96 | 24 Drug Result 97 | 25 Drug Category 97 |
| | 2 | 2 | 3 | | | | | K | 18 | W | 2 | 2 | 96 | 99 | 97 | N | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. | | | | |
| | 3 | 2 | 4 | | | | | K | 22 | W | 1 | 1 | 96 | 99 | 97 | N | | | | | |
| | 4 | 2 | 5 | | | | | K | 19 | H | 1 | 1 | 96 | 99 | 97 | N | | | | | |
| | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee | Owner/Lessee Name & Address UNIVERSITY OF THE SOUTHWEST, 6610 N LOVINGTON HWY HOBBS, NM 88240 | Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name PHILADELPHIA INDEMNITY INSURANCE CO | Fin. Resp. Num. | 27 Vehicle Damage Rating 1 - V B - 7 | 27 Vehicle Damage Rating 2 1 2 - F D - 6 | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| | Towed By MERRICK'S WRECKER SERVICE 432-664-7596 | | Towed To 295 SW 900 RD, ANDREWS, TX 79714 | | | | | | | | | | | | | | | | | | |
| | Unit Num. 2 | 5 Unit Desc. 6 | <input type="checkbox"/> Parked Vehicle | <input type="checkbox"/> Hit and Run | LP State NM | LP Num. 36175TRL | VIN 7 G G 1 E 0 8 1 5 K W 0 0 8 0 5 8 | | Veh. Year 2 0 1 9 | 6. Veh. Color WHI | Veh. Make ALL OTHER MAKES | Veh. Model UNKNOWN | 7 Body Style TL | <input type="checkbox"/> 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 Prsn. 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 Category |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee | Owner/Lessee Name & Address UNIVERSITY OF THE SOUTHWEST, 6610 N LOVINGTON HWY HOBBS, NM 88240 | Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name PHILADELPHIA INDEMNITY INSURANCE CO | Fin. Resp. Num. | 27 Vehicle Damage Rating 1 9 - L & T - 3 | 27 Vehicle Damage Rating 2 1 1 - F L - 2 | Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| Towed By MERRICK'S WRECKER SERVICE 432-664-7596 | | Towed To 295 SW 900 DR, ANDREWS, TX 79714 | | | | | | | | | | | | | | | | | | | |

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|--|----------------------------------|----------------------------|-------------------------|
| | 1 | 1 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
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| | 1 | 5 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 6 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
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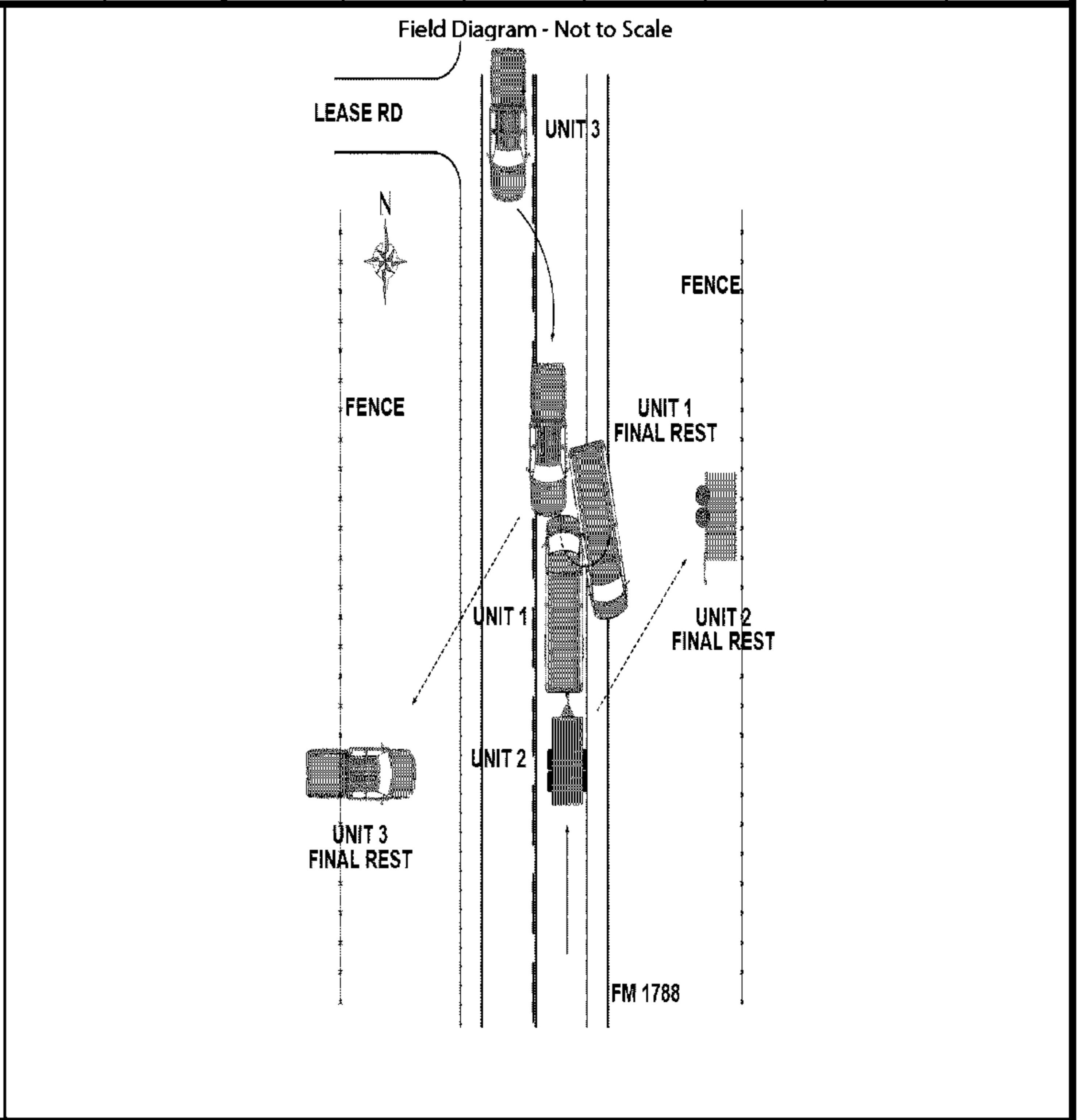
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------------|---|
| | BARBED WIRE FENCE | STERLING CATTLE CO | 21005 E STATE HWY 350 COAHOMA, TX 79511 |

| | | | | | | | | |
|--|--|--|---|---|--|----------------------|--|-----------------|
| 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. 1 | 29 Carrier ID Type 1 | Carrier ID Num. 00836792 | |
| Carrier's Corp. Name UNIVERSITY OF THE SOUTHWEST | | Carrier's Primary Addr. 6610 N LOVINGTON HWY HOBBS, NM 88240 | | | | | | 30 Veh. Type 98 |
| 31 Bus Type 0 | <input type="checkbox"/> RGWW <input checked="" 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 98 | |
| Unit Num. 2 | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR | 34 Trlr. Type 2 | CMV Disabling Damage? <input checked="" 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 13 | 35 Seq. 2 7 | 35 Seq. 3 6 | 35 Seq. 4 | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Actual Gross Weight | Total Num. Axles | |

| 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 | 2 | 97 | 1 | 1 | 1 |

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

UNIT 1 (A FORD TRANSIT 12-PASSENGER VAN), TOWING UNIT 2 (A SMALL SINGLE-AXLE UTILITY TRAILER), WAS TRAVELING NORTHBOUND ON FM 1788 IN THE NORTHBOUND LANE. UNIT 3 WAS TRAVELING SOUTHBOUND ON FM 1788 IN THE SOUTHBOUND LANE. FOR UNKNOWN REASONS, THE LEFT FRONT TIRE OF UNIT 3 DEFLATED, CAUSING UNIT 3 TO DRIVE ON THE WRONG SIDE OF THE ROADWAY - NOT PASSING AND ENTER INTO THE NORTHBOUND LANE. THE FRONT OF UNIT 3 COLLIDED WITH THE FRONT OF UNIT 1. UNIT 2 SEPARATED FROM UNIT 1 AND OVERTURNED INTO THE EAST BARROW DITCH. UNIT 1 CAME TO REST UPRIGHT IN THE NORTHBOUND LANE. UNIT 3 CAME TO REST UPRIGHT IN THE WEST BARROW DITCH, STRIKING A BARBED WIRE FENCE. UNIT 1 AND UNIT 3 CAUGHT FIRE. ON-SCENE INVESTIGATION WAS UNABLE TO DETERMINE THE IDENTIFICATION OF THE DRIVER OF UNIT 3; THE OCCUPANTS WERE KNOWN TO BE FATHER AND SON. UNIT 3 PASSENGER WAS POSITIVELY IDENTIFIED THROUGH DNA TESTING. UNIT 1 PASSENGER, GARCIA, WAS SEATED IN THE FOURTH ROW SEATING, UNKNOWN SEAT POSITION.



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|--------------|-------------------------|---|---|------------------|-----------------------|---------------|--------------------------|-----------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 2 1 3 0 | How Notified | CHAIN OF COMMAND | Time Arrived (24HRMM) | 2 2 4 5 | Report Date (MM/DD/YYYY) | 12 / 12 / 2022 |
| | Invest. Comp. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) SHOCK, JON D | | | | ID Num. | 13695 |
| | ORI Num. | | *Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | | | | Service/Region/DA | H P 4 A 0 4 |

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|--|----------------------------------|----------------------------|-------------------------|
| | 3 | 1 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 3 | 2 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
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| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
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| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
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|----------------------|--|--|--|--|---|---------------------|--|
| Unit Num. | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. | 29 Carrier ID Type | Carrier ID Num. |
| Carrier's Corp. Name | | Carrier's Primary Addr. | | 30 Veh. Type | | | |
| 31 Bus Type | <input 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 |
| 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 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No | Actual Gross Weight | Total Num. Axles |

| 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 | 70 | | | | 12 | | | | | | | | | |

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|--------------|--|--|--|--|------------------------------|--|--|--|
| INVESTIGATOR | Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) | | | | Field Diagram - Not to Scale | | | |
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|-------------------------|---|---|------------------|-----------------------|---------------|--------------------------|-----------------------|
| Time Notified (24HR:MM) | 2 1 3 0 | How Notified | CHAIN OF COMMAND | Time Arrived (24HRMM) | 2 2 4 5 | Report Date (MM/DD/YYYY) | 12 / 12 / 2022 |
| Invest. Comp. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) SHOCK, JON D | | | | ID Num. | 13695 |
| ORI Num. | | *Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | | | | Service/Region/DA | H P 4 A 0 4 |

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 3 Total Num. Prsns. 1 1 TxDOT Crash ID 18835087.1 /2022150289



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.).

IDENTIFICATION & LOCATION: *Crash Date (MM/DD/YYYY) 03/15/2022, *Crash Time (24HRMM) 2015, Case ID, Local Use, *County Name ANDREWS, *City Name, *Outside City Limit, In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes, Latitude 32.39424, Longitude 102.42349. ROAD ON WHICH CRASH OCCURRED: *1 Rdwy. Sys. FM, *Hwy. Num. 1788, 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 75, Const. Zone No, Workers Present No, Street Desc. INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Int. 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 0.88, FT, 3 Dir. from Int. or Ref. Marker S, Reference Marker 290, Street Desc., RRX Num. VEHICLE, DRIVER, & PERSONS: Unit Num. 1, 5 Unit Desc. 1, Parked Vehicle, Hit and Run, LP State NM, LP Num. APXP42, VIN 1FBZXX2CG5HK20954, Veh. Year 2017, 6. Veh. Color WHI, Veh. Make FORD, Veh. Model TRANSIT, 7 Body Style VN, Pol., Fire, EMS on Emergency (Explain in Narrative if checked), 8 DL/ID Type 1, DL/ID State TX, DL/ID Num., 9 DL Class C, 10 CDL End. 96, 11 DL Rest. A, DOB, Address (Street, City, State, ZIP) KILLEEN, TX 76541. Person Num., 12 Prsn. 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 Category. Owner, Owner/Lessee Name & Address UNIVERSITY OF THE SOUTHWEST, 6610 N LOVINGTON HWY HOBBS, NM 88240, Proof of Fin. Resp. Yes, Expired, 26 Fin. Resp. Type 2, Fin. Resp. PHILADELPHIA INDEMNITY INSURANCE CO, Fin. Resp. Num., 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried Yes, Towed By MERRICK'S WRECKER SERVICE 432-664-7596, Towed To 295 SW 900 RD, ANDREWS, TX 79714. Unit Num. 2, 5 Unit Desc. 6, Parked Vehicle, Hit and Run, LP State NM, LP Num. 36175TRL, VIN 7GG1E0815KW008058, Veh. Year 2019, 6. Veh. Color WHI, Veh. Make ALL OTHER MAKES, Veh. Model UNKNOWN, 7 Body Style TL, 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, Address (Street, City, State, ZIP), Person Num., 12 Prsn. 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 Category. Owner, Owner/Lessee Name & Address UNIVERSITY OF THE SOUTHWEST, 6610 N LOVINGTON HWY HOBBS, NM 88240, Proof of Fin. Resp. Yes, Expired, 26 Fin. Resp. Type 2, Fin. Resp. PHILADELPHIA INDEMNITY INSURANCE CO, Fin. Resp. Num., 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried Yes, Towed By MERRICK'S WRECKER SERVICE 432-664-7596, Towed To 295 SW 900 DR, ANDREWS, TX 79714.

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|--|----------------------------------|----------------------------|-------------------------|
| | 1 | 1 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 2 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 3 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 4 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 5 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 1 | 6 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
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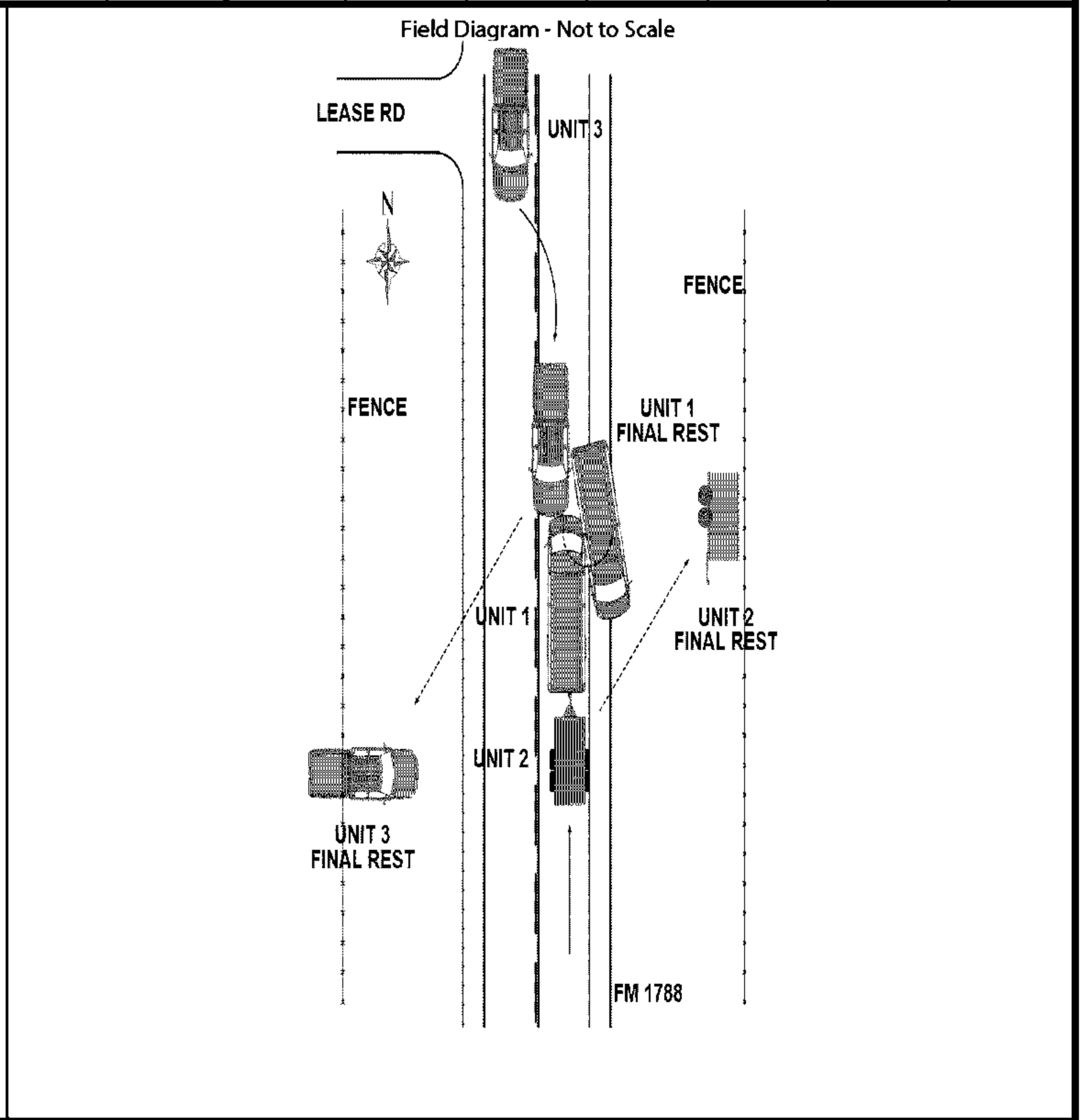
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------------|---|
| | BARBED WIRE FENCE | STERLING CATTLE CO | 21005 E STATE HWY 350 COAHOMA, TX 79511 |

| | | | | | | | | |
|--|--|--|---|---|--|----------------------|--|-----------------|
| 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. 1 | 29 Carrier ID Type 1 | Carrier ID Num. 00836792 | |
| Carrier's Corp. Name UNIVERSITY OF THE SOUTHWEST | | Carrier's Primary Addr. 6610 N LOVINGTON HWY HOBBS, NM 88240 | | | | | | 30 Veh. Type 98 |
| 31 Bus Type 0 | <input type="checkbox"/> RGWW <input checked="" 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 98 | |
| Unit Num. 2 | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR | 34 Trlr. Type 2 | CMV Disabling Damage? <input checked="" 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 13 | 35 Seq. 2 7 | 35 Seq. 3 6 | 35 Seq. 4 | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Actual Gross Weight | Total Num. Axles | |

| 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 | 2 | 97 | 1 | 1 | 1 |

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

UNIT 1 (A FORD TRANSIT 11-PASSENGER VAN), TOWING UNIT 2 (A SMALL SINGLE-AXLE UTILITY TRAILER), WAS TRAVELING NORTHBOUND ON FM 1788 IN THE NORTHBOUND LANE. UNIT 3 WAS TRAVELING SOUTHBOUND ON FM 1788 IN THE SOUTHBOUND LANE. FOR UNKNOWN REASONS, THE LEFT FRONT TIRE OF UNIT 3 DEFLATED, CAUSING UNIT 3 TO FAIL TO DRIVE IN A SINGLE LANE AND ENTER INTO THE NORTHBOUND LANE. THE FRONT OF UNIT 3 COLLIDED WITH THE FRONT OF UNIT 1. UNIT 2 SEPARATED FROM UNIT 1 AND OVERTURNED INTO THE EAST BARROW DITCH. UNIT 1 CAME TO REST UPRIGHT IN THE NORTHBOUND LANE. UNIT 3 CAME TO REST UPRIGHT IN THE WEST BARROW DITCH, STRIKING A BARBED WIRE FENCE. UNIT 1 AND UNIT 3 CAUGHT FIRE. DNA ANALYSIS IS PENDING FOR THE IDENTIFICATION OF UNIT 3 DRIVER. OCCUPANTS OF UNIT 3 ARE KNOWN TO BE FATHER AND SON.



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|--------------|---|---|---|-------------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) 2 1 3 0 | How Notified CHAIN OF COMMAND | Time Arrived (24HRMM) 2 2 4 5 | Report Date (MM/DD/YYYY) 03/16/2022 |
| | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) SHOCK, JON D | ID Num. 13695 | |
| | ORI Num. | *Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | Service/Region/DA H P 4 A 0 4 | |

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|--|----------------------------------|----------------------------|-------------------------|
| | 3 | 1 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
| | 3 | 2 | SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK | MCNETT FUNERAL HOME 432-524-5809 | 03/15/2022 | 2 1 0 7 |
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| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
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| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
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|----------------------|--|--|--|--|---|---------------------|--|
| Unit Num. | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. | 29 Carrier ID Type | Carrier ID Num. |
| Carrier's Corp. Name | | Carrier's Primary Addr. | | 30 Veh. Type | | | |
| 31 Bus Type | <input 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 |
| 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 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No | Actual Gross Weight | Total Num. Axles |

| 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 | 23 | | | 12 | | | | | | | | | | |

| NARRATIVE AND DIAGRAM | Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) | Field Diagram - Not to Scale |
|-----------------------|--|------------------------------|
| | | |

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|-------------------------|--|-----------------------------|---|-----------------------|-----------------------|--------------------------|------------|
| Time Notified (24HR:MM) | 2 1 3 0 | How Notified | CHAIN OF COMMAND | Time Arrived (24HRMM) | 2 2 4 5 | Report Date (MM/DD/YYYY) | 03/16/2022 |
| Invest. Comp. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Investigator Name (Printed) | SHOCK, JON D | ID Num. | 13695 | | |
| ORI Num. | | *Agency | DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | Service/Region/DA | H P 4 A 0 4 | | |

