



**Highway Factors Attachment – Texas Peace Officer’s Crash Report at 0600 on  
February 11, 2021**

**Fort Worth, TX**

**HWY21FH005**

(150 pages)

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 1 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 5YFBURHE0GP

Veh. Year 2016 6 Veh. Color BLK Veh. Make TOYOTA Veh. Model COROLLA 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)

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, SHOOK JOBETH WILBERS, N, 41, W, 2, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address SHOOK JOBETH WILBERS

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

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

Towed By DRIVEN Towed To BY OWNER

Unit Num. 2 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 1FADP3K23EL

Veh. Year 2014 6 Veh. Color RED Veh. Make FORD Veh. Model FOCUS 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) UNKNOWN UNKNOWN UNK

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, UNKNOWN, 99, 99, 99, 1, 99, 99, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ADAMS LISA RENEE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

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.            | <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"/> GWWR | 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"/> GWWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV <input type="checkbox"/> GWWR                                   | 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

VEHICLES WERE TRAVELING SOUTHBOUND AT THE 2600 BLOCK OF THE IH35 EXPRESS LANES WHEN THEY ENCOUNTERED ICY ROAD CONDITIONS. VEHICLES BEGAN TO COLLIDE WITH EACH OTHER JAMMING UP THE ROADWAY. AS OTHER VEHICLES APPROACHED THEY WERE UNABLE TO STOP IN TIME TO AVOID THE OTHER VEHICLES ALREADY INVOLVED IN THE COLLISION. SIX PERSONS WERE PRONOUNCED DECEASED ON SCENE.

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

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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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 3 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1NXXBR32E28Z

Veh. Year 2008 6 Veh. Color SIL Veh. Make TOYOTA Veh. Model COROLLA 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. 99 11 DL Rest. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, LIND MELISSA CATHERINE, N, 33, B, 2, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address LIND MELISSA CATHERINE

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By ABC WRECKER Towed To ABC WRECKER YARD

Unit Num. 4 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 1ZVHT80N475

Veh. Year 2007 6 Veh. Color GRY Veh. Make FORD Veh. Model MUSTANG 7 Body Style P2  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) UNK UNK UN UNK

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, UNK UNK, 99, 99, 99, 99, 99, 99, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address LANEY RONALD LEE II

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By ABC WRECKER Towed To ABC WRECKER

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 5 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 N 6 A D 0 6 U 4 8 C

Veh. Year 2 0 0 8 6 Veh. Color SIL Veh. Make NISSAN Veh. Model FRONTIER 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. 99 11 DL Rest. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

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 ALONZO NORMA VARELA N 45 W 2 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.

Owner  Lessee Owner/Lessee Name & Address ALONZO JACINTO

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name FARMERS 27 Vehicle Damage Rating 1 12 - FD - 6 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Fin. Resp. Phone Num. Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 6 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State WA LP Num. 80104RP VIN 4 V 4 N C 9 E H 7 L N 2 4 0 0 5 8

Veh. Year 2 0 2 0 6 Veh. Color WHI Veh. Make VOLVO Veh. Model ACL 7 Body Style TR  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State WA DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

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 SINGH SUKHWINDER N 30 A 1 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.

Owner  Lessee Owner/Lessee Name & Address SONIC LOGISTICS LLC FERNDAL WA 98248

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name PROGRESSIVE 27 Vehicle Damage Rating 1 10 - FL - 2 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Fin. Resp. Phone Num. Towed By MILNER Towed To 6320 EDEN DR

| 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.  |
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Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 7 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State WA LP Num. 23034AE VIN 1 G R A A 0 6 2 3 F W 7 0 2 3 8 3

Veh. Year 2 0 1 5 6 Veh. Color WHI Veh. Make GREAT DANE TRAILERS Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP) Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

Table with 25 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. Includes note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address SONIC LOGISTICS LLC 6199 NICKLES ST FERNDAL WA 98248

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 - BD - 1 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By MILNER Towed To MILNER WRECKER YARD

Unit Num. 8 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 5 N P D 8 4 L F 9 J H

Veh. Year 2 0 1 8 6 Veh. Color GRY Veh. Make HYUNDAI Veh. Model ELANTRA COUPE 7 Body Style P4  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP) UNK UNK UN UNK

Table with 25 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. Includes note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address ARRIETA ESTEBAN ALONSO

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 12 - FD - 5 27 Vehicle Damage Rating 2 6 - RD - 5 Vehicle Inventoried  No

Towed By GUY SIMON Towed To GUY SIMON WRECKER YARD



| 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. <b>6</b>                          | <input checked="" type="checkbox"/> 10,001+ LBS.                       | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>2</b>  | 29 Carrier ID Type <b>1</b>                                 | Carrier ID Num. <b>00257317</b> |
| Carrier's Corp. Name <b>SONIC LOGISTICS</b> |  | Carrier's Primary Addr. <b>6199 NICKLES ST</b>           |  | <b>FERNDAL</b>  |   | <b>WA 98248</b>   |                                 |
| 31 Bus Type <b>0</b>                        | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | 4 9 8 2 8  | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.  | 32 HazMat Class Num.  | HazMat ID Num.                  |
| Unit Num. <b>7</b>                          | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | 4 5 0 0 0  | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Unit Num.   | <input type="checkbox"/> RGWW <input type="checkbox"/> GWRW | 34 Trlr. Type                   |
| Sequence Of Events                          | 35 Seq. 1 <b>98</b>  | 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |           |                          |                     |             |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------|--------------------------|---------------------|-------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6 4 0   | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |             |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421 |                          |                     |             |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |           |                          | Service/Region/DA   | C E N T R L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Prns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 9 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1FAHP3F21CL

Veh. Year 2012 6 Veh. Color SIL Veh. Make FORD Veh. Model FOCUS 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)

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, GARRETT MELISSA ELIZABETH, B, 29, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GARRETT MELISSA ELIZABETH

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 9- LBQ-6 Vehicle Inventoried  No

Towed By A1 TOWING Towed To A1 TOWING YARD

Unit Num. 10 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 1GNEK13T2YJ

Veh. Year 2000 6 Veh. Color GRY Veh. Make CHEVROLET Veh. Model TAHOE C1500 7 Body Style SV  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) UNKNOWN UNK UN UNK

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, UNKNOWN UNK UNK, 99, 99, 99, 99, 99, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GARCIA LUIS

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-3 27 Vehicle Damage Rating 2 6- RD-3 Vehicle Inventoried  No

Towed By A1 TOWING Towed To A1 TOWING YARD

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|----------|----------------------------|-------------------------|
|                               | 9         | 1          | TEXAS HEALTH ALLIANCE | SELF     | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 11 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN JTEBU5JR8K5

Veh. Year 2019 6 Veh. Color BLU Veh. Make TOYOTA Veh. Model 4RUNNER/SR5 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)

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, CASE AMY RENEE, B, 43, W, 2, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address CASE AMY RENEE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-5 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried  No

Towed By A1 TOWING Towed To A1 TOWING YARD

Unit Num. 12 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3VWVA7AT5DM

Veh. Year 2013 6 Veh. Color SIL Veh. Make VOLKSWAGEN Veh. Model NEW BEETLE 7 Body Style P2  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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, HERRERA ELVIRA, B, 37, H, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GALAVIZ ISMAEL

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name LIBERTY COUNTY MUTUAL Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3- RP-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 11        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 12        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 13 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN KNDPC3AC5G7

Veh. Year 2016 6 Veh. Color GRY Veh. Make KIA Veh. Model SPORTAGE 7 Body Style SV  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 4 DL/ID State TX DL/ID Num. 9 DL Class 5 10 CDL End. 5 11 DL Rest. 5 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WATSON AARON LUK, N, 45, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address WATSON AARON LUK

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 14 5 Unit Desc. 4  Parked Vehicle  Hit and Run LP State LP Num. VIN

Veh. Year Color 6 Veh. Make Veh. Model 7 Body Style  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)

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, 4, 16, WATSON AARON LUKE, K, 45, W, 1, 97, 97, 97, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  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) |
|-------------------------------|-----------|------------|----------------------------|--------------------|----------------------------|-------------------------|
|                               | 14        | 1          | FW FUNERALS AND CREMATIONS | TARRANT CTY MORGUE | 0 2 / 1 1 / 2 0 2 1        | 0 6   1   3             |
|                               |           |            |                            |                    | / /                        |                         |
|                               |           |            |                            |                    | / /                        |                         |
|                               |           |            |                            |                    | / /                        |                         |
|                               |           |            |                            |                    | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | 98             | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6   4   0 | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-------------|--------------------------|---------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421   |                          |                     |                       |
|              | ORI Num.                | T X   2 2   0 1   2 0   0   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |             |                          | Service/Region/DA   | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 15 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1GCGTDE30G1

Veh. Year 2016 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model COLORADO 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, MORRIS TERRY ALLEN JR, B, 35, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address MORRIS TERRY ALLEN JR

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name USAA 27 Vehicle Damage Rating 1 9- LP-7 27 Vehicle Damage Rating 2 3- RP-7 Vehicle Inventoried  No

Fin. Resp. Phone Num. Towed By ABC TOWING Towed To ABC TOWING

Unit Num. 16 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 5TFEM5F13JX

Veh. Year 2018 6 Veh. Color BLK Veh. Make TOYOTA Veh. Model TUNDRA 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, SIMS MONICA IVONNE, B, 34, H, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address SIMS MONICA IVONNE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name ALLSTATE 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 9- LP-5 Vehicle Inventoried  No

Fin. Resp. Phone Num. Towed By BEARDS TOWING Towed To BEARDS TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 15        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 16        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Main form body containing sections: IDENTIFICATION & LOCATION, VEHICLE, DRIVER, & PERSONS. Includes fields for crash date, county, road names, vehicle details, driver information, and insurance.

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By    | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|-------------|----------------------------|-------------------------|
|                               | 18        | 1          | JOHN PETER SMITH HOSP | MEDSTAR 578 | / /                        |                         |
|                               | 17        | 1          | LOCAL HOSPITAL        | SELF        | / /                        |                         |
|                               |           |            |                       |             | / /                        |                         |
|                               |           |            |                       |             | / /                        |                         |
|                               |           |            |                       |             | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 19 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State OR LP Num. YASF134 VIN 1 N P 5 L B 9 X 7 7 N 7 4 2 6 7 0

Veh. Year 2 0 0 7 6 Veh. Color WHI 6 Veh. Make PETERBILT Veh. Model 397 7 Body Style TT  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 A 10 CDL End. T 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

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, MONTES ARTURO, B, 43, H, 1, 1, 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.

Owner  Lessee Owner/Lessee Name & Address SIERRA MOUNTAIN EXPRESS 14440 N BYBEE LAKE RD PORTLAND OR 97203

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name NATIONAL INTERSTATE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1- FD-7 27 Vehicle Damage Rating 2 12- FR-7 Vehicle  Yes  No Inventoried

Towed By MILNER Towed To MILNER TOWING

Unit Num. 20 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State OR LP Num. HV51486 VIN 1 B 9 C S 4 5 2 0 7 P 2 7 5 4 9 6

Veh. Year 2 0 0 7 6 Veh. Color BLU 6 Veh. Make BOYD TANK TRAILERS Veh. Model NOT APPLICABLE 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)

Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

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.

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

Owner  Lessee Owner/Lessee Name & Address SIERRA MOUNTAIN EXPRESS 14440 N BYBEE LAKE RD PORTLAND OR 97203

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name NATIONAL INTERSTATE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-2 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By MILNER Towed To MILNER TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 19        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

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

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

|   |  |  |  |   |   |   |                                 |  |
|---|--|--|--|---|---|---|---------------------------------|--|
| Unit Num. <b>19</b>                         | <input checked="" type="checkbox"/> 10,001+ LBS.                         | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>  | 29 Carrier ID Type <b>1</b>                                   | Carrier ID Num. <b>00365516</b> |  |
| Carrier's Corp. Name <b>SIERRA MOUNTAIN</b> | Carrier's Primary Addr. <b>14440 N BYBEE LAKE RD</b>                     |  | <b>PORTLAND</b>  | <b>OR</b>   | <b>97203</b>  | 30 Veh. Type <b>6</b>   |                                 |  |
| 31 Bus Type <b>0</b>                        | <input type="checkbox"/> RGWW<br><input checked="" type="checkbox"/> GWR | <b>52000</b>   | 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 <b>8</b>  |
| Unit Num. <b>20</b>                         | <input type="checkbox"/> RGWW<br><input checked="" type="checkbox"/> GWR | <b>48000</b>   | 34 Trlr. Type <b>1</b>   | CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Unit Num.   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWR | 34 Trlr. Type                   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events                          | 35 Seq. 1 <b>98</b>  | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

| NARRATIVE AND DIAGRAM | 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 |
|                       |  |              |   |  |                                      |                   |  |  | <b>98</b>        | <b>3</b>       | <b>97</b>         | <b>3</b>        | <b>2</b>             | <b>6</b>             | <b>96</b>          |

DIAGRAM ON SEPARATE PAGE

|              |                         |   |                             |                                     |                        |                    |                          |                            |
|--------------|-------------------------|---|-----------------------------|-------------------------------------|------------------------|--------------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | <b>0 6 2 0</b>  | How Notified                | <b>DISPATCH</b>                     | Time Arrived (24HR:MM) | <b>0 6 4 0</b>     | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>HARPER, G. MARTIN, K</b>         | ID Num.                | <b>3380-3421</b>   |                          |                            |
|              | ORI Num.                | <b>T X 2 2 0 1 2 0 0</b>  | *Agency                     | <b>FORT WORTH POLICE DEPARTMENT</b> | Service/Region/DA      | <b>C E N T R L</b> |                          |                            |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 21 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 C 6 R R 7 L M 1 F S

Veh. Year 2 0 1 5 6 Veh. Color WHI Veh. Make DODGE Veh. Model RAM 1500 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, CRAWFORD BRIAN, B, 31, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address CRAWFORD BRIAN

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried  Yes  No

Towed By ABC TOWING Towed To ABC TOWING

Unit Num. 22 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 5 X Y P 6 4 H C 2 L G

Veh. Year 2 0 2 0 6 Veh. Color GRY Veh. Make KIA Veh. Model UNKNOWN 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, CROSS ROBERT MICHAEL, A, 81, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97. Row 2: 2, 2, 3, CROSS RICHARD, A, 54, W, 1, 1, 1, 5, 97, N, Not Applicable.

Owner  Lessee Owner/Lessee Name & Address CROSS ROBERT MICHAEL

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 9- LP-7 Vehicle Inventoried  Yes  No

Towed By ABC TOWING Towed To ABC TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|----------|----------------------------|-------------------------|
|                               | 22        | 1          | JOHN PETER SMITH HOSP | MEDSTAR  | / /                        |                         |
|                               | 22        | 2          | JOHN PETER SMITH HOSP | MEDSTAR  | / /                        |                         |
|                               | 21        | 1          | LOCAL HOSPITAL        | SELF     | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |  |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|--|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |  |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |  |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 23 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. 1L57140 VIN 1FUBCYCS13HM01664

Veh. Year 2003 6 Veh. Color RED Veh. Make FREIGHTLINER Veh. Model UNKNOWN 7 Body Style TR  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 A 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, MCENLEY JALEN, N, 21, B, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address COCA COLA SOUTHWEST BEVERAGES LL 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name BEECHER CARLSON INS Fin. Resp. Num.

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

Towed By DRIVEN Towed To 3400 FOSSIL CREEK BL

Unit Num. 24 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State TX LP Num. 80918Z VIN 2MNO1JAL261008625

Veh. Year 2006 6 Veh. Color RED Veh. Make TRAILMOBILE Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address COCA COLA SOUTHWEST BEVERAGES LL 3400 FOSSIL CREEK BL FORT WORTH TX 76137

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name BEECHER CARLSON INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-1 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By DRIVEN Towed To 3400 FOSSIL CREEK BLVD



| 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. <b>23</b>                   | <input checked="" type="checkbox"/> 10,001+ LBS.                      | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>2</b>  | 29 Carrier ID Type <b>1</b>                                | Carrier ID Num. <b>02977752</b> |
| Carrier's Corp. Name <b>COCA COLA</b> | Carrier's Primary Addr. <b>6101 AVE A</b>                             |  | <b>LUBBOCK TX 79404</b>  |   | 30 Veh. Type <b>5</b>   |  |                                 |
| 31 Bus Type <b>0</b>                  | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>34700</b>   | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.  | 32 HazMat Class Num.                                       | HazMat ID Num.                  |
| Unit Num. <b>24</b>                   | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>12100</b>   | 34 Trlr. Type <b>1</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.   | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR | 34 Trlr. Type                   |
| Sequence Of Events                    | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                                     |                        |                |                          |                            |
|--------------|-------------------------|---|-----------------------------|-------------------------------------|------------------------|----------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | <b>0 6 2 0</b>  | How Notified                | <b>DISPATCH</b>                     | Time Arrived (24HR:MM) | <b>0 6 4 0</b> | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>HARPER, G. MARTIN, K</b>         |                        | ID Num.        | <b>3380-3421</b>         |                            |
|              | ORI Num.                | <b>T X 2 2 0 1 2 0 0</b>  | *Agency                     | <b>FORT WORTH POLICE DEPARTMENT</b> |                        |                |                          | Service/Region/DA          |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Prns. 1 3 6

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) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 25 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1ZVHT82H785

Veh. Year 2008 6 Veh. Color BLK Veh. Make FORD Veh. Model MUSTANG 7 Body Style P2  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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, DUDDINGTON DUSTIN DALE, B, 32, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address DUDDINGTON DUSTIN DALE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TX FARM BUREAU Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

Unit Num. 26 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State VIN 1F D S E 3 F L 4 B D

Veh. Year 2011 6 Veh. Color BLU Veh. Make FORD Veh. Model ECONOLINE 7 Body Style VN  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)

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, ROGERS NADIA JEAN, B, 22, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address MCDANIEL AND SON PLUMBING

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE AUTO Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING YARD

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 25        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 26        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

|              |                         |   |                             |                              |                       |               |                          |                               |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 27 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1HGCPC2F87BA

Veh. Year 2011 6 Veh. Color GRY Veh. Make HONDA Veh. Model ACCORD 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)

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, BROOKE ASHLEY, B, 25, W, 2, 1, 1, 3, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ENGEL HUNTER

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3- RP-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By A1 TOWING Towed To A1 TOWING

Unit Num. 28 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 19XF1F36GE

Veh. Year 2016 6 Veh. Color BLK 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, HIATT JAMES JENNINGS, B, 65, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address HIATT NANCY JEAN

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 3- RP-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 27        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 28        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH             | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY)     | 0   3   0   1   2   0   2   1 |                   |
|--------------|-------------------------|---|-----------------------------|----------------------|-----------------------|---------------|------------------------------|-------------------------------|-------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K | ID Num.               | 3380-3421     |                              |                               |                   |
|              | ORI Num.                | TX 2 2 0 1 2 0 0  |                             |                      |                       | *Agency       | FORT WORTH POLICE DEPARTMENT |                               | Service/Region/DA |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 29 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3 C 6 3 R R A L 4 J G

Veh. Year 2 0 1 8 6 Veh. Color WHI Veh. Make DODGE Veh. Model RAM 3500 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 CM 10 CDL End. 96 11 DL Rest. 96 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, 1, 1, GOBER KERRY QUINN, B, 44, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address GOBER KERRY QUINN

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TEXAS FARM BUREAU Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  Yes  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

Unit Num. 30 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 1 C 4 R D H A G 4 D C

Veh. Year 2 0 1 3 6 Veh. Color RED Veh. Make DODGE Veh. Model DURANGO 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)

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, BENSON REBECCA ANN, B, 39, B, 2, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address BENSON REBECCA ANN

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name LIBERTY COUNTY MUTUAL Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 9- LP-7 Vehicle Inventoried  Yes  No

Towed By MILNER TOWING Towed To MILNER TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To        | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------|----------|----------------------------|-------------------------|
|                               | 29        | 1          | HARRIS DOWNTOWN | SELF     | / /                        |                         |
|                               | 30        | 1          | HARRIS DOWNTOWN | SELF     | / /                        |                         |
|                               |           |            |                 |          | / /                        |                         |
|                               |           |            |                 |          | / /                        |                         |
|                               |           |            |                 |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH             | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY)     | 0   3   0   1   2   0   2   1 |                   |
|--------------|-------------------------|---|-----------------------------|----------------------|-----------------------|---------------|------------------------------|-------------------------------|-------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K | ID Num.               | 3380-3421     |                              |                               |                   |
|              | ORI Num.                | TX 22012000   |                             |                      |                       | *Agency       | FORT WORTH POLICE DEPARTMENT |                               | Service/Region/DA |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  Yes  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. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 31 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C4RJEBG6MC

Veh. Year 2021 6 Veh. Color BLK Veh. Make JEEP Veh. Model GRAND CHEROKEE 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, LIVESAY ANGIE DENISE, B, 45, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address LIVESAY ANGIE DENISE

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 3- RP-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 32 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN JN1BJ0HPXE

Veh. Year 2014 6 Veh. Color WHI Veh. Make INFINITI Veh. Model QX50 7 Body Style SV  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, PAARUP MICHAEL, N, 60, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address PAARUP MICHAEL

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- LP-7 Vehicle Inventoried  No

Towed By ABC TOWING Towed To ABC TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 31        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/12018)

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 33 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 2 T 1 B U 4 E E 4 B C

Veh. Year 2 0 1 1 6 Veh. Color SIL 7 Veh. Make TOYOTA 8 Veh. Model COROLLA 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) UNKNOWN UNKNOWN UN UNK

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, UNKNOWN UNK UNK, 99, 99, 99, 1, 99, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address LUCKEY LATRICE KNESHUN

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name HOME STATE COUNTY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 34 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3 V W D X 7 A J 7 B M

Veh. Year 2 0 1 1 6 Veh. Color BLU 7 Veh. Make VOLKSWAGEN 8 Veh. Model JETTA 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)

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, YOUNG JACOB ALEXANDER, B, 21, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address YOUNG JACOB ALEXANDER

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name GEICO Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By CORNISH TOWING Towed To CORNISH TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 34        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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**

★Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 ★Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

**ROAD ON WHICH CRASH OCCURRED**

★1 Rdwy. Sys. TL ★Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 35 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 G C 1 K X C 8 9 E F

Veh. Year 2 0 1 4 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)

Address (Street, City, State, ZIP)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | GUTHRIE NEAL WILLIAM  | B                  | 30  | W            | 1      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address GUTHRIE NEAL WILLIAM

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name AGRICULTURAL WORKERS MUTUAL Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 7 27 Vehicle Damage Rating 2 6 - RD - 7 Vehicle Inventoried  Yes  No

Towed By CORNISH TOWING Towed To CORNISH TOWING

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 36 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 F M F U 1 6 5 5 8 L

Veh. Year 2 0 0 8 6 Veh. Color WHI Veh. Make FORD Veh. Model EXPEDITION 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)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | MURSALIN WALID  | N                  | 36  | A            | 1      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address MURSALIN WALID

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 7 27 Vehicle Damage Rating 2 3 - RP - 7 Vehicle Inventoried  Yes  No

Towed By ABC TOWING Towed To ABC TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 35        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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**

\*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

**ROAD ON WHICH CRASH OCCURRED**

\*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 37 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN K N D M B 5 C 1 2 H 6

Veh. Year 2 0 1 7 6 Veh. Color SIL Veh. Make KIA Veh. Model SEDONA 7 Body Style VN  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)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | THURMAN   | OPAL | CHRISTINE | A                  | 46  | W            | 2      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |      |           |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address THURMAN OPAL CHRISTINE

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD-7 27 Vehicle Damage Rating 2 6 - RD-7 Vehicle Inventoried  Yes  No

Towed By MILNER TOWING Towed To MILNER TOWING

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 38 5 Unit Desc. 4  Parked Vehicle  Hit and Run LP State UN LP Num. VIN

Veh. Year 6 Veh. Color Veh. Make Veh. Model 7 Body Style  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) UNKNOWN UNKN UN UNK

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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  | 4             | 16               | QUERALES  | TAMARA | SATIMA | K                  | 46  | H            | 2      | 97        | 97        | 97        | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |        |        |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 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) |
|-------------------------------|-----------|------------|-----------------------|------------------------------------|----------------------------|-------------------------|
|                               | 37        | 1          | MEDICAL CITY ALLIANCE | MEDSTAR                            | / /                        |                         |
|                               | 38        | 1          | TC MORGUE             | FORT WORTH FUNERALS AND CREMATIONS | 0 2 / 1 1 / 2 0 2 1        | 0 6   0 0               |
|                               |           |            |                       |                                    | / /                        |                         |
|                               |           |            |                       |                                    | / /                        |                         |
|                               |           |            |                       |                                    | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                       |                          |                     |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|---------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0 6   2 0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6   4 0             | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                     |
|              | ORI Num.                | T X   2 2   0 1   2 0   0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 39 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State IN LP Num. 2839769 VIN 3 A K J H L D V 9 M S M G 0 5 6 5

Veh. Year 2 0 2 1 6 Veh. Color WHI 6 Veh. Make FREIGHTLINER Veh. Model UNKNOWN 7 Body Style TR  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 A 10 CDL End. H 11 DL Rest. P27 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, VAL ERNST, N, 41, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORP DR LOWELL AR 72745

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACE AMERICAN INS. Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 11 - LFQ-7 27 Vehicle Damage Rating 2 1 - RFQ-7 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To 1150 INTERMODAL PKWY

Unit Num. 40 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State OK LP Num. 1631JJ VIN L J R C 5 4 2 6 0 C 1 0 0 2 2 4 7

Veh. Year 2 0 1 2 6 Veh. Color ONG 6 Veh. Make CIMC TRAILERS Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, VAL ERNST, N, 41, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORP DR LOWELL AR 72745

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACE AMERICAN INS. Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - BD-2 27 Vehicle Damage Rating 2 - BR-2 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To 1150 INTERMODAL PKWY



| 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. <b>39</b>                 | <input checked="" type="checkbox"/> 10,001+ LBS.                      | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL              | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>  | 29 Carrier ID Type <b>1</b> | Carrier ID Num. <b>00800806</b>                            |
| Carrier's Corp. Name <b>JB HUNT</b> |   | Carrier's Primary Addr. <b>1150 INTERMODAL PKWY HASLET TX 76052</b>   |  |   |   |                             |  |
| 31 Bus Type <b>0</b>                | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>5,200,00</b>   | 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 <b>3</b>         | Unit Num. <b>40</b>   | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>6,800,00</b>  | 34 Trlr. Type <b>1</b>  | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     | Unit Num.                   | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR |
| Sequence Of Events                  | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0 6 2 0</b>  | How Notified | <b>DISPATCH</b> | Time Arrived (24HRMM) | <b>0 6 4 0</b>           | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|--------------|---|---|--------------|-----------------|-----------------------|--------------------------|--------------------------|----------------------------|
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 |                       | ID Num. <b>3380-3421</b> |                          |                            |
|              | ORI Num. <b>T X 2 2 0 1 2 0 0</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 |                       | Service/Region/DA        | <b>C E N T R L</b>       |                            |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Main form containing crash details, vehicle information, driver details, and insurance information. Includes sections for 'IDENTIFICATION & LOCATION', 'VEHICLE, DRIVER, & PERSONS', and 'VEHICLE, DRIVER, & PERSONS'.

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 41        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

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

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

|   |  |  |  |   |   |   |                                 |  |
|---|--|--|--|---|---|---|---------------------------------|--|
| Unit Num. <b>41</b>                       | <input checked="" type="checkbox"/> 10,001+ LBS.                       | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>  | 29 Carrier ID Type <b>1</b>                                 | Carrier ID Num. <b>02813179</b> |  |
| Carrier's Corp. Name <b>G.G'S PRODUCE</b> | Carrier's Primary Addr. <b>2305 E TRENTON RD</b>                       |  | <b>EDINBURG TX 78542</b>   | <b>TX 78542</b>   | <b>TX 78542</b>   | <b>TX 78542</b>   | 30 Veh. Type <b>6</b>           |  |
| 31 Bus Type <b>0</b>                      | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | <b>51200</b>   | 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 <b>3</b>  |
| Unit Num. <b>42</b>                       | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | <b>65000</b>   | 34 Trlr. Type <b>1</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.   | <input type="checkbox"/> RGWW <input type="checkbox"/> GWRW | 34 Trlr. Type                   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events                        | 35 Seq. 1 <b>98</b>  | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |   |   |              |                 |                       |                                      |                          |                   |
|--------------|---|---|--------------|-----------------|-----------------------|--------------------------------------|--------------------------|-------------------|
| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0620</b>   | How Notified | <b>DISPATCH</b> | Time Arrived (24HRMM) | <b>0640</b>                          | Report Date (MM/DD/YYYY) | <b>03/01/2021</b> |
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 |                       | ID Num. <b>3380-3421</b>             |                          |                   |
|              | ORI Num. <b>TX2201200</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 |                       | Service/Region/DA <b>C E N T R L</b> |                          |                   |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 43 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 5FN3YF3H79DB

Veh. Year 2013 6 Veh. Color WHI Veh. Make HONDA Veh. Model PILOT 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)

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, FALKENBERG ALICIA MARRIE, N, 35, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address FALKENBERG ALICIA MARRIE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By PURFECT TOWING Towed To PURFECT TOWING

Unit Num. 44 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN

Veh. Year 2021 6 Veh. Color 99 Veh. Make UNKNOWN Veh. Model UNKNOWN 7 Body Style 99  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) UNKNOWN UNK UN UNK

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, 99, 1, UNKNOWN UNK UNK, 99, 99, 99, 99, 99, 99, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address UNKNOWN UNK UNK UN UNK

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 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  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.            | <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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0 6 4 0     | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-------------|--------------------------|---------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421   |                          |                     |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA      | C E N T R L |                          |                     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE  SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 45 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN K M 8 J 3 3 A 2 9 J U

Veh. Year 2018 6 Veh. Color GRY Veh. Make HYUNDAI Veh. Model TUCSON 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)

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, SHAABANI SARAH DANIELLE, N, 29, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address SHAABANI SARAH DANIELLE

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name COLONIAL COUNTY MUTUAL Fin. Resp. Num.

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

Towed By PURFECT TOWING Towed To PURFECT TOWING

Unit Num. 46 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN J T H B A 1 D 2 0 H 5

Veh. Year 2017 6 Veh. Color GRY Veh. Make LEXUS Veh. Model IS 250 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, MOONEY KAREN MARIE, A, 51, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address MOONEY KAREN MARIE

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 12- RD-7 Vehicle Inventoried  No

Towed By CORNISH TOWING Towed To CORNISH TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|----------|----------------------------|-------------------------|
|                               | 46        | 1          | MEDICAL CITY ALLIANCE | MEDSTAR  | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 47 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 G Y F Z E R 4 1 K F

Veh. Year 2 0 1 9 6 Veh. Color BLK Veh. Make CADILLAC Veh. Model XTS 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)

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, DAVIS AMANDA MICHELLE, B, 32, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address DAVIS AMANDA MICHELLE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By CORNISH TOWING Towed To CORNISH TOWING

Unit Num. 48 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 3 C 6 R R 6 L T 2 H G

Veh. Year 2 0 1 7 6 Veh. Color GRY Veh. Make DODGE Veh. Model RAM 1500 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. A 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, 1, 1, GENUALDO PAUL RICHARD, C, 52, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address GENUALDO PAUL RICHARD

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By ADVANCED TOWING Towed To ADVANCED TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 47        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 48        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA      | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 49 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State AR LP Num. K810521 VIN 3AKJGLDR1KDKN3177

Veh. Year 2019 6 Veh. Color GRY Veh. Make FREIGHTLINER Veh. Model UNKNOWN 7 Body Style TT  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State MX DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, GARCIA RODRIGUEZ HECTOR FERNANDO, C, 37, H, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 8- LBQ-5 27 Vehicle Damage Rating 2 2- RD-4 Vehicle Inventoried  No

Towed By EDDS TOWING Towed To RICH TRANSPORT LLC 4444 IRVING BLVD

Unit Num. 50 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State OK LP Num. 9931KJ VIN 3H3V532C6FT280408

Veh. Year 2015 6 Veh. Color WHI Veh. Make HYUNDAI STEEL INDUSTRIES Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-6 27 Vehicle Damage Rating 2 12- FD-3 Vehicle Inventoried  No

Towed By EDDS TOWING Towed To RECH TRANSPORT

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------|----------|----------------------------|-------------------------|
|                               | 49        | 1          | ON SITE  | MEDSTAR  | / /                        |                         |
|                               |           |            |          |          | / /                        |                         |
|                               |           |            |          |          | / /                        |                         |
|                               |           |            |          |          | / /                        |                         |
|                               |           |            |          |          | / /                        |                         |

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

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

|  |   |  |  |   |   |   |                                 |
|--|---|--|--|---|---|---|---------------------------------|
| Unit Num. <b>49</b>                        | <input checked="" type="checkbox"/> 10,001+ LBS.                            | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>  | 29 Carrier ID Type <b>1</b>                                 | Carrier ID Num. <b>03057789</b> |
| Carrier's Corp. Name <b>RICH TRANSPORT</b> | Carrier's Primary Addr. <b>6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209</b> |  |  | 30 Veh. Type <b>8</b>   |   |   |                                 |
| 31 Bus Type <b>0</b>                       | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW      | <b>5 2 3 5 0</b>   | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.  | 32 HazMat Class Num.  | HazMat ID Num.                  |
| Unit Num. <b>50</b>                        | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW      | <b>6 8 0 0 0</b>   | 34 Trlr. Type <b>1</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.   | <input type="checkbox"/> RGWW <input type="checkbox"/> GWRW | 34 Trlr. Type                   |
| Sequence Of Events                         | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0 6 2 0</b>  | How Notified | <b>DISPATCH</b> | Time Arrived (24HR:MM)               | <b>0 6 4 0</b> | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|--------------|---|---|--------------|-----------------|--------------------------------------|----------------|--------------------------|----------------------------|
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 | ID Num. <b>3380-3421</b>             |                |                          |                            |
|              | ORI Num. <b>T X 2 2 0 1 2 0 0</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 | Service/Region/DA <b>C E N T R L</b> |                |                          |                            |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8  
Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 51 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State KS LP Num. 198172 VIN 1 X K Y D P 9 X 2 L J 4 1 3 0 1 0

Veh. Year 2 0 2 0 6 Veh. Color BLK Veh. Make KENWORTH Veh. Model UNKNOWN 7 Body Style TT  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State KS DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, BOWMAN CHARLES GRANT, C, 51, W, 1, 1, 1, 97, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address SUN VALLEY INC 1601 E BLANCHARD AVE HUTCHINSON KS 67501

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ARCH INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 6 27 Vehicle Damage Rating 2 9 - LD - 5 Vehicle Inventoried  Yes  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

Unit Num. 52 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State KS LP Num. C397603 VIN 1 W 1 4 4 5 2 A 2 M 7 7 2 0 5 0 8

Veh. Year 2 0 2 1 6 Veh. Color SIL Veh. Make WILSON TRAILER CO Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, SUN VALLEY INC, Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address SUN VALLEY INC 1601 E BLANCHARD AVE HUTCHINSON KS 67501

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ARCH INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 - RD - 6 27 Vehicle Damage Rating 2 12 - FD - 6 Vehicle Inventoried  Yes  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 51        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

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

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

|  |   |   |  |   |  |  |                                 |
|--|---|---|--|---|--|--|---------------------------------|
| Unit Num. <b>51</b>                        | <input checked="" type="checkbox"/> 10,001+ LBS.                      | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL                | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>   | 29 Carrier ID Type <b>1</b>                                | Carrier ID Num. <b>01292112</b> |
| Carrier's Corp. Name <b>SUN VALLEY INC</b> |   | Carrier's Primary Addr. <b>1601 E BLANCHARD AVE HUTCHINSON KS 67501</b> |  |   |  |  |                                 |
| 31 Bus Type <b>0</b>                       | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>53200</b>  | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.   | 32 HazMat Class Num.                                       | HazMat ID Num.                  |
| Unit Num. <b>52</b>                        | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>85500</b>  | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR | 34 Trlr. Type                   |
| Sequence Of Events                         | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |   |   |              |                 |                        |                                      |                          |                   |
|--------------|---|---|--------------|-----------------|------------------------|--------------------------------------|--------------------------|-------------------|
| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0620</b>   | How Notified | <b>DISPATCH</b> | Time Arrived (24HR:MM) | <b>0640</b>                          | Report Date (MM/DD/YYYY) | <b>03/01/2021</b> |
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 |                        | ID Num. <b>3380-3421</b>             |                          |                   |
|              | ORI Num. <b>TX2201200</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 |                        | Service/Region/DA <b>C E N T R L</b> |                          |                   |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 53 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State IN LP Num. VIN K L 7 9 M R S L 1 M B

Veh. Year 2021 6 Veh. Color BLU Veh. Make CHEVROLET Veh. Model TRAILBLAZER 7 Body Style SV  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State IN DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, MATTINGLY MEGHAN MIKAYLA, N, 26, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address MATTINGLY MEGHAN MIKAYLA

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3- RP-7 27 Vehicle Damage Rating 2 10- FL-4 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 54 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN J T E B U 4 B F 3 B K

Veh. Year 2011 6 Veh. Color SIL Veh. Make TOYOTA Veh. Model FJ CRUISER 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 BM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, MCDANIEL DWIGHT KERN, B, 30, B, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address MCDANIEL DWIGHT KERN

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------------|----------|----------------------------|-------------------------|
|                               | 54        | 1          | BAYLOR GRAPEVINE | SELF     | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |             |                          |                     |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-------------|--------------------------|---------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6 4 0     | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421   |                          |                     |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C E N T R L |                          |                     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Main form body containing sections: IDENTIFICATION & LOCATION, VEHICLE, DRIVER, & PERSONS. Includes fields for crash date, county, road names, vehicle details, driver information, and insurance status.



| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6 4 0     | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-------------|--------------------------|---------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421   |                          |                     |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C E N T R L |                          |                     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 57 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. R110574 VIN 1FUJGEBG1GLGZ6976

Veh. Year 2016 6 Veh. Color WHI Veh. Make FREIGHTLINER Veh. Model CASCADIA 125 7 Body Style TT  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 A 10 CDL End. NTH 11 DL Rest. P27 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WILLIAMS CODY SLOAN, B, 36, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GO TO LOGISTICS INC 2233 N WEST ST RIVER GROVE IL 60171

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ARCH INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By MILNER TOWING Towed To 6320 EDEN DR, FORT WORTH

Unit Num. 58 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State IL LP Num. 418014ST VIN 1UYV S2530B M144207

Veh. Year 2011 6 Veh. Color WHI Veh. Make UTILITY TRAILER MFG Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address GO TO LOGISTICS INC 1215 DUNAMON DR BARTLETT IL 60103

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ARCH INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 5- RP-3 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By MILNER TOWING Towed To 6320 EDEN RD, FORT WORTH

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To    | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-------------|----------|----------------------------|-------------------------|
|                               | 57        | 1          | PERSONAL DR | SELF     | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |

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

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

|   |  |  |  |   |  |   |                                 |  |
|---|--|--|--|---|--|---|---------------------------------|--|
| Unit Num. <b>57</b>                             | <input checked="" type="checkbox"/> 10,001+ LBS.                       | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>2</b>   | 29 Carrier ID Type <b>1</b>                                 | Carrier ID Num. <b>01500245</b> |  |
| Carrier's Corp. Name <b>GO TO LOGISTICS INC</b> | Carrier's Primary Addr. <b>2233 N WEST ST</b>                          |  | <b>RIVER GROVE IL 60171</b>  |   | 30 Veh. Type <b>8</b>  |   |                                 |  |
| 31 Bus Type <b>0</b>                            | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | <b>5 2 0 0 0</b>   | 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 <b>3</b>  |
| Unit Num. <b>58</b>                             | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | <b>6 5 0 0 0</b>   | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW <input type="checkbox"/> GWRW | 34 Trlr. Type                   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events                              | 35 Seq. 1 <b>98</b>  | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |   |   |              |                 |                       |                                      |                          |                            |
|--------------|---|---|--------------|-----------------|-----------------------|--------------------------------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0 6 2 0</b>  | How Notified | <b>DISPATCH</b> | Time Arrived (24HRMM) | <b>0 6 4 0</b>                       | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 |                       | ID Num. <b>3380-3421</b>             |                          |                            |
|              | ORI Num. <b>T X 2 2 0 1 2 0 0</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 |                       | Service/Region/DA <b>C E N T R L</b> |                          |                            |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Prns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 59 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1GCG4YUEY2LF

Veh. Year 2020 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model SILVERADO K3500 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, MEEK DEVIN KEMPER, N, 34, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address THELIN RECYCLING CO

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED FIRST CASUALTY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

Unit Num. 60 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 5NMS23AD7KH

Veh. Year 2019 6 Veh. Color GRY Veh. Make HYUNDAI Veh. Model SANTA FE 7 Body Style SV  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, ROBERTSON ENID LYL, A, 58, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ROBERTSON ENID LYL

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By   | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------|------------|----------------------------|-------------------------|
|                               | 60        | 1          | BAYLOR   | MEDSTAR 81 | / /                        |                         |
|                               |           |            |          |            | / /                        |                         |
|                               |           |            |          |            | / /                        |                         |
|                               |           |            |          |            | / /                        |                         |
|                               |           |            |          |            | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |                   |                  | 98             | 3                                    | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6 4 0   | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------|--------------------------|---------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421 |                          |                     |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |           | Service/Region/DA        | C E N T R L         |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 61 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN

Veh. Year 2021 6 Veh. Color GRY Veh. Make UNKNOWN Veh. Model UNKNOWN 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) UNKNOWN UNKNOWN UN UNK

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, UNKNOWN UNK UNK, 99, 99, 99, 1, 99, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address UNKNOWN UNK UNK UNKNOWN UN UNK

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By UNKNOWN Towed To UNKNOWN

Unit Num. 62 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 5 X Y Z T 3 L B 1 J G

Veh. Year 2018 6 Veh. Color BLK Veh. Make HYUNDAI Veh. Model SANTA FE 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)

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, KILBREATH SUZETTE JANELLE, A, 52, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address KILBREATH SUZETTE JANELLE

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|----------|----------------------------|-------------------------|
|                               | 62        | 1          | MEDICAL CITY ALLIANCE | MEDSTAR  | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 63 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN K N M A T 2 M V 6 J P

Veh. Year 2018 6 Veh. Color BLK Veh. Make NISSAN Veh. Model ROGUE 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 CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, ENGEL ROBERT ALAN, B, 57, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ENGEL ROBERT ALAN

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried  No

Towed By CORNISH TOWING Towed To CORNISH TOWING

Unit Num. 64 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State HI LP Num. VIN 1 F T B F 2 A 6 2 H E

Veh. Year 2017 6 Veh. Color WHI Veh. Make FORD Veh. Model F250 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State HI DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WILLIAMS WILLIAM DARRELL, K, 54, 98, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GEEP MECH ENG AND CONST INC

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name AMERISURE INSURANCE CO Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By                          | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|-----------------------------------|----------------------------|-------------------------|
|                               | 63        | 1          | USMD ARLINGTON | PERSONAL VEH                      | / /                        |                         |
|                               | 64        | 1          | TC MORGUE      | FORT WORTH FUNERALS AND CREMATION | 0 2 / 1 1 / 2 0 2 1        | 0 6   0 3               |
|                               |           |            |                |                                   | / /                        |                         |
|                               |           |            |                |                                   | / /                        |                         |
|                               |           |            |                |                                   | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                        |           |                          |                     |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------|--------------------------|---------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0 6   2 0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0 6   4 0 | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421 |                          |                     |
|              | ORI Num.                | T X   2 2   0 1   2 0   0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |           | Service/Region/DA        | C E   N T   R L     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 65 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1FT7W2BT0LE

Veh. Year 2020 6 Veh. Color RED Veh. Make FORD Veh. Model F250 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, VARDY CHRISTOPHER RAY, K, 49, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address VARDY CHRISTOPHER RAY

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By CORNISH TOWING Towed To CORNISH TOWING

Unit Num. 66 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C4PJMJN9KD

Veh. Year 2019 6 Veh. Color BLK Veh. Make JEEP Veh. Model GRAND CHEROKEE 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, BLAKE SAMUEL ETIENNE, B, 38, B, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address BLAKE SAMUEL ETIENNE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried  No

Towed By EDS TOWING Towed To EDS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By                          | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|-----------------------------------|----------------------------|-------------------------|
|                               | 65        | 1          | TARRANT COUNTY MORGUE | FORT WORTH FUNERALS AND CREMATION | 0 2 / 1 1 / 2 0 2 1        | 0 6   0 3               |
|                               | 66        | 1          | MEDICAL CITY FW       | MEDSTAR 56                        | / /                        |                         |
|                               |           |            |                       |                                   | / /                        |                         |
|                               |           |            |                       |                                   | / /                        |                         |
|                               |           |            |                       |                                   | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6   2 0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0 6   4 0 | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------|--------------------------|---------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421 |                          |                     |
|              | ORI Num.                | T X   2 2   0 1   2 0   0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |           | Service/Region/DA        | C E   N T   R L     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 67 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State MO LP Num. 49KR4D VIN 1 X P B D P 9 X 7 L D 3 6 4 4 6 5

Veh. Year 2 0 2 0 6 Veh. Color GRN Veh. Make PETERBILT Veh. Model 397 7 Body Style TT  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State KS DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: RIDDER STEVEN ANTHONY, B, 35, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address NEW PRIME INCE 2740 MAYFAIR AVE SPRINGFIELD MO 75409

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACE AMERICAN INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 6 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 68 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State MO LP Num. 25A781 VIN 1 R N D 5 3 A 2 9 E R 0 3 0 7 8 1

Veh. Year 2 0 1 4 6 Veh. Color 98 Veh. Make REITNOUER Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address NEW PRIME INC 2740 MAYFAIR AVE SPRINGFIELD MO 65803

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACE AMERICAN INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 10 - FL - 3 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 67        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

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

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

|   |  |  |  |   |  |   |                                 |
|---|--|--|--|---|--|---|---------------------------------|
| Unit Num. <b>67</b>                       | <input checked="" type="checkbox"/> 10,001+ LBS.                       | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>   | 29 Carrier ID Type <b>1</b>                                 | Carrier ID Num. <b>00003706</b> |
| Carrier's Corp. Name <b>NEW PRIME INC</b> | Carrier's Primary Addr. <b>2740 MAYFAIR AVE</b>                        |  | <b>SRPINGFIELD MO 65803</b>  |   | 30 Veh. Type <b>8</b>  |   |                                 |
| 31 Bus Type <b>0</b>                      | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | <b>5,000,000</b>   | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.   | 32 HazMat Class Num.  | HazMat ID Num.                  |
| Unit Num. <b>68</b>                       | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW | <b>9,000,000</b>   | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW <input type="checkbox"/> GWRW | 34 Trlr. Type                   |
| Sequence Of Events                        | 35 Seq. 1 <b>98</b>  | 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 |
|                      |  |              |  |                   |   |  |                   |                  | <b>98</b>                            | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                                     |                        |                |                          |                            |
|--------------|-------------------------|---|-----------------------------|-------------------------------------|------------------------|----------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | <b>0 6 2 0</b>  | How Notified                | <b>DISPATCH</b>                     | Time Arrived (24HR:MM) | <b>0 6 4 0</b> | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>HARPER, G. MARTIN, K</b>         |                        | ID Num.        | <b>3380-3421</b>         |                            |
|              | ORI Num.                | <b>T X 2 2 0 1 2 0 0</b>  | *Agency                     | <b>FORT WORTH POLICE DEPARTMENT</b> |                        |                |                          | Service/Region/DA          |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 69 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3C6UR5CL7JG

Veh. Year 2018 6 Veh. Color BLK 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. 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, GIERISCH EDMUND WILLIAM, B, 40, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GIERISCH EDMUND WILLIAM

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TRAVELERS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-6 27 Vehicle Damage Rating 2 9- LP-6 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

Unit Num. 70 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 5YFS4MCEXP

Veh. Year 2021 6 Veh. Color BLK Veh. Make TOYOTA Veh. Model COROLLA 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)

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, REID GLENN LEWIS JR, B, 49, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address REID GLENN LEWIS JR

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|----------|----------------------------|-------------------------|
|                               | 69        | 1          | LOCAL HOSPITAL        | SELF     | / /                        |                         |
|                               | 70        | 1          | MEDICAL CITY ALLIANCE | MEDSTAR  | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |
|                               |           |            |                       |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6 4 0     | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-------------|--------------------------|---------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421   |                          |                     |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C E N T R L |                          |                     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 71 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1GB2WLE72MF

Veh. Year 2021 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model C2500 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, STEVENSON NICKLAS LEE, B, 52, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address A&G PIPING

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

Unit Num. 72 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 1FTFX1CM0EK

Veh. Year 2014 6 Veh. Color WHI Veh. Make FORD Veh. Model F150 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State DL/ID Num. 9 DL Class C 10 CDL End. N 11 DL Rest. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, GOLWITZER JAY J, 99, 36, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address THE NELROD CO

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 71        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0 6 4 0     | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-------------|--------------------------|---------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421   |                          |                     |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C E N T R L |                          |                     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 73 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 2GCG2CREG2K1

Veh. Year 2019 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model SILVERADO C2500 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. N 11 DL Rest. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, KIND JAMES LEE, 99, 43, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address AUTOMATIC SPRINKLER OF TEXAS

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACUITY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

Unit Num. 74 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C6RRRJ1T6KN

Veh. Year 2019 6 Veh. Color GRY Veh. Make DODGE Veh. Model RAM 1500 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. TX 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, SPINKS TIMOTHY SHANE, B, 47, W, 1, 1, 1, 99, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address SPINKS TIMOTHY SHANE

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 8- BL-3 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To BEARDS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|----------|----------------------------|-------------------------|
|                               | 74        | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

| NARRATIVE AND DIAGRAM | Time Notified (24HR:MM) | How Notified | Time Arrived (24HRMM) | Report Date (MM/DD/YYYY) |
|-----------------------|-------------------------|--------------|-----------------------|--------------------------|
|                       |                         | 0 6 2 0      | DISPATCH              | 0 6 4 0                  |

|                   |   |                             |                   |
|-------------------|---|-----------------------------|-------------------|
| INVESTIGATOR      | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | ID Num.           |
|                   |   | HARPER, G. MARTIN, K        | 3380-3421         |
| ORI Num.          | *Agency   |                             | Service/Region/DA |
| T X 2 2 0 1 2 0 0 | FORT WORTH POLICE DEPARTMENT  |                             | C E N T R L       |

DIAGRAM ON SEPARATE PAGE



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) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 75 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State IN LP Num. L727172 VIN 1XPBD49X0FD285092

Veh. Year 2015 6 Veh. Color BLK Veh. Make PETERBILT Veh. Model UNKNOWN 7 Body Style TT  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 A 10 CDL End. N 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, RIVERA ANTONIO DE JESUS, B, 33, H, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ALTON LOGISTICS LLC 117 MEADOW VIEW LN ANNA TX 75409

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name WESCO INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-5 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING

Unit Num. 76 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State TX LP Num. 093B838 VIN 1JJV532W6XL582308

Veh. Year 1999 6 Veh. Color WHI Veh. Make WABASH NATIONAL CORP Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address ALTON LOGISTICS LLC 117 MEADOW VIEW LN ANNA TX 75409

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name WESCO Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 4- BR-3 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By MILNER Towed To MILNER

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To    | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-------------|----------|----------------------------|-------------------------|
|                               | 75        | 1          | PERSONAL DR | SELF     | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |

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

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

|   |   |  |  |   |  |  |                                 |  |
|---|---|--|--|---|--|--|---------------------------------|--|
| Unit Num. <b>75</b>                             | <input checked="" type="checkbox"/> 10,001+ LBS.                      | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>   | 29 Carrier ID Type <b>1</b>                                | Carrier ID Num. <b>02819533</b> |  |
| Carrier's Corp. Name <b>ALTON LOGISTICS LLC</b> | Carrier's Primary Addr. <b>117 MEADOW VIEW LN ANNA TX 75409</b>       |  | 30 Veh. Type <b>8</b>  |   |  |  |                                 |  |
| 31 Bus Type <b>0</b>                            | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>51200</b>   | 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 <b>3</b>  |
| Unit Num. <b>76</b>                             | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>68000</b>   | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR | 34 Trlr. Type                   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events                              | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |   |   |              |                 |                       |                                      |                          |                   |
|--------------|---|---|--------------|-----------------|-----------------------|--------------------------------------|--------------------------|-------------------|
| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0620</b>   | How Notified | <b>DISPATCH</b> | Time Arrived (24HRMM) | <b>0640</b>                          | Report Date (MM/DD/YYYY) | <b>03/01/2021</b> |
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 |                       | ID Num. <b>3380-3421</b>             |                          |                   |
|              | ORI Num. <b>TX2201200</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 |                       | Service/Region/DA <b>C E N T R L</b> |                          |                   |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Prns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 77 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3 G C P C R E C 4 J G

Veh. Year 2 0 1 8 6 Veh. Color BLK Veh. Make CHEVROLET Veh. Model C1500 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WILLIAMS CALEB TITUS, A, 26, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address WILLIAMS CALEB TITUS

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FR-4 27 Vehicle Damage Rating 2 6- FC-4 Vehicle Inventoried  No

Towed By UNKNOWN Towed To UNKNOWN

Unit Num. 78 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 1 F D 8 W 3 H 6 4 H E

Veh. Year 2 0 1 7 6 Veh. Color WHI Veh. Make FORD Veh. Model F350 7 Body Style PK  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) UNKNOWN UNKNOWN UN UNK

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, 99, 99, UNKNOWN UNKNOWN UNK, 99, 99, 99, 1, 99, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address MERCHANTS AUTOMOTIVE GROUP

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 2- FR-2 27 Vehicle Damage Rating 2 12- FC-2 Vehicle Inventoried  No

Towed By DRIVEN BY OWNER Towed To HOME

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To    | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-------------|----------|----------------------------|-------------------------|
|                               | 77        | 1          | PERSONAL DR | SELF     | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

| NARRATIVE AND DIAGRAM | Time Notified (24HR:MM) |   | How Notified | Time Arrived (24HRMM) |   | Report Date (MM/DD/YYYY) |   |   |   |   |   |   |   |
|-----------------------|-------------------------|---|--------------|-----------------------|---|--------------------------|---|---|---|---|---|---|---|
|                       |                         | 0 | 6            | DISPATCH              | 0 | 6                        | 0 | 3 | 0 | 1 | 2 | 0 | 2 |

|              |   |                             |                      |                              |                   |
|--------------|---|-----------------------------|----------------------|------------------------------|-------------------|
| INVESTIGATOR | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K | ID Num.                      | 3380-3421         |
|              | ORI Num.  | T X 2 2 0 1 2 0 0           | *Agency              | FORT WORTH POLICE DEPARTMENT | Service/Region/DA |

DIAGRAM ON SEPARATE PAGE

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 79 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN K N A G M 4 A D X D 5

Veh. Year 2013 6 Veh. Color WHI Veh. Make KIA Veh. Model OPTIMA 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. A 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, 1, 1, ST PIERRE JORDAN JENAE, B, 33, W, 2, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ST PIERRE JORDAN JENAE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-3 27 Vehicle Damage Rating 2 6- RD-3 Vehicle Inventoried  No

Towed By DRIVER Towed To HOME

Unit Num. 80 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3 C 6 3 R R H L 2 L G

Veh. Year 2020 6 Veh. Color WHI Veh. Make DODGE Veh. Model RAM 3500 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 CM 10 CDL End. N 11 DL Rest. A 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, 1, 1, KEY TAB ANTHONY, N, 56, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address KEY TAB ANTHONY

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 4- RBQ-5 27 Vehicle Damage Rating 2 6- RD-4 Vehicle Inventoried  No

Towed By OWNER Towed To HOME



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 79        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |  |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|--|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |  |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |  |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 81 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State CO LP Num. VIN J N 8 A Z 1 M W 6 D W

Veh. Year 2013 6 Veh. Color SIL Veh. Make NISSAN Veh. Model MURANO 7 Body Style SV  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 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, DAVIS JAHNATHAN, B, 40, B, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address HIRZEL DOMINIQUE R

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNKNOWN Fin. Resp. Num. FILED LATER

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 7- BL-7 27 Vehicle Damage Rating 2 12- FD-6 Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING

Unit Num. 82 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State VIN 5 F N R L 5 H 6 4 B B

Veh. Year 2011 6 Veh. Color GRY Veh. Make HONDA Veh. Model ODYSSEY 7 Body Style VN  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)

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, BERGMAN GRETCHEN, B, 41, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address BERGMAN GRETCHEN

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 81        | 1          | LOCAL HOSPITAL | FAMILY   | / /                        |                         |
|                               | 82        | 1          | PERSONAL DR    | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA      | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8

Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 83 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. 2XD627 VIN 3 A L X F B 0 0 4 G D H T 7 6 0 7

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

8 DL/ID Type 1 DL/ID State OK DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 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, 1, 1, SHORT DAVID JAMES, N, 62, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address WHB TRANSPORTATION L PB BOX 725 TUTTLE OK 73089

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACE AMERICA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 7- LFQ-4 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By DRIVEN BY DRIVER Towed To HOME

Unit Num. 84 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State OK LP Num. 1265LJ VIN 1 G R A A 9 6 2 4 C B 7 0 7 4 5 4

Veh. Year 2 0 1 2 6 Veh. Color RED Veh. Make GREAT DANE TRAILERS Veh. Model NOT APPLICABLE 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, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address WHB TRANSPORTATION L PO BOX 725 TUTTLE OK 73089

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACE AMERICA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- BL-2 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By DRIVEN Towed To DRIVER

| 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. <b>83</b>                            | <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. <b>1</b>   | 29 Carrier ID Type <b>1</b>                                    | Carrier ID Num. <b>01361989</b> |  |
| Carrier's Corp. Name <b>WHB TRANSPORTATION</b> | Carrier's Primary Addr. <b>PO BOX 984</b>                                 |  | <b>TUTTLE</b>  |   | <b>OK 73089</b>  |  | 30 Veh. Type <b>8</b>           |  |
| 31 Bus Type <b>0</b>                           | <input type="checkbox"/> RGWW<br><input checked="" type="checkbox"/> GWRW | <b>5,000,000</b>   | 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 <b>3</b>  |
| Unit Num. <b>84</b>                            | <input type="checkbox"/> RGWW<br><input checked="" type="checkbox"/> GWRW | <b>6,800,000</b>   | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWRW | 34 Trlr. Type                   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events                             | 35 Seq. 1 <b>98</b>   | 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 |           |
|                      |  |              |  |                   |   |                   |                  | <b>98</b>      | <b>3</b>                             | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           | <b>96</b> |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                                     |                        |                    |                          |                            |
|--------------|-------------------------|---|-----------------------------|-------------------------------------|------------------------|--------------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | <b>0 6 2 0</b>  | How Notified                | <b>DISPATCH</b>                     | Time Arrived (24HR:MM) | <b>0 6 4 0</b>     | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>HARPER, G. MARTIN, K</b>         | ID Num.                | <b>3380-3421</b>   |                          |                            |
|              | ORI Num.                | <b>T X 2 2 0 1 2 0 0</b>  | *Agency                     | <b>FORT WORTH POLICE DEPARTMENT</b> | Service/Region/DA      | <b>C E N T R L</b> |                          |                            |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/12018)

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) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 85 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN K L 7 C J K S B 6 J B

Veh. Year 2018 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model TRAX 7 Body Style SV  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) Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

Table with 14 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, GARCIA DAVID LEE, 99, 99, 99, 1, 99, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GARCIA DAVID LEE

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING

Unit Num. 86 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 5 N 1 A T 2 M N 5 G C

Veh. Year 2016 6 Veh. Color SIL Veh. Make NISSAN Veh. Model MURANO 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

Table with 14 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, OLOFINKUA OLUWAKEMI B, B, 27, B, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address OLOFINKUA OLUWAKEMI B

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 7- BL-7 Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To        | Taken By   | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------|------------|----------------------------|-------------------------|
|                               | 86        | 1          | MEDICAL CITY FW | MEDSTAR 56 | / /                        |                         |
|                               |           |            |                 |            | / /                        |                         |
|                               |           |            |                 |            | / /                        |                         |
|                               |           |            |                 |            | / /                        |                         |
|                               |           |            |                 |            | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                       |                          |                               |  |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|--|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |  |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |  |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |  |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 87 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3GCPCEC6GG

Veh. Year 2016 6 Veh. Color SIL Veh. Make CHEVROLET Veh. Model C1500 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 A 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, MILLS TIMOTHY SCOTT, B, 58, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address WARD TIMBER LTD

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 10- LBQ-7 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By EDSS TOWING Towed To EDSS TOWING

Unit Num. 88 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 4T1B21HK8KU

Veh. Year 2019 6 Veh. Color BLK Veh. Make TOYOTA Veh. Model CAMRY 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) UNKNOWN UNKNOWN UN UNK

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, 99, 99, UNKNOWN UNKNOWN UNK, 99, 99, 99, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address LEASE PLAN USA INC

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name SENTRY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3- RP-7 27 Vehicle Damage Rating 2 9- LFG-7 Vehicle  Yes  No Inventoried

Towed By BEARDS TOWING Towed To BEARDS TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To    | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-------------|----------|----------------------------|-------------------------|
|                               | 87        | 1          | PERSONAL DR | SELF     | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

| NARRATIVE AND DIAGRAM | Time Notified (24HR:MM) |   | How Notified | Time Arrived (24HRMM) |   | Report Date (MM/DD/YYYY) |   |   |   |   |   |   |   |
|-----------------------|-------------------------|---|--------------|-----------------------|---|--------------------------|---|---|---|---|---|---|---|
|                       |                         | 0 | 6            | DISPATCH              | 0 | 6                        | 0 | 3 | 0 | 1 | 2 | 0 | 2 |

|              |   |                             |                      |                              |                   |
|--------------|---|-----------------------------|----------------------|------------------------------|-------------------|
| INVESTIGATOR | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K | ID Num.                      | 3380-3421         |
|              | ORI Num.  | T X 2 2 0 1 2 0 0           | *Agency              | FORT WORTH POLICE DEPARTMENT | Service/Region/DA |

DIAGRAM ON SEPARATE PAGE

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 89 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 2T2Z2MCA2JC

Veh. Year 2018 6 Veh. Color BLU Veh. Make LEXUS Veh. Model RX 350 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)

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, FILBERT ASTYN MARIE, B, 35, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address FILBERT ASTYN MARIE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name GEICO Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 4- RD-7 27 Vehicle Damage Rating 2 9- LD-7 Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING

Unit Num. 90 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 1F7W2BT5FE

Veh. Year 2015 6 Veh. Color BRO Veh. Make FORD Veh. Model F250 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, YATES BARRETT CODY, B, 29, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address YATES MELISSA

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 9- LP-7 27 Vehicle Damage Rating 2 12- FD-5 Vehicle Inventoried  No

Towed By ABC WRECKER Towed To ABC WRECKER

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To    | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-------------|----------|----------------------------|-------------------------|
|                               | 89        | 1          | LOCAL DR    | SELF     | / /                        |                         |
|                               | 90        | 1          | PERSONAL DR | SELF     | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |
|                               |           |            |             |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 91 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State AR LP Num. K810553 VIN 1FUJHHR5KLR9435

Veh. Year 2019 6 Veh. Color GRY Veh. Make FREIGHTLINER Veh. Model CASCADIA 125 7 Body Style TT  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State MX DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 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. Rows for ZUIGA-GUEVARA VICTOR ROGELIO and PATINO PEDRO.

Owner  Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY INS CO Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 5- RBQ-3 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To RICH TRANSPORT 4444 IRVING BLVD

Unit Num. 92 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State OK LP Num. 1880LT VIN 3H3V532C9GT361064

Veh. Year 2016 6 Veh. Color WHI Veh. Make HYUNDAI STEEL INDUSTRIES Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row for empty entry.

Owner  Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 11- LFQ-2 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By BEARDS TOWING Towed To RICH TRANSPORT 4444 IRVING BL

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------|----------|----------------------------|-------------------------|
|                               | 91        | 1          | LOCAL DR | SELF     | / /                        |                         |
|                               | 91        | 2          | LOCAL DR | SELF     | / /                        |                         |
|                               |           |            |          |          | / /                        |                         |
|                               |           |            |          |          | / /                        |                         |
|                               |           |            |          |          | / /                        |                         |

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

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

|  |  |  |  |   |  |   |                                 |
|--|--|--|--|---|--|---|---------------------------------|
| Unit Num. <b>91</b>                            | <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. <b>1</b>   | 29 Carrier ID Type <b>1</b>                                 | Carrier ID Num. <b>00305789</b> |
| Carrier's Corp. Name <b>RICH TRANSPORT LLC</b> | Carrier's Primary Addr. <b>6011 SCOTT HAMILTON DR LITTLE ROCK RI 72209</b> |  |  | 30 Veh. Type <b>8</b>   |  |   |                                 |
| 31 Bus Type <b>0</b>                           | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW     | <b>5 2 3 5 0</b>   | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.   | 32 HazMat Class Num.  | HazMat ID Num.                  |
| Unit Num. <b>92</b>                            | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWRW     | <b>6 8 0 0 0</b>   | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW <input type="checkbox"/> GWRW | 34 Trlr. Type                   |
| Sequence Of Events                             | 35 Seq. 1 <b>98</b>  | 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 |
|                      |  |              |  |                   |   |  |                   |                  | <b>98</b>                            | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |   |   |              |                 |                                      |                |                          |                            |
|--------------|---|---|--------------|-----------------|--------------------------------------|----------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0 6 2 0</b>  | How Notified | <b>DISPATCH</b> | Time Arrived (24HRMM)                | <b>0 6 4 0</b> | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 | ID Num. <b>3380-3421</b>             |                |                          |                            |
|              | ORI Num. <b>T X 2 2 0 1 2 0 0</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 | Service/Region/DA <b>C E N T R L</b> |                |                          |                            |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 93 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 4 T 1 B F 3 2 K 1 3 U

Veh. Year 2 0 0 3 6 Veh. Color SIL Veh. Make TOYOTA Veh. Model CAMRY 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) UNKNOWN UNKNOWN UN UNK

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, UNKNOWN, UNKNOWN, UNK, 99, 99, 99, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address RODRIGUEZ ANGELICA MARIA

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- FD-7 27 Vehicle Damage Rating 2 12- RD-7 Vehicle Inventoried  No

Towed By BIVINS TOWING Towed To BIVINS TOWING

Unit Num. 94 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN J T J H G K F A 4 L 2

Veh. Year 2 0 2 0 6 Veh. Color BLK Veh. Make LEXUS Veh. Model RX SERIES 7 Body Style SV  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) UNKNOWN UNKNOWN UN UNK

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, UNKNOWN, UNKNOWN, UNK, 99, 99, 99, 99, 99, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address OKEREKE EVANGELYN C

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name LIBERTY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| 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 |    |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  | 96 |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8  
Total Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  Yes  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. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 95 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN YV140MFC4F1

Veh. Year 2015 6 Veh. Color WHI Veh. Make VOLVO Veh. Model S60 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, BROCHU JOANNA GRABBE, B, 42, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address BROCHU JOANNA GRABBE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 5- RD-6 27 Vehicle Damage Rating 2 12- FD-5 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 96 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C6RD6LTXC S

Veh. Year 2012 6 Veh. Color BLU Veh. Make DODGE Veh. Model RAM 1500 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, HARDAWAY KRIS, B, 33, W, 1, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address HARDAWAY KRIS

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 3- RP-5 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------------|----------|----------------------------|-------------------------|
|                               | 95        | 1          | JOHN PETER SMITH | AMA      | / /                        |                         |
|                               | 96        | 1          | LOCAL HOSPITAL   | SELF     | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 97 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C4BJWDG6GL

Veh. Year 2016 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 B 10 CDL End. P 11 DL Rest. EM DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, BURRIS STEVEN KELLY, N, 25, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address BURRIS STEVEN KELLY

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

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

Towed By DRIVEN BY OWNER Towed To HOME

Unit Num. 98 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 5TETU4GN8AZ

Veh. Year 2010 6 Veh. Color BLU Veh. Make TOYOTA Veh. Model TACOMA 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, GARDNER HEATHER AMANDA, B, 34, W, 2, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address BARTHA CLARA ANNE

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-4 27 Vehicle Damage Rating 2 12- FD-4 Vehicle  Yes  No Inventoried

Towed By LONESTAR TOWING Towed To LONESTAR TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 98        | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8  
Total Prns. 1 3 6

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.).

★Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 ★Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED ★1 Rdwy. Sys. TL ★Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 99 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. 1M94928 VIN 2 X K H A J 7 X 8 M M 4 6 0 5 6 2

Veh. Year 2 0 2 0 6 Veh. Color RED Veh. Make KENWORTH Veh. Model UNKNOWN 7 Body Style TT  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 A 10 CDL End. HNT 11 DL Rest. P27 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, RUVALCABA CARLOS, N, 24, H, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address COCA COLA BEVERAGES LLC 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name BEECHER CARLSON INS Fin. Resp. Num.

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

Towed By DRIVEN BY DRIVER Towed To COMPANY LOT

Unit Num. 100 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State TX LP Num. 202452 VIN 2 M N 0 1 J A L 1 6 1 0 0 8 6 1 6

Veh. Year 2 0 0 6 6 Veh. Color RED Veh. Make TRAILMOBILE Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address COCA COLA BEVERAGES LL 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name BEECHER CARLSON Fin. Resp. Num.

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

Towed By DRIVEN AWAY Towed To COMPANY LOT

| 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. <b>99</b>                                | <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. <b>2</b>   | 29 Carrier ID Type <b>1</b>                                | Carrier ID Num. <b>02977752</b> |  |
| Carrier's Corp. Name <b>COCA COLA BEVERAGES LL</b> |   | Carrier's Primary Addr. <b>3400 FOSSIL CREEK</b>         |  | <b>FORT WORTH TX 76137</b>  |  | 30 Veh. Type <b>8</b>                                      |                                 |  |
| 31 Bus Type <b>0</b>                               | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>33000</b>   | 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 <b>3</b>  |
| Unit Num. <b>100</b>                               | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>12100</b>   | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR | 34 Trlr. Type                   | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sequence Of Events                                 | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |  |                   |   |  |                   |                  | <b>98</b>                            | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                                     |                       |                |                          |                            |
|--------------|-------------------------|---|-----------------------------|-------------------------------------|-----------------------|----------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | <b>0 6 2 0</b>  | How Notified                | <b>DISPATCH</b>                     | Time Arrived (24HRMM) | <b>0 6 4 0</b> | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>HARPER, G. MARTIN, K</b>         |                       | ID Num.        | <b>3380-3421</b>         |                            |
|              | ORI Num.                | <b>T X 2 2 0 1 2 0 0</b>  | *Agency                     | <b>FORT WORTH POLICE DEPARTMENT</b> |                       |                |                          | Service/Region/DA          |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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**

\*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

**ROAD ON WHICH CRASH OCCURRED**

\*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 101 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 F M S K 7 D H 1 L G

Veh. Year 2 0 2 0 6 Veh. Color GRY Veh. Make FORD Veh. Model EXPLORER 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | CHILDRESS ANGELA M  | B                  | 38  | W            | 2      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address CHILDRESS ANGELA M

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name LIBERTY COUNTY Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried  No

Towed By BIVINS Towed To BIVINS TOWING

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 102 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 4 S 4 B S B L C 9 G 3

Veh. Year 2 0 1 6 6 Veh. Color WHI Veh. Make SUBARU Veh. Model OUTBACK 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)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | DOYLE SARAH KATHERINE   | C                  | 40  | W            | 2      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address DOYLE WILLIAM

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 3- RP-7 27 Vehicle Damage Rating 2 6- BR-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By   | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|------------|----------------------------|-------------------------|
|                               | 101       | 1          | LOCAL HOSP | SELF       | / /                        |                         |
|                               | 102       | 1          | LOCAL HOSP | MEDSTAR 65 | / /                        |                         |
|                               |           |            |            |            | / /                        |                         |
|                               |           |            |            |            | / /                        |                         |
|                               |           |            |            |            | / /                        |                         |

| 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<br><input type="checkbox"/> GWR | 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<br><input type="checkbox"/> GWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><input type="checkbox"/> GWR                                 | 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0  | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|--|-----------------------------|------------------------------|------------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                      | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 103 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C4HJXFN1JW

Veh. Year 2018 6 Veh. Color RED 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)

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, REYNOLDS MEGAN RENEE, B, 34, W, 2, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address REYNOLDS MEGAN RENEE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name HOME STATE COUNTY MUTUAL Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 11- FL-7 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By MILNER Towed To MILNER TOWING

Unit Num. 104 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 19XFC2E54JE

Veh. Year 2018 6 Veh. Color BLU 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 DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, SOSA JONESSA VALEEN, B, 24, A, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address MEDO FRANKIE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 3- RBQ-5 Vehicle  Yes  No Inventoried

Towed By TEXAS TOWING Towed To TEXAS TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|----------|----------------------------|-------------------------|
|                               | 103       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               | 104       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8  
Total Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 105 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State IN LP Num. 3041184 VIN 3 A K J G L D R 9 H S H P 1 3 3 5

Veh. Year 2 0 1 7 6 Veh. Color GRY Veh. Make FREIGHTLINER Veh. Model UNKNOWN 7 Body Style TT  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, HOWARD JOHN MICHAEL, N, 50, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address HOWARD JOHN MICHAEL 102 CONISER AVE #1 POTEAU OK 74953

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name OLD REPUBLIC INS Fin. Resp. Num.

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

Towed By BEARDS TOWING Towed To 4400 E LOOP 820 S

Unit Num. 106 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State TN LP Num. U853377 VIN 1 G R D M 0 3 2 6 K H 1 3 5 4 9 5

Veh. Year 2 0 1 9 6 Veh. Color BLK Veh. Make GREAT DANE TRAILERS Veh. Model NOT APPLICABLE 7 Body Style TL  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, HOWARD JOHN MICHAEL, N, 50, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address HOWARD JOHN MICHAEL 102 CONISER AVE #1 POTEAU OK 74953

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name OLD REPUBLIC INS Fin. Resp. Num.

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

Towed By BEARDS TOWING Towed To BEARDS TOWING

| 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. <b>105</b>                              | <input checked="" type="checkbox"/> 10,001+ LBS.                      | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL          | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>   | 29 Carrier ID Type <b>1</b>                                | Carrier ID Num. <b>00154712</b> |
| Carrier's Corp. Name <b>MERCER TRANSPORTATION</b> |   | Carrier's Primary Addr. <b>1128 W MAIN ST LOUISVILLE KY 40232</b> |  |   |  |  |                                 |
| 31 Bus Type <b>0</b>                              | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>52000</b>  | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.   | 32 HazMat Class Num.                                       | HazMat ID Num.                  |
| Unit Num. <b>106</b>                              | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>69000</b>  | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR | 34 Trlr. Type                   |
| Sequence Of Events                                | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                 |                        |                |                                     |                            |                   |                    |
|--------------|-------------------------|---|-----------------------------|-----------------|------------------------|----------------|-------------------------------------|----------------------------|-------------------|--------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | <b>0 6 2 0</b>  | How Notified                | <b>DISPATCH</b> | Time Arrived (24HR:MM) | <b>0 6 4 0</b> | Report Date (MM/DD/YYYY)            | <b>0 3 / 0 1 / 2 0 2 1</b> |                   |                    |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) |                 |                        |                | <b>HARPER, G. MARTIN, K</b>         |                            | ID Num.           | <b>3380-3421</b>   |
|              | ORI Num.                | <b>T X 2 2 0 1 2 0 0</b>  | *Agency                     |                 |                        |                | <b>FORT WORTH POLICE DEPARTMENT</b> |                            | Service/Region/DA | <b>C E N T R L</b> |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8

Total Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 107 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C4RJEA3HC

Veh. Year 2017 6 Veh. Color GRY Veh. Make JEEP Veh. Model GRAND CHEROKEE 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)

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, ESCAMILLA HALEE ELIZABETH, B, 30, H, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ESCAMILLA ERNESTO

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By DENNY'S TOWING Towed To DENNY'S TOWING

Unit Num. 108 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State VIN 1G1T12UEY8HF

Veh. Year 2017 6 Veh. Color BLK Veh. Make GMC Veh. Model SIERRA C1500 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State DL/ID Num. 9 DL Class AM 10 CDL End. P 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, BURNETT ROGER ALAN, B, 64, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address BURNETT ROGER ALAN

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name ELEPHANT Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 9- L&T-6 Vehicle Inventoried  No

Towed By CARDINAL TOWING Towed To CARDINAL TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|----------|----------------------------|-------------------------|
|                               | 107       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               | 108       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |

| 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<br><input type="checkbox"/> GWR | 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<br><input type="checkbox"/> GWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><input type="checkbox"/> GWR                                 | 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 |
|                      |  |              |  |                   |   |                   |                  | 98             | 3                                    | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 109 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN K M 8 K 2 2 A A 8 L U

Veh. Year 2020 6 Veh. Color BLK Veh. Make HYUNDAI Veh. Model UNKNOWN 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)

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, MAYS DESTINY COURTNEY, A, 21, B, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address MAYS DESTINY COURTNEY

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name ECONOMY FIRE AND CASUALTY INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By BIVINS TOWING Towed To BIVINS TOWING

Unit Num. 110 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 D 7 R V 1 C P 8 A S

Veh. Year 2010 6 Veh. Color MAR Veh. Make DODGE Veh. Model RAM 1500 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, FLACH SHAUN WILLIAM, B, 59, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address FLACH SHAUN WILLIAM

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By   | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------------|------------|----------------------------|-------------------------|
|                               | 109       | 1          | JOHN PETER SMITH | MEDSTAR 63 | / /                        |                         |
|                               | 110       | 1          | JOHN PETER SMITH | MEDSTAR 63 | / /                        |                         |
|                               |           |            |                  |            | / /                        |                         |
|                               |           |            |                  |            | / /                        |                         |
|                               |           |            |                  |            | / /                        |                         |

| 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<br><input type="checkbox"/> GWR | 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<br><input type="checkbox"/> GWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><input type="checkbox"/> GWR                                 | 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

|              |                         |   |                             |                              |                        |           |                          |                     |             |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------|--------------------------|---------------------|-------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0 6 2 0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0 6 4 0   | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |             |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421 |                          |                     |             |
|              | ORI Num.                | T X 2 2 0 1 2 0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |           |                          | Service/Region/DA   | C E N T R L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Prns. 1 3 6

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**

\*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

**ROAD ON WHICH CRASH OCCURRED**

\*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 111 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3 G N K B B R A 5 L S

Veh. Year 2 0 2 0 6 Veh. Color BLK Veh. Make CHEVROLET Veh. Model BLAZER 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | JAMES REGINALD VON  | B                  | 59  | B            | 1      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address JAMES REGINALD VON

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name US LLOYDS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  Yes  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 112 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN J T E B U 5 J R 9 K 5

Veh. Year 2 0 1 9 6 Veh. Color WHI Veh. Make TOYOTA Veh. Model 4RUNNER/SR5 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)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | WARE DATELYN CHRISTINE  | B                  | 36  | W            | 2      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address WARE DATELYN CHRISTINE

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 3- RP-7 Vehicle Inventoried  Yes  No

Towed By PURRFECT TOWING Towed To PURRFECT TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|----------|----------------------------|-------------------------|
|                               | 111       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               | 112       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Main form body containing sections: IDENTIFICATION & LOCATION, VEHICLE, DRIVER, & PERSONS. Includes fields for crash date, location, vehicle details, driver information, and insurance.

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------------|----------|----------------------------|-------------------------|
|                               | 113       | 1          | JOHN PETER SMITH | MEDSTAR  | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |

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

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

|                                     |   |  |  |   |   |  |                                 |
|-------------------------------------|---|--|--|---|---|--|---------------------------------|
| Unit Num. <b>113</b>                | <input checked="" type="checkbox"/> 10,001+ LBS.                      | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>  | 29 Carrier ID Type <b>1</b>                                | Carrier ID Num. <b>00080806</b> |
| Carrier's Corp. Name <b>JB HUNT</b> | Carrier's Primary Addr. <b>1150 INTERMODAL PKWY HASLET TX 76052</b>   |  |  | 30 Veh. Type <b>8</b>   |   |  |                                 |
| 31 Bus Type <b>0</b>                | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>52000</b>   | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.  | 32 HazMat Class Num.                                       | HazMat ID Num.                  |
| Unit Num. <b>114</b>                | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR | <b>68000</b>   | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.   | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR | 34 Trlr. Type                   |
| Sequence Of Events                  | 35 Seq. 1 <b>98</b>   | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |   |   |              |                 |                        |                                  |                          |                   |
|--------------|---|---|--------------|-----------------|------------------------|----------------------------------|--------------------------|-------------------|
| INVESTIGATOR | Time Notified (24HR:MM)   | <b>0620</b>   | How Notified | <b>DISPATCH</b> | Time Arrived (24HR:MM) | <b>0640</b>                      | Report Date (MM/DD/YYYY) | <b>03/01/2021</b> |
|              | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) <b>HARPER, G. MARTIN, K</b> |              |                 |                        | ID Num. <b>3380-3421</b>         |                          |                   |
|              | ORI Num. <b>TX2201200</b>   | *Agency <b>FORT WORTH POLICE DEPARTMENT</b>             |              |                 |                        | Service/Region/DA <b>CENTRAL</b> |                          |                   |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 115 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 F T M F 1 C F 6 G K

Veh. Year 2 0 1 6 6 Veh. Color WHI Veh. Make FORD Veh. Model F150 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 CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, SCHULTZ LESTER HOWARD, B, 63, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address FOX ELECTRIC LTD

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TRAVELERS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By UNKNOWN Towed To UNKNOWN

Unit Num. 116 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 F T 8 W 3 B T 2 J E

Veh. Year 2 0 1 8 6 Veh. Color WHI Veh. Make FORD Veh. Model F350 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, TERRY CODY LEN, B, 41, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address TERRY CODY LEN

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TEXAS FARM BUREAU Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By GUY SIMON TOWING Towed To GUY SIMON TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|----------|----------------------------|-------------------------|
|                               | 115       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               | 116       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 117 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN J M 1 B L 1 V F 9 C 1

Veh. Year 2 0 1 2 6 Veh. Color BLK Veh. Make MAZDA Veh. Model MAZDA3 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)

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, KENNEDY TAYLER MICHELLE, B, 27, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address KENNEDY TAYLER MICHELLE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num.

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

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 118 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 5 T B R T 3 4 1 7 1 S

Veh. Year 2 0 0 1 6 Veh. Color GRN Veh. Make TOYOTA Veh. Model TUNDRA 7 Body Style PK  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) UNKNOWN UNKNOWN UN UNK

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, UNKNOWN UNKNOWN UNK, 99, 99, 99, 1, 99, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address FLORES CHIRSTOFER B

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name CONSUMER COUNTY MUTUAL Fin. Resp. Num.

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

Towed By BIVINS TOWING Towed To BIVINS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|----------|----------------------------|-------------------------|
|                               | 117       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                        |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA      | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Main form body containing sections: IDENTIFICATION & LOCATION, VEHICLE, DRIVER, & PERSONS. Includes fields for crash date, county, city, road names, vehicle details, driver information, and insurance.



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To   | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------|----------|----------------------------|-------------------------|
|                               | 120       | 1          | LOCAL HOSP | SELF     | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |
|                               |           |            |            |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 121 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3GCPCEC0HG

Veh. Year 2017 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model SILVERADO C1500 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, POMPA SHAWN MICHAEL, 99, 40, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address EMR ELEVATOR INC

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLIED WORLD Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 7- BR-7 Vehicle Inventoried  No

Towed By BIVINS WRECKER Towed To BIVINS WRECKER

Unit Num. 122 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN WA1CA2AFXHA

Veh. Year 2017 6 Veh. Color WHI Veh. Make AUDI Veh. Model Q5 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WHITE DANIELLE NICOLE, A, 28, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address WHITE DANIELLE NICOLE

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried  No

Towed By LONESTAR TOWING Towed To LONESTAR TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To    | Taken By   | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-------------|------------|----------------------------|-------------------------|
|                               | 122       | 1          | HARRIS METH | MEDSTAR 30 | / /                        |                         |
|                               |           |            |             |            | / /                        |                         |
|                               |           |            |             |            | / /                        |                         |
|                               |           |            |             |            | / /                        |                         |
|                               |           |            |             |            | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 123 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State IN LP Num. 2712385 VIN 3AKJHGF7JSSJ20943

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

8 DL/ID Type 1 DL/ID State FL DL/ID Num. 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 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. Rows for SAINT LOT JEAN MARIE and CLEMENT FRANTZ.

Owner  Lessee Owner/Lessee Name & Address RYDER TRUCK RENTAL INC 11690 NW 105TH ST MIAMI FL 33178

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name NATIONAL CONTINENTAL Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By MILNER TOWING Towed To MILNER TOWING

Unit Num. 124 5 Unit Desc. 6  Parked Vehicle  Hit and Run LP State IN LP Num. P187155 VIN 10W1A532885049873

Veh. Year 2008 6 Veh. Color WHI Veh. Make STANDARD TRAILER CO Veh. Model NOT APPLICABLE 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. Note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address FEDEX GROUND 1000 FEDEX DR PITTSBURGH PA 15108

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name NATIONAL CONTINENTAL Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-3 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By MILNER TOWING Towed To MILNER TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 123       | 2          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

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

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

|   |  |  |  |   |   |  |                                 |
|---|--|--|--|---|---|--|---------------------------------|
| Unit Num. <b>123</b>                      | <input checked="" type="checkbox"/> 10,001+ LBS.                           | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL | <input type="checkbox"/> 9+ CAPACITY                                     | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28 Veh. Oper. <b>1</b>  | 29 Carrier ID Type <b>1</b>                                | Carrier ID Num. <b>02936569</b> |
| Carrier's Corp. Name <b>SIMON EXPRESS</b> | Carrier's Primary Addr. <b>545 METRO PLACE S ST #100 COLUMBUS OH 43017</b> |  |  | 30 Veh. Type <b>9</b>   |   |  |                                 |
| 31 Bus Type <b>0</b>                      | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR      | <b>8,000,00</b>  | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num.  | HazMat ID Num.  | 32 HazMat Class Num.                                       | HazMat ID Num.                  |
| Unit Num. <b>124</b>                      | <input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GWR      | <b>6,500,00</b>  | 34 Trlr. Type <b>2</b>   | CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.   | <input type="checkbox"/> RGWW <input type="checkbox"/> GWR | 34 Trlr. Type                   |
| Sequence Of Events                        | 35 Seq. 1 <b>98</b>  | 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 |
|                      |  |              |                   |  |   |                   |  |  |                                      | <b>98</b>      | <b>3</b>          | <b>97</b>       | <b>3</b>             | <b>2</b>             | <b>6</b>           |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                                     |                       |                  |                          |                            |
|--------------|-------------------------|---|-----------------------------|-------------------------------------|-----------------------|------------------|--------------------------|----------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | <b>0 6 2 0</b>  | How Notified                | <b>DISPATCH</b>                     | Time Arrived (24HRMM) | <b>0 6 4 0</b>   | Report Date (MM/DD/YYYY) | <b>0 3 / 0 1 / 2 0 2 1</b> |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>HARPER, G. MARTIN, K</b>         | ID Num.               | <b>3380-3421</b> |                          |                            |
|              | ORI Num.                | <b>T X 2 2 0 1 2 0 0</b>  | *Agency                     | <b>FORT WORTH POLICE DEPARTMENT</b> |                       |                  | Service/Region/DA        | <b>C E N T R L</b>         |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8  
Total Prns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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  Const. Zone  Yes  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. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 125 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 F T W W 3 1 P 7 7 E

Veh. Year 2 0 0 7 6 Veh. Color WHI Veh. Make FORD Veh. Model F350 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WELLS MICHAEL HENRY, K, 47, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address GEEP MECHANICAL

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name AMERISURE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By GUY SIMMONS TOWING Towed To GUY SIMMONS TOWING

Unit Num. 126 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 1 H G C R 2 F 8 5 H A

Veh. Year 2 0 1 7 6 Veh. Color GRY Veh. Make HONDA Veh. Model ACCORD 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)

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, GERRED TIFFANY LOUANN, K, 34, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address STATE FARM

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  No

Towed By GUY SIMMONS TOWING Towed To GUY SIMMONS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To              | Taken By                           | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-----------------------|------------------------------------|----------------------------|-------------------------|
|                               | 125       | 1          | TARRANT COUNTY MORGUE | FORT WORTH FUNERALS AND CREMATIONS | 0 2 / 1 1 / 2 0 2 1        | 0 6   0 3               |
|                               | 126       | 1          | TARRANT COUNTY MORGUE | FORT WORTH FUNERALS AND CREMATIONS | 0 2 / 1 1 / 2 0 2 1        | 0 6   0 3               |
|                               |           |            |                       |                                    | / /                        |                         |
|                               |           |            |                       |                                    | / /                        |                         |
|                               |           |            |                       |                                    | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |                   |                  | 98             | 3                                    | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0 6   2 0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0 6   4 0             | Report Date (MM/DD/YYYY) | 0 3 / 0 1 / 2 0 2 1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------------------|--------------------------|---------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421             |                          |                     |
|              | ORI Num.                | T X   2 2   0 1   2 0   0 0   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA      | C   E   N   T   R   L |                          |                     |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 127 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 5 X X G T 4 L 3 8 J G

Veh. Year 2 0 2 1 6 Veh. Color BLU Veh. Make KIA Veh. Model OPTIMA 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, LLOYD RAYMOND JOHN, B, 54, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address MIKE CARLSON MTR CO INC

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name SELF INSURED Fin. Resp. Num. SELF INSURED

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle  Yes  No Inventoried

Towed By BIVINS TOWING Towed To BIVINS TOWING

Unit Num. 128 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 1 F T E X 1 C 4 6 L K

Veh. Year 2 0 2 0 6 Veh. Color WHI Veh. Make FORD Veh. Model F150 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, NORMAN WILLIAM M, B, 60, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address ENTERPRISE FM TRUST

Proof of Fin. Resp.  Yes  Expired  No  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNKNOWN Fin. Resp. Num. UNKNOWN

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle  Yes  No Inventoried

Towed By MILNER TOWING Towed To MILNER TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 127       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 128       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                        |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA      | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/12018)

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 129 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 G N F C 1 3 J 1 7 R

Veh. Year 2 0 0 7 6 Veh. Color BLU Veh. Make CHEVROLET Veh. Model TAHOE C1500 7 Body Style SV  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) UNKNOWN UNKNOWN UN UNK

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, 99, 1, UNKNOWN, UNKNOWN, UNK, 99, 99, 99, 99, 99, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address CARROLL CHARLES

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 12 - FD - 7 27 Vehicle Damage Rating 2 6 - RD - 7 Vehicle Inventoried  No

Towed By BIVINS WRECKER Towed To BIVINS WRECKER

Unit Num. 130 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN J M 3 K E 4 C Y 0 G 0

Veh. Year 2 0 1 6 6 Veh. Color BLK Veh. Make MAZDA Veh. Model CX-7 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)

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, FRANCIS JEFFREY LYNN, A, 64, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97. Row 2: 2, 2, 3, FRANCIS JENNIFER, A, 50, W, 2, 1, 1, 5, 97, N, Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address FRANCIS JEFFREY LYNN

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 7 27 Vehicle Damage Rating 2 6 - RD - 7 Vehicle Inventoried  No

Towed By LONESTAR TOWING Towed To LONESTAR TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By  | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------------|-----------|----------------------------|-------------------------|
|                               | 130       | 1          | JOHN PETER SMITH | MEDSTAR63 | / /                        |                         |
|                               | 130       | 2          | JOHN PETER SMITH | MEDSTAR63 | / /                        |                         |
|                               |           |            |                  |           | / /                        |                         |
|                               |           |            |                  |           | / /                        |                         |
|                               |           |            |                  |           | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/12018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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

**IDENTIFICATION & LOCATION**

\*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

**ROAD ON WHICH CRASH OCCURRED**

\*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 131 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 H G E S 1 6 5 X 3 L

Veh. Year 2 0 0 3 6 Veh. Color SIL Veh. Make HONDA Veh. Model CIVIC 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) UNKNOWN UNKNOWN UN UNK

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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  | 99            | 1                | UNKNOWN UNKNOWN UNK   | 99                 |     | 99           | 99     | 1         | 99        | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address UNKNOWN UNKNOWN UNK UNKNOWN UN UNK

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 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried  Yes  No

Towed By PURRFECT TOWING Towed To PURRFECT TOWING

**VEHICLE, DRIVER, & PERSONS**

Unit Num. 132 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 4 S 4 B T A N C 8 L 3

Veh. Year 2 0 2 0 6 Veh. Color GRY Veh. Make SUBARU Veh. Model OUTBACK 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)

| Person Num.  | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>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                | SPRATLIN SHEREE WARNER  | A                  | 66  | W            | 2      | 1         | 1         | 5         | 97        | N       | 96            |             | 96            | 97             | 97               |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |               |                  |   |                    |     |              |        |           |           |           |           |         |               |             |               |                |                  |

Owner  Lessee Owner/Lessee Name & Address SPRATLIN SHEREE WARNER

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS INS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 7- BL-7 Vehicle Inventoried  Yes  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To                | Taken By  | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|-------------------------|-----------|----------------------------|-------------------------|
|                               | 132       | 1          | MEDICAL CITY FORT WORTH | MEDSTAR56 | / /                        |                         |
|                               |           |            |                         |           | / /                        |                         |
|                               |           |            |                         |           | / /                        |                         |
|                               |           |            |                         |           | / /                        |                         |
|                               |           |            |                         |           | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 133 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 F T R X 1 8 L 6 X K

Veh. Year 1999 6 Veh. Color BLK Veh. Make FORD Veh. Model F150 7 Body Style PK  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) UNKNOWN UNKNOWN UN UNK

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, 99, 1, UNKNOWN, UNKNOWN, UNK, 99, 99, 99, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address UNKNOWN UNKNOWN UNK UNKNOWN UN UNK

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name FOREMOST COUNTY MUTUAL Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By PURRFECT TOWING Towed To PURRFECT TOWING

Unit Num. 134 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN J M 3 E R 2 B 5 1 B 0

Veh. Year 2011 6 Veh. Color BLK Veh. Make MAZDA Veh. Model CX-7 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)

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, THOMAS BRIAN MICHAEL, B, 37, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address THOMAS BRIAN MICHAEL

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name ALLSTATE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried  No

Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 134       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

| NARRATIVE AND DIAGRAM | Time Notified (24HR:MM) |   | How Notified | Time Arrived (24HRMM) |   | Report Date (MM/DD/YYYY) |   |   |   |   |   |   |   |
|-----------------------|-------------------------|---|--------------|-----------------------|---|--------------------------|---|---|---|---|---|---|---|
|                       |                         | 0 | 6            | DISPATCH              | 0 | 6                        | 0 | 3 | 0 | 1 | 2 | 0 | 2 |

|              |   |                             |                      |                              |                   |
|--------------|---|-----------------------------|----------------------|------------------------------|-------------------|
| INVESTIGATOR | Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K | ID Num.                      | 3380-3421         |
|              | ORI Num.  | T X 2 2 0 1 2 0 0           | *Agency              | FORT WORTH POLICE DEPARTMENT | Service/Region/DA |

DIAGRAM ON SEPARATE PAGE

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 135 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1 F T E W 1 E 5 4 K K

Veh. Year 2 0 1 9 6 Veh. Color GRY Veh. Make FORD Veh. Model F150 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, TROTTER DAVID DENSON, B, 39, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address TROTTER DAVID DENSON

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name ALLSTATE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No Inventoried

Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 136 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN W A 1 C 2 A F P 1 G A

Veh. Year 2 0 1 6 6 Veh. Color BLK Veh. Make AUDI Veh. Model Q5 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)

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, HERRERA NANCY LEE, A, 49, H, 2, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address HERRERA EDUARDO

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle  Yes  No Inventoried

Towed By PURRFECT TOWING Towed To PURRFECT TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To                  | Taken By  | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|---------------------------|-----------|----------------------------|-------------------------|
|                               | 135       | 1          | LOCAL HOSPITAL            | SELF      | / /                        |                         |
|                               | 136       | 1          | HARRIS METHODIST DOWNTOWN | MEDSTAR30 | / /                        |                         |
|                               |           |            |                           |           | / /                        |                         |
|                               |           |            |                           |           | / /                        |                         |
|                               |           |            |                           |           | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

|              |                         |   |                             |                              |                       |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 137 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State FL LP Num. VIN 3D7KU28CX4G

Veh. Year 2004 6 Veh. Color RED 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. 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, PATEL MARK LEON, B, 30, W, 1, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address PATEL MARK LEON

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name UNKNOWN Fin. Resp. Num. UNKNOWN

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 3- RP-6 Vehicle Inventoried  No

Towed By GUY SIMMONS Towed To GUY SIMMONS

Unit Num. 138 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State UN LP Num. VIN 1FTFW1CV9AF

Veh. Year 2010 6 Veh. Color MAR Veh. Make FORD Veh. Model F150 7 Body Style PK  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) UNKNOWN UNKNOWN UN UNK

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, 99, 1, UNKNOWN UNKNOWN UNK, 99, 99, 99, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address LEE THOMAS JR

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Name GEICO Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By LONE STAR TOWING Towed To LONE STAR

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 137       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 139 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 2G1WG5E37D1

Veh. Year 2013 6 Veh. Color GRY Veh. Make CHEVROLET Veh. Model IMPALA 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)

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, ARMSTRONG ALEXANDER JACQUETTE, B, 32, B, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address ARMSTRONG ALEXANDER JACQUETTE

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-5 Vehicle Inventoried  No

Towed By PURRFECT TOWING Towed To PURRFECT TOWING

Unit Num. 140 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 1GYS4NKJ8FR

Veh. Year 2021 6 Veh. Color SIL Veh. Make CADILLAC Veh. Model ESCALADE 7 Body Style SV  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, DANIEL LESLIE S, B, 50, W, 2, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address DANIEL LESLIE S

Proof of Fin. Resp.  Yes  Expired  Exempt 26 Fin. Resp. Type Name FARMERS 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 TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 139       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 140       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                       |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 141 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN S A L A E 2 5 4 X 6 A

Veh. Year 2 0 0 6 6 Veh. Color BLU Veh. Make LAND ROVER Veh. Model LR3 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. A DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, THOMASON LINDA G, B, 66, W, 2, 1, 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address THOMASON JOHN

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 3 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By BIVINS TOWING Towed To BIVINS TOWING

Unit Num. 142 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State VIN 5 X Y P G D A 5 9 J G

Veh. Year 2 0 1 4 6 Veh. Color WHI Veh. Make FORD Veh. Model F150 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 CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, BIRD IAN P, B, 32, W, 1, 1, 1, 2, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address BIRD IAN P

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - FD - 6 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By BIVINS TOWING Towed To BIVINS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 141       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               | 142       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HR:MM) | 0   6   4   0 | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |                       |
|--------------|-------------------------|---|-----------------------------|------------------------------|------------------------|---------------|--------------------------|-------------------------------|-----------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.                | 3380-3421     |                          |                               |                       |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT |                        |               |                          | Service/Region/DA             | C   E   N   T   R   L |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 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 1 Block Num. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 143 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1C6SRFJT4LN

Veh. Year 2020 6 Veh. Color WHI Veh. Make DODGE Veh. Model RAM 1500 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)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, OSBORNE WESLEY ADAM, N, 34, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address SABER POWER SERVICES

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name GREAT NORTHERN Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6- RD-2 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Towed By CARDINAL TOWING Towed To CARDINAL TOWING

Unit Num. 144 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State VIN 1N4BL4BV5LC

Veh. Year 2020 6 Veh. Color SIL 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)

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, GOULD LORENZO, B, 52, B, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address EAN HOLDINGS LLC

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TEXAS FARM BUREAU Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 3- R&T-7 Vehicle Inventoried  No

Towed By MILNER TOWING Towed To MILNER TOWING



| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To       | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|----------------|----------|----------------------------|-------------------------|
|                               | 144       | 1          | LOCAL HOSPITAL | SELF     | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |
|                               |           |            |                |          | / /                        |                         |

| 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<br><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<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

| NARRATIVE AND DIAGRAM | 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 |
|                       |  |              |   |              |                                      | 98               | 3              | 97                | 3               | 2                    | 6                    | 96                 |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0  | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|--|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                      | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 \*Crash Time (24HRMM) 0 6 0 0 Case ID 210011068 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 . 7 9 5 1 3 Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 145 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 2 G K F L R E 3 9 F 6

Veh. Year 2 0 1 5 6 Veh. Color BLK Veh. Make GMC Veh. Model TERRAIN 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)

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, ROBINSON JESSE, B, 25, W, 1, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address WISE SHELBY

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name USAA 27 Vehicle Damage Rating 1 12 - FD - 7 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No

Fin. Resp. Phone Num. Towed By ALLIANCE TOWING KELLER Towed To ALLIANCE TOWING KELLER

Unit Num. 146 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State LP Num. VIN 3 F A D P 4 B J 4 E M

Veh. Year 2 0 1 4 6 Veh. Color GRY Veh. Make FORD Veh. Model FIESTA 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 A 10 CDL End. 96 11 DL Rest. P17 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, GARCIA RAMIREZ JULIO, B, 31, H, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address OJEDA JANNET

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name STATE FARM 27 Vehicle Damage Rating 1 12 - FD - 3 27 Vehicle Damage Rating 2 - - Vehicle  Yes  No

Fin. Resp. Phone Num. Towed By LONESTAR TOWING Towed To LONESTAR TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------------|----------|----------------------------|-------------------------|
|                               | 145       | 1          | JOHN PETER SMITH | SELF     | / /                        |                         |
|                               | 146       | 1          | LOCAL HOSPITAL   | SELF     | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |
|                               |           |            |                  |          | / /                        |                         |

| 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<br><input type="checkbox"/> GWR | 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<br><input type="checkbox"/> GWR | 34 Trlr. Type  | CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unit Num.  | <input type="checkbox"/> RGVV<br><input type="checkbox"/> GWR                                 | 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 |
|                      |  |              |  |                   |   |                   |                  | 98             | 3                                    | 97              | 3                    | 2                    | 6                  |

DIAGRAM ON SEPARATE PAGE

| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 1 4 8 Total Num. Prsns. 1 3 6

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.).

Crash Date (MM/DD/YYYY) 02/11/2021 \*Crash Time (24HRMM) 0600 Case ID 210011068 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) 32.79513 Longitude (decimal degrees) -097.32277

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. TL \*Hwy. Num. 35 2 Rdwy. Part 1 Block Num. 2600 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 Const.  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. 2500 3 Street Prefix NE Street Name 28TH 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000  FT  MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.

Unit Num. 147 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 3GNKBGRS4K5

Veh. Year 2019 6 Veh. Color WHI Veh. Make CHEVROLET Veh. Model BLAZER 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 A 10 CDL End. 96 11 DL Rest. K DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, PENNINGTON CHRISTOPHER, B, 49, W, 1, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address JR'S CRANE AND EXCAVATION

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name SELF 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle Inventoried  No

Fin. Resp. Phone Num. Towed By TEXAS TOWING Towed To TEXAS TOWING

Unit Num. 148 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. VIN 1FMYK7B89GG

Veh. Year 2016 6 Veh. Color SIL Veh. Make FORD Veh. Model EXPLORER 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)

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, EZELLE BRENT REID, N, 62, W, 1, 1, 1, 2, 97, N, 96, 96, 97, 97

Owner  Lessee Owner/Lessee Name & Address TARRANT COUNTY

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Name SELF 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried  No

Fin. Resp. Phone Num. Towed By TEXAS TOWING Towed To TEXAS TOWING

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To         | Taken By  | Date of Death (MM/DD/YYYY) | Time of Death (24HR:MM) |
|-------------------------------|-----------|------------|------------------|-----------|----------------------------|-------------------------|
|                               | 147       | 1          | JOHN PETER SMITH | MEDSTAR27 | / /                        |                         |
|                               |           |            |                  |           | / /                        |                         |
|                               |           |            |                  |           | / /                        |                         |
|                               |           |            |                  |           | / /                        |                         |
|                               |           |            |                  |           | / /                        |                         |

| 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 |
|                      |  |              |  |                   |   |  |                   |                  | 98                                   | 3                 | 97              | 3                    | 2                    | 6                  |

|                       |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NARRATIVE AND DIAGRAM | DIAGRAM ON SEPARATE PAGE |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|              |                         |   |                             |                              |                       |                       |                          |                               |
|--------------|-------------------------|---|-----------------------------|------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------|
| INVESTIGATOR | Time Notified (24HR:MM) | 0   6   2   0   | How Notified                | DISPATCH                     | Time Arrived (24HRMM) | 0   6   4   0         | Report Date (MM/DD/YYYY) | 0   3   0   1   2   0   2   1 |
|              | Invest. Comp.           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | HARPER, G. MARTIN, K         | ID Num.               | 3380-3421             |                          |                               |
|              | ORI Num.                | T   X   2   2   0   1   2   0   0                                   | *Agency                     | FORT WORTH POLICE DEPARTMENT | Service/Region/DA     | C   E   N   T   R   L |                          |                               |



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