



**HUMAN PERFORMANCE FACTORS ATTACHEMENT**

**Texas Peace Officer's Crash Report**

**Randolph, NH**

**HWY19MH010**

(5 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.).

IDENTIFICATION & LOCATION

\*Crash Date (MM/DD/YYYY) 06 / 03 / 2019 \*Crash Time (24HRMM) 2 2 1 7 Case ID 2019-32706 Local Use

\*County Name HARRIS \*City Name BAYTOWN  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 Longitude

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy. Sys. IH \*Hwy. Num. 10 2 Rdwy. Part 1 Block Num. 1800 3 Street Prefix \* Street Name IH-10 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 65 Const. Zone  Yes  No Workers Present  Yes  No Street Desc.

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

At Int.  Yes  No 1 Rdwy. Sys. IH Hwy. Num. 10 2. Rdwy. Part 1 Block Num. 7000 3 Street Prefix Street Name Thompson 4 Street Suffix RD

Distance from Int. or Ref. Marker 500  FT  MI 3 Dir. from Int. or Ref. Marker E Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State MA LP Num. 6732A VIN

Veh. Year 2 0 1 8 6. Veh. Color RED Veh. Make MACK Veh. Model ANTHEM 7 Body Style TT  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State MA DL/ID Num. 9 DL Class 98 10 CDL End. 96 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) 90 NEW BRIDGE ST SPRINGFIELD, MA 01089

Table with columns: 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., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, ZHUKOVSKYY, VOLODYMYR, N, 23, W, 1, 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address FBI EXPRESS INC, FBI EXPRESS INC, 26 LADY SLIPPER CIR WESTFIELD, MA 01085

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name PILGRIM INSURANCE Fin. Resp. Num. CSC00001004215

Fin. Resp. Phone Num. (617) 956-6000 27 Vehicle Damage Rating 1 3 - R & T - 3 27 Vehicle Damage Rating 2 1 2 - F D - 2 Vehicle Inventoried  Yes  No

Towed By DAN WHEELER WRECKER SERVICE Towed To 6915 N Hwy 146 Baytown TX

Unit Num. 2 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State ME LP Num. 223110C VIN

Veh. Year 2 0 0 5 6. Veh. Color SIL Veh. Make COTTRELL INC 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 (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: 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., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address FBI EXPRESS INC, FBI EXPRESS INC, 26 LADY SLIPPER CIR WESTFIELD, MA 01085

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name PILGRIM INSURANCE Fin. Resp. Num. CSC00001004215

Fin. Resp. Phone Num. (617) 956-6000 27 Vehicle Damage Rating 1 3 - R & T - 3 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried  Yes  No

Towed By DAN WHEELER HEAVY DUTY Towed To 6915 N Hwy 146 Baytown TX

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.

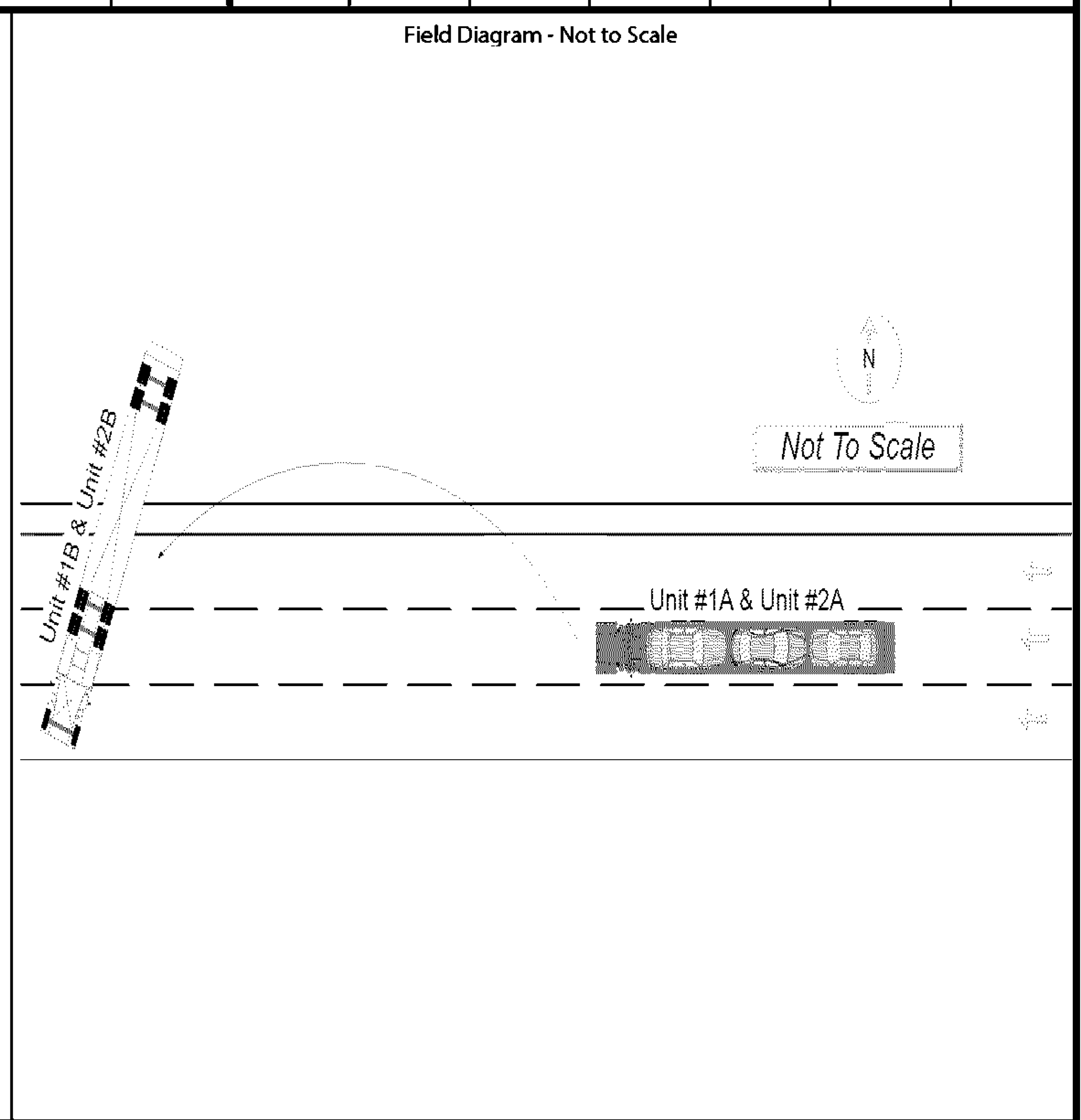
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	Guardrail destroyed	TXDOT, TXDOT	702 FM 1959 Houston, TX 77034

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input 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. 02192976
Carrier's Corp. Name FBI EXPRESS INC		Carrier's Primary Addr. [REDACTED]		30 Veh. Type 9			
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 8
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 3	35 Seq. 2	35 Seq. 3	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				41	22					1	2	97	4	1	1

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

Unit #1 was driving westbound in the middle lane in the 1800 block of I-10. Unit #2 was an auto carrier trailer loaded with approximately 5 cars. Unit #1 stated that an unknown unit cut him off and caused him to swerve to the right off the road. Unit #1 said he then over corrected trying to get back onto the roadway and he flipped on the side.



Time Notified (24HR:MM) 2 2 2 0	How Notified DISPATCH	Time Arrived (24HRMM) 2 2 3 0	Report Date (MM/DD/YYYY) 06 / 04 / 2019
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Mueller, Jack	ID Num. 15144	
ORI Num. T X 1 0 1 0 1 0 0	*Agency BAYTOWN POLICE DEPARTMENT	Service/Region/DA 1 0	