

Highway Factors Attachment – Texas Peace Officer's Crash Report at 0052 on February 11, 2021

Fort Worth, TX

HWY21FH005

(3 pages)

	/ Enfor		t and T CMV	xDOT Use	ONLY HOOL B	us [] RAILROAI	о 🗆 мав	⊠ SUP	PLEMENT	r 🗆	ACTIVE SCHOOL Z	ONE	To Nu	tal ım. ıits	ı	ı 1	To Nu	tal m. sns.	ı	۱3	l Cra	DOT ash ID		2387			
	_	4.	®					Texas	s Peace C)fficer's						/2018	<u> </u>	Pr	sns.					/20	2107	<u>4936</u>		
	Теха	s	Ма	il to: Tex	kas Dep	partmer	nt of Trans	sportation,		ita and A	Analys	sis, P.O. E	ox 149	9349	, Aust	tin, T	•	'14.(Quest	tions	? Call	844/	274-74	57				
	Texa Departs of Transp	ment portation		*=T	hese fie	elds are	e required	on all add									ehicle	es, oc	cupa	nts, i	njure	d, etc.	.).	Pa	ge_1_	of <u>2</u>		
	*Crasi (MM/E			02/	11/	2 0 2	l	sh Time IRMM) ₁ 0	ı 0 ı	5 1 2	Case		004						Local L			"	22	II O 4				
	*Coun	ity		*City							_	25142-2	021		FATALITY #30 & #31 Outside													
TION	In you	ne DALLAS our opinion, did this crash result in at least							ALLAS	Longitude —									Limit									
\sim $^{\perp}$		AD ON WHICH CRASH OCCURRED									1	(decimal degrees)																
																				4 Stre		FWY						
ICATI		Crash Occurred on a Private Drive or Toll Road/ Speed					70	Vorkers	ers Yes Street																			
		Road/Private Property/Parking Lot							Zone FROAL	<u> </u>	resent No Desc. ENCE MARKER																	
Q	At Pes 1 Rdwy.					2. Rdwy. Block 3 Street Num. 3900 Prefix					Street Name ILLI				INOIS	10IS						4 Street Suffix AVE						
lt	Distance from Int.					m Int. Reference St					eet						RRX					<u> </u>						
	Unit	or Ref. Marker 30						d LP	_					Num.														
lł	Num. 1 Desc. 1 Vehicle L Run Veh. 6. Veh.						State TX Num.					VIN h.	L ⁵ L	TEGN				9 2 N 9 1 Z 7 Body				Pol., Fire, EMS on						
	Year 2 0 0 1 Color RED					Make TO3	COTA			Model TAC			OMA 11 DL			Style PK				Emergency (Explain in Narrative if checked)			in in ed)					
	Туре	B DL/ID DL/ID Type 5 State Num.						9 DL 10 CDL Class 5 End.						Rest.			DC (MI	M/DD/Y	YYY) [
	Address (Street, City, State, ZIP)														_			_	_	_								
SNOS	1 1 1 SANTOS, YIMY Journal of the Strict of					Enter Dri	Name: Last, First, Middle er Driver or Primary Person for this Unit on first line						4 Injury everity		15 Ethnicity	Sex Eject.		Restr.	19 Airbag	met	Sol.	Alc. ec.	را الع	Drug ec.	Drug ult	Drug tegory		
PER														_		16	17	18				22 Sp	Ak	23 Sp	24 Re	25 G		
VER, ¿	1	1 1 SANTOS, YIMY JOSUE								K	27	98	1	1	96	2	97	N	2	0.102	2	2	97					
E, DR	2	2	3			· ·	ILER FEF						K A	22	98	1	1	96	2	97	N 	Dru	g Results	Applicable - Alcohol and Results are only reported				
EHICI	3 2 6 DIAS VEGA, FRANKLIN ARIEL						1						28	98	1	3	96	97	97	N	l for		river/Primary Person for each Unit.					
ادا	X O	wner	Ow	ner/Lesse												<u> </u>				<u> </u>								
	Proof		Yes	Expired			RCIA, JO	Fin. Resp.					Fir	Fin. Resp.														
Fin. Resp. X No Exempt Resp. Type						Name	Name .					Num.								Ve	Vehicle X Y							
	Phone Num.						27 Vehicle Damage Rating 1					27 Vehicle -					<u> </u>				_	<u> </u>						
	Towed By						_	_	Towed To																			
	Unit Num.		5 U De	Jnit sc.		Parked Vehicle	☐ Hit an Run	d LP State		LP Num.			VIN		1		1 1					1	1 1	[1	1		
	Veh. Year Color					I					eh. odel				7 Body Style			•				., Fire, Ei ergency rative if	(Expla	in in ed)				
	8 DL/I Type	D		DL/ID State		DL/I Num		9 DL 10 CDL Class End.								1 DL DOB (MM/DD/YY)				1 (YYY	YY)			, / , , , , , , , , , , , , , , , , , ,				
	Addre	•													<u> </u>							1 1	<u> </u>			<u> </u>		
l †	ے د	ty, State, ZIP) 点 まる Name:						e: Last, First, Middle					ury ity		nicity	×	i,	str.	6	et		,;		В'n	t g	o de		
ERSO	Perso Num.	12 Prs Type	13 Se Positi		Enter Driver or Primary Person for this Unit on first line							14 Injury Severity	Age	15 Ethnic	וטן	17 Ejec	18 Resti	19 Airbag	20 Helm	21 50	22 Alc Spec.	Alc. Result	23 Dr Spec.	24 Dri Resul	25 Dri Categ			
R, & P																												
DRIVE																			cable - Alcohol and									
VEHICLE, DRIVER, & PERSONS																			Drug Results are only i for Driver/Primary Per each Unit.									
VEF																												
	<u></u>	wner	Na	ner/Lesse ne & Addı	ress																							
	Proof o			Expired Exemp				Fin. Resp. Name		. :::::::			Fin. Resp. Num.															
	Fin. R Phone	•	•					27 Vehicle Damage I					-		vehicle nage R		2		_ 1					hicle entorie		Yes No		
Towed By								Towed To																				

			ent and ev. 1/1/	TxDOT Use ONLY. /2018)							TxDOT Crash ID 18123877.2/2021074936						Page 2 of 2					
DISPOSITION OF		nit ım.	Prsn. Num.			Taken To		Taken By						Date of (MM/DD			Time of (24HF					
	1	1 1		DALLAS COU	UNTY MEDIC	CAL EXAMII	NER'S OF	FICE	MEDICAL EXAMINER TRANSPORT						02/11/2021				0 6			
	1	1 2		DALLAS COU	UNTY MEDIC	CAL EXAMII	NER'S OF	FICE	MEDIC	AL EXAM	INER TR	ANSPORT	02/11/202			1	0 1	0 6				
		1 3		BAYLOR UNI	IVERSITY M	ÆDICAL CI	ENTER DAI	LLAS	LAS DALLAS FIRE			/ RESCUE #54							I			
SPO	Z											<u> </u>							<u> </u>			
\ <u>\a</u>																			ll	1		
																			<u> </u> 	1		
	Unit Prsn. Num. Num.																Citation/Reference Num.					
<u>ا</u> دا	I V UIII.	141	um.																			
CHARGES																						
 																						
Ē		l	Dam	aged Propert	y Other Than	Vehicles				Owr	ner's Name				Owne			er's Address				
MAG	UARI	D RA	AIL AI	ND WOODEN	POSTS			TXDOT						4777	4777 E HIGHWAY 80			MESQUITE, TX 75150				
DA																						
	Unit Num.			」 ^{10,001+} LBS.		PORTING DOUS MATER	RIAL 9	+ CAPACITY	CMV Di	· · · · =	Yes 28 Ve No Oper.		29 (ID T	Carrier ype		Carrier ID Num						
	Carrie Corp.		 e		•		Carrier's Primary Add	dr.				I				30 Veh. Type						
CMV	31 Bu: Type		-	□ RGVW		Ha		es 32 Haz		HazMat		32 HazMa						33 Cargo Body Type				
	Unit			RGVW		34	Trir.	CMV Disabling Yes			Unit RGVW			34 Trlr.				MV Disabling	Yes			
	Num. Seque	nce	35 Sec	<u> </u>	35 Seq		35 Se		_ _	Intermodal Shippi					Actual Gross Weight	Type		Damage? No Total Num.				
	36 Contributing Factors (Investig							Container Ficle Defects (Investigator's Opinion)							and Roa	dway Condit	Axles ions		-			
FACTORS &	Unit #			Contributing		May Have Con		trib. C		3	May Hav	e Contrib.	38 Weather	39 Light	40 Entering	41 Roadwa	42 y Roadway	43 Surface	44 Traffic			
		1	6	0 98	67								Cond.	Cond.	Roads	Туре	Alignment		Control	_		
Í	<u>'</u>												5	6	17							
		Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) IT 1 WAS GOING NORTH ON JULIUS SCHEPPS FRWY. AN OFF DUTY ALLAS POLICE OFFICER WITNESSED THE CRASH. HE STATED INTO 1																				
	DALLAS POLICE OFFICER WITNESSED THE CRASH. HE STATED UNIT 1 LOST TRACTION ON AN OVERPASS AND COLLIDED LEFT DISTRIBUTED TO THE INSIDE CONCRETE BARRIER WALL AND RAIL. UNIT 1 TRAVELLED																					
		CROSS THE FREEWAY AND COLLIDED RIGHT DISTRIBUTED TO A METAL UARD RAIL SUPPORTED BY WOODEN POSTS. UNIT 1 SLID DOWN THE												UNIT								
		UARD RAIL AND COLLIDED LEFT PASSENGER TO A LARGE METAL FREEWAY IGHT POLE. UNIT 1 OVERTURNED INTO THE POLE COLLIDING TOP OF												GUARD RAIL								
AM	FIRE	RES	SCUE :		S FOUND	NO SIGNS	OF LIF	E ON TH	E DRIVE	R AND						SZ.						
Z		RE RESCUE PARAMEDICS FOUND NO SIGNS OF LIFE ON THE DRIVER AND RONT RIGHT OCCUPANT OF UNIT 1 ON 2/11/2021 AT 0106. THE SECOND LAT RIGHT OCCUPANT WAS PARTIALLY EJECTED OUT OF THE DRIVER SIDE																				
				EHICLE. ANOTHER WITNESS STATED HE WAS IN THE RIGHT LANE E SPEED LIMIT. HE STATED UNIT 1 PASSED HIM ON THE RIGHT																		
IVE	SHOU	LDE	R, HI	E SPEED LIMIT. HE STATED UNIT 1 PASSED HIM ON THE RIGHT R, HIT THE GUARD RAIL, AND THEN THE LIGHT POLE. THERE RMITTENT FREEZING RAIN FALLING. THE OVERPASS HAD ICE ON																		
ARRA	IT.	THE	E DRI	VER OF UN	IIT 1 IS	TRAFFIC	FATALIT	Y #30 F	OR THE	DALLAS			7800 JI) JLIUS SCH	EPPS \							
				TMENT FOR TRAFFIC F										NORTHBO	1 1							
				UNIT 1 THIS REP		ŕ				. IS												
ŀ	roxi(COL	OGY R	ESULTS FO	R THE DR	IVER OF	UNIT 1.	NFI.	THIS R						WALL							
				NTED TO A	E REPORT					ne					AAWEE	1						
																	1 -					
R	Time	me Notified															=					
SATO	(24HF	(24HR:MM) 0 1 3 3 Notified DISPATCHED (24HRMM) 0 1 4 5 (MM/DD/Y)											YYY) 04/08/2021									
VESTI	Comp	st. 🗵 Yes Investigator p. 🔲 No Name (Printed) JOHNSON,MARK										Num.	1 1									
N	oki Num.	T	ıx ı	0 0 0	0 0 0	6 *Ag	ency DALL	AS POLI	CE DEPA	ARTMENT						Service Region						