

Highway Attachment - Wrong-Way Driver Crash Reports

HWY22FH001

(28 pages)

aw Enforcement and TxDOT I	SCHOOL BUS		MAB			ACTIVE SCHOOL	ZONE	Total Num. Units		2	Total Num. Prsns	. []	2	TxDOT Crash It		- · · ·	
Texas	Texas Departme	ent of Transpol	tation, Cra Refe	r to Attached C	alysis, P.O. Code Sheet	. Box 149 for Numb	349, Aus bered Fie	stin, TX elds	78714					_	age	1_ _{of}	2
* Crash Date (MM/DD/YYYY)	_/ <u>0_5</u> /	2	* Crash (24HRN	n Time 1 5 MM)	5 1 0	Case ID						Local	Use				
Stame HOWARD		1. ,		· .	* City Name Bl	G SPRIN	G				-		-			Outs City I	
S In your opinion, did th \$1,000 damage to any <i>ROAD ON WHICH CH</i>	one person's p	property?		atitude - lecimal degrees)				LJ	Longit (decimation)		• -			j • []	1		
0 <u> </u>	vy. 20	2 Rdwy Part	1 Bloc Nun	1600	3 Stree Prefix	^{et} E	* Stree Name	^{et} 4TH			·				4 Stre Suffix	et s	Г
Crash Occurred on Road/Private Prope	a Private Drive o erty/Parking Lot	r 🗖 Toll Roa Toll Lan		d Cons 45 Zone		Workers Present		es Stre Des	eet sc.						-		
INTERSECTING ROA							NG ROA	DOR				RKER		·			
At Yes 1 Rdwy. Int. No Sys.	.R Hwy. Num.	Pa	Rdwy , rt	1 Block 40 Num.	0 BLK	3 Street Prefix	S.	Name	BIRD	WELI					Stree Suffix		
Distance from Int. or Ref. Marker	30 FT MI	or Ref. Mar	ker vv	Reference Marker		Street Desc.	· · ·					1	RX um. L				
Unit 1 5 Unit Num. 1 Desc	1 Parked Vehicle	Hit and Run	State 1	TX LP Num			/IN	M 1	G .	J 1	Ule		E 1				
	6 Veh. BLK Color	Veh. Make MAZ	DA			odel ^{o (S}			<i>.</i>		7 Body Style	P4	• <u>×</u>	En	il., Fire, nergenc irrative i	y (Expl	ain in I
8 DL/ID Type1DL/ID StateT	X DL/ID Num			9 DL Class C	10 CDL End.	96 1	1 DL 96 Rest.	5	DOE (MN		(YYY)					_	
Address (Street, City, State, ZIP)	BIG SPF	RING TEXAS 7	9720										•				
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8 1 1 1 NELSO	ON, PAMELA MIC	CHELLE				N			1	1		97 N			96	97	97
	-			1 •									Dn	ot Applic ug Result or Driver/F	ts are or	nly repo Person	orted

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	Towed Towed To	
	Unit 2 SUnit 1 Parked Hit and LP TX LP Num Desc 1 VIN_1_C_3_C_C_C_C_C_G_8_F_N	
5	Veh. 2 0 1 5 6 Veh. Veh. Veh. 7 Body P4 Pol., Fire, EN Year Year Color BLK Veh. Make Veh. Model 300 Style P4 Pol., Fire, EN Narrative if c Narrative if c Narrative if c P4 P1 P1 P1	Explain in
	8 DL/ID Type DL/ID State DL/ID Num DL/ID 9 DL 9 DL C 10 CDL 96 11 DL Rest. DOB (MM/DD/YYYY)	
	Address (Street, STANTON TEXAS 79782	
ERSONS	A Person Name: Fast' List' Widge Name: Fast' List' Vige 24 Drug 13 Seat 14 Injury 24 Drug 14 Injury 14 Injury 28 Drug 21 Sol. 14 Seat 29 Drug 20 Sol. 14 Seat 29 Drug 20 Sol. 14 Seat 29 Drug 20 Sol. 14 Seat 20 Sol. 14 Seat 15 Seat 20 Sol. 14 Seat 16 Seat 20 Sol. 14 Seat 17 Seat 20 Sol. 17 Seat 17 Seat 20 Sol. 18 Seat 18 Seat 20 Sol. 17 Seat 18 Seat 20 Sol. 18 Seat 18 Seat 20 Sol. 18 Seat	Result 25 Drug Category
& PI	1 1 1 1 CORONADO JOY NICOLE 96 96	97
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VEHI	Owner Owner/Lessee CHRYSLER JEEP DODGE OF MIDLAND, MIDLAND TX 79703	
	Proof of Yes Expired 26 Fin. Fin. Resp. Image: Second secon	
	Fin. Resp. 27 Vehicle 1 F 27 Vehicle Vehicle Vehicle Phone Num. Damage Rating 1 1 F R 1 Damage Rating 2 Inventoried	Ves
	Towed Towed To	

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🗌 RAILROAD 🛛 🗌 MAB FATAL

Total Num. Units 3	Total Num. Prsns. 3	TxDOT Crash ID
		/



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

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8			WHIC	H CRASH C		ED																				
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VEHICLE,																							Driver/P		ly reporte Person fo :.	
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VEHICLE,																						for		rimary ach Unit	Person fo	r
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	Proof			me & Addro			JUAN,	Fin. Resp.	DI	DESSA, 1	IX 79	764	Fi	n. Res	p.											
	Fin. R	esp. [No					Name	FARMERS	TEXAS CO	OUNTY	MUTUA		um.									14-	hicle		
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🗌 RAILROAD 🛛 🗌 MAB FATAL

Num. Units 3 Prsns. 3 Crash ID /	Total Num. Units I			
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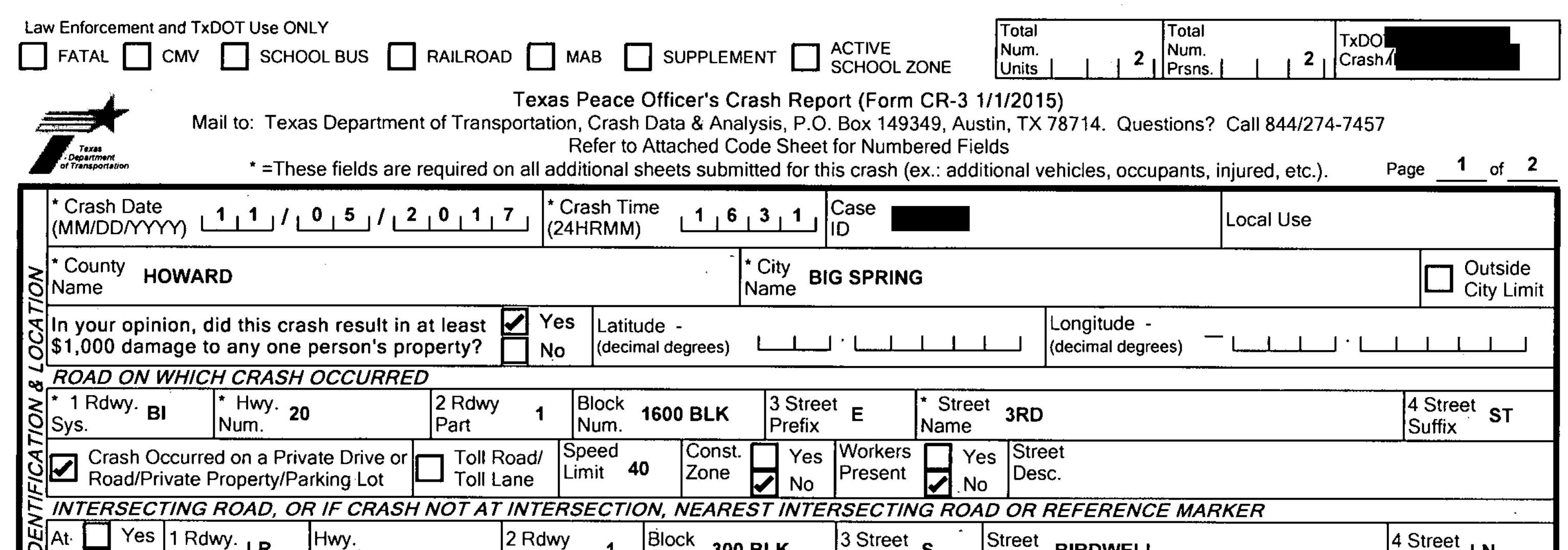
Texas Peace Officer's Crash Report (Form CR-3 1/1/2015) Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

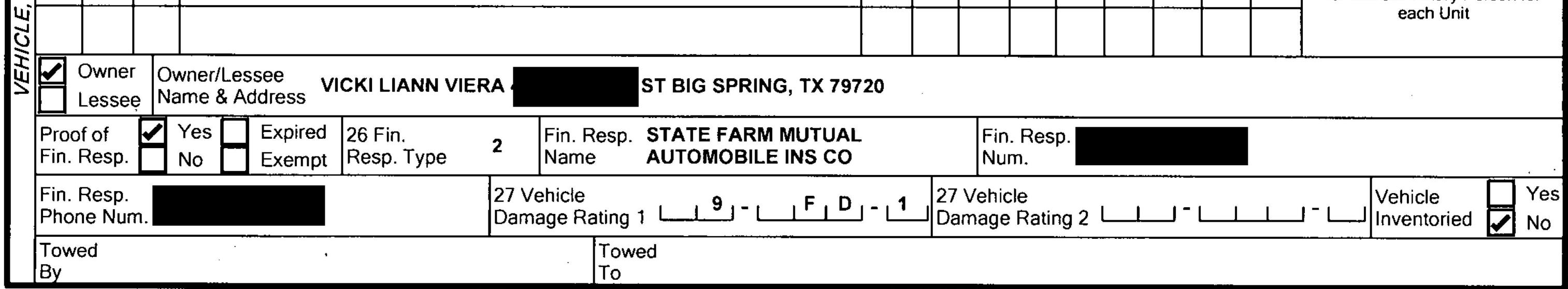
*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

	*Crash Time 1 5 / 2 0 1 6 (24HRMM) 1	4 5 7 Case ID			Local Us	e		
*County Name HOWARD		*City Name						City Limit
Selection of the second		3 2 1 3 0	4 5 5	Longitude — (decimal degrees)	1 0 1	• 2	: 3 8	4 0
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Crash Occurred on a Priva Road/Private Property/Pa		75 Const. □Ye Zone _☑ Ne]Yes Street]No Desc.				
	IF CRASH NOT AT INTERSECTION, NEAR							
At ☐ Yes 1 Rdwy. Int. ☑ No Sys.	Hwy. 2. Rdwy. Num. Part	Block 3 S Num. Pre	Street Sfix	Street Name			4 Str Suffi	
Distance from Int. or Ref. Marker 0.2	☐ FT 3 Dir. from Int. I MI or Ref. Marker E	Reference Marker 192	Street Desc.			RRX Num.		
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8 DL/ID DL/ID	DL/ID	9 DL 10	CDL	11 DL				rrative if checked)
Type 2 State Address (Street,	TX Num.	Class _A En	а. N,Т,Н	Rest. p27,A	(MM/DD/YY)	(^)		
City, State, ZIP)	TEMPLE, TX 76501		<u>≻</u> >					
Prsr 2 Prsr on 0 Seat	Name: Last, First, Enter Driver or Primary Person fo		14 Injury Severity	15 Ethnicity 16 Sex	pa Ba	40 Helmet 21 Sol.	22 Alc. Spec. Alc. Result	23 Drug Spec. 25 Drug 25 Drug
$\begin{bmatrix} \alpha & 2 & \alpha \\ 1 & 1 & 1 \end{bmatrix}$ OLIVAS	, RAFAEL		№	(- m 1 1		אד ∧ 97 N	96 86	이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이
1 1 1 OLIVAS	•						Not Applic	
							Drug Results	able - Alcohol and s are only reported rimary Person for
								ich Unit.
X Owner Owner/Lesse	e ^{Tess} olivas, RAFAEL,							
Proof of X Yes Expired	1 26 Fin. Fin. Resp.	TEMPLE, TX 76501	Fin. R	esp.				
Fin. Resp. No Exemp Fin. Resp.	t Resp. Type 2 Name Co 27 Vehicle	ONSUMERS CASUALTY INS.	Num. 2	7 Vehicle			Ve	hicle X Yes
Phone Num. Towed	Damage F	ating 1 V Towed		amage Rating 2				ventoried 🗌 No
By MORRIS WRECKIN		To 10214 CR 160, MII	DLAND TX, 79	9760				
Unit 5 Unit Num. Desc.	Parked Hit and LP Vehicle Run State	LP Num.						
Veh. Year	6. Veh. Color Make		∨eh. Model		7 Body Style	/	En	I., Fire, EMS on nergency (Explain in rrative if checked)
8 DL/ID DL/ID Type State	DL/ID Num.	9 DL 10 Class End	CDL d.	11 DL Rest.	DOB (MM/DD/YY)	(Y)	· · · · · · · · · · · · · · · · · · ·	
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Owner Owner/Lesse								
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Fin. Resp.	27 Vehicle	_	2	7 Vehicle				hicle Yes
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9	Int.	No No	<u> </u>	Sys.		Num.	······	Part	e	Num.	300 B	/LK	Pref	fix	5	Na	ame	BIRD	WELL	-	_			5	Suffix	LN	
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Texes Department of Transportation	Mail to: Texas Departme * =These fields ar	ent of Transportation, C	Crash Data & Ana Fer to Attached Co	lysis, P.O. Box 1 ode Sheet for Nu	mbered Fields	78714. Questions?		7 Page 1 of
* Crash Date (MM/DD/YY		2 0 1 9 * Cras (24HF	sh Time RMM) 1 5	32 Case ID		•	Local Use	
QIName	OWARD			* City Name BIG SPR	ING			Outside City Lin
	nion, did this crash result in hage to any one person's p WHICH CRASH OCCURR		Latitude - (decimal degrees)			Longitude - (decimal degrees)		
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	Prefix	Name	BIRDWEL	-6				5	Suffix	614	
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8 DL/ID 1 DL/ID TX DL/ID 9 DL C 10 CDL	96 11 DI	96	DOB	1	<u> </u>			140	anauve	II Checi	keu)
Type State Num Class End.	Rest.		(MM/DD	/ Y Y Y Y) [
City, State, ZIP)					r r	<u> </u>					<u>ح</u> ــــــــــــــــــــــــــــــــــــ
Name: Last, First, Middle Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity Age	Ethnicity 16 Sex	17 Eject. 18 Restr.	19 Airba	20 Helmet	~ ~	22 Alc. Spec.	Alc. Result	23 Druc Spec.	24 Drug Result	25 Drug Categor
1 1 LEATHERWOOD, JESSE EDWARD	с		1 1	5	97	N	96		96	97	97
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Broof of Ves Expired 26 Ein Ein Bosh		Fin. Res	sp.								
	SURANCE	Num.									
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Fin. Resp. No Exempt Resp. Type 2 Name USAA CASUALTY IN	Utrai 64 di	27 Vehicle Damage Rati	ng 2 ட	L	1		J - L		hicle entorie	ed 🔽	Yes No
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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

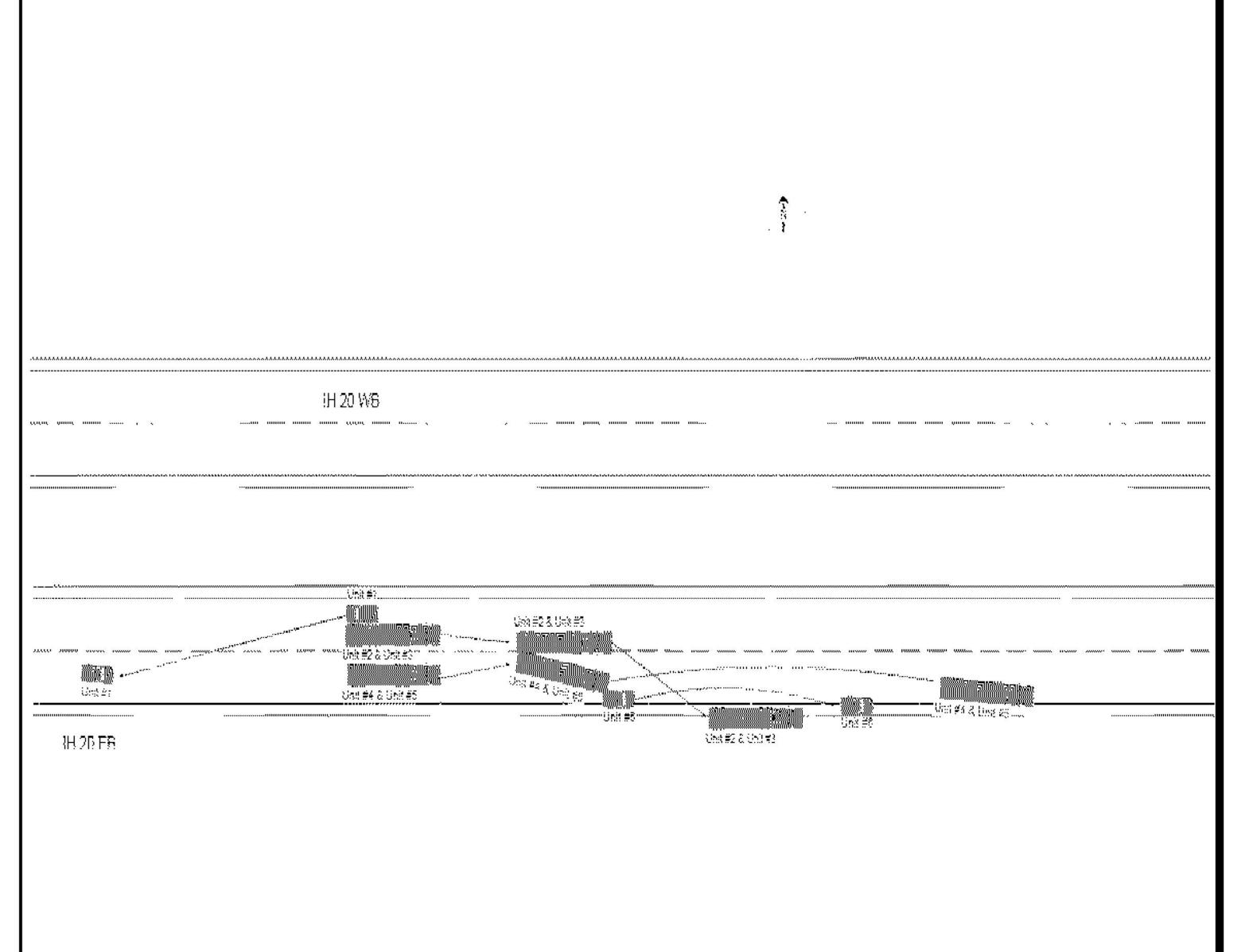
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U Nu	Init um.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
2 2	1	-	Scenic Mtn Med Cen, Big Spring, TX	Howard County EMS		
Unit Num,	Prs Nu	sn. m.		Charge		Citation/Reference Num.

5		Da	mage	d Property	Other Than	Vehicles				O	wner's	Name					Owne	r's Address		
DAMAGE																				
10																				
	Unit Num. 2		IX 10),001+ 3S.				+ CAPACITY	CMV Di Damage			28 Veh Oper.	ı. 1		Carrier Type	1	Carrier ID Num.	0239303	0	
	Carrier's Corp. Nam	e poj	JUSA	TRANSP	ORTATION		Carrier's Primary Ad	dr. ₁₃₃₆	ENTERP	RISE DI	R ROM	ŒOVII	LE, IL	60446	A				30 Veh. Type	9
CMV	31 Bus Type	0		RGVW GVWR	8 0 0 0	Ha	zMat Y eleased N	es 32 Haz	:Mat	HazMat ID Num.				32 Haz Class	:Mat	HazMat ID Num.			33 Cargo Body Type	3
	Unit Num.	3	<	RGVW GVWR		34 ⁰ Ту	Trir. pe 2		IV Disabling mage?	p ∏ Yes ∑No	Unit Nun]RGVW]GVWR			34 Trlr. Type		MV Disabling amage?	p ∏Yes ∏No
	Sequence Of Events	35 S	eq. 1	13	35 Seq. 2	2	35 Se	eq. 3		35 Seq. 4				odal Ship iner Permi	ping 🗌 Ye : X No	s Actual Gross Weight			Total Nur Axles	n.
	ა ³	6 Con	tributi	ng Factor	s (Investiga	itor's Opin	ion)	37 Ve	hicle Defe	cts (Inve	stigato	or's Opii	nion)		Er	vironmenta	l and Road	way Condit	tions	
S&	Ö Unit #			Contributir	ıg	May Hav	ve Contrib.		Contributin	g	М	lay Have	Contrib.	38	39	40	41	42	43	44
FACTORS &			71											Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
FA	Ŝ													1	6	97	3	1	1	17
	Unit #1	was	tra	(Ā	ator's Narrat Attach Additic westbour	onal Sheet	s if Necessa	ry)	tbound	lane.					Field	Diagram - No	ot to Scale			

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 Supright, facing east with minor left side damage. Unit #2, with SUnit #3 came to rest on the improved shoulder, upright, facing east with minor right back quarter damage. Unit #4, with Unit #5 $\mathbf{\xi}$ came to rest on the improved shoulder, upright, facing east with inor right side damage to Unit #5. Unit #6 came to rest on the a improved shoulder, upright, facing east, with severe left back **q**uarter damage.



001	Year Time Notified 1 8 3 4 How Report (24HR:MM) 1 8 3 4 Notified Dispatched (24HRMM) 1 9 1 0 (MM/D)	t Date DD/YYYY} 10/04/2019
	Vest X res Investigator No Name (Printed) Slade, Bradly ORI Num. T X D P S 1 8 0 0 Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS STATE OF TEXAS	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

X MAB SUPPLEMENT 🖾 CMV 🛛 SCHOOL BUS 🗌 RAILROAD 🗌 FATAL

Units $ 6 Prsns. 4 Crashib /$	Total Num. Units 6	Total Num. Prsns. I I 4	TxDOT Crash ID
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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.).

Page 3 of 6

*Crash Date (MM/DD/YYYY) 10/03/2019 ^{*C} rash Time (MM/DD/YYYY) 10/03/2019 ^{*C} rash Time			Local Use	
*County Name _{HOWARD} Name				City Limit
In your opinion, did this crash result in at least x Yes \$1,000 damage to any one person's property? No (decimal degrees) 3 2 1 1 2 5 3	4 1	Longitude — (decimal degrees) 1	0 1 • 5	1 1 2 1
ROAD ON WHICH CRASH OCCURRED			<u> </u>	
*1 Rdwy. _{IH} *Hwy. 20 2 Rdwy. 1 Block 3 Street Sys. Num. Prefix	* Stre Name			4 Street Suffix
	Workers Ye Present X Ne			
Road/Private Property/Parking Lot Toll Lane Limit ⁷⁵ Zone No F NTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFER				
AtYes1 Rdwy.Hwy.2. Rdwy.Block3 StreetInt. X NoSys.Num.PartNum.Prefix		Street Name		4 Street Suffix
Distance from Int. Distance from Int.			RRX Num.	
Unit 5 Unit Parked Hit and LP LP Num. 3 Desc. 6 Vehicle Run State TN Num.	VIN , 3,	H, 3, V, 5, 3,	, 2 , C , 7 , K , R	
Veh. 0. Veh. Ve	h. Ddel UNKNOWN	<u> </u>	7 Body Style TL	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
B DL/ID DL/ID DL/ID DL/ID 9 DL 10 CDL Type State Num. Class End.		11 DL		
Address (Street, City, State, ZIP)				
등 , 등 법 등	کر کر	estr.	요 친	
Sei 옵션 이 있는 Enter Driver or Primary Person for this Unit on first line	14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject. 18 Restr		<u> ሳ የ ላ በ </u>
				Not Applicable - Alcohol and
				Drug Results are only reported for Driver/Primary Person for
				each Unit.
X Owner Owner/Lessee Lessee Name & Address BSE TRAILER LEASING LLC, 10233 GOVERNOR LANE BLVD V	WTTTTTTAMED	רסית אדה 21705		
Proof of Yes Expired 26 Fin. Fin. Resp.	Fin. Resp			
Fin. Resp 27 Vehicle	 27 V	/ehicle		Vehicle Ves
Phone Num. Damage Rating 1 5 - R B Q Towed	⁻ ² Dam	nage Rating 2		Inventoried X No
By To				
Unit 5 Unit Parked Hit and LP LP Num. 4 Desc. 1 Vehicle Run State TX Num. R427330	VIN , 1,	X P 5 D B		6 7 8 8 6 9
Veh. Year ² ⁰ ⁷ Color _{RED} Veh. Make <u>PETERBILT</u> Mo				
			7 Body Style TT	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
B DL/ID DL/ID DL/ID 9 DL 10 CDL 10 CD	h. odel 379	11 DL	Style _{TT}	Emergency (Explain in
Type 2 State TX Num. Class AM End.	h. odel 379	11 DL	Style _{TT}	Emergency (Explain in
Type 2 State Num. Class End. Address (Street, Image: State, ZIP) Image: State, ZIP) <th>h. odel 379 N,T</th> <th>11 DL Rest. 96 (1</th> <th>Style _{TT} DOB MM/DD/YYYY)</th> <th>Emergency (Explain in Narrative if checked)</th>	h. odel 379 N,T	11 DL Rest. 96 (1	Style _{TT} DOB MM/DD/YYYY)	Emergency (Explain in Narrative if checked)
Type 2 State Num. Class End. Address (Street, Image: State, ZIP) Image: State, ZIP) <th>h. odel 379 N,T</th> <th>11 DL Rest. 96 (1</th> <th>Style _{TT} DOB MM/DD/YYYY)</th> <th>Emergency (Explain in Narrative if checked)</th>	h. odel 379 N,T	11 DL Rest. 96 (1	Style _{TT} DOB MM/DD/YYYY)	Emergency (Explain in Narrative if checked)
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	Unit Num.	Prsn.							С	harge							Citation	/Reference	Num.
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CHARGES																			
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FAC																			
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004	Year Second	ate YYYY) 10/04/2019
	Vertical (24HR:MM) 1 8 3 4 How Notified Dispatched Time Arrived (24HRMM) 1 9 1 0 Report Da (MM/DD/N) Vest X Yes Comp. Investigator No Investigator Name (Printed) Slade, Bradly Investigator Investigat	ID Num.
1411/2	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

X MAB X CMV SCHOOL BUS RAILROAD 🗌 FATAL

F	Fotal		Total		TxDOT	
	Num.		Num.		Crash ID	
li	Jnits	6	Prsns.	4		



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.).

Page 5 of 6

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	(MM/I	sh Date DD/YY		10/0	3/2	019	*Crash (24HR		8		ase								Local l	Jse						_
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🖾 CMV 🛛 🗌 SCHOOL BUS RAILROAD 🗌 MAB 🗌 FATAL

Units $ 3 Prsns. 2 Clash D / D 10 10 10 10 10 10 10 $	Total Num. Units I		Total Num. Prsns. I	12	TxDOT Crash ID	
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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.).

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RAILROAD MAB SUPPLEMENT FATAL

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



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.).

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RAILROAD MAB SUPPLEMENT FATAL

Total Num. Units	1	2	Total Num. Prsns.	6	TxDOT Crash ID	
						/



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	(MM/I	h Date DD/YY		11/0	1 / 2	019	*Crash (24HR		3 3	1 4	Case ID							Local	Use						
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TION	Sys.	Num. Prefix Num. Prefix Crash Occurred on a Private Drive or Toll Road/ Speed Const.														GG						4 Stre Suffix		ST	
TIFICA				d on a Private Property/Parki				Speed Limit	40		_		Vorkers Present			reet esc.									
		RSECT		OAD, OR IF dwy.				TION, NEAF	REST INTER		G ROAD	OR REFER	RENCE A		E R Street							4 Str			
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15															icity	X	rject. Ractr		met	-i	. ن	±	ßn,		
PERSON	Perso Num	12 Pr Type	도 이 이 한 분 Enter Driver or Primary Person for this Unit on first line												15 Ethnicity	100 - 1			Helm 20	21 Sol.	22 Alc Spec.	Alc. Result	23 Dj Spec	24 D Resu Cate	
8	1	1	1	SALAZAR, JOSE MANUEL													1 9	6 1	97	N	2	0.341	2	97 97	
DRIVER,	2	2	4	WHISENHUNT-RAFF, BAYLEE NOEL													1 1	1	97	N				cohol and y reported	
HICLE,	3	2	6	ALVARENGA, VICTOR													1 1	1	97	N		Driver/P		Person for	
VEF	তি ০	wner		/ner/l essee																					
	X Owner Owner/Lessee Lessee Name & Address WHISENHUNT-RAFF, BAYLEE NOEL, COLORADO CITY, TX 79512																								
Proof of Yes Expired 26 Fin. Fin. Resp. Fin. Resp. No Exempt Resp. Type 2 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 Inventoried X No											
Towed By MITCHEM WRECKER To 821 W. 4TH, BIG SPRING, T														x 797	720										
Unit 5 Unit Parked Hit and LP LP VIN Num. 2 Desc. 1 Vehicle Run State TX Num. VIN																									
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	Addre	Type <u>1</u> State _{TX} Num. Class C End. 96 Address (Street, Notesta 7(R)														96		MM/DD/	YYYYJ						
	City, State, ZIP) BIG SPRING, TX 79720												≧⊵		.≩	-	; ⊧						Ð	ק ק כ	
ERSON	^D ersor Num.	12 Prsn. Type	13 Seat Position		Ente	r Driver o		ry Person fo		on first li	ne		14 Injury Severity	Age	15 Ethnicity	v r	17 Ejeci. 18 Ractr	Airban	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Dru Spec.		
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SUPPLEMENT RAILROAD 🗌 MAB FATAL

Units 2 Prsns. 6 Clashing /	Total Num. Units I I I 2	Total Num. Prsns. I I 6	TxDOT Crash ID
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Г	*Cras	Crash Date *Crash Time Case MM/DD/YYYY) 1 1 / 0 1 / 2 0 1 9 (24HRMM) 2 3 1 4 1 4 Case County *City Name BIG SPRING																		local l	lse					ige <u>r</u> oi			
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	or Ref. Marker Marker Marker Marker												7	Street Desc. RRX															
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L		ess (St			TX	96 Rest. 96 (MM/DD/YYYY)																							
		State, 2	GARDEN CITY, TX 79739													₹		ť	Ŀ.						D	5 0	л Д		
PERSONS	Person Num.	2 Prsr ype	3 Seat	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												15 Ethnicity	6 Sex	7 Ejec	8 Restr	9 Virbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	0	24 Drug Result	atego		
2	1			SALA	ZAR,	JOSE 1	MANUEI						в Sev		-ω	-	1	96	1	<u>97</u>	N		0.341			99			
DRIVER,	2	2	4	WHIS	ENHUN	IT-RAFI	F, BAY	LEE NO	EL					N				1	1	1	97 N Not Applicable - Alcohol and Drug Results are only reporte								
HICLE, D	3	2	6											N				1	1	1	97	N	Drug	g Results	are on		ed		
VEHIC					ALVARENGA, VICTOR																				ch Unit				
		Owner Owner/Lessee Jessee Name & Address																											
	Lessee Name & Address WHISENHUNT-RAFF, BAYLEE NOEL, COLORADO Proof of Yes Expired 26 Fin. Fin. Resp. Fin. Resp.														Fin. Resp. Num.														
	Fin. Resp. Do Exempt Resp. Type 2 Name STATE FARM													NU		Vehicle								Ve	hicle		es		
	Fin. Resp. Phone Num. (800) 732-5246 Towed													- 3 Damage Rating 2 3 - R D - 3 Inventoried X No															
	By		CHEM	WREC	KER					Towed To		В	IG SPRI	NG, TX 79720															
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		State, ZIP) BIG SPRING, TX 79720 도 등 등 등 Name: Last, First, Middle												Injury verity		ity		ť	str.		تد لا				br	<u>g</u> t g	ory D		
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CTIVE SCHOOL ZONE RAILROAD 🗌 МАВ FATAL

Total	Total	TxDOT
Num. Units 2	Num. Prsns. 6	Crash ID /



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.).

2																										_	
		\$1,000 damage to any one person's property?																L	.ocal L	Jse							
z		lame HOWARD Name BIG SPRING n your opinion, did this crash result in at least \overline{X} Yes Latitude] Outsid City Lir		
ATION	in you \$1,00	In your opinion, did this crash result in at least X Yes \$1,000 damage to any one person's property? No (decimal degrees)														Longitude — (decimal degrees)											
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