



Highway Attachment - Wrong-Way Driver Crash Reports

HWY22FH001

(28 pages)

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

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

Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.).

* Crash Date (MM/DD/YYYY) 07 / 05 / 2016		* Crash Time (24HRMM) 1510		Case ID		Local Use													
* County Name HOWARD				* City Name BIG SPRING				<input 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)		Longitude - (decimal degrees)													
ROAD ON WHICH CRASH OCCURRED																			
* 1 Rdwy. Sys. BI	* Hwy. Num. 20	2 Rdwy Part 1	Block Num. 1600	3 Street Prefix E	* Street Name 4TH	4 Street Suffix ST													
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit 45	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Street Desc.													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																			
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy Part 1	Block Num. 400 BLK	3 Street Prefix S	Street Name BIRDWELL	4 Street Suffix LN												
Distance from Int. or Ref. Marker 30		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W	Reference Marker	Street Desc.		RRX Num.												
Unit Num. 1	5 Unit Desc 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num.	VIN J M 1 G J 1 U 6 7 E 1													
Veh. Year 2014	6 Veh. Color BLK	Veh. Make MAZDA		Veh. Model 6 (SIX)	7 Body Style P4	<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. 96	DOB (MM/DD/YYYY)													
Address (Street, City, State, ZIP) BIG SPRING TEXAS 79720																			
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 NELSON, PAMELA MICHELLE			14 Injury Severity N	Age	15 Ethnicity	16 Sex	17 Eject 1	18 Restr. 1	19 Airbag 1	20 Helmet 97	21 Sol. N	22 Alc. Spec. 96	Alc. Result	23 Drug Spec. 96	24 Drug Result 97	25 Drug Category 97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address LAIRD, CASADY SHANE																		
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 1	Fin. Resp. Name TEXAS FARM BUREAU MUTUAL INS CO			Fin. Resp. Num.													
Fin. Resp. Phone Num. 800-558-5574		27 Vehicle Damage Rating 1 1 - F R - 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
Towed By		Towed To																	
Unit Num. 2	5 Unit Desc 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num.	VIN 1 C 3 C C C C G 8 F N													
Veh. Year 2015	6 Veh. Color BLK	Veh. Make CHRYSLER		Veh. Model 300	7 Body Style P4	<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. 96	DOB (MM/DD/YYYY)													
Address (Street, City, State, ZIP) STANTON TEXAS 79782																			
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 CORONADO, JOY NICOLE			14 Injury Severity N	Age	15 Ethnicity	16 Sex	17 Eject 1	18 Restr. 1	19 Airbag 1	20 Helmet 97	21 Sol. N	22 Alc. Spec. 96	Alc. Result	23 Drug Spec. 96	24 Drug Result 97	25 Drug Category 97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address CHRYSLER JEEP DODGE OF MIDLAND, MIDLAND TX 79703																		
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	Fin. Resp. Name			Fin. Resp. Num.													
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 - F R - 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
Towed By		Towed To																	

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 3 Total Num. Prsns.: 3 TxDOT Crash ID: [REDACTED]



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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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) 08 / 15 / 2016		*Crash Time (24HRMM) 1 4 5 7		Case ID [REDACTED]		Local Use		
*County Name HOWARD				*City Name [REDACTED]				<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 0 4 5 5		Longitude (decimal degrees) 1 0 1 ' 2 3 8 4 0		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. IH		*Hwy. Num. 20		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 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 0.2		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker 192		
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. [REDACTED]		VIN 1 H G E S 2 6 7 3 2 I [REDACTED]						
Veh. Year 2 0 0 2		6. Veh. Color GLD		Veh. Make HONDA		Veh. Model CIVIC		
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State NM		DL/ID Num. [REDACTED]		9 DL Class 98		
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) [REDACTED]				
Address (Street, City, State, ZIP) [REDACTED] FORT WORTH, TX 76134								
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle		
14 Injury Severity B		Age [REDACTED]		15 Ethnicity [REDACTED]		16 Sex [REDACTED]		
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		
24 Drug Result 97		25 Drug Category 97						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address BONNER, ASHLEY, [REDACTED] FORT WORTH, TX 76134						
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 GEICO		
Fin. Resp. Num. [REDACTED]		27 Vehicle Damage Rating 1 1 1 - F L - 1		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By MITCHEMS WRECKER SERVICE		Towed To 5715 W IH 20, BIG SPRING, TX 79720						
Unit Num. 2		5 Unit Desc. 7		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. [REDACTED]		VIN 3 G C E C 1 3 J 5 8 G [REDACTED]						
Veh. Year 2 0 0 8		6. Veh. Color GRY		Veh. Make CHEVROLET		Veh. Model SILVERADO		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 2		DL/ID State TX		DL/ID Num. [REDACTED]		9 DL Class A		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) [REDACTED]				
Address (Street, City, State, ZIP) [REDACTED] ODESSA, TX 79761								
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle		
14 Injury Severity N		Age [REDACTED]		15 Ethnicity [REDACTED]		16 Sex [REDACTED]		
17 Eject. 97		18 Restr. 1		19 Airbag 1		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		
24 Drug Result 97		25 Drug Category 97						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MADRID, JUAN, [REDACTED] ODESSA, TX 79764						
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 FARMERS TEXAS COUNTY MUTUAL		
Fin. Resp. Num. [REDACTED]		27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By		Towed To						

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 3 Total Num. Prsns.: 3 TxDOT Crash ID: [REDACTED]



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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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) 08 / 15 / 2016	*Crash Time (24HRMM) 1 4 5 7	Case ID [REDACTED]	Local Use
*County Name HOWARD		*City Name [REDACTED] <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 0 4 5 5	Longitude (decimal degrees) 1 0 1 ' 2 3 8 4 0	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. IH	*Hwy. Num. 20	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 0.2	<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E
Reference Marker 192	Street Desc.	RRX Num.	
Unit Num. 3	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State TX	LP Num. [REDACTED]	VIN W P 0 J B 0 9 2 6 J S [REDACTED]	
Veh. Year 1 9 8 8	6. Veh. Color RED	Veh. Make PORSCHE	Veh. Model 928
7 Body Style P2	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/ID Type 2	DL/ID State TX	DL/ID Num. [REDACTED]	9 DL Class A
10 CDL End. N, T, H	11 DL Rest. P27, A	DOB (MM/DD/YYYY) [REDACTED]	
Address (Street, City, State, ZIP) [REDACTED] TEMPLE, TX 76501			
Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	Name: Last, First, Middle OLIVAS, RAFAEL
14 Injury Severity N	Age [REDACTED]	15 Ethnicity [REDACTED]	16 Sex [REDACTED]
17 Eject. 1	18 Restr. 1	19 Airbag 1	20 Helmet 97
21 Sol. N	22 Alc. Spec. 96	Alc. Result	23 Drug Spec. 96
24 Drug Result 97	25 Drug Category 97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address OLIVAS, RAFAEL, [REDACTED] TEMPLE, TX 76501		
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 CONSUMERS CASUALTY INS.
Fin. Resp. Num. [REDACTED]	27 Vehicle Damage Rating 1 - V X - 0	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Towed By MORRIS WRECKING	Towed To 10214 CR 160, MIDLAND TX, 79760		
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State	LP Num.	VIN	
Veh. Year	6. Veh. Color	Veh. Make	Veh. Model
7 Body Style	<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
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	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name
Fin. Resp. Num.	27 Vehicle Damage Rating 1 - - - - -	27 Vehicle Damage Rating 2 - - - - -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
Towed By	Towed To		

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

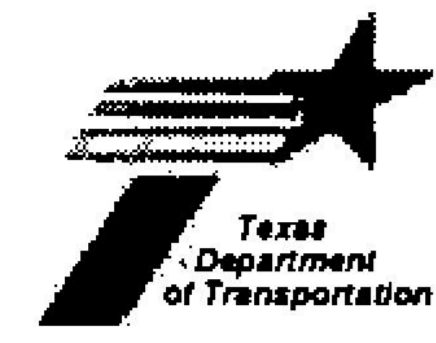
Total Num. Units 2 Total Num. Prsns. 2 TxDO Crash/



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)
Mail to: Texas Department of Transportation, Crash Data & 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) 11/05/2017 * Crash Time (24HRMM) 1631 Case ID Local Use
* County Name HOWARD * City Name BIG SPRING
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes
ROAD ON WHICH CRASH OCCURRED: * 1 Rdwy. Sys. BI * Hwy. Num. 20 2 Rdwy Part 1 Block Num. 1600 BLK 3 Street Prefix E * Street Name 3RD 4 Street Suffix ST
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy Part 1 Block Num. 300 BLK 3 Street Prefix S Street Name BIRDWELL 4 Street Suffix LN
Distance from Int. or Ref. Marker 120 FT MI 3 Dir. from Int. or Ref. Marker W Reference Marker Street Desc. RRX Num.
VEHICLE, DRIVER, & PERSONS: Unit Num. 1 5 Unit Desc 1 Parked Vehicle Hit and Run LP State TX LP Num VIN 5 T D D W 5 G 1 6 C S
Veh. Year 2012 6 Veh. Color BLK Veh. Make TOYOTA Veh. Model SEQUOIA 7 Body Style SV 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 (MM/DD/YYYY)
Address (Street, City, State, ZIP) OZONA TEXAS 76943
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 HAWKINS, BELINDA
14 Injury Severity N 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 BELINDA HAWKINS OZONA, TX 76943
Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name PROGRESSIVE COUNTY MUTUAL INS CO Fin. Resp. Num.
27 Vehicle Damage Rating 1 1 2 - F R - 1 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No
Unit Num. 2 5 Unit Desc 1 Parked Vehicle Hit and Run LP State TX LP Num VIN 1 C 3 C D F B A 3 D D
Veh. Year 2013 6 Veh. Color BLU Veh. Make DODGE Veh. Model DART 7 Body Style P4 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 (MM/DD/YYYY)
Address (Street, City, State, ZIP) BIG SPRING TEXAS 79720
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 VIERA, VICKI LIANN
14 Injury Severity N 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 VICKI LIANN VIERA ST BIG SPRING, TX 79720
Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM MUTUAL AUTOMOBILE INS CO Fin. Resp. Num.
27 Vehicle Damage Rating 1 9 - F D - 1 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No



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

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Refer to Attached Code Sheet for Numbered Fields

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* Crash Date (MM/DD/YYYY) 08 / 11 / 2019 * Crash Time (24HRMM) 1532 Case ID [REDACTED] Local Use

* County Name HOWARD * City Name BIG SPRING 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 Rdwy. Sys. BI * Hwy. Num. 20 2 Rdwy Part 1 Block Num. 1700 BLK 3 Street Prefix E * Street Name 4TH 4 Street Suffix ST

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 45 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. LR Hwy. Num. 2 Rdwy Part 1 Block Num. 400 BLK 3 Street Prefix S Street Name BIRDWELL 4 Street Suffix LN

Distance from Int. or Ref. Marker 470 FT MI 3 Dir. from Int. or Ref. Marker E Reference Marker Street Desc. RRX Num.

Unit Num. 1 5 Unit Desc 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 3 G C U K R E C 8 H G

Veh. Year 2017 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model SILVERADO 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 (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED] MCALLEN TEXAS 78504

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, LEATHERWOOD, JESSE EDWARD, C, [REDACTED], 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address JESSE EDWARD LEATHERWOOD [REDACTED] MCALLEN, TX 78504

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name USAA CASUALTY INSURANCE Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 1 2 - F D - 4 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Inventoried Yes No

Towed By MITCHEM TOWING Towed To 5715 W I-20, BIG SPRING, TX, 79702

Unit Num. 2 5 Unit Desc 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 3 C 6 U R 5 G L X E G

Veh. Year 2014 6 Veh. Color RED Veh. Make DODGE Veh. Model RAM 7 Body Style PK Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State CO DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED] PIERCE COLORADO 80650

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, COBB, CHRISTOPHER TRUIT, B, [REDACTED], 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address CHRISTOPHER TRUIT COBB [REDACTED] PIERCE, CO 80650

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name AMERICAN FAMILY Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 1 0 - F L - 3 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Inventoried Yes No

Towed By MITCHEM TOWING Towed To 5715 W I-20, BIG SPRING, TX, 79720

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 6 Total Num. Prsns.: 4 TxDOT Crash ID: [REDACTED]



Texas Peace Officer's Crash Report (Form CR-3 11/2018)

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.).

*Crash Date (MM/DD/YYYY) 10/03/2019 *Crash Time (24HRMM) 1812 Case ID [REDACTED] Local Use

*County Name HOWARD *City Name [REDACTED] 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 32.25341 Longitude 101.51121

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. IH *Hwy. Num. 20 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. 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 W Reference Marker 176 Street Desc. RRM Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. [REDACTED] VIN 3GTU2NEJ6HG [REDACTED]

Veh. Year 2017 6. Veh. Color RED Veh. Make GMC Veh. Model SIERRA 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. [REDACTED] 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED] Midland, TX 79703

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, Kellogg, Richard, B, [REDACTED], [REDACTED], [REDACTED], 1, 1, 1, 97, N, 96, [REDACTED], 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address MUNOZ, HENRY F, [REDACTED] Midland, TX 79703

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3 - L D - 2 27 Vehicle Damage Rating 2 - - - - Vehicle Inventoried Yes No

Towed By Mitchem Wrecker Service Towed To 5715 W IH-20, Big Spring, TX 79720

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State IL LP Num. P967405 VIN 3AKJHHDR3JSJW7227

Veh. Year 2018 6. Veh. Color WHI Veh. Make FREIGHTLINER Veh. Model CASCADIA 113 7 Body Style TT Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State DE DL/ID Num. [REDACTED] 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED] DOVER, DE 19901

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, MARTILUS, OLBERT, N, [REDACTED], [REDACTED], [REDACTED], 1, 1, 97, 97, N, 96, [REDACTED], 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address POLUSA TRANSPORTATION INC, 1336 ENTERPRISE DR ROMEOVILLE, IL 60446 A

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name SCOTTSDALE INSURANCE Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 - - - - 27 Vehicle Damage Rating 2 - - - - Vehicle Inventoried Yes No

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)
	1	1	Scenic Mtn Med Cen, Big Spring, TX	Howard County EMS		

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

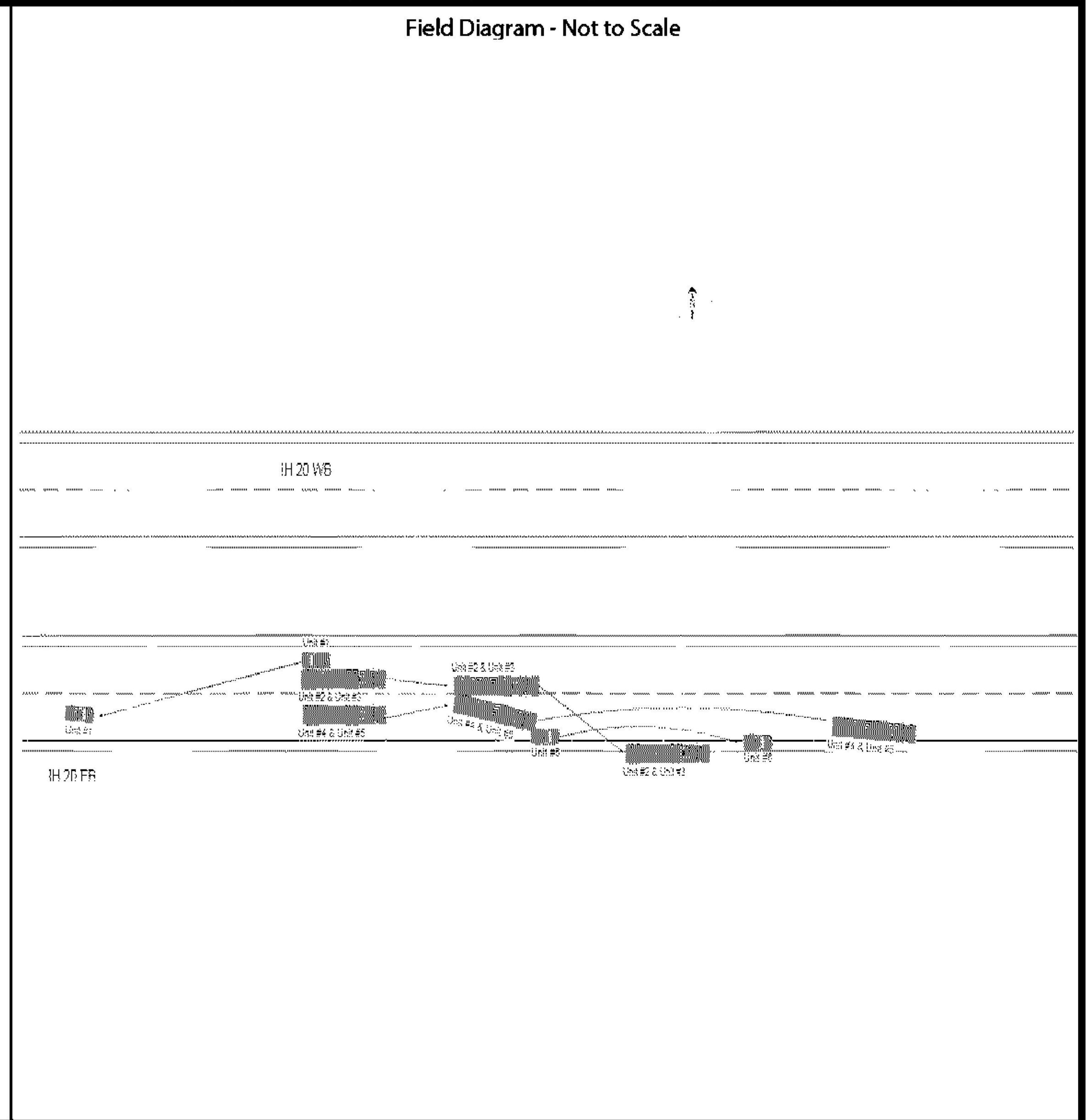
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 2	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 02393030	
Carrier's Corp. Name POLUSA TRANSPORTATION INC			Carrier's Primary Addr. 1336 ENTERPRISE DR ROMEOVILLE, IL 60446 A			30 Veh. Type 9		
31 Bus Type 0	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR	8 0 0 0 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 3
Unit Num. 3	<input checked="" type="checkbox"/> RGWV <input type="checkbox"/> GVWR	0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sequence Of Events	35 Seq. 1 13	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	71								1	6	97	3	1	1

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

Unit #1 was traveling westbound on IH 20 in the eastbound lane. Unit #2, towing Unit #3 was traveling eastbound on IH 20 in the inside lane. Unit #4, towing Unit #5 was traveling eastbound on IH 20 in the outside lane. Unit #6 was traveling eastbound on IH 20 in the outside lane. When driving the wrong way on the IH 20, Unit #1 driver caused collision with Unit #1 and Unit #3. To avoid a head on collision, Unit #2 driver swerved to the outside lane causing collision with an excavator on Unit #5. Unit #4 and Unit #5 then collided with Unit #6 which had moved to the shoulder once he saw the wrong way driver. Unit #1 came to rest upright, facing east with minor left side damage. Unit #2, with Unit #3 came to rest on the improved shoulder, upright, facing east with minor right back quarter damage. Unit #4, with Unit #5 came to rest on the improved shoulder, upright, facing east with minor right side damage to Unit #5. Unit #6 came to rest on the improved shoulder, upright, facing east, with severe left back quarter damage.



Time Notified (24HR:MM) 1 8 3 4	How Notified Dispatched	Time Arrived (24HRMM) 1 9 1 0	Report Date (MM/DD/YYYY) 10 / 04 / 2019
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Slade, Bradley	ID Num.	
ORI Num. T X D P S 1 8 0 0	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 4 A 0 6

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 6 Total Num. Prsns.: 4 TxDOT Crash ID: [REDACTED]



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.).

*Crash Date (MM/DD/YYYY) 10/03/2019 *Crash Time (24HRMM) 1812 Case ID [REDACTED] Local Use

*County Name HOWARD *City Name [REDACTED] 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 32°25'34.1" Longitude 101°51'12.1"

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. IH *Hwy. Num. 20 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 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. 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 W Reference Marker 176 Street Desc. RRR Num.

Unit Num. 3 5 Unit Desc. 6 Parked Vehicle Hit and Run LP State TN LP Num. [REDACTED] VIN 3H3V532C7KR [REDACTED]

Veh. Year 2019 6. Veh. Color WHI Veh. Make HYUNDAI 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. Includes note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address BSE TRAILER LEASING LLC, 10233 GOVERNOR LANE BLVD WILLIAMSPORT, MD 21795

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name SCOTTSDALE INSURANCE Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 5 - R B Q - 2 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

Towed By Towed To

Unit Num. 4 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. R427330 VIN 1XP5DBEX77D678869

Veh. Year 2007 6. Veh. Color RED Veh. Make PETERBILT Veh. Model 379 7 Body Style TT Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State TX DL/ID Num. [REDACTED] 9 DL Class AM 10 CDL End. N,T 11 DL Rest. 96 DOB (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED] NORTON, TX 76865

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

Owner Lessee Owner/Lessee Name & Address 3PR TRUCKING LLC, 1001 CR 297 NORTON, TX 76865

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name GREAT WEST CASULTY COMPANY Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 3 - R D - 1 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

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)	

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 4	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 02933975
Carrier's Corp. Name E & B Enterprises LLC		Carrier's Primary Addr. 5810 Acton CIR Granbury, TX 76049			30 Veh. Type 9		
31 Bus Type 0	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR 8 0 0 0 0	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 5
Unit Num. 5	<input checked="" type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <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	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

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

Time Notified (24HR:MM) 1 8 3 4	How Notified Dispatched	Time Arrived (24HRMM) 1 9 1 0	Report Date (MM/DD/YYYY) 10 / 04 / 2019
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Slade, Bradley	ID Num. [REDACTED]	
ORI Num. T X D P S 1 8 0 0	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA H P 4 A 0 6	

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 6 Total Num. Prsns.: 4 TxDOT Crash ID: [REDACTED]



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.).

*Crash Date (MM/DD/YYYY) 10/03/2019 *Crash Time (24HRMM) 1812 Case ID [REDACTED] Local Use

*County Name HOWARD *City Name [REDACTED] 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 32.25341 Longitude 101.51121

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. IH *Hwy. Num. 20 2 Rdwy. Part 1 Block Num. [REDACTED] 3 Street Prefix [REDACTED] * Street Name [REDACTED] 4 Street Suffix [REDACTED]

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 75 Const. Zone Yes No Workers Present Yes No Street Desc. [REDACTED]

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

At Int. Yes No 1 Rdwy. Sys. [REDACTED] Hwy. Num. [REDACTED] 2 Rdwy. Part [REDACTED] Block Num. [REDACTED] 3 Street Prefix [REDACTED] Street Name [REDACTED] 4 Street Suffix [REDACTED]

Distance from Int. or Ref. Marker 0.5 FT MI 3 Dir. from Int. or Ref. Marker W Reference Marker 176 Street Desc. [REDACTED] RRR Num. [REDACTED]

Unit Num. 5 5 Unit Desc. 6 Parked Vehicle Hit and Run LP State TX LP Num. [REDACTED] VIN 5JYL B5535KPD [REDACTED]

Veh. Year 2019 6. Veh. Color BLK Veh. Make PITTS ENTERPRISES Veh. Model NOT APPLICABLE 7 Body Style TL Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type [REDACTED] DL/ID State TX DL/ID Num. [REDACTED] 9 DL Class [REDACTED] 10 CDL End. [REDACTED] 11 DL Rest. [REDACTED] DOB (MM/DD/YYYY) [REDACTED]

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

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

Owner Lessee Owner/Lessee Name & Address 3 PR TRUCKING LLC, 1001 CR 297 NORTON, TX 76865

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name GREAT WEST CASULTY COMPANY Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 [REDACTED] 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Inventoried Yes No

Towed By [REDACTED] Towed To [REDACTED]

Unit Num. 6 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. [REDACTED] VIN 3D7UT2CL8BG [REDACTED]

Veh. Year 2011 6. Veh. Color BRO 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. [REDACTED] 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) [REDACTED]

Address (Street, City, State, ZIP) [REDACTED] FORT WORTH, TX 76103

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. Includes name GARCIA, Jesus PALACIOS and note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address SOTO, RIGOBERTO MORA, [REDACTED] FORT WORTH, TX 76103

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name MGA Insurance Company Inc. Fin. Resp. Num. [REDACTED]

Fin. Resp. Phone Num. [REDACTED] 27 Vehicle Damage Rating 1 [REDACTED] 27 Vehicle Damage Rating 2 [REDACTED] Vehicle Inventoried Yes No

Towed By Mitchem Wrecker Service Towed To 5715 W IH-20 Big Spring, TX 79720

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 3 Total Num. Prsns.: 2 TxDOT Crash ID: [REDACTED]



Texas Peace Officer's Crash Report (Form CR-3 11/2018)

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.).

*Crash Date (MM/DD/YYYY) 10 / 28 / 2020		*Crash Time (24HRMM) 0245		Case ID		Local Use																							
*County Name HOWARD				*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) 32°30'71.5"		Longitude (decimal degrees) 101°22'51.6"																									
ROAD ON WHICH CRASH OCCURRED																													
*1 Rdwy. Sys. IH	*Hwy. Num. 20	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																							
Distance from Int. or Ref. Marker 0.5		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker 193	Street Desc.		RRX Num.																						
Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num. [REDACTED]	VIN 1GCG1KWE1FF [REDACTED]																								
Veh. Year 2015	6. Veh. Color BLK	Veh. Make CHEVROLET		Veh. Model K2500	7 Body Style PK	<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. [REDACTED]	9 DL Class C	10 CDL End. 96	11 DL Rest. B,A	DOB (MM/DD/YYYY) [REDACTED]																							
Address (Street, City, State, ZIP) [REDACTED] Roscoe, TX 79545																													
VEHICLE, DRIVER, & PERSONS																													
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		
1	1	1	Price, Gaines Hunter											B	[REDACTED]				1	1	2	97	N	96		96	97	97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Price, Gaines Hunter, [REDACTED] Roscoe, TX 79545																											
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 Progressive County Mutual Insurance Co.				Fin. Resp. Num. [REDACTED]																			
Fin. Resp. Phone Num. [REDACTED]		27 Vehicle Damage Rating 1 1 2 - F L - 4											27 Vehicle Damage Rating 2 - - - - -											Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By DPS Towing/Rotation													Towed To 3000 US-87 Big Spring, TX 79720																
Unit Num. 2	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State MI	LP Num. RB86267	VIN 4V4NC9EJ9BN531081																								
Veh. Year 2011	6. Veh. Color BLU	Veh. Make VOLVO		Veh. Model CONVENTIONAL	7 Body Style TT	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																							
8 DL/ID Type 2	DL/ID State MI	DL/ID Num. [REDACTED]	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98	DOB (MM/DD/YYYY) [REDACTED]																							
Address (Street, City, State, ZIP) [REDACTED] Dearborn Heights, MI 48127-[REDACTED]																													
VEHICLE, DRIVER, & PERSONS																													
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		
1	1	1	Tali, Ali-Majid-Tali											N	[REDACTED]					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.																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Al Sahir Trucking LLC, 5682 N Inkster RD #202 Dearborn Heights, MI 48127-2871																											
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 Safeway Insurance Agency				Fin. Resp. Num. [REDACTED]																			
Fin. Resp. Phone Num. [REDACTED]		27 Vehicle Damage Rating 1 1 2 - F L - 3											27 Vehicle Damage Rating 2 - - - - -											Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By Released to driver													Towed To From scene																

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 2 Total Num. Prsns.: 6 TxDOT Crash ID: [REDACTED]



Texas Peace Officer's Crash Report (Form CR-3 11/2018)

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.).

*Crash Date (MM/DD/YYYY) 11/01/2019 *Crash Time (24HRMM) 2314 Case ID Local Use

*County Name HOWARD *City Name BIG SPRING 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. US *Hwy. Num. 87 2 Rdwy. Part 1 Block Num. 400 BLK 3 Street Prefix S * Street Name GREGG 4 Street Suffix ST

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 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. BI Hwy. Num. 20 2. Rdwy. Part 1 Block Num. 200 BLK 3 Street Prefix W Street Name 4TH 4 Street Suffix ST

Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RRR Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1J4BA6H15A1

Veh. Year 2010 6. Veh. Color BLK Veh. Make JEEP Veh. Model WRANGLER 7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 5 DL/ID State DL/ID Num. 9 DL Class 5 10 CDL End. 5 11 DL Rest. 5 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) COLORADO CITY, TX 79512

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. Rows include WHISENHUNT-RAFF, BAYLEE NOEL; ALVARENGA, VICTOR; SALAZAR, JOSE MANUEL.

Owner Lessee Owner/Lessee Name & Address WHISENHUNT-RAFF, BAYLEE NOEL, COLORADO CITY, TX 79512

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 9 - L P - 3 27 Vehicle Damage Rating 2 3 - R D - 3 Vehicle Inventoried Yes No

Towed By MITCHEM WRECKER Towed To 821 W. 4TH, BIG SPRING, TX 79720

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1N4AA5AP4CC

Veh. Year 2012 6. Veh. Color MAR Veh. Make NISSAN Veh. Model ALTIMA 7 Body Style P4 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 (MM/DD/YYYY)

Address (Street, City, State, ZIP) BIG SPRING, TX 79720

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. Rows include RODRIQUEZ, ASHLEY NICOLE.

Owner Lessee Owner/Lessee Name & Address RODRIQUEZ, ASHLEY NICOLE, BIG SPRING, TX 79720

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name LOYA INSURANCE COMPANY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 3 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By CROSSROADS TOWING Towed To 5305 NSR I-20, BIG SPRING, TX 79720

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 2 Total Num. Prsns.: 6 TxDOT Crash ID: [REDACTED]



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.).

*Crash Date (MM/DD/YYYY) 11/01/2019 *Crash Time (24HRMM) 2314 Case ID Local Use

*County Name HOWARD *City Name BIG SPRING 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. US *Hwy. Num. 87 2 Rdwy. Part 1 Block Num. 400 BLK 3 Street Prefix S * Street Name GREGG 4 Street Suffix ST

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 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. BI Hwy. Num. 20 2. Rdwy. Part 1 Block Num. 200 BLK 3 Street Prefix W Street Name 4TH 4 Street Suffix ST

Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RRR Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1J4BA6H15A1

Veh. Year 2010 6. Veh. Color BLK Veh. Make JEEP Veh. Model WRANGLER 7 Body Style SV 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 (MM/DD/YYYY)

Address (Street, City, State, ZIP) GARDEN CITY, TX 79739

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 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. Rows include SALAZAR, JOSE MANUEL; WHISENHUNT-RAFF, BAYLEE NOEL; ALVARENGA, VICTOR.

Owner Lessee Owner/Lessee Name & Address WHISENHUNT-RAFF, BAYLEE NOEL, COLORADO CITY, TX 79512

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 9 - L P - 3 27 Vehicle Damage Rating 2 3 - R D - 3 Vehicle Inventoried Yes No

Towed By MITCHEM WRECKER Towed To 821 W. 4TH, BIG SPRING, TX 79720

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Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 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. Rows include RODRIQUEZ, ASHLEY NICOLE.

Owner Lessee Owner/Lessee Name & Address RODRIQUEZ, ASHLEY NICOLE, RD BIG SPRING, TX 79720

Proof of Fin. Resp. Yes Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name LOYA INSURANCE COMPANY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 3 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

Towed By CROSSROADS TOWING Towed To 5305 NSR I-20, BIG SPRING, TX 79720

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 2 Total Num. Prsns.: 6 TxDOT Crash ID: [REDACTED]



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*County Name HOWARD *City Name BIG SPRING 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. US *Hwy. Num. 87 2 Rdwy. Part 1 Block Num. 400 BLK 3 Street Prefix S * Street Name GREGG 4 Street Suffix ST

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 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. BI Hwy. Num. 20 2. Rdwy. Part 1 Block Num. 200 BLK 3 Street Prefix W Street Name 4TH 4 Street Suffix ST

Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RRR Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1J4BA6H15A1

Veh. Year 2010 6. Veh. Color BLK Veh. Make JEEP Veh. Model WRANGLER 7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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Owner Lessee Owner/Lessee Name & Address WHISENHUNT-RAFF, BAYLEE NOEL, COLORADO CITY, TX 79512

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. (800) 732-5246 27 Vehicle Damage Rating 1 9 - L P - 3 27 Vehicle Damage Rating 2 3 - R D - 3 Vehicle Inventoried Yes No

Towed By MITCHEM WRECKER Towed To BIG SPRING, TX 79720

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1N4AA5AP4CC

Veh. Year 2012 6. Veh. Color MAR Veh. Make NISSAN Veh. Model ALTIMA 7 Body Style P4 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 (MM/DD/YYYY)

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Owner Lessee Owner/Lessee Name & Address RODRIQUEZ, ASHLEY NICOLE, BIG SPRING, TX 79720

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name LOYA INSURANCE COMPANY Fin. Resp. Num.

Fin. Resp. Phone Num. (432) 264-1600 27 Vehicle Damage Rating 1 1 2 - F D - 3 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

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FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: 2 Total Num. Prsns.: 6 TxDOT Crash ID: [REDACTED]



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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 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. BI Hwy. Num. 20 2. Rdwy. Part 1 Block Num. 200 BLK 3 Street Prefix W Street Name 4TH 4 Street Suffix ST

Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. RRR Num.

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Owner Lessee Owner/Lessee Name & Address WHISENHUNT-RAFF, BAYLEE NOEL, COLORADO CITY, TX 79512

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 9 - L P - 3 27 Vehicle Damage Rating 2 3 - R D - 3 Vehicle Inventoried Yes No

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Owner Lessee Owner/Lessee Name & Address RODRIQUEZ, ASHLEY NICOLE, BIG SPRING, TX 79720

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name LOYA INSURANCE COMPANY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 3 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

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