



**Highway Factors Attachment – Texas Peace Officer’s Crash Report at 0300 on  
February 11, 2021**

**Fort Worth, TX**

**HWY21FH005**

**(5 pages)**

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE  SCHOOL ZONE

Total Num. Units 0 0 4

Total Prsns. 0 0 5

TxDOT 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.).

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

\*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 3 0 0 Case ID 210011408 Local Use

\*County Name TARRANT \*City Name FORT WORTH  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) 3 2 . 8 6 9 6 8 Longitude (decimal degrees) - 0 9 7 . 3 1 6 4 2

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. IH \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 7200 3 Street Prefix \*Street Name NORTH 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 55 Const. Zone  No Workers Present  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER At Int.  No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 3 Block Num. 2900 3 Street Prefix Street Name BASSWOOD 4 Street Suffix BLVD

Distance from Int. or Ref. Marker 800  FT  MI 3 Dir. from Int. or Ref. Marker N Reference Marker Street Desc. HIGHWAY MAINLANE RRX Num.

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 5 N P D H 4 A E 9 B

Veh. Year 2 0 1 1 6 Veh. Color BLK Veh. Make HYUNDAI Veh. Model ELANTRA TOURING 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) TX

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. Row 1: 1, 1, 1, BROOKINS TASIA CHAZARETTA, C, 22, B, 2, 1, 2, 3, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address BROOKINS TASIA

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

Fin. Resp. Phone Num. (800) 776-4737 27 Vehicle Damage Rating 1 5- BR-3 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By DENNY'S TOWING Towed To 4848 CAREY ST, FT.WORTH TX 76119

Unit Num. 2 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 1 G N D T 1 3 S 6 4 2

Veh. Year 2 0 0 4 6 Veh. Color GLD Veh. Make CHEVROLET Veh. Model TRAILBLAZER 7 Body Style P4  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 99 DL/ID State UN DL/ID Num. 9 DL Class 99 10 CDL End. 99 11 DL Rest. 99 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

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. Row 1: 1, 99, 99, WALKER LATISHA LASHAWN, A, 99, 99, 99, 99, 99, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address WALKER LATISHA LASHAWN

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-4 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By ABC TOWING Towed To 6831 OLD RANDOL MILL, FT.WORTH TX 76120

| 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          | MEDSTAR 61      | MEDICAL CITY ALLIANCE | / /                        |                         |
|                               | 2         | 1          | TAKEN BY FRIEND | UNKNOWN               | / /                        |                         |
|                               |           |            |                 |                       | / /                        |                         |
|                               |           |            |                 |                       | / /                        |                         |
|                               |           |            |                 |                       | / /                        |                         |

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

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

|                      |   |  |  |  |   |                     |  |
|----------------------|---|--|--|--|---|---------------------|--|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS.                       | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL                 | <input type="checkbox"/> 9+ CAPACITY   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper.   | 29 Carrier ID Type  | Carrier ID Num.  |
| Carrier's Corp. Name |   | Carrier's Primary Addr.  |  | 30 Veh. Type   |   |                     |  |
| 31 Bus Type          | <input type="checkbox"/> RGVV <input type="checkbox"/> GWRW | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.   | HazMat ID Num.   | 32 HazMat Class Num.  | HazMat ID Num.      | 33 Cargo Body Type   |
| Unit Num.            | <input type="checkbox"/> RGVV <input type="checkbox"/> GWRW | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV <input type="checkbox"/> GWRW                                   | 34 Trlr. Type       | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events   | 35 Seq. 1   | 35 Seq. 2  | 35 Seq. 3  | 35 Seq. 4  | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No | Actual Gross Weight | Total Num. Axles:  |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   |  | 37 Vehicle Defects (Investigator's Opinion) |                   |  |  | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|-------------------|--|---|-------------------|--|--|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit #   | Contributing | May Have Contrib. |  | Contributing                                | May Have Contrib. |  |  | 38 Weather Cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 98           |                   |  |   |                   |  |  |                                      | 4              | 3                 | 97              | 1                    | 1                    | 6                  |
| 2                    | 98   |              |                   |  |   |                   |  |  |                                      |                |                   |                 |                      |                      |                    |

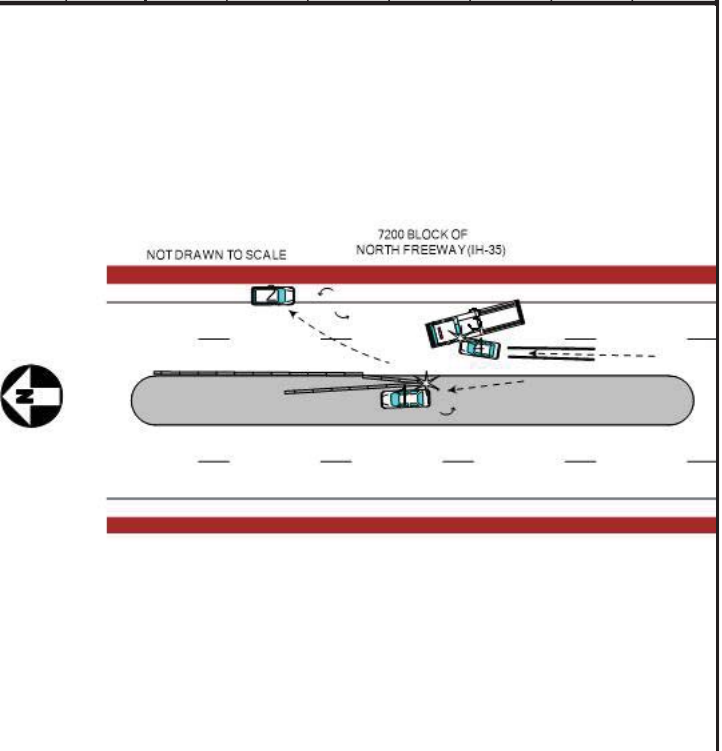
**UNIT 1: SINGLE VEHICLE ACCIDENT, STRUCK WALL ONLY**  
**UNIT 2: SINGLE VEHICLE ACCIDENT, STRUCK WALL ONLY**

UNIT 1 AND UNIT 2 WERE BOTH TRAVELING NORTH BOUND AT THE 7200 BLOCK OF NORTH FREEWAY (IH-35). THE LOCATION IN WHICH THE ACCIDENT OCCURED WAS DUE IN PART TO THE ICY ROAD ON A HIGHWAY BRIDGE. UNIT 1 SPUN OUT OF CONTROL STRIKING A DIVIDING BARRIER. UNIT 1 STRUCK THE DIVIDING BARRIER AS IT WAS SPINNING CAUSING DAMAGE TO UNIT 1'S REAR PASSENGER SIDE BUMPER.

UNIT 2 VEHICLE HAD ALSO SPUN LOSING CONTROL AND RECIEVED DAMAGED TO UNIT 2'S FRONT END. UNIT 2 WAS FACED AGAINST TRAFFIC ON THE FAR RIGHT SHOULDER. AN AMBULANCE PERSONNEL HAD SPOKE TO UNIT 2 DRIVER AND ADVISED OFFICER NGUYEN THEY HAD ALREADY LEFT TO SEEK IMMIDIATE MEDICAL ATTENTION BY A FRIEND WHO HAD PICKED THEM UP. OFFICER NGUYEN WAS UNABLE TO MAKE CONTACT WITH THE OWNER OF UNIT 2 AS TO ASCERTAIN THE SITUATION OF UNIT 2.

UNIT 3, A CITY OF FORT WORTH FIRE TRUCK, WAS PARKED BLOCKING THE RIGHT LANE FOR SAFTEY. UNIT 3 WAS THEN STRUCK BY UNIT 4. UNIT 4 SLIDE ON THE ICY BRIDGE STRIKING UNIT 3 ON THE DRIVER SIDE MIDDLE PANNEL CAUSING MINOR DAMAGE.

A HIT AND RUN SUPPLEMENT REPORT WAS COMPLETED FOR UNIT 3 AND UNIT 4.



| INVESTIGATOR | Time Notified (24HR:MM) | 0   3   0   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   3   0   5     | Report Date (MM/DD/YYYY) | 0   2   1   1 / 2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Investigator Name (Printed) | NGUYEN                       | ID Num.               | 4303              |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | N   O   R   T   H |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 0 0 4

Total Num. Prsns. 0 0 5

TxDOT 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.).

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

\*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 3 0 0 Case ID 210011408 Local Use

\*County Name TARRANT \*City Name FORT WORTH  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) 3 2 . 8 6 9 6 8 Longitude (decimal degrees) - 0 9 7 . 3 1 6 4 2

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. IH \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 7200 3 Street Prefix \*Street Name NORTH 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 55 Const. Zone  No Workers Present  No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER At Int.  No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 3 Block Num. 2900 3 Street Prefix Street Name BASSWOOD 4 Street Suffix BLVD

Distance from Int. or Ref. Marker 800  FT  MI 3 Dir. from Int. or Ref. Marker N Reference Marker Street Desc. HIGHWAY MAINLANE RRX Num.

Unit Num. 3 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. 1138863 VIN 4 S 7 A X 2 P 9 1 B C 0 7 4 9 1 6

Veh. Year 2 0 1 2 6 Veh. Color WHI Veh. Make AMERICAN LA FRANCE Veh. Model CONDOR 7 Body Style FT  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 B 10 CDL End. 96 11 DL Rest. AP21 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) TX

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 for BROWN MATTHEW HOWARD and DUSEK PAUL MICHAEL.

Owner  Lessee Owner/Lessee Name & Address FORT CITY OF FORT WORTH 4100 COLUMBUS TR FORT WORTH TX 76133

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 7 Fin. Resp. Name CITY OF FT.WORTH Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 9- LP- 1 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By DRIVEABLE Towed To DRIVEABLE

Unit Num. 4 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 2 H G E S 1 6 3 X 5 H

Veh. Year 2 0 0 5 6 Veh. Color GRY Veh. Make HONDA Veh. Model CIVIC 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) TX

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 for VARGAS MARTINEZ EDUARDO.

Owner  Lessee Owner/Lessee Name & Address VARGAS MARTINEZ EDUARDO TX

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALINSCO INSURANCE COMP Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3- FR- 2 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By DRIVEABLE Towed To DRIVEABLE

| 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.            | <input type="checkbox"/> 10,001+ LBS.                       | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL                 | <input type="checkbox"/> 9+ CAPACITY   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper.   | 29 Carrier ID Type  | Carrier ID Num.  |
| Carrier's Corp. Name |   | Carrier's Primary Addr.  |  |  | 30 Veh. Type  |                     |  |
| 31 Bus Type          | <input type="checkbox"/> RGVV <input type="checkbox"/> GVWR | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.   | HazMat ID Num.   | 32 HazMat Class Num.  | HazMat ID Num.      | 33 Cargo Body Type   |
| Unit Num.            | <input type="checkbox"/> RGVV <input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV <input type="checkbox"/> GVWR                                   | 34 Trlr. Type       | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events   | 35 Seq. 1   | 35 Seq. 2  | 35 Seq. 3  | 35 Seq. 4  | Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No | Actual Gross Weight | Total Num. Axles:  |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   |  | 37 Vehicle Defects (Investigator's Opinion) |                   |  |  | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|-------------------|--|---|-------------------|--|--|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit #   | Contributing | May Have Contrib. |  | Contributing                                | May Have Contrib. |  |  | 38 Weather Cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 3  | 98           |                   |  |   |                   |  |  |                                      | 4              | 3                 | 97              | 1                    | 1                    | 6                  |

|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                   |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   3   0   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   3   0   5     | Report Date (MM/DD/YYYY) | 0   2   1   1   2   0   2   1 |
|              | Invest. Comp.           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Investigator Name (Printed) | NGUYEN D                     | ID Num.               | 4303              |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | N   O   R   T   H |                          |                               |