

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

Fort Worth, TX

**HWY21FH005** 

(150 pages)

	w Enf			nd TxDOT U	Jse ONLY HOOL BUS	RAILRO	DAD [	MAB	SUPPLEM	ENT	ACTIVI SCHO		l N	otal lum. Inits _	1 4	1 8	Tota Nur J Prs	al n. ′	1 3		TxDOT Crash		
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<b>IDENTIFICATION</b>	Sys.		TL h Occi		Private Drive o	Part Toll F	-	Num. ∠b∪ beed mit	Const. Zone		orkers		s Stre									uffix	
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VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prsn. Type	13 Seat Position		Enter Drive	Name: Lar or Primary		Middle or this Unit or	n 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
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	31 B		e	1-	RGVW			Primary HazMat	Yes	s 32 HazN		HazMat				32 HazMat		azMat			Type 33 Cargo	
٥	Type Unit				GVWR   RGVW			Released 34 Trlr.	No		um.   I V Disabling	ID Num.	Unit		$\Box$	Class Num. RGVW GVWR	ID	Num.	34 Trlr.		Body Type  MV Disabling	Yes
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		vents	35 Se 36 Contr		Factors (	35 Seq (Investigato			5 Seq.		icle Defects	5 Seq. 4	gator's	Opinion)	Containe	r Permit	NO M	eight	l l	 y Conditions	Axles:	
FACTORS &	<u> </u>	Unit#	_		Contributi			lave Contrib			Contributing			May Have		38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
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INVE	ORI Num	. <sub> </sub> ]	Γ <sub>I</sub> X	2	2   0	1   2	0 1 0	Agency F	OR	T WO	RTH F	OLIC	)E [	DEPA	RTME	NT			Service/ Region/[	DA C E	E N T	RL

	w Enf				Use ONLY CHOOL BUS	RAILRO	DAD [	MAB	SUPPLE	EMENT		CTIVE CHO		NE L	otal lum. Jnits ∟	1 4	1 8	Tota Nur Prs	al n. ′ ns. ∟	1   3		TxDOT Crash			
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NOI	*Coi	unty	ARRA							★City Name F	OR													Outs City Li	
OCA TIC	In yo \$1,00	ur opi	inion,	did this c	rash result ir person's pr	at least	Yes Lat	titude ecimal degre	ees) 3	3 2	7 , 9	9   5	<sub>,</sub> 1	3	Longi (decir		egree	s)	_	0   9	7	. 3	2 2	2 , 7 ,	
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PERSONS		12 Prsn. Type			Enter Drive	Name: La	,	,	on firet lin	۵		14 Injury Severity	4)	15 Ethnicity	Sex	Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	Ggory
& PER		1 Z Z	13 Po 13	LIND	Emor Brive	MELIS			ATHE			N Se	<sup>®</sup> 33		<u>9</u> 2	1	4		있 <u>위</u> 97		2 & 96	Alc. Res			
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VEHICLE, DRIVER,																						Results river/Pi		Person	
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r	By Unit Num.		5 (	Jnit esc. 1	Parked Vehicle	Hit and	LP State	To LP		MLCN	LIX			ıΖ	ا, ۷	- I	- ,8	,0,	N 14	1 , 7	5,				
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ERSON	Person Num.	12 Prsn. Type	13 Sea Positio		Enter Drive	Name: Lar or Primary			on first lin	е		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helme	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	Catego
ER, & P	1	1	1	UNK		UNK						99		99	99	99	99	99	97	N	96		96	97 9	7
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	Towe Bv	d AB	C W	/RECKI	ΞR			Towed	ABC W	/RECK	ΈR														

	Enforce n CR-3		ind TxDi	OT Use ON 018)	ILY.	[	Case D	1001	1068	8			TxD0 Crash	OT h ID								Р	age <u>4</u>	_ of <u>1</u>
	Ur Nu		sn. um.				Taken To	)					Ta	ıken By				Dat (MN	e of Death /DD/YYYY	)		Time (24H	of Death IR:MM)	h
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II. H	Corp. N 31 Bus	ame	IE	RGVW				Prim HazMat	ary Add		at I	HazMat				32 HazM	at	HazMat				Type 33 Cargo		
5	31 Bus Type Unit			GVWR RGVW	Ш			Released 34 Trli	ı 🔲 N	o Class Nu		ID Num.	Unit			Class Nu RGVW		ID Num.	34 Trli		1 1	Body Type		Yes
	Num.			GVWR		Ш		Type			iage?	No	Num.			GVWR			Type	•		amage?		No
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8	<b>Q</b> Un	36 C	ontribut	ing Factor: Contribu		estigator's		lave Con	trib.		cle Defects Contributing		_	Opinion) Nay Have (	Contrib.	38	39	nvironmen 40	al and Roa		Conditions 42	43	4	4
FACTORS &																Weather Cond.	Light Cond	Enteri	ng Road	way	Roadway Alignment	Surface	Traf Con	
FE.	3															98	3	97		3	2	6		96
NARRATIVE AND DIAGRAM																	D	IAGRAM ON SE	PARATE PAGI					
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		forcem		nd TxDOT Us	se ONLY IOOL BUS	RAILRO	DAD _	]MAB  S	UPPLEME	ENT [	ACTIVI SCHO	E OL <i>Z</i> (	NE L	otal lum. Inits	1 _ 4	4   8	Tota Nur Prs	al n. ′	1   3	6	TxDO1 Crash		
Ź	Tex Depar	vas rument sportation	M		•	of Transpor	tation, Cra Refer to	e Officer's Cr ash Data and Attached Co sheets submit	Analysis, de Sheet f	rt (Form ( P.O. Box or Number	<b>CR-3 1</b> 149349 red Fie	/ <b>1/20</b> 1 9, Aus elds	tin, TX	7871	4. Qı		ns? C	Call 84		-7457	Р	age∟	5_of_14
Γ	★Cra	ash Da	ite (YY)	0 2 / 1	·		+ Cro		6 0	<u>`</u>	se		1068			,	,	T	cal				
NOI	*Co						<u> </u>	,	*0					<u>′</u>									Outside City Limi
OCA TIC	In yo	ur opi	inion,	did this cra	sh result in erson's pro	at least	Yes Latit	ude imal degrees		2 7				Longit		egree	s)	_	0   9	7	3	2 2	7 7
7 %	<b>ROA</b> ★1 R	Rdwy.		*Hwy. Num. 3		2 Rdwy.		Block		3 Street		★Str									4	Street	
IDENTIFICATION	Sys.		CCI OCCI	Num. 3 urred on a Pri te Property/P		Part Toll R		Num. 2600 eed	Const.		rkers		s Stre								8	Suffix	
ENTIF	INTE	RSEC	TING	ROAD, OR	IF CRASH N		ERSECTION	ON, NEARES		ECTING I		OR R	EFER	ENCE	MAF	RKER	!					<u> </u>	
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	Unit Num. Veh.		De	Unit esc. 1	Parked Vehicle	Hit and Run	State T	X Rum.			eh.	/IN _1	ιN	<sub>1</sub> 6 <sub>1</sub> /	4 , [	0 10		U <sub>L</sub> <sup>2</sup> Body	1   8	LC L		Fire, El	
	Year 8 DL/			D 8 Col	or SIL L/ID		NISSAN	9 DL				RON	ITIER	!		- II		yle	SV		Emer   Narra	gency itive if o	(Explain ir checked)
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SNC		State,				Name: La					jury		icity	Sex	Eject.	18 Restr.	g	jet	<u> </u>	<u>0</u> ;	<u></u> =	rug S.	rug rug
PERSONS		12 Prsn. Type	13 S Posi		Enter Driver	or Primary I	Person for	r this Unit on	first line		14 Injury Severity	Age	15 Ethnicity	16 S	17 E	18 R	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug
/ER, & I	1	1	1	ALONZO	)	NORM	ИΑ	VAF	RELA		N	45	W	2	1	1	2	97	N	96			97 97
VEHICLE, DRIVER,																				Drug	Results	are or	lcohol and nly reporte Person for
EHICL																					ea	ch Uni	t.
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		ie Num					27 Ve Dama	nge Rating 1	12 <b>-</b>		FD-	6	27 Ve Dama	hicle age Ra	ating 2	2		-		-		/ehicle nvento	ied <b>X</b> No
_	Towe By Unit	TE	XAS	TOWIN	G → Parked [	┌── Hit and	l D	Towed TE	XAS T	OWING	}												
	Num.		De	esc. 1	Vehicle	Run Veh.	State W	/A Num.	80104F		eh.	/IN _4	↓ <sub>I</sub> V	<sub>1</sub> 4 <sub>1</sub> 1	ν <sub>1</sub> C	C <sub>1</sub> 9		H <sub>1</sub> 7	7 <sub> </sub> L	N	Pol.,	Fire, El	
	Year 8 DL/	/ID	DI	Z U Cok	or WHI	Make	VOLVO	9 DL		10 CDL	lodel /	11	DL					yle	TR		Narra	gency itive if o	(Explain ir checked)
		= 1 ess (St State,	treet,	ate WA Nu	um.			Class	, 98	End. 98	3	Re	st. 98	3		[(	(MM/D	D/YY	YY) I				
SNO		12 Prsn. Type	_		Enter Driver	Name: La		Middle r this Unit on	firat lina		14 Injury Severity		15 Ethnicity	16 Sex	Eject.	18 Restr.	19 Airbag	met	21 Sol.	22 Alc. Spec.	ault	Orug ec.	24 Drug Result 25 Drug
VEHICLE, DRIVER, & PERSONS	Nur Nur	12 T	13. Pos	CINICII	Litter Driver							Age			17						Alc. Result		
IVER,	-	1	1	SINGH		SUKH	WINDE	<u> </u>			N	30	Α	1	1	1	1	97	N	96 Not	Annlica		97 97
LE, DR																				Drug	Results )river/P	are or rimary	nly reporte Person for
VEHIC	Xo	WPO"					SONIC		100	SISTICS			LLC								ea	ch Uni	I.
	Le	essee	Nan	ner/Lessee ne & Address			5199 NI	ICKLES S		100							FE	RNI	DAL	E	WA	982	248
	Fin. F	Resp.	No	Expired Exempt	1	e 1	Fin. Res	PROGR	RESSIV	E			Fin. F Num.								I		
	Phon	Resp. ie Num	۱.					age Rating 1	10 -		FL-	2	27 Ve Dama	enicie age Ra	iting 2	2		-		-		/ehicle nvento	∐ Ye ried <b>X</b> No
	Towe Bv	ʹʹMΙΙ	LNE	R				Towed 63	20 EDE	EN DR													

		nt and Txl Rev. 1/1/2	OOT Use ONLY 018)	′.	Case <b>2100</b>	1106	8		To Co	cDOT rash ID							Pag	e <u>6</u> of <u>149</u>
	Unit Num.	Prsn. Num.			Taken To				•	Taken By				Date of (MM/DD	Death D/YYYY)		Time of (24HR:	Death MM)
١, ,														/	/			
ONO														/	/			
DISPOSITION OF														/	/			
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CHARGES	Unit Pr Num. N	rsn. um.						Ch	arge							Citation/R	eference Nu	ım.
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4		Dama	ged Property	Other Than Ve	hicles				Owne	r's Name					Owner	r's Address		
DAMAGE																		
PA																		
	nit um.		10,001+ LBS.	TRANSP	ORTING OOUS MATERIAL	9-	+ CAPACITY	CMV Disa			1.	29 Car ID Typ			Carrier ID Num.			
	arrier's orp. Name			•	Cai	rrier's mary Add	r.			_					•		30 Veh. Type	
	1 Bus ype		RGVW GVWR	1 1 1	HazMa Releas				HazMat ID Num.	1 1	1 1 1	32 HazMa Class Num		azMat Num.	1 1 1		3 Cargo ody Type	
U	nit um.		RGVW GVWR		34 T   Type		CM	V Disabling nage?	Yes U	nit um.		RGVW GVWR		1 1	34 Trlr. Type	CM	/ Disabling nage?	☐ Yes ☐ No
S	equence of Events	35 Seq.		35 Seq. 2		35 Sec			5 Seq. 4		<del></del>	al Shipping [	Yes Ac	ctual ross eight	1 1 1	To	otal Num. des:	
_	2	6 Contribu		Investigator's		ma mile			(Investigato		'		Envi	ronmental a	nd Roadway	Conditions		
FACTORS & CONDITIONS	Unit#		Contributi	ng	May Have Co	intrib.		Contributing		May Have	Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type		43 Surface Condition	44 Traffic Control
CON												98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM										DIA	AGR					ATE		
AZI J	ime Notifi 24HR:MM)	10	6 2	0 How Notified	DISPAT	ГСН			Time Arri (24HRM)	ived (I)   O	161	4   0   Re	eport Date MM/DD/YYY	<sub>Y)</sub> 0	3 / 0	1 /	2 0	2 1
ESTIG	omp.			d) HARP					ARTIN,I							380-342		
<b>≥</b> C	RI T	$_{1}X_{1}2$	2   2   0	1,2,0	1 0 *Agend	y FOF	RT WO	RTH P	OLICE	DEPA	RTME	NT			Service/ Region/D	ACIE	N <sub>I</sub> T	R <sub>I</sub> L

		forcem AL		nd TxDOT Us IV SCH	se ONLY IOOL BUS	RAILRO	AD	MAB	SUPPLE	EMENT		CTIVE CHO	E DL ZC	l N	otal lum. Jnits ∟	1 4	1 8	Tota Nur Prs	al n. 1 ns	1 3	6	TxDOT Crash II	D		
Ź	Te Depa of Tran	xas rtment sportation	М	ail to: Texas ★=These fie	Department	of Transport	ation, Cra Refer to	Attached 0	nd Analys Code She	sis, P.Ò. eet for N	. Box 14 umbere	49349 ed Fie	, Aus lds	tin, TX						4/274	-7457	Pa	age∟_	<b>7</b> of	149
	★Cra	ash Da /DD/Y`	ate YYY)	0 2 / 1	1/2	0 2 1	★Cra (24HF	sh Time RMM)	0   6   0	0 0	Cas		001	1068	}				Lo	ical se					
<u>~</u>	*Co									★City Name	FOR	ΤW	OR'	ТН										Ou	tside Limit
CA TIC				did this cras					es) 3	2	7 .9	9 , 5	, 1	3	Longit (decin		egrees	s)		0   9	7	. 3	2   2	7	7
<b>-</b>	ROA			*Hwy. Num. 3	CCURRED	2 Rdwy.		Block Num. 260		3 Sti	reet		*Str	eet									Street		
CATIO	Sys.	Crash	TL h Occi	urred on a Pri	ivate Drive or	Part 7	oad/ Sp	eed	Cons	Pref t. Ye	es Wor			s Str								S	uffix		
ENTIFI	INTE	RSEC	TING	ROAD, OR I						No ERSECT						MAR	KER								
Q	At Int.	∐ Ye		Rdwy. ⁄s. LR	Hwy. Num.	I	2 Rdwy. Part	1 BI	ock um. 250	00		Street efix			reet ame 2	зтн							Street uffix	ST	
		ince fr ef. Mai		1000	<b>X</b> FT	3 Dir. from or Ref. Mar		Referen Marker	ce	S D	Street Desc. <b> </b> -	HWY	,							RRX Num.					
	Unit Num	.7		Unit esc. 6	Parked Vehicle	Hit and Run	LP State W	/A Nur	n. 2303	B4AE		٧	/IN _1	ιG	ıR ı	۸ <sub>۱</sub> ۸	\ <sub>1</sub> 0	<sub>1</sub> 6 <sub>1</sub>	2   3	3 <sub>I</sub> F	<sub>I</sub> W <sub>I</sub>	7 <sub>1</sub> 0 <sub>1</sub>			
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	8 DL/ Type		St		_/ID um.			9 D Cla		10 C End.			11 Re				- 1	DOB MM/D	D/YY	YY) ∟		<u>/</u>	_/		ш
S	City,	State,	ZIP)				. =: .					ج ج		t <b>y</b>	u l	ti	it.						ס	ס	g Si
PERSONS	Person Num.	12 Prsn. Type	13 Sea Positio		Enter Driver	Name: La or Primary F			on first line	е		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 Dru Result	25 Dru Catego
8 P																									
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		Resp.	No	Exempt	Resp. Type	1	Name 27 Ve							Num. 27 Ve	ehicle			_					ehicle		Yes
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H	By Unit Num			Unit esc. 1	Parked Vehicle	I I	LP State	LP	MILNE	R VVF	KEUK				<sub>.</sub> P ,[	O √8	. 4	, L ,	F , S	) , J	.Н.				
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	8 DI	_	DI	/ID DL	_/ID um.	mato	TTOND	9 г	DL ass 99	10 C End	CDL		11					OOB	D/YY			/	/	l	±u)
	Addr City,	ess (S State,	treet, ZIP)	UNK									UN	K						,	U		_		
& PERSONS	Person Num.	12 Prsn. Type	13 Seat Position		Enter Driver	Name: La or Primary F			on first line	e		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
& P	1	1	1	UNK		UNK		UI	NKNO'	WN		99				99	99			N	96				97
DRIVE																						Applicab Results			
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VEF		wner	_	ner/Lessee		Α	RRIET	A	Е	STEB	AN			ALC	ONSC	)									
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	Fin. I	Resp.	_	Exempt	Resp. Type		Name 27 Ve			10.5			<u> </u>	Num.	ehicle	tine:					DD -		ehicle		Yes
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	Enforcei n CR-3		nd Txl . 1/1/2	OOT Use ON (018)	ILY.	[	Case 210	00110	068				TxD	OT sh ID											Pa	ige <u>8</u>	of 149
Ė	Uni Num	t Pr	_				Taken To						Ta	aken By						Date o (MM/DI	of Death D/YYYY)			Т	Time (	of Death R:MM)	1
l.,																			/	1	/				1		
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CHARGES																											
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121			Dama	ged Proper	ty Othe	er Than Ve	hicles					(	Owner's	Name							Ov	vner's	Addre	ss			
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	Jnit Num. <b>6</b>	6	×	10,001+ LBS.		TRANSPO	ORTING OUS MATE	RIAL	9+0	APACITY	CMV D Damag	isabling je?	Yes No	28 Ve Oper.				9 Carrie D Type	r 1		Carrie ID Nur	n. <b>0</b> (	0257	731	7		
	Carrier's Corp. Na	me S	108	NIC LC	GIS	STICS		Carrier's Primary	Addr.	6199	NIC	KLES	ST				FE	RND	ALE	W	A 98	248	8		30 Veh. Type	9	
≩	31 Bus	0		☐ RGVW		9 <sub>1</sub> 8 <sub>1</sub> 2	На		Yes No		Иat	HazMat ID Num.				1		azMat s Num.		zMat Num.					3 Cargo ody Type	3	
Ī	Jnit Num.			RGVW GVWR		5,0,0		34 Trlr.		СМ	V Disabling	Yes	Unit				RGVW GVWR	1 1	1 1		34 Trlr.			CM	V Disabling		Yes
	Sequenc			98		35 Seq. 2			Seq. 3		mage?	■ No 35 Seq. 4				ermod	al Shippi		Gr	tual oss	Type			To	nage? otal Num.		10
	Of Event			98 Iting Factor					İ		nicle Defec			Opinior		ntainer	Permit			eight   onmental a	l l and Road	L way C	onditi		des:		
FACTORS &	Unit	:#		Contrib	uting		May Hav	re Contrib.	+		Contributii	ng	- 1	May Hav	e Contri	b.	38 Weath		39 Light	40 Entering	41 Roadw	ay	42 Roadw		43 Surface	44 Trafi	
ACT	<u> </u>	_							+			+					Cond		Cond.	Roads	Туре		Alignm	ent C	Condition	Cont	trol
	1																98	3	3	97	3	$\perp$	2		6	90	6
NARRATIVE AND DIAGRAM																			DIAGR	AM ON SEPAR	ATE PAGE						
NVESTIGATOR	Time No (24HR:M	tified IM)	0	6   2	0	How Notified	DISP	ATCH	1			Tim (24	e Arrive HRMM)	.d (	0   6	S 1 4	4 <sub> </sub> C		rt Date 'DD/YYY	r) 0	3 /	0	1	/	2 0	2	1
STIGA	Invest. Comp.	X Y	es lo	Investigate Name (Prin	or nted)		ER, G				N	1ART	IN,K			•					ID Num.	33	80-3	342	1		
WE	ORI			2.2.0					<u> </u>	- 14/0							NIT.				Servic				N . T	l <sub>R</sub>	[

		forcem		nd TxDOT U		RAILRO	AD	MAB S	UPPLEMEI		ACTIVI SCHO(		l N	otal lum. 1	4	8	Tota Nur Prsi	al n. ′	1 3		TxDOT Crash I		
Ź	Tex Depail of Trans	vas rument sportation	М		s Department ields are requ	of Transport	ation, Cra Refer to <i>I</i>	Attached Cod	Analysis, P de Sheet fo	'.Ò. Box 1 r Numbei	149349 red Fie	), Aus Ids	tin, TX						4/274	-7457	P	age	9 of 149
	★Cra	ash Da 'DD/Y'	ate YYY)		1 1 / 2		+ Croo		6 0 0	<u>`</u>	se		1068		•			T	cal se				
NOI	*Co						, I.	,	*Ci														Outside City Limit
OCATIC	In yo \$1,00	ur op 00 dar	inion,	did this cra	ash result in person's pro	at least XY perty? N	'es Latitu	de nal degrees		7				Longitu (decim		grees	s)	_	0   9	7	3	2 2	7 7
7 8	<b>★</b> 1 R	Rdwy.		*Hwy.	OCCURRED	2 Rdwy.	E	Block Jum. 2600	3	Street		★Str									4	Street	
IDENTIFICATION	Sys.		TL h Occi		rivate Drive o	Part 1		ed			rkers esent		s Stre								5	uffix	
DENTII		RSEC	TING		IF CRASH N	OT AT INTE			T INTERSE	CTING I		OR R	EFER		MAR	KER					14	Street	
	Int.	nce fr	o Sy	s. LR	Num.		Part 1		2500		refix		- 1	me 28	TH				RRX			uffix	ST
L		ef. Mar	rker	1000 Jnit	☐ MI ☐ Parked	or Ref. Marl	ker S	Marker		Desc.					_		_	1	Num.	<u></u>			
	Num.		De	esc. 1	Vehicle /	Run Veh.	State TX	Num.			eh.			ıA ıF	I <sub>1</sub> P	' <sub>1</sub> 3	7 1	Body		<u>-  -  </u>		Fire, El	_ MS on (Explain in
	Year 8 DL/ Type	ID	DL	/IDD	lor SIL	Make p	ORD	9 DL Class	C 10	0 CDL	lodel F	11				- 1	OOB	yle			Narra	tive if c	hecked)
	Addre	ess (S State,	treet,	ate 17  N	lum.			Class		nd. 90	,	IKe	st. 30				MM/D	D/YY	Y Y ) T				
PERSONS	Person Num.	12 Prsn. Type	Seat	_	Enter Driver	Name: La			first line		14 Injury Severity	е	15 Ethnicity	Sex	Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug Category
ళ	1	1 Ty	1 Pc	GARRE		MELIS	SA	FLI	ZABETH			<sup>96</sup> 29		<u>φ</u> 2 1	17	_ <u></u> 1		<u>유포</u> 97	N 2	86 96	Alc. Res		97 97 8 % % %
RIVER,				07 11 11 12			<u> </u>			•										Not A		ole – A	cohol and
VEHICLE, DRIVER,																					river/Pr		lly reported Person for 
VEH	Xo	wner	_	ner/Lessee		G	ARRET	Т	MELI	SSA			ELIZ	ABE	ГН								_
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	Fin. F			Exemp	Resp. Type	₽ 1	Name 27 Veh	GEICO nicle ge Rating 1	40=			7	Num.	hicle	ing 2	)	9			DO-		ehicle	Yes
	Towe Bv	e Nun		WING			Daillag	Toward	12 -	IG YA	FD-	/	Dallic	ige ixai	y 2	-	9			LBQ =	o Ir	rventor	ied X No
Г	Unit Num.		5 (	Jnit esc. 1	Parked Vehicle	Hit and Run	LP State	LP Num.				/IN _1	ιG	<sub>ı</sub> N <sub>ı</sub> E	ΙK	C <sub>1</sub> 1	<sub>1</sub> 3 <sub>1</sub>	T <sub>1</sub> 2	2 <sub>1</sub> Y	ŢĴŢ			
	Veh. Year	2	0		/eh. lor GRY	Veh. Make (	CHEVRO	_		M	eh. lodel 7	AHC	E C1	500				Body yle	SV		Emer	ire, El gency tive if c	MS on (Explain in hecked)
	8 DL/ Type	/ID 99 ess (S	Street	ate UN N	L/ID lum.			9 DL Class	99 E	0 CDL ind. 99	9		st. 99	)		- 1	OOB MM/D	D/YY	YY) L			_/	
NS	City,	State,	ZIP)	UNKNO	WN	Name: La	et Firet M	Middle			ri Zi	UN		×	jct.	str.	70	# T	_:	UI .:		VK	t da da da da da da da da da da da da da
ERSO	Person Num.	12 Prsn. Type	13 Se Positi		Enter Driver	or Primary P			first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helme	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug Category
ER, & I	1	1	1	UNKNO	WN	UNK		UNI	<		99		99	99 9	9	99	1	97	N	96		96	97 97
E, DRIV																				Drug I	Results	are or	lcohol and lly reported Person for
VEHICLE, DRIVER, & PERSONS																				.5, D		ch Unit	
^	X O	wner	Nan	ner/Lessee ne & Addres		G	ARCIA		LUIS														
	Proof Fin. F	f of Resp.		Expired Exemp	1 -		Fin. Resp Name						Fin. F Num.	•							1		
		e Nun	n.				27 Veh Damag	ge Rating 1	12-		FD-	3	27 Ve Dama	hicle ige Rat	ing 2	2	6	-		RD-		ehicle entor	Yes
	Towe By	ed A1	TO	WING				Towed A1	TOWIN	IG YA	RD												

	Enforcer	nent and (Rev. 1/		se ONLY.	[	Case 210	001106	 88			TxDOT Crash ID							Pa	ge <u>10</u> of <u>1</u>
	Unit Num	Prsn. Num.				Taken To					Taken By				Date of (MM/DD	Death /YYYY)			of Death R:MM)
ا ا	9	1	TEX	(AS H	HEALTH	H ALLI	ANCE		SELI	F					1	/			
JON OF															1	/			
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GES																			
CHARGES																			
Н		Day	magad Pr	oporty Of	ther Than Ve	phiclos		Τ		Own	ner's Name					Own	er's Address		
DAMAGE		Dai	nageuri	operty O	thei man ve	incles				OWI	ilei 3 ivaille					OWI	er 3 Address		
DAN								1											
	Jnit		10,00	11+	TRANSP			+ CAPACITY	CMV Dis		Yes 28 Veh	٦.	29 Car			Carrier			
	lum. Carrier's Corp. Nai		LBS.		— HAZAKL	OOUS MATER	Carrier's Primary Ad		Damage	:: <u> </u>	No Oper.		ID Typ	<u> </u>		ID Num.		30 Veh.	
	1 Bus	iie .	RG				zMat "	Yes 32 Hazl		HazMat			32 HazMa		HazMat			Type 33 Cargo	
Ī	Jnit		GV	vw			4 Trlr.	CN	V Disabling		Unit		Class Num			34 Trlr.		Body Type  MV Disabling	
9	lum. Sequence			WR	35 Seq. 2		ype 35 Se	-	mage?	No 5 Seq. 4	Num.	Intermo		Yes	Actual Gross	Туре		Damage? Total Num.	No
$\vdash$	Of Events	36 Conti	ibuting F		vestigator's	Opinion)		37 Vel	nicle Defect	s (Investiga	tor's Opinion	)	er Permit [		Weight     vironmental ar	nd Roadw		Axles:	
FACTORS &	Unit	#	Co	ontributing	g	May Have	Contrib.		Contributing	g	May Have	Contrib.	38 Weather	39 Light	40 Entering	41 Roadway		43 Surface	44 Traffic
FACT													Cond.	Cond.	Roads	Туре	Alignment		Control
Н													98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM											DIA	AGF	RAM	ON	I SEF	PAF	RATE	ΞΡΑ	GE
TOR	Time No (24HR:M	tified M)	0   6	2	0 How Notified	d DISP	ATCH			Time A	rrived (MM)	0   6	4   0   Re	port Date M/DD/YY	ryy) 0	3 /	0 1 /	2 0	2 1
INVESTIGATOR	nvest. Comp.	Yes No	Invest Name	tigator (Printed)	HARF				M	ARTIN	,K					ID Num. 3	380-34	21	
INVE	ORI Num.	T <sub>I</sub> X			1 <sub> </sub> 2 <sub> </sub> 0			RT WO				RTME	ENT			Service/ Region/	,   C E	N <sub>I</sub> T	R <sub>I</sub> L

Law Enforcement and T	XDOT Use ONLY SCHOOL BUS RAILROA	D MAB SUPPLE		ACTIVE SCHOO		N	otal um. <b>1</b> nits լ	4 8	Tota		I <sub>,</sub> 3		TxDOT Crash I			
Texas	o: Texas Department of Transportat F	Refer to Attached Code She	port (Form 0 is, P.O. Box 1 et for Number	<b>R-3 1/</b> 149349 ed Fie	<b>/1/201</b> ), Aust Ids	8) in, TX	78714.	Questi	ons? C	Call 84	4/274				1_of_1	149
+Crook Data	These fields are required on all add		Ca	se			·	pants,	injurea	Lo	cal					
<b>★</b> County			<b>★</b> City			1068				Us	se				Outsi City Lir	
Name TARRANT In your opinion, did	this crash result in at least XYe	s Latitude	Name FOF				Longitud			_	n c	7	3	2 2		
ROAD ON WHICH C			2.7	<u> </u>			(decima	degree	es)			, ,			7 7	_
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K	d on a Private Drive or Toll Roarroperty/Parking Lot  AD, OR IF CRASH NOT AT INTER		No Pre	sent	No	Des	c.	ΔRKFI	?							_
At Yes 1 Rdw Int. No Sys.	y. Hwy. 2	Rdwy. Block art 1 Num. 250	3	Street refix		Str								Street uffix	ST	
Distance from Int.	FT 3 Dir. from In		Street Desc.					•••		- 1	RRX Num.			1 1		
Unit 5 Unit Num. 11 Desc.	Parked Hit and L	tate TX Num.				ıΤ	E <sub>I</sub> B	<sub>1</sub> U <sub>1</sub> 5	J	R <sub>1</sub> 8	3 <sub>I</sub> K	5				
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Address (Street, City, State, ZIP)				> <		>		: ::								, <u>&gt;</u>
PERSONS Person Num. 12 Prsn. Type 13 Seat Position		, First, Middle rson for this Unit on first line	•	14 Injury Severity	Age	15 Ethnicity	16 Sex	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug	Category
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Proof of Yes Fin. Resp. No		in. Resp. ame PROGRESS	IVE			Fin. R Num.	esp.									
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City, State, ZIP)	Names I and	, First, Middle		₹ <u>₹</u>		ity	v †	it.		<b>.</b>				g I	<u> </u>	Su.
Ferson Person Num. 12 Prsn. Type 13 Seat Position		rson for this Unit on first line	<b>)</b>	14 Injury Severity	Age	15 Ethnicity	16 Sex	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Dru Result	Category
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	Enforcem		TxDOT Use ON (1/2018)	LY.	Case 210	001106	8			TxDOT Crash ID							Pa	ge <u>12</u> of <u>1</u>
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l	Carrier's Corp. Nam	I				Carrier's Primary Ado											30 Veh. Type	
II. H	31 Bus Type	-	RGVW			zMat Y	es 32 Haz		HazMat			32 HazN		azMat			33 Cargo	
	Jnit		GVWR RGVW			leased N		Num. NV Disabling	ID Num.	Unit		Class Nu	m. IC	Num.	34 Trlr.		Body Type  MV Disabling	Yes
1 H	Num. Sequence		GVWR	$\Box$		Туре		amage?		Num.		RGVW GVWR odal Shipping	Yes A	ctual ross	Туре	[	Damage? Total Num.	No
	Of Events	35 56		35 Seq.		35 Se			35 Seq. 4		Contai	ner Permit	∐ No   W	/eight			Axles:	
8	Unit#		ributing Factor Contribi		_	e Contrib.	3 / Ve	Contributin		tor's Opinion May Have		38	39	40	41	ay Conditions 42	43	44
TOR												Weather Cond.	Light Cond.	Entering Roads	Roadway Type		Surface	Traffic Control
FACTORS &												98	3	97	3	2	6	96
Н												90	3	91	3		0	90
NARRATIVE AND DIAGRAM																		

Time Arrived (24HRMM) 0 6 4 0 Report Date (MM/DD/YYYY)

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

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PERSONS	Person Num.	12 Prs Type	13 Seat Position		Enter Driv		ame: Last, Primary Pers	,	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
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S/	City,	State	, ZIP)			N						2.5	Ţ	ty	V	ct.	ř.						б	D	g
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prs Type	13 Seat Position		Enter Driv		ame: Last, Primary Pers		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 Dru Spec.	24 Drug Result	25 Dru Catego
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Law Enforcement and TxDOT Use ONLY.	Case	TxDOT
Form CR-3 (Rev. 1/1/2018)	© 210011068	Crash ID

Unit Num. Prsn. Num. Date of Death (MM/DD/YYYY) Time of Death (24HR:MM) Taken To Taken By 2 / 1 1 / 2 0 2 1 0 | 6 | 1 | 3TARRANT CTY MORGUE 14 FW FUNERALS AND CREMATIONS Unit Num. Prsn. Num. Charge Citation/Reference Num. Damaged Property Other Than Vehicles Owner's Name Owner's Address DAMAGE ☐ Yes ☐ No TRANSPORTING HAZARDOUS MATERIAL 28 Veh. 29 Carrier Carrier □ 10,001+ LBS. CMV Disabling 9+ CAPACITY Num. Oper. ID Type ID Num Carrier's 30 Veh. Carrier's Corp. Name Primary Addr. Type 32 HazMat Class Num. 31 Bus RGVW HazMat Yes 33 Cargo HazMat 32 HazMat HazMat Released No Type GVWR ID Num. Class Num. ID Num. Body Type RGVW RGVW GVWR Unit 34 Trlr. Yes No Yes No CMV Disabling Unit 34 Trlr. CMV Disabling Num Type Damage? Num. Type Damage? Intermodal Shipping Yes No Actual Total Num. Sequence 35 Seq. 1 35 Seq. 3 35 Seq. 2 35 Seq. 4 Axles: 36 Contributing Factors (Investigator's Opinion) 37 Vehicle Defects (Investigator's Opinion) Environmental and Roadway Contributing May Have Contrib. Contributing May Have Contrib. 41 42 38 39 40 Traffic Weather Entering Surface Light Roadway Roadway Cond. Cond. Roads Alignment Condition Control Type 98 3 97 3 96 DIAGRAM ON SEPARATE PAGE 6 | 2 | 0 | How Notified DISPATCH Time Notified (24HR:MM) Time Arrived (24HRMM) Report Date (MM/DD/YYYY) 101 0 | 6 | 4 | 0 0 3 / 0 1 / 2 0 2 1 Yes No Investigator Invest. Comp. Name (Printed) HARPER, G MARTIN,K Num. 3380-3421 Service/ T X 2 2 0 1 1 2 0 0 \*Agency FORT WORTH POLICE DEPARTMENT CIENITRIL

Page 14 of 149

Law Enforcement	and TxDOT Use ONLY	AILROAD MAB	SUPPLEMENT	ACTIVI		Total Num	. 1 4	4   8	Tota Num Prsn	ı. 1	3		dDOT	
Texas Depar turent of Transportation	Mail to: Texas Department of Tra  ★=These fields are required o	Refer to Attached	and Analysis, P.O. Code Sheet for Nu	orm CR-3 1 Box 149349 mbered Fie	/ <b>1/2018</b> ), Austi lds	B) n, TX 787	714. Qı		ns? Ca	all 844	1/274-	-7457	Page∟	15 <sub>of</sub> _149
★Crash Date	0 2 / 1 1 / 2 0	+ Crook Time	0 6 0 0	Case	0011	,	·	,	, ,	Loc				
★County Name TAR			★City	ORT W										Outside City Limit
In your opinio	n, did this crash result in at lease to any one person's property?	st XYes Latitude ? No (decimal degree	2 2			1	gitude cimal de	egrees	;)	(	0   9	7	3 2 2	2 7 7
ROAD ON WH	ICH CRASH OCCURRED  *Hwy. o. 5	Rdwy. Block		eet	★Stre								4 Stree	
*1 Rdwy. Sys. TL Crash Oc	curred on a Private Drive or		Const. Yes	Workers	Name	Street							Suffix	
INTERSECTION	G ROAD, OR IF CRASH NOT AT	INTERSECTION, NEAR		NG ROAD	OR RE		CE MAR	RKER					1	
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Person Person Num. 12 Prsn. Type	Enter Driver or Pri	mary Person for this Unit	on first line	14 Injury Severity	Age	Ethnicity 16 Sex	17 Eject.	18 R	19 Airbag	20 Helmet	21 Sol	22 Alc. Spec.	Result 23 Drug	24 Drug Result 25 Drug Category
VEHICLE, DRIVER, &	MORRIS TE	ERRY A	LLEN JR	В	35 \	N 1	1	1	5 9	97	N	96	96	97 97
E, DRII												Drug Re	esults are o	Alcohol and only reported Person for
EHICL													each Ur	
Owner O N	wner/Lessee ame & Address	MORRIS	TERRY			ALLEN	JR							
Proof of XY Fin. Resp.	es Expired 26 Fin. o Exempt Resp. Type 1	Fin. Resp. Name USAA	4			Fin. Resp Num.	).							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating	1 9-	LP-		27 Vehicl Damage l		2	3 -	•		RP <b>-</b> 7	Vehicle Invento	Yes Yes
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VEHICLE, DRIVER, & PERSONS		mary Person for this Unit		14 lr Seve		15 Ethnicit 16 Sex	17 E	18 F	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.		
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Owner O	wner/Lessee ame & Address	SIMS	MONICA	4		IVONN								
Proof of XY Fin. Resp.		Fin. Resp. Name ALLS	TATE			Fin. Resp Num.								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating	1 12-	FD-		27 Vehicl Damage		2	9 -	•		LP <b>-</b> 5	Vehicle Invento	e Yes oried <b>X</b> No
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	Enforcen n CR-3	nent and '			Υ.	[	Case ID	21001	106	8			TxDOT Crash II	D									Page <u>16</u> of <u>1</u>
	Unit Num						Taken						Take	n By					Date of (MM/DE				of Death HR:MM)
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	lum. Carrier's		LBS			HAZARI	JOUS N	/ATERIAL			Damage	er <u>L</u>	No C	Oper.		ID Ty	pe			ID Num	l.	30 Veh	١.
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	Of Events	35 Se		- /		35 Seq. 2			35 Sec			5 Seq. 4			Containe	dal Shipping er Permit	□ No	We	tual oss eight			Axles:	
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FACTORS &																Weather Cond.	Lig Cor		Entering Roads	Roadwa Type	y Roadway Alignmei		Traffic Control
7.5	3															98	3	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																		DIAGR	AM ON SEPARA	ATE PAGE			
TOR M	Time Not (24HR:M/	tified M) ı (	0 , 6	5   2	0	How Notifie	وارا ه	SPAT	СН			Time (24HF	Arrived RMM)	, 0	, 6 <sub>1</sub>	4   0	Report I	Date D/YYY	<sub>r)</sub> 0	3 /	0 1 /	2 0	2 1
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NVES	ORI ·			2   0		2 <sub>1</sub> 0			EOF	OT 14/01				D 4 5	OT 1 4 F	NIT				Service Region		<u>+                                    </u>	r R L
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Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD	]MAB SUPPLEMENT	ACTIVE SCHOOL ZO	Total Num. 1	4 8 Total Num. Prsns.	1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation, Cr Refer to	Attached Code Sheet for Number	<b>CR-3 1/1/20</b> 149349, Aus ered Fields	18) stin, TX 78714.	Questions? Call	844/274-7	
	,	ase	,	ipants, injured, et	Local Use	
*County	★City	RT WOR			Ose	Outside City Limit
In your opinion, did this crash result in at least 🏿 Yes Lati	tude 3 2 7		Langitus	de _ I degrees)	- 0 9	7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED		  ★Str		i degrees)		4 Street
	Num. 2600 Prefix	Nam	ie			Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/ St. Liu Toll Lane Liu Toll Lane Liu Toll Lane Liu Toll Lane Liu Toll Lane Liu Toll Lane Liu Toll Lane Liu Toll Road/ St.	nit Zone XNo P ON, NEAREST INTERSECTING			ARKER		
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. Num. Part		3 Street Prefix NE	Street Name 287	ГН		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000 ST To Ref. Marker S	Reference Street Marker Desc.	HWY			RRX Num. <sub>l</sub>	
Unit 5 Unit Parked Hit and LP Vehicle Run State T			1	R   2   C   G		K Pol., Fire, EMS on
Veh. Year         2 0 1 6         6 Veh. Color WHI         Veh. Make FORD           8 DL/ID         DL/ID         DL/ID			NSIT CONNE		VN _	Emergency (Explain in Narrative if checked)
8 DL/ID Type 1   State TX   Num.  Address (Street,	9 DL 10 CDL Class C End. 9	6 Re	DL est. A	DOB (MM/DD/	YYYY) I	
City, State, ZIP)  Name: Last, First,	Middle	ury	Sex	estr.	et or	c. c. d.
Name: Last, First, Park of Par		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Fiect	18 Restr. 19 Airbag 20	Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	MICHAEL	в 37	W 1 1	1 5 97	N S	96 97 97
1 1 FRANK DEREK						Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for
EHICLE						each Unit.
Owner Owner/Lessee ENTER	PRISE FM TRUST					
Proof of Yes Expired 26 Fin. Resp. Type 1 Fin. Resp. Name	p. TRAVELERS		Fin. Resp. Num.			
	ehicle age Rating 1 9 <b>-</b>	LP <b>-</b> 7	27 Vehicle Damage Ratir	ng 2 3 -		Vehicle ☐ Yes Inventoried 🔀 No
Towed BEARDS TOWING	Towed BEARDS TOWI	NG	'			
Unit S Unit Parked Hit and LP Vehi. 18 O 14 O 16 Veh. Veh.	LP Num.	VIN 3	B <sub>I</sub> M <sub>I</sub> Z <sub>I</sub> B	M 1 K 7		Pol., Fire, EMS on
Veh. Year         2 0 1 6 Color GRY         Veh. Make MAZDA           8 DL/ID         DL/ID         DL/ID		Model MAZ	DA3	7 Boo Style	P4	Emergency (Explain in Narrative if checked)
Type 1 State TX Num. Address (Street,	Class C End. S		est. A	(MM/DD/	YYYY) I	
City, State, ZIP)  Solution State Signature St		jury	Sex	18 Restr. 19 Airbag	ol.	Lult rug gory
Name: Last, First, Page 20 Sign Sign Sign Sign Sign Sign Sign Sign	r this Unit on first line	14 Injury Severity Age	15 Ethnicity 16 Sex	18 Rest 19 Airbag 20	Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
Name: Last, First, Enter Driver or Primary Person for the solution of the solu	A PAIGE	в 27	W 2 1	1 5 97	N S	96 96 97 97
E, DRI					+	Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for
TO HIS						each Unit.
Owner/Lessee GOYER Lessee Name & Address	ALEXAND	RIA	PAIGE			
Proof of Yes Expired 26 Fin. Resp. No Exempt Resp. Type 1 Fin. Resp. Type 1	p. GERMANIA		Fin. Resp. Num.			
1 III. 1103p.	chicle age Rating 1 9 -	LP <b>-</b> 7	27 Vehicle Damage Ratir	ng 2 12 =		FD-7 Vehicle Yes Inventoried No
Towed By ABC TOWING	Towed ABC TOWING					

	Enforcem n CR-3	ent and 1 (Rev. 1/1	xDOT Use O /2018)	NLY.		Case ID	21	0011	068				T: C	xDOT rash ID								Pa	nge <u>18</u> of
	Unit Num.	Prsn. Num.				Takeı	n To							Taken By					Date o (MM/DI	f Death D/YYYY)		Time o (24Hi	of Death R:MM)
щ.	18	1	JOHN	PE	TER	SMI	ITH	HOS	P		ME	DSTA	R 5	578				,	/	/			
ONO	17	1	LOCA	LΗ	OSP	ITAL	_				SEL	_F							/	/			
DISPOSITION OF																			/	/			
DISP	§																		/	/			
																			/	/			
																		,	/	/			
-	Unit Num.	Prsn. Num.									-	Charge									Citatio	n/Reference N	Num.
SES																							
CHARGES																							
<u> </u>																							
$\dashv$																							
DAMAGE		Dan	naged Prope	rty Otl	ner Ihan	Vehicle	?S		$\dashv$				wne	er's Name						Owne	er's Address		
DAM									$\dashv$														
l	Jnit	I	10,001+	Tr	¬ TRAN:	SPORTII	NG	Tr	ا م	CAPACITY	, CMV E	isabling	Y	es 28 Veh	١.		29 Car	rier		Carrier			
⊢	lum. Carrier's	Į l	LBS.	L		RDOUS		Carrier's		CAFACII	Dama	ge?	□N	lo Oper.			ID Typ	e		ID Num.		30 Veh.	
	Corp. Nam	ie	RGVW				На	Primary		32 Haz	zMat	HazMat				221	HazMa		azMat			Type 33 Cargo	
₹	ype		GVWR		Ш	Ш	Re	leased	No	Class 1	Num.	ID Num.	<u> </u>	1 1			ss Nun		Num.	12471		Body Type	Yes
1	Jnit lum.		RGVW GVWR		Н.	ш		34 Trlr. Гуре			MV Disablin amage?	g Yes		nit um.		GVWR		1 1	1	34 Trlr. Type		MV Disabling Damage?	☐ No
(	equence Of Events	35 Sec			35 Seq			3	5 Seq.			35 Seq. 4			Intermo Containe			No_W	tual oss eight		1.1	Total Num. Axles:	
288	Unit #		buting Facto Contril					e Contrib	+	37 Ve	chicle Defe Contributi		gato	r's Opinion) May Have		38	3	Envi	ronmental a	and Roadwa 41	y Conditions 42	43	44
FACTORS &																Weat Con		Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
Ϋ́																98	R	3	97	3	2	6	96
																3.	<u> </u>		<u> </u>				
M																							
ND DIAGRA																		Diage	AM ON CERAR	ATE DAGE			
NARRATIVE AND DIAGRAM																		DIAGE	AM ON SEPAR	ALE PAGE			

Time Arrived 0 6 4 0 Report Date (MM/DD/YYYY) 0 3 / 0 1 / 2 0 2 1 ID Num. 3380-3421 Service/ Region/DA C E N T R L

		orcem		nd TxDOT Us IV SCH	se ONLY IOOL BUS	RAILRO	DAD	MAB	SUPPLEM	MENT [	ACTIV SCHO			otal lum. Jnits L	1 4	l 8	Tota Nur Prs		1 3	6	TxDOT Crash I			
Ä	Tex Depar of Trans	as Iment portation	M	ail to: Texas ★=These fi	Department	of Transpo	tation, Cr Refer to	Attached C	nd Analysis Code Shee	s, P.Ò. Bo t for Num	ox 149349 obered Fie	9, Aus elds	stin, TX						4/274	-7457	P	age1	9_of	149
	★Cra (MM/l	sh Da DD/Y\	ite (YY)	0 2 / 1	1_/_2	0 2 1	★Cra (24HI	nsh Time RMM) (	0 6 0		Case ID 21	001	1068	}				Lo Us	ocal se					
	<b>★</b> Cοι						'			City Jame <b>F</b> (	ORT W													itside Limit
ATI	In yo	ur opi	inion,	did this cra to any one p	sh result in	at least	Yes Latin	tude	2		7 9 5			Long	itude mal de	earee	s)	_	0 , 9	7	3	2 , 2	7	7.
ار م		D ON		CH CRASH O	CCURRED	2 Rdwy		Block		3 Stree	et .	★Sti	reet	(400					_	_		Street		
2	Sys.		TL DOCG	*Hwy. Num. 3		Part	1	Num. 260 Deed	Onst.	Prefix	Workers	Nam	ie	eet							S	uffix		
ENTIFICA				urred on a Pr te Property/P				nit <b>ON, NEAR</b> I			Present	<u> </u>			MAR	KER								
0	At Int.	Ye X		Rdwy. /s. LR	Hwy. Num.		2 Rdwy. Part		ock um. <b>250</b> 0	)	3 Stree			reet ame 2	8TH							Street uffix	ST	
	Dista	nce fro f. Mar	om Int	t. 1000	<b>X</b> FT MI	3 Dir. from or Ref. Ma		Referen Marker	се	Stre Des	et c. HW	Y							RRX Num.	1 1				
	Unit Num.	19		Unit esc. 1	Parked Vehicle	Hit and Run	LP State C	LP OR Nun	n. YASF	134	,	VIN _	1 <sub>1</sub> N	ıP ı	5 <sub>I</sub> L	. <sub>I</sub> B	ا 9 ا	X <sub>1</sub> 7	7   7	<sub>I</sub> N <sub>I</sub>	7   4			
	Veh. Year	2	0	0 7 6 V	eh. <sup>or</sup> WHI	Veh. Make	PETERI	BILT			Veh. Model (	397						Body yle	TT		Pol., f Emer Narra	Fire, E gency tive if o	MS or (Expla checke	n ain in ed)
ŀ	B DL/I Type	1	St	T\/	_/ID um.			9 D Cla	L ss A	10 CDL End.	Т	11 Re	DL est. 96	i			OOB MM/D	D/YY	YY) I		<b>/</b> _			
	City,	ess (S State,	ZIP)												. 1		1		ı			<b>—</b>	I	
PERSONS	Person Num.	12 Prsn. Type	3 Seat osition		Enter Driver	Name: L or Primary			n first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	0 elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	4 Drug esult	25 Drug Category
& PE	1	<del>~ ⊢</del> 1		MONTES	 S	ARTU	RO				B B	43	Η	1	1	1		<u>⊼ ±</u> 97	N N	96	_			97
VEHICLE, DRIVER, &							-														Applicat	ole – A	Icohol	l and
<u>(E, D</u>																					Results Priver/Pr		Perso	
WEH.	<b>X</b> O	wner		ner/Lessee			SIERRA		MC	DUNTA	IN		FXF	PRES	SS									
	Le	ssee	Nan	ne & Address			14440 N	N BYBEE									PC	RTI	_AN	D	OR	972	203	
-	Fin. F	Resp.		Exempt		e 1	Fin. Res Name	NATIC	NAL IN	ITERS	STATE		Fin. F Num.											٦,,
		e Nun	۱.					age Rating	1 1	-	FD-	7			ating 2	2	12	-		FR-		ehicle vento		Yes No
	Towe By Unit	<sup>a</sup> MII	LNE	R Unit	□ Parked	── Hit and	LP	Towed N	/ILNEF	RTOW					_			_			_			_
-	Num.		De	esc. 6	Vehicle	Run Veh.	State C	R Nur	<sub>n.</sub> HV51	486	Veh.	VIN _	1 <sub>I</sub> B	<sub>1</sub> 9 <sub>1</sub>	C <sub>I</sub> S	5 <sub>1</sub> 4		2 <sub>1</sub> (	) <sub>1</sub> 7	<u> </u>		ire, E	MS or	1
Ĺ	Year 8 DL/			U / Cole	or BLU _/ID		BOYD T	ANK TRA		10 CDI	Model	_	APPL DL	ICAB	LE	I		yle	TL		Narra	gency tive if o	hecke	ed)
-	Type Addre	ess (S	St treet,		um.			Cla		End.			est.			(	MM/D	D/YY	YY) L		<u> </u>	/		
- 6		State,	_			Name: L	ast, First,	Middle			jury		city	Xe	ect.	estr.	D	et	-i	٠. ن	=	gu :	rug #	rug gory
PERSC	Person Num.	12 Prsn. Type	13 Si Posit		Enter Driver	or Primary	Person fo	r this Unit o	n first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helm	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 D Resu	25 Drug Category
ER, &																								
, PR																				Drug	Applicat Results	are or	nly rep	orted
VEHICLE, DRIVER, & PERSONS																				for L	Oriver/Pr ea	imary ch Uni		ii ior
VE	X O	wner ssee		ner/Lessee ne & Address	·		SIERRA 14440 I	N BYBEE		DUNTA RD	JIN	1	EXF	PRES	SS		PC	RTI	ΔN	D	ΩR	972	203	
	Proof		Yes	Expired	26 Fin.		Fin. Res	sp.	NAL IN		STATE		Fin. F					I	_, 114		OIX	312		
Ī	Fin. F			сленірі		·• I	27 Ve			)-	RD-	2	27 Ve	ehicle	ating 2	2		I -				ehicle vento		Yes
H	Towe	d	ı. LNE	:R					ЛILNEF			_									ir	ivenio	ieu	N INO

	Enforcen CR-3	nent and 1 (Rev. 1/1	xDOT Use ONLY.	Case 100110	D68			kDOT rash ID								Pa	ge <u>20</u>	of <u>1</u>
	Unit Num	Prsn.	,	Taken To				Taken By					Date of (MM/DD	Death /YYYY)		Time o	f Death R:MM)	n
l	19	1	LOCAL HOSP	ITAL		SELF						,	1	1		, , , , ,	<u> </u>	
NO.													/	/				
SITIC													/	/				
DISPOSITION OF												,	/	/				
_													/	/			L	
												,	/	/				
$  \cdot  $	Unit Num.	Prsn. Num.				Charg	je								Citation	/Reference	lum.	
GES																		
CHARGES																		
	_																	
Н		Dan	naged Property Other Than	Vahiclas	<u> </u>		Owno	r's Name				Π		Owno	r's Address			
DAMAGE		Dan	naged (Toperty Other Mar	veriicles			Owne	1 3 IVallie						Owne	i s Address			
DAN																		
U	nit um. <b>1</b>	0 1	10,001+ TRAN	SPORTING RDOUS MATERIAL	9+ CAPACITY	CMV Disabli Damage?	ng XY	es 28 Ve o Oper.			29 Carrier ID Type	1		Carrier	003655	16		
	arrier's		ERRA MOUNTA	Carrier's	Addr 1111	0 N BYE					PORTL		) 00	9720		30 Veh. Type	6	
≥ 3	1 Bus		RGVW 5 2 0	НатМан Г	Yes 32 HazN	Лat Наz	zMat			3:	2 HazMat	На	azMat	. 5720		33 Cargo Body Type	8	
Ī	nit	<u>,                                    </u>	RGVW 4 0 0	34 Trlr.	CM	V Disabling		nit		RGV		<u> </u>		34 Trlr.		MV Disabling		Yes
5	equence	25 500	123	<del>'                                    </del>	Seq. 3	nage?	_	um.		GVW modal Shi	ipping 🔲 `	Yes Ac	tual	Туре	<u>'</u>	Total Num.		No
	f Events	36 Contri	buting Factors (Investigate	r's Opinion)	37 Veh	icle Defects (In			1)	ainer Pern	mit 🔲 I		eight     ronmental ai	nd Roadway		Axles:		
ORS &	Unit	#	Contributing	May Have Contrib.		Contributing		May Hav	e Contrib.	We		39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	Traf	ffic
FACTORS &												Cond.	Roads	Туре	Alignment	Condition	Con	
Н											98	3	97	3	2	6	9	16
NARRATIVE AND DIAGRAM												Diagr	RAM ON SEPARA	re Page				
TOR	ime Not 24HR:MI	rified (	0   6   2   0   How Noti	fied DISPATCH	-		Time Arri (24HRMA	ived (	0   6	4	0 Repo	rt Date 'DD/YYY	<sub>Y)</sub> 0	3 / 0	) 1 /	2 0	2	1
155		Yes No	Investigator Name (Printed) HAF		•	MAF	RTIN,I				15		•	ID	, 380-342			
INVES			2   2   0   1   2		ORT WO				ARTM	1ENT	-			Service/ Region/D		1	R	ı L

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZON	Total Num. 1 4 NE Units	Total 8 Num. 1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation	eace Officer's Crash Report (Form 0 n, Crash Data and Analysis, P.O. Box of fer to Attached Code Sheet for Number	CR-3 1/1/2018 149349, Austi red Fields	n, TX 78714. Ques	tions? Call 844/274	1-7457 Page 21 of 149
	Crash Time 0 6 0 0 Ca	se 210011	068	Local Use	
*County Name TARRANT	★City Name FOF				Outside City Limit
In your opinion, did this crash result in at least Yes	Latitude (decimal degrees) 3 2 7		1	ees) — 0 9	9,7,3,2,2,7,7
ROAD ON WHICH CRASH OCCURRED	Block 3 Street	★Stre		,	4 Street
	Speed Const. Yes Wo	Name	Street		Suffix
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSE	ECTION, NEAREST INTERSECTING I	ROAD OR RE		ER	T. 2
Int. No Sys. LR Num. Par	1 Num. 2500 P	Street refix NE	Street Name 28TH		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000		HWY		RRX Num.	
V. I	LP Num.	VIN 1	_C _6 _R _R _	7 L M 1 F	Pol., Fire, EMS on
Year 2 0 1 5 6 Ven. Color WHI Wake DOI		lodel RAM 1	)I	Style PK	Emergency (Explain in Narrative if checked)
Type 1 State TX Num. Address (Street,	Class C End. 96	Res	t. 96	(MM/DD/YYYY) I	
City, State, ZIP)  Name: Last, F  Solution of the control of the c		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
<u>a</u>			W 1 1 1 1 W	2 6 5 8 E 8 8 B 8 B 8	22 A A C S S C S C S C S C S C S C S C S C
ALVING GIVE IN THE PROPERTY OF		01	1 1	3 97 10	Not Applicable – Alcohol and
1 1 CRAWFORD BRIAN					Drug Results are only reported for Driver/Primary Person for each Unit.
Nowner Owner/Lessee CRA	WFORD BRIAN				
Lessee Name & Address	Resp.		Fin. Resp <u>.</u>		
Fin. Resp. No Exempt Resp. Type 1 Nar			Num. 27 Vehicle		Vehicle Yes
Phone Num.	Damage Rating 1 12 =	FD <b>-</b> 7	Damage Rating 2	6 -	RD 5 Inventoried No
By ABC TOWING  Unit   5 Unit   Parked   Hit and   LP   Num. 22   Desc. 1   Vehicle   Run   Star	To ABC TOWING	VIN,5	.X.Y.P.6.	4 <sub>1</sub> H <sub>1</sub> C <sub>1</sub> 2 <sub>1</sub> L	.G.
Veh. Year 2 0 2 0 Color GRY Veh. Make KIA	V	eh. lodel UNKN		7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End. 96	11 0		DOB (MM/DD/YYYY)	
Address (Street, City, State, ZIP)				·	
Name: Last, F Enter Driver or Primary Personal CROSS ROBERT  1 1 1 CROSS ROBERT  2 2 3 CROSS RICHARD  2 3 CROSS RICHARD		14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
1 1 CROSS ROBERT	MICHAEL	A 81 \	W 1 1 1	5 97 N	96 97 97
2 2 3 CROSS RICHARI	)	A 54 \	W 1 1 1	5 97 N	Not Applicable – Alcohol and Drug Results are only reported
HICTE					for Driver/Primary Person for each Unit.
Owner/Lessee CRC Lessee Name & Address	OSS ROBERT		MICHAEL		
	Resp. ne ALLSTATE	I	Fin. Resp. Num.		
Fin. Resp.	77 Vehicle Damage Rating 1 12 -		27 Vehicle Damage Rating 2	9 <b>-</b>	Vehicle  Yes LP - 7  Inventoried  No
Towed By ABC TOWING	Towed To ABC TOWING		<u> </u>		

			xDOT Use ONLY.	ſ	Case 210	001106	: Q			TxDOT					٦		Pa	age <u>22</u> of <u>1</u>
Form	Unit	(Rev. 1/1 Prsn. Num.	/2018)		ID 210	01100	10			Crash ID Taken By				Date of	Death			of Death
	Num. 22	Num.	JOHN PE			HUSB		MEL	DSTAR					(MM/DE	/ /		(24H	R:MM)
96	22	2	JOHN PE					1	OSTAR					<u>/</u> /	1			
DISPOSITION OF	21	1	LOCAL H			ПОЗЕ		SEL						<u> </u>	1			
SPOS			LOCAL III	USFII	IAL			SEL	Г					<u>,                                      </u>	<u>'</u>			
١٥٤														<u>/</u>	/			
														<u>/</u>	/			
Н	Unit I	Prsn.												/	/	<i></i>	(D. f.	<u>                                     </u>
l	Num.	Num.							harge							Citation	/Reference	Num.
GES																		
CHARGES																		
Н																		
35		Dan	aged Property Oth	ner Than Ve	ehicles				Owi	ner's Name					Owne	r's Address		
DAMAGE																		
Ц								1.		V 120V I		20.6			lc ·			
1	Jnit Num.	[	□ 10,001+ LBS.	TRANSP HAZARE	ORTING DOUS MATER	RIAL   —	+ CAPACITY	CMV Di Damag		Yes 28 Vel No Oper.	n.	29 Ca ID Ty			Carrier ID Num.			
	Carrier's Corp. Nam	e				Carrier's Primary Ado	dr.										30 Veh. Type	
ZWA	31 Bus Type		☐ RGVW	1 1		zMat Y			HazMat ID Num.	1 1	1 1 1	32 HazM Class Nu		azMat ) Num.		1 1	33 Cargo Body Type	
Ī	Jnit Num.		RGVW			34 Trlr. Type	CN	IV Disabling mage?	Yes	Unit Num.	<u> </u>	RGVW GVWR			34 Trlr.		IMV Disabling Damage?	Yes
9	Sequence	35 Sec		35 Seq. 2		35 Se			35 Seq. 4	INUITI.	Intermod	dal Shipping	Yes A	ctual ross /eight	Туре	Į.	Total Num.	Пио
	Of Events		outing Factors (Inv							or's Opinion	Containe )	er Permit		/eight   ironmental a	nd Roadway	/ Conditions	Axles:	
FACTORS &	Unit#	:	Contributing		May Have	Contrib.		Contributir	ng	May Have	Contrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
757 1070												Cond.	Cond.	Roads	Type	Alignment	Condition	Control
7.5	3											98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM													DIAG	RAM ON SEPARA	TE PAGE			

Time Arrived (24HRMM) 0 6 4 0 Report Date (MM/DD/YYYY)

0 3 / 0 1 / 2 0 2 1

Service/ Region/DA C E N T R L

ID Num. 3380-3421

		orcem		nd TxDOT Us IV SCH	e ONLY OOL BUS	RAILR	OAD [	MAB	St	JPPLEM	ENT [	ACTIV SCHO		1	Γotal Num. Jnits ι	1 4	1 8	Tota Nur Prs	al n. ´ ns. ∟	1 3	6	TxDOT Crash I			
Ä	Tex. Depart of Trans		М	ail to: Texas ★=These fie		t of Transpo	ortation, 0 Refer	Crash Da to Attacl	ata and <i>i</i> hed Cod	Analysis le Sheet	, P.Ò. Bo for Num	bered Fi	9, Aus elds	stin, TX						4/274	l-7457	Р	age∟2	23 <sub>of</sub>	149
	★Cra (MM/I	ish Da DD/Y`	ite YYY)	0 2 / 1	_ 1_/_2	0 2	1 *C	rash Tim HRMM)	ne 0	6 0	0	Case ID 21	001	1068	3				Lo	cal se					
	★Cοι Name	unty ∋ T	ARR	ANT						*	City	ORT W	/OR	TH											itside Limit
ATI	In yo	ur op	inion,	did this cras	sh result in erson's pro	at least	Yes La	atitude ecimal d	learees)			7 9 5				itude mal de	earee:	s)	_	0 , 9	9 , 7	3	2 2	2 , 7	7
~შ_		D ON		HCRASHO	CCURRED	2 Rdw		_			3 Stree		★St		(		3	-/					Street		
7A 770	Sys.		TL n Occ	*Hwy. Num. 3		Part	1	Num. Speed	2600		Prefix	Workers	Nam		eet							S	uffix		-
IDENTIFICA TION			,, ,,,,	urred on a Pri te Property/P <b>ROAD, OR I</b>	ag ===			_imit TION, N		Zone	No	Present	XN	<sub>o</sub> De	sc.	E MAF	RKER								-
~ I ·	At Int.	Ye X		Rdwy. 's. LR	Hwy. Num.		2 Rdw Part	y. 1	Block Num.	2500		3 Stree Prefix			reet ame 2	8TH	l					I	Stree uffix	t ST	
- 1	Dista	nce fro	om In	1000	<b>X</b> FT MI	3 Dir. fror			ference Irker		Stre									RRX Num.					
	Unit Num.		5	Jnit esc. 1	Parked Vehicle	Hit and Run	LP State	TX	LP Num.	1L571		1		1 <sub>1</sub> F	ıU ı	B <sub>I</sub> C	Σ <sub>I</sub> Υ	ıC ı	_		ιHι	M <sub>1</sub> 0	1	6   6	4
-	Veh. Year			6 Ve	eh. PrRED	Veh. Make	FREIG		FR			Veh. Model	UNKI	NOW	J.				Body yle	TR		Emer	Fire, E gency tive if	(Expla	ain in
- 1	B DL/I Type	4		/ID DL	./ID im.				9 DL Class	A	10 CDL End.		11	DL est. 96			- 1	OOB MM/D				J <b>/</b> L			
	City, S	ess (S State,	ZIP)																						
VEHICLE, DRIVER, & PERSONS	erson um.	12 Prsn. Type	3 Seat osition		Enter Driver	Name: I r or Primary				irst line		14 Injury Severity	Age	15 Ethnicity	S Sex	7 Eject.	18 Restr.	19 Airbag	) elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
& PEF	<u>1</u> Z	1	<u>₩₫</u> 1	MCENLE	Y	JALE	N					N N	21	B # # # # # # # # # # # # # # # # # # #	19	1	1		⊠ <u>∓</u> 97	N N	96	<u>4 &amp; </u>			ಸ ೮ 97
WER,						<u> </u>																Applical			
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				Expired Exempt		pe 1	Fin. Re Name	BE	ECHE	ER CA	RLSC	ON INS	3	Fin. F											
	Fin. F	Resp. e Nun	۱.					Vehicle mage Ra		12		FD-		Dama	ehicle age R	ating 2	2		-				ehicle vento		Yes No
	Towe By	<sup>d</sup> DF	RIVE		5		li o	To\ To	wed 340	00 FO	SSIL	CREE	K BI												_
-	Unit <u>Num.</u> Veh.	24		Unit esc. 6	Parked Vehicle	Hit and Run	State	TX	LP Num.	80918	Z	Veh.	VIN _2	2 <sub>I</sub> M	ıN ı	0 1	J		L <sub>I</sub> 2	2   6	11		ire, E	MS or	1
	Year 8 DL/			0 6 Cold	or RED /ID		TRAIL	MOBIL	E 9 DL		10 CDI	Model	_	APPL DL	ICAE	BLE			yle	TL		Emer	gency tive if	(Expla	ain in ed)
ľ	Туре	ess (S	St	ate Nu					Class		End.			est.				MM/D	D/YY	YY) L			_/		
		State,				Name: I	act Fire	t Middle				<u> </u>		ity	×	oct.	str.		- t				b <sub>r</sub>	g, 1	gr Sir
ERSO	Perso Num.	12 Prsn. Type	13 Se Positic		Enter Driver		,	,		irst line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helme	21 Sol.	22 Alc. Spec.	Alc. Result	23 Dr. Spec.	24 Dr Result	25 Drug Category
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DRIVE PRIVE																						Applical Results			
VEHICLE, DRIVER, & PERSONS																						Priver/Pr		Perso	
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	Proof		Yes	ne & Address Expired	26 Fin.		3400 Fin. Re	esp.				<b></b>		Fin. F				FÜ	KI.	vvO	RTH	l TX	76′	13/	$\dashv$
f	Fin. F			Exempt	Resp. Typ	pe 1		Vehicle				ON INS		1	ehicle								ehicle		Yes
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Law E Form			TxDOT /1/2018	Use ONLY	′.	Case 210	001106	8		1	xDOT Trash ID							Pa	ge <u>24</u> of	149
	Unit Num.	Prsn Num				Taken To					Taken By				Date of (MM/DD	Death (YYYY)		Time o (24HF	f Death R:MM)	
<u>.</u> _															1	1				
DISPOSITION OF INJURED/KILLED														,	1	/				
SSITIC RED/K														,	1	/				
DISPC														,	1	/				
														,	1	/				
														,	1	/				
	Unit Num.	Prsn. Num.							Cha	rge							Citation	/Reference N	lum.	$\Box$
ES																				╝
CHARGES																				
١																				
Ц																				┙
SE		Da	maged	Property	Other Than Ve	hicles				Own	er's Name					Owne	r's Address			4
DAMAGE																				4
Щ					I				T	. 57	v lagy-l		29 Carri	:		lc:				4
N	nit um. 2	3	<b>⊠</b> 10 LB	,001+ S.	HAZARD	ORTING OOUS MATER		+ CAPACITY	CMV Disal Damage?	oling 💢 🗀 l	Yes 28 Vel No Oper.	2	ID Type			Carrier ID Num. (	29777			
C	arrier's orp. Nan	ne C	OCA	COL	A				AVE A				LUBB		TX	7940		30 Veh. Type	5	╛
	Bus pe (	)	X		3 <sub>1</sub> 4 <sub>1</sub> 7 <sub>1</sub> 0	0   Hai	zMat Y eased N	es 32 HazN o Class Nu	ım. IE	azMat ) Num.			32 HazMat Class Num.		zMat Num.			33 Cargo Body Type	3	
	nit um. 2	24		RGVW GVWR	1,2,1,0	0,0,	34 Trlr. Type <b>1</b>		V Disabling nage?		Init Ium.		RGVW  GVWR			34 Trlr. Type		MV Disabling amage?	☐ Yes	
	equence f Events	35 S	eq. 1	 98	35 Seq. 2		35 Sec	q. 3	35	Seq. 4		Intermod	dal Shipping	Yes Ac Gr No We	tual oss eight			Total Num. Axles:		٦
& NS	Unit	36 Con			Investigator's	Opinion) May Have	Contrib		icle Defects (	Investigato	or's Opinion May Have		20	Envir	onmental a	T	Conditions	42	- 44	7
FACTORS & CONDITIONS	Office			Contribution	119	iviay riave	Contino.		Contributing		May Have	Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Contro	
CONI														3						
$\vdash$				<u> </u>									98	3	97	3	2	6	96	$\dashv$
W																				
NARRATIVE AND DIAGRAM														DIAGR	AM ON SEPARA	TE PAGE				
IGATC =	ime Not 24HR:M/ vest. omp.	M) Yes	Inv Na		d) HARF					Time Ar (24HRM	м) <sub>Т</sub> С		4   U  (M	oort Date M/DD/YYY	y) <b>0</b>		380-342	1	2 ′	
_ <b>≤</b>  N	um.	$I \mid X$	$1^2$	$2 \mid 0 \mid$	1   2   0	U [*Ag	ency FOF	RT WO	RTH P	OLICE	DEPA	RTME	NT			Service/ Region/D	A C E	N <sub>I</sub> T	R	-

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL ZO	Total Num. 1 4	Total Num. 1	3 6 TxDOT Crash ID
Mail to: Texas Department of Transportation,	to Attached Code Sheet for Numb	<b>CR-3 1/1/20</b> 1 149349, Aus ered Fields	<b>18)</b> stin, TX 78714. Q	uestions? Call 844/2	74-7457 Page 25 of 149
*Crash Date 0 2 4 1 4 2 0 2 4 *C	,	ase	•	Local Use	ı
*County	<b>★</b> City	RT WOR			Outside City Limit
In your opinion, did this crash result in at least Yes La	atitude   3   2   7		Langituda	— 0	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED		★Str		egices)	4 Street
Sys. TL Num. 35 Part 1	Block   3 Street   Prefix	Nam	ne		Suffix
	Limit Zone No P	resent XNo	Desc.	RKER	
At Yes 1 Rdwy. Hwy. 2 Rdw Int. No Sys. LR Num. Part	/y. Block	3 Street Prefix NE	Street Name 28TH		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000	Reference Street			RRX Nun	
Unit Num.25	LP		1 ,Z ,V ,H ,1	Γ <sub>1</sub> 8 <sub>1</sub> 2 <sub>1</sub> Η <sub>1</sub> 7 <sub>1</sub>	8 , 5 ,
Veh. Year 2 0 0 8 6 Veh. Color BLK Veh. Make FORD		Veh. Model MUST	TANG	7 Body Style P2	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 DL/ID State TX Num.	9 DL 10 CDL Class C End.	11 Re	DL est. <b>A</b>	DOB (MM/DD/YYYY	)  /
Address (Street, City, State, ZIP)					
Name: Last, First Name: Last,	•	14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20 Helmet	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	DALE	в 32	W 1 1	1 5 97 N	96 96 97 97
1 1 DUDDINGTON DUSTIN					Not Applicable – Alcohol and Drug Results are only reported
HICTE:					for Driver/Primary Person for each Unit.
Owner/Lessee DUDD	INGTON DUSTIN		DALE		
Proof of XYes ☐ Expired 26 Fin. Fin. R			Fin. Resp.		<b>—</b>
III. I (esp.	Vehicle	ED - 7	Num. 27 Vehicle	2 2-	Vehicle Yes
Towed DEADDS TOWING	Towed BEARDS TOW	FD-7	Damage Rating	2 6 <b>-</b>	RD 7 Inventoried No
Unit Sunit Parked Hit and LP Num.26 Desc. 1 Parked Vehicle Run State	LP Num.		1 ,F ,D ,S ,E	E_3	B <sub>1</sub> D <sub>1</sub>
Veh. Year 2 0 1 1 6 Veh. Color BLU Veh. Make FORD		Veh. Model ECON	NOI INF	7 Body Style VN	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DI 10 CDI	11	DL est. 96	DOB (MM/DD/YYYY)	
Address (Street, City, State, ZIP)					
Name: Last, First Enter Driver or Primary Person  Name: Last, First Enter Driver or Primary Pers		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20 Helmet	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
1 1 ROGERS NADIA	JEAN	в 22	W 2 1	1 5 97 N	96 96 97 97
DRIVI					Not Applicable – Alcohol and Drug Results are only reported
HICLE					for Driver/Primary Person for each Unit.
Owner/Lessee MCDA	NIEL AND	1 1	SON PLUMB	BING	
Proof of Yes Expired 26 Fin. Fin. R			Fin. Resp.		
1 III. 1(c5).	STATE AUTO  Vehicle mage Rating 1 12 -	FD <b>-</b> 7	Num. 27 Vehicle Damage Rating	2 6 <b>-</b>	Vehicle
Phone Num.  Towed By TEXAS TOWING	Towed TEXAS TOWIN		Damage Nating	<u> </u>	RD 7 Inventoried No

	Enforcen n CR-3	nent and <sup>-</sup> (Rev. 1/			Y	[	Case ID	21001	106	8			TxDOT Crash II	D								F	Page <u>26</u> of
	Unit Num.						Taken						Take	n By					Date of (MM/DE				of Death HR:MM)
l.,	25	1	LO	CAL	НС	SPI	TAL				SELI	F						/		/			1 1
100	26	1		CAL							SELI	F						/	'	/			1 1
SITIO																		/	,	/			1 1
DISPOSITION OF																			,	1			
٦	•																		1	1			1 1
l																			,	1			1 1
П	Unit	Prsn.									Cł	narge								<u>'</u>	Citati	on/Reference	Num.
	Num.	Num.																					
CHARGES		+																					
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╽┟		+																					
Н		Dar	magad	Property	Otho	r Than W	objelos					01	vner's Na	mo						Ow	ner's Address		
AGE		Dai	nageu	rioperty	Othe	i iiiaii v	erricies						VIICI 3 IVa	ille						OW	iei s Addres.	•	
DAMAGE																							
Н	Jnit		10	001+		TRANSP	ODTIN	G			CMV Dis	ahling [	Yes 2	18 Veh.		29 Ca	arrier			Carrier			
	Num. Carrier's		LBS	5.		HAZARI	DOUS N	MATERIAL Carri	ш.	+ CAPACITY	Damage			oper.		ID Ty				ID Num		30 Veh	
	Corp. Nan	ne						Prim	ary Add													Туре	1.
CMV	31 Bus Type			RGVW GVWR				HazMat Released	d N			HazMat ID Num.				32 HazM Class Nu			zMat Num.			33 Cargo Body Type	<u>!</u>
	Jnit Num.			RGVW GVWR	l I	1 1	1	34 Trli Type	:		/ Disabling nage?	Yes No	Unit Num.		- IF	RGVW GVWR	1 1	1	1 1	34 Trlr. Type		CMV Disablin Damage?	g Yes
	Sequence Of Events				:	35 Seq. 2	2		35 Sec			5 Seq. 4				dal Shipping	Yes	Ac Gre	tual oss eight			Total Num. Axles:	
	1	36 Contr				stigator's	_				cle Defect									nd Roadw	ay Condition		
ORS &	Unit	#		Contributi	ing		Ma	y Have Con	trib.		Contributing	g 	May	/ Have C	ontrib.	38 Weather	39 Lig	ht	40 Entering	41 Roadwa			44 Traffic
FACTORS &	<u> </u>				+											Cond.	Con	nd.	Roads	Туре	Alignme	nt Condition	Control
H	<u>'</u>												Щ			98	3	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																		DIAGR	AM ON SEPAR/	NTE PAGE			
<sup>7</sup> OR	Time Not (24HR:M/	tified (	0   6	S <sub>1</sub> 2	0	How Notifie	ed DI	SPAT	CH			Time	Arrived RMM)	, 0	, 6 <sub>1</sub>	4   0	Report [	Date D/YYY	<sub>r)</sub> 0	3 /	0 1	2 0	2 1
19		Yes No	Inve	estigator ne (Printe					<u> </u>		N/I	ARTIN		1		1 1				ID			
WES	ORI ·			2 <sub>1</sub> 0 <sub>1</sub>		1ARF				T \A/\!					)T. 4-	- N I <del></del>				Service Region	3380-34 / <sub>/DA</sub>   C	<u>#21</u> E   N <sub>1</sub> 1	r R L
=	Num.	·  ^	4	_   0	_1_	ا ک	, <sub>U</sub>	1	FUF	RT WOI	<u> </u>	OLIC	E DE	:PAI	KIIVIE	:IV I				Region	/DA   C	-   '\   '	'

Law Enforcement and TxDOT Use ONLY FATAL CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZON	Total Num. 1 4	Total 8 Num. 1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation, Refer	ace Officer's Crash Report (Form C Crash Data and Analysis, P.O. Box of to Attached Code Sheet for Number	<b>CR-3 1/1/2018</b> 149349, Austir red Fields	n, TX 78714. Quest	ions? Call 844/274	
	Crash Time 0 6 0 0 Ca	se	•	Local Use	
*County	★City	210011		Use	Outside City Limit
	Name FOF atitude decimal degrees) 3 2 7		1	. — 0 0	
ROAD ON WHICH CRASH OCCURRED				es)	9 7 3 2 2 7 7 4 Street
Sys. TL Num. 35 Part 1	Num. 2600 Prefix	★Stree Name orkers ☐ Yes	T		Suffix
	Limit Zone No Pre	esent No	Desc.	R	
At Yes 1 Rdwy. Hwy. 2 Rdv Int. No Sys. LR Num. Part	vy. Block 3	Street refix NE	Street Name 28TH	•	4 Street Suffix ST
Distance from Int. or Ref. Marker 1000	Reference Street Desc.		20111	RRX Num.	
Unit Num.27   5 Unit Desc. 1   Parked Vehicle Run State	LP		H G C P 2	2 <sub>1</sub> F <sub>1</sub> 8 <sub>1</sub> 7 <sub>1</sub> B	
Veh. 2 0 1 1 6 Veh. Color GRY Veh. Make HOND		eh. <sup>lodel</sup> ACCOF	RD	7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End. 96	11 D Rest	L :.96	DOB (MM/DD/YYYY) I	_/ <sub>L</sub>
Address (Street, City, State, ZIP)		> \	y + 1		
Name: Last, Fir. Name: Last, Fir. Name: Last, Fir. Name: Last, Fir. Name: Last, Fir. Name: Last, Fir. Name: Last, Fir.	*	14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
		B 25 V	V 2 1 1	3 97 N	96 97 97
1 1 BROOKE ASHLEY					Not Applicable – Alcohol and Drug Results are only reported
HICLE					for Driver/Primary Person for each Unit.
Owner/Lessee ENGE Lessee Name & Address	L HUNTER				
Proof of XYes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name			Fin. Resp.		
Fin. Resp. 27	Vehicle mage Rating 1 3 -	2	27 Vehicle Damage Rating 2	6 <b>-</b>	Vehicle  Yes RD - 7  Inventoried  No
Towed By A1 TOWING	Towed A1 TOWING	TKI 1			Inventoried No
Unit 5 Unit Parked Hit and LP Vehicle Run State	LP Num.	VIN_1	9 X F C .	1 <sub>1</sub> F <sub>1</sub> 3 <sub>1</sub> 6 <sub>1</sub> G	
Veh. Year 2 0 1 6 Veh. Color BLK Veh. Make HONE		eh. lodel CIVIC		7 Body Style P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End. 96	11 D Res		DOB (MM/DD/YYYY) I	J L
Address (Street, City, State, ZIP)		>>	>		
Name: Last, Fir. Parker, on HIATT Shells on HI		14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
M 1 1 HIATT JAMES	JENNINGS		V 1 1 1	5 97 N	96 96 97 97
DRIVE					Not Applicable – Alcohol and Drug Results are only reported
					for Driver/Primary Person for each Unit.
Owner/Lessee HIATT	NANCY		JEAN		
Proof of Yes Expired 26 Fin. Fin. R			Fin. Resp.		
1 III. 1 (00p).	STATE FARM  Vehicle mage Rating 1 6 -	2	Num. 27 Vehicle Damage Rating 2	3-	Vehicle Yes
Phone Num.  Towed By TEXAS TOWING	Towed TEXAS TOWING		Zamago Raulig Z	J	RP 7 Inventoried No

	Enforcem n CR-3	nent and <sup>-</sup> (Rev. 1/			Υ.	[	Case ID	21001	<u>106</u>	8			TxDOT Crash II	D								F	Page <u>28</u> of _
	Unit Num.						Taken						Take	n By					Date of (MM/DE				of Death HR:MM)
	27	1	LO	CAL	НО	SPI	TAL				SELI	F						/	1	/			1 1
NO.	28	1		CAL							SELI	F						/	1	/			1 1
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DISPOSITION OF																			,	1			
۱۹۶																			,				1 1
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П	Unit Num.	Prsn. Num.									Ch	narge								,	Citatio	on/Reference	Num.
ايا	Num.	IVUIII.																					
CHARGES																							
3																							
H																							
		Dar	maged	Property	Other	r Than V	ehicles					Ov	vner's Na	me						Ow	l ner's Address	5	
DAMAGE																							
DA																							
	Jnit		10,0	001+	П	TRANSP	ORTIN	G	9+	+ CAPACITY	CMV Dis			8 Veh.		29 Ca				Carrier			
	lum. Carrier's		LBS	•		HAZARI	JOUS N	MATERIAL Carr			Damage	:/ <u>L</u>	No C	Oper.		ID Ty	pe			ID Num		30 Veh	١.
. ⊢	Corp. Nan B1 Bus	ne	R	GVW				Prim	ary Add		lat	HazMat				32 HazM	lat	На	zMat			Type 33 Cargo	
. ⊢	31 Bus Type Jnit			GVWR				Release 34 Trl		o Class Nu		ID Num.	Unit	Ш	44	Class Nu			Num.	34 Trlr.		Body Type	
1	Num. Sequence	. 1		SVWR	4	Ш	Ш	Туре	· T		nage?	No	Num.			RGVW GVWR	Yes	- IAc	 tual	Туре		Damage?	No
	Of Events	35 Se				35 Seq. 2			35 Sec			5 Seq. 4				dal Shipping er Permit	No	We	tual oss eight			Axles:	
888	Unit	36 Contr #		Factors ( Contributi		tigators	_	y Have Con	trib.		cle Defect Contributin			(Have C	ontrib.	38	39	9	40	41	vay Condition 42	43	44
FACTORS &																Weather Cond.	Lig Cor		Entering Roads	Roadwa Type	y Roadway Alignmei		Traffic Control
75	3															98	3	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																		DIAGRA	AM ON SEPARA	ITE PAGE			
TOR	Time Not (24HR:MM	tified M) i	0 , 6	5   2	0	How Notifie	d DI	SPAT	СН			Time (24HF	Arrived RMM)	, 0	, 6 <sub>1</sub>	4   0	Report [	Date D/YYY	<sub>r)</sub> 0	3 /	0 1 /	2 0	2 1
164		Yes No	Inve	estigator ne (Printe					<u> </u>		N/I	ARTIN		1		1 1				ID	3380-34		
NVES	ORI -			2   0		2   0			EOF	RT WOI					OT1/10	NIT				Service Region		<u>+∠                                    </u>	r R L
	Num.	. / `	- 1	_   Ŭ		_	٠ ا ٽ		ı Ur	VI VVOI	VIII	OLIU		-r /\r	V I IVI□	-1 N I				region	/UA		

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL ZO	Total Num. 1 4 DNE Units	Total Num. 1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation, Co	Attached Code Sheet for N	orm CR-3 1/1/201 Box 149349, Aus umbered Fields	<b>18)</b> stin, TX 78714. Ques	stions? Call 844/274	
*Crash Date 0 2 / 1 1 / 2 0 2 1 *Cra	ash Time 0 6 0 0	Case ID 21001	•	Local Use	
*County	<b>★</b> City	FORT WOR		030	Outside City Limit
In your opinion, did this crash result in at least Yes Lati	ituda	7 9 5 1	Longitudo	— 0 <u>6</u>	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED				ees)	4 Street
Sys. TL Num. 35 Part 1	Num. 2600 Prefi	1.00	ne		Suffix
	mit Zone No	Present No	Desc.	ER	
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. No Sys. LR Num. Part	Block 1 Num. 2500	3 Street Prefix NE	Street Name 28TH		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000 The Standard Stand		treet esc. HWY		RRX Num.	
Unit Num.29 5 Unit Desc. 1 Parked Hit and LP State 7	X Num.	VIN	3 <sub>1</sub> C <sub>1</sub> 6 <sub>1</sub> 3 <sub>1</sub> R <sub>1</sub>	R <sub>I</sub> A <sub>I</sub> L <sub>I</sub> 4 <sub>I</sub> J	
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 State TX Num.	9 DL 10 C Class CM End.	DL 11 96 Re	DL est. 96	DOB (MM/DD/YYYY) I	_ <b>/</b> _
Address (Street, City, State, ZIP)		2 2	>  +:   4	<u> </u>	
Name: Last, First, Solution of the Solution of		14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	QUINN	в 44	W 1 1 1	5 97 N	96 97 97
1 1 GOBER KERRY					Not Applicable – Alcohol and Drug Results are only reported
HICLE					for Driver/Primary Person for each Unit.
Owner Owner/Lessee GOBER Lessee Name & Address	KERRY	<b>-</b>	QUINN		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	sp. TEXAS FARM BU	RFAU	Fin. Resp.		
Fin. Resp. 27 V	ehicle age Rating 1 12 <b>-</b>	FD <b>-</b> 7	27 Vehicle Damage Rating 2	6 <b>-</b>	RD-7 Vehicle Yes Inventoried No
Towed By BEARDS TOWING	Towed BEARDS TO	WING			
Unit Num.30   5 Unit   Parked   Hit and   LP   State	LP Num.		1 <sub>1</sub> C <sub>1</sub> 4 <sub>1</sub> R <sub>1</sub> D <sub>1</sub>		Pol., Fire, EMS on
Veh. Year         2 0 1 3         6 Veh. Color RED         Veh. Make DODGE           8 DL/ID         DL/ID         DL/ID	9 DL 10 C	Veh. Model DURA	ANGO DL	7 Body Style SV	Emergency (Explain in Narrative if checked)
Type 1 State TX Num	Class C End.	96 Re	est. 96	(MM/DD/YYYY) I	<u> </u>
City, State, ZIP)  Name: Last, First,	Middle	iury	Sex Eject.	g g str.	c. c. ug
Name: Last, First, Park Solution of the Park Soluti	or this Unit on first line	14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
Name: Last, First, Enter Driver or PENSON  Reflected Driver or Penson  Name: Last, First, Enter Driver or Penso	ANN	в 39	B 2 1 1	5 97 N	96 97 97
DRIVE CONTRACTOR OF THE CONTRA					Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for
HICE					each Unit.
Owner Owner/Lessee BENSC Lessee Name & Address	N REBEC	CA	ANN		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	sp. LIBERTY COUNTY	MUTUAI	Fin. Resp.		
Fin. Resp. 27 V	ehicle age Rating 1 12 =	FD-7	27 Vehicle Damage Rating 2	9 -	Vehicle  Yes LP - 7  Inventoried  No
Towed By MILNER TOWING	Towed To MILNER TO	WING	1		€_3.10

	Enforcen n CR-3	nent and 1 (Rev. 1/1		se ONLY	′	_ [	Case ID	21001	106	8			TxDOT Crash II	D								F	Page <u>30</u> of <u>1</u>
	Unit Num						Taken <sup>*</sup>						Take	n By					Date of (MM/DE				of Death HR:MM)
	29	1	HAI	RRIS	DC	NWC	(OTI	WN			SELI	F						/	1	/			1 1
No.	30	1		RRIS							SELI	F						/	1	/			1 1
SITIO	2																	/	,	/			
DISPOSITION OF	202																		1	/			1 1
اء:	-																		1	1			1 1
		1																	,	1			1 1
П	Unit Num.	Prsn. Num.									Cł	narge								•	Citati	on/Reference	Num.
ارا																							
CHARGES																							
E																							
		Dan	naged P	roperty (	Other '	Than Ve	ehicles					Ov	wner's Na	me						Ow	ner's Address	5	
DAMAGE																							
DA																							
	Jnit Num.		10,00 LBS.	01+	□ <u>?</u>	FRANSP	ORTING	G MATERIAL	9+	- CAPACITY	CMV Dis			8 Veh. Oper.		29 Ca				Carrier ID Num			
П	Carrier's		LD3.			TAZANL	JOU3 IV	Carri			Daniage	··	7140 10	рет.		lo iy	pe			ID Num		30 Veh	١.
	Corp. Nan 31 Bus Type	ne	RC					HazMat	ary Add	es 32 HazN		HazMat				32 HazN			zMat			Type 33 Cargo	
	Гуре Jnit		☐ G\				ш	Released 34 Trli			m. / Disabling	ID Num.	Unit	Ш		Class Nu RGVW	m.	ID	Num.	34 Trlr.		Body Type	
	Num. Seguence	.	☐ G\	/WR	+	Ш	Ш	Туре	1	Dan	nage?	∐No	Num.			RGVW GVWR  dal Shipping	Yes	, Ac	tual oss	Туре		Damage? Total Num.	No
Ш	Of Events			actors (I		5 Seq. 2		un)	35 Sec		cle Defect	5 Seq. 4	ator's On	inion)	Containe		No	We	eight	nd Poadu	ay Conditior	Axles:	
28.8	Unit			ontributir		igator s	_	/ Have Con	trib.		Contributing		_	/ Have C	ontrib.	38	39	9	40	41	42	43	44
FACTORS &	2															Weather Cond.	Lig Cor		Entering Roads	Roadwa Type	y Roadway Alignme		Traffic Control
128																98	3	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																		DIAGRA	AM ON SEPARA	ATE PAGE			
70R	Time Not (24HR:M/	tified M)   (	0   6	121	0	How Notifie	d DIS	SPAT	СН			Time (24Hf	Arrived RMM)	1 0	, 6 <sub>1</sub>	4 1 0	Report [	Date D/YYY	r) 0	3 /	0 1 ,	2 0	2 1
18		Yes No	Inves	tigator e (Printed					J. 1		M	ARTII		1		<u> </u>				ID			
NVES	ORI ·		2   2			2 <sub>1</sub> 0			EOF	RT WOI					OT1/10	NIT				Service Region		<u>+∠                                    </u>	r R L
	Num.	1 1	- 12	-   ~	1	-   "	1		ı Ur	VI VVOI	VIII	OLIU	,_ U	. [ ]	V I IVI⊏	IN I				region	/UA		

Law Enforcement and TxDOT Use ONLY  FATAL  RAILROAD  RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL ZO	Total Num. 1 4	Total Num. 1	3 6 TxDOT Crash ID
Mail to: Texas Department of Transportation,	r to Attached Code Sheet for Nur	rm CR-3 1/1/20 Sox 149349, Aus nbered Fields	<b>18)</b> stin, TX 78714. Qu	uestions? Call 844/27	
of Transportation *=These fields are required on all addition	Crash Time 0 6 0 0	Case	· · · · · ·	Local	
*County	*City	ID 21001		Use	Outside
	-4:4	ORT WOR	1	0	City Limit
\$1,000 damage to any one person's property? No ( ROAD ON WHICH CRASH OCCURRED		7   9   5   1	(decimal de	egrees)	9,7,3,2,2,7,7
*1 Rdwy. Sys. TL	Block Num. 2600 3 Stree Prefix	et *Str Nam			4 Street Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Lane	Limit Zone No		o Desc.		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	vy. Block	3 Street	Street		4 Street
Int.     X No     Sys.     LR     Num.     Part       Distance from Int.     X FT     3 Dir. from Int.	1 Num. 2500  Reference Stre		Name 28TH	RRX	Suffix ST
or Ref. Marker 1000   MI or Ref. Marker S   Unit 5 Unit Parked   Hit and LP	LP	sc. HWY	1 C 4 B	Num	
Num.31 Desc. 1 Vehicle Run State Veh. Year 2 0 2 1 Color BLK Veh.	TX Num.	Veh.		7 Body	Pol., Fire, EMS on Emergency (Explain in
8 DL/ID DL/ID DL/ID	9 DL 10 CD Class C End.	L 11	ND CHEROKEE	DOB	Narrative if checked)
Type 1 State TX Num.  Address (Street, City, State, ZIP)	Class C End.	90  Re	est. A	(MM/DD/YYYY)	
Name: Last, Fin Name: Last, Fi	*	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
<u>a</u>	DENISE	в 45	W 2 1	1 5 97 N	96 96 97 97
NAME NAME NAME NAME NAME NAME NAME NAME					Not Applicable – Alcohol and
1 1 LIVESAY ANGIE					Drug Results are only reported for Driver/Primary Person for each Unit.
▼ Owner Owner/Lessee LIVES	SAY ANGIE		DENISE		
□ Lessee Name & Address  Proof of X Yes □ Expired 26 Fin. Fin. F	Resp.		Fin. Resp.		
Fin. Resp. No Exempt Resp. Type 1 Name	TRAVELERS INSU	RANCE	Num.		Vehicle Yes
Phone Num.	mage Rating 1 12 -	FD <b>-</b> 7	Damage Rating	2 3-	RP 7 Inventoried No
By TEXAS TOWING   Unit   S Unit   Parked   Hit and   LP	<sub>To</sub> TEXAS TOWI		I NI 1 D	J	E M
Num.32   Desc. 1   Vehicle   Run   State	<b>'</b>	Veh.		7 Body	Pol., Fire, EMS on Emergency (Explain in
Year Z U I 4 Color WHI Make INFIN  8 DL/ID DL/ID DL/ID Type 1 State TX Num.	9 DL 10 CD Class C End.	Model QX50	DL est. 96	DOB (MM/DD/YYYY)	Narrative if checked)
Address (Street, City, State, ZIP)	Joiass 9 End.		231. 00	[(IVIIVII/DD/11111)	
Name: Last, Fire Person 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
1 1 1 PAARUP MICHAEL		N 60	W 1 1	1 5 97 N	96 96 97 97
DRIVE					Not Applicable – Alcohol and Drug Results are only reported
HICLE,					for Driver/Primary Person for each Unit.
Owner/Lessee PAAF	RUP MICHAEI	<u> </u>	1 1 1		
Lessee Name & Address  Proof of Yes Expired 26 Fin. Fin. Fin. Fin. Fin. Fin. Fin. Fin.			Fin. Resp.		
Till: Nesp.	Vehicle	FD- 7	Num.  27 Vehicle Damage Rating 2	2 0-	Vehicle Yes
Phone Num.	image Rating 1 12 -	FD <b>-</b> 7	Damage Rating .	2 6-	LP ■ 7 Inventoried No

Law E Form		ent and T (Rev. 1/1,	xDOT Use ONLY. /2018)	[	Case 210	001106	88			TxDOT Crash ID							Pa	age <u>32</u> of <u></u>
	Unit Num.	Prsn. Num.			Taken To					Taken By				Date of (MM/DE	Death (YYYY)			of Death R:MM)
	31	1	LOCAL H	OSPIT	AL			SELI	F					/	/			
ON OF														/	/			
SITIC ED/K														/	/			
DISPOSITION OF														/	/			
														/	1			
														/	/			
L	Unit P Num. N	rsn. Ium.						Cł	harge							Citation	n/Reference I	Num.
ES																		
CHARGES																		
ַוֹי																		
Ц							_											
JE		Dam	naged Property Otl	ner Than Ve	hicles				Own	ier's Name					Owne	er's Address		
DAMAGE																		
Щ															T			
N	nit um.		□ 10,001+ LBS.	TRANSPO HAZARD	OUS MATER	IAL  —	+ CAPACITY	CMV Dis Damage		Yes 28 Ver No Oper.	1.	29 Ca ID Ty			Carrier ID Num.			
	arrier's orp. Name	e				Carrier's Primary Ad	dr.										30 Veh. Type	
3 T	Bus pe		RGVW	1.1		Mat '	Yes 32 Haz No Class N		HazMat ID Num.	1 1	1 1 1	32 HazM Class Nu		azMat Num.	1 1 1	1 1	33 Cargo Body Type	
U	nit um.		RGVW	1 1 1		4 Trlr. ype		MV Disabling amage?	☐ Yes l	Jnit Num.		RGVW GVWR			34 Trlr. Type		MV Disabling Damage?	Yes
S	equence f Events	35 Seq		35 Seq. 2		35 Se			35 Seq. 4			dal Shipping	Yes A	ctual ross eight	1 1 1		Total Num. Axles:	
	2							1:156	ts (Investigate	or's Opinion		1			10 1	y Conditions	7 541031	
200		36 Contril	buting Factors (Inv	estigator's (			3/ Ve						1	I	1	<u> </u>	1	1
ORS & ITIONS	Unit#	36 Contril	buting Factors (Inv Contributing	estigator's (	Opinion) May Have	Contrib.	37 Ve	Contributing		May Have		38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
FACTORS &	Unit #	86 Contril		estigator's (		Contrib.	37 Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
FACTORS & CONDITIONS	Unit#	86 Contril		estigator's (		Contrib.	3/ Ve					Weather	39 Light	40 Entering	41 Roadway	42 Roadway	Surface	Traffic
FACTORS & CONDITIONS	Unit#	36 Contril		estigator's (		Contrib.	3/Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
FACTORS & CONDITIONS	Unit#	66 Contril		estigator's (		Contrib.	3/ Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
FACTORS & CONDITIONS	Unit#	S6 Contril		restigator's (		Contrib.	37 Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
FACTORS & CONDITIONS	Unit#	S6 Contril		restigator's (		Contrib.	37 Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
FACTORS &	Unit#	36 Contril		restigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		estigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		restigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		estigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		restigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		estigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control
NARRATIVE AND DIAGRAM FACTORS & CONDITIONS	Unit#	36 Contril		restigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		estigator's (		Contrib.	37/Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		restigator's (		Contrib.	37/ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		estigator's (		Contrib.	37/Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control
	Unit#	36 Contril		restigator's (		Contrib.	37/Ve					Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	Surface Condition	Traffic Control

Time Arrived (24HRMM) 0 6 4 0 Report Date (MM/DD/YYYY)

0 3 / 0 1 / 2 0 2 1

Service/ Region/DA C E N T R L

ID Num. 3380-3421

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZO	Total Num. 1 DNE Units	Total Num. 1	3 6 TxDOT Crash ID									
Mail to: Texas Department of Transportation, Cr Refer to	e Officer's Crash Report (Form Cash Data and Analysis, P.O. Box Attached Code Sheet for Numbe	<b>CR-3 1/1/20</b> 149349, Aus red Fields	18) tin, TX 78714. (	Questions? Call 844/										
	sh Time 0 6 0 0 Ca	se	•	Loca										
*County	*City	21001		Use	Outside City Limit									
Name TARRANT  In your opinion, did this crash result in at least Yes Lati			1	· — 0										
ROAD ON WHICH CRASH OCCURRED				degrees)	9 7 3 2 2 7 7 4 Street									
	Num. 2600 Prefix	★Str Nam orkers □ Ye	e		Suffix									
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/ St. Lir Toll Lane Lir Toll Lane Lir Toll Lane Lir Toll Lane Lir Toll Lane Lir Toll Lane Lir Toll Lane Lir Toll Lane Lir Toll Road/ St. Lir T	nit Zone No Pre	esent 🔀 No	Desc.	ARKER										
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. No Sys. LR Num. Part	Block 3	Street	Street Name 28T		4 Street Suffix ST									
Distance from Int. or Ref. Marker 1000    X FT   3 Dir. from Int.   MI   or Ref. Marker S	Reference Street Desc.			RF										
Unit Num. 33 Desc. 1 Parked Run State T	LP		2 <sub>1</sub> T <sub>1</sub> 1 <sub>1</sub> B <sub>1</sub>	U	BC									
Veh. Year 2 0 1 1 1 6 Veh. Color SIL Veh. Make TOYOT.		eh. lodel COR(	OLLA	7 Body Style Pa	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID DL/ID Type 99 State UN Num.	9 DL 10 CDL Class 99 End. 99	11 Re	DL st. 99	DOB (MM/DD/YYY)	y)/									
Type         99           State         UN           Num.           Class         99           End.         99           Rest.         99           (MM/DD/YYYY)           Image: Note of the control of the														
DIO 15 21 4 5 51		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Rest 19 Airbag 20 Helmet	21 Sol. 22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category									
	UNK	99	99 99 1	99 5 97 N	96 97 97									
1 1 UNKNOWN UNK					Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for									
EHICL					each Unit.									
Owner/Lessee LUCKE	/ LATRICE		KNESHUN											
Proof of Yes Expired 26 Fin. Resp. Type 1 Fin. Resp. Name	P. HOME STATE COUN	TY	Fin. Resp. Num.											
Fin. Resp. 27 Ve Phone Num. 27 We	ehicle age Rating 1 12 -	FD <b>-</b> 7	27 Vehicle Damage Rating	1 <sup>2</sup> 6-	Vehicle									
Towed By TEXAS TOWING	Towed TEXAS TOWING	3												
Unit 5 Unit Parked Hit and LP Vehicle Run State	LP Num.		BIVIWIDI	X <sub>1</sub> 7 <sub>1</sub> A <sub>1</sub> J <sub>1</sub> 7	B M Pol., Fire, EMS on									
Veh. Year         2 0 1 1         6 Veh. Color BLU         Veh. Make VOLKS           8 DL/ID         DL/ID         DL/ID		eh. lodel JETT.	A DL	7 Body Style Pa	4 Emergency (Explain in Narrative if checked)									
Type 1 State TX Num. Address (Street,	Class C End. 90	6 Re	est. 96	(MM/DD/YYYY										
City, State, ZIP)  Name: Last, First,	Middle	ury	nnicity Sex Eject.	estr.	L t d d d d d d d d d d d d d d d d d d									
Name: Last, First, Name: Last, F		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 YOUNG JACOB	ALEXANDER	в 21	W 1 1	1 5 97 N	96 97 97									
DRIV.					Not Applicable – Alcohol and Drug Results are only reported									
Name: Last, First, Enter Driver or Prices of Control of					for Driver/Primary Person for each Unit.									
Owner/Lessee YOUNG Lessee Name & Address	JACOB		ALEXANDE	R										
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	p. GEICO		Fin. Resp.											
Fin. Resp. 27 Ve		FD <b>-</b> 7	27 Vehicle Damage Rating	12 6 <b>-</b>	Vehicle Yes RD - 7 Inventoried X No									
Towed By CORNISH TOWING	Towed CORNISH TOW		1 - 0	-										

Law Forn				TxDOT 1/2018	Use ONLY.		Case 210	001106	8			TxDOT Crash ID							Pa	ige <u>34</u> of <u>1</u>
		Unit Num.	Prsn. Num.				Taken To					Taken By				Date of (MM/DE	Death		Time o	of Death R:MM)
	3	34	1		CAL H	IOSPIT	ΓAL			SELI	F					/	/			1 1
DISPOSITION OF	רובה															/	/			1 1
SITIO	Z/Z															/	/			1 1
ISPO	200															/	/			1 1
9"	-															/	1			1 1
																/	/			1 1
	Un Nur	nit Pi m. N	rsn. um.							Cł	narge							Citatio	n/Reference l	Num.
CHARGES																				
£																				
l																				
Ē			Da	maged	Property Ot	ther Than Ve	hicles				Owr	er's Name					Owne	er's Address		
DAMAGE																				
DA																				
	Unit Num			□ 10, LBS	001+	TRANSP	ORTING OOUS MATER	RIAI 9	+ CAPACITY	CMV Dis		Yes 28 Ve No Oper.	n.	29 Ca ID Ty			Carrier ID Num.			
	Carri	ier's o. Name		LD	,	11/12/11/2		Carrier's Primary Ado	42			110   17		/			1		30 Veh. Type	
l ⊢	_		-		RGVW		Ha	zMat \	es 32 Hazl		HazMat			32 HazM	at H	azMat			33 Cargo	
	Unit				GVWR   RGVW			eased 🔲 N 84 Trlr.		um. V Disabling	ID Num.	 Jnit		Class Nui RGVW	m.  IE	Num.	34 Trlr.		Body Type  MV Disabling	Yes
l ⊢	Num Seau	n. uence	T		GVWR	1		ype		mage?		Num.		GVWR   dal Shipping	Yes A	ctual	Type		Damage? Total Num.	□No
(	Of E	vents	35 Se		Factors (In	35 Seq. 2 vestigator's		35 Se			5 Seq. 4 s (Investigat	or's Opinion	Containe			ctual ross /eight	nd Roadwa	 y Conditions	Axles:	
FACTORS &	<u> </u>	Unit#	Cont		Contributing		May Have	Contrib.		Contributing		May Have		38	39	40	41	42	43	44
CTO														Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
FA	3													98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM															DIAG	RAM ON SEPARA	ATE PAGE			

			ment a		Use ONLY CHOOL BUS	s 🗌	RAILRO	AD [	MAB	SU	JPPLEM	IENT [	ACTIV			Total Num. Units	1 .	4   8	Tot Nur Pre		1   3	6	TxDO			
4	Tex	ras Ilment	N		as Departme		ransporta	ation, C Refer t	to Attach	ata and A hed Cod	Analysis e Sheet	, P.Ò. Bo for Num	<b>m CR-3</b> ox 14934 bered F	<b>1/1/2(</b> 49, Au ields	)18) stin, T	X 787	14. Q		ons? (	Call 84	4/274	-7457		Page	35 <sub>of</sub>	149
	Cra	sh D	ate		1 1 / 2			+0.	rash Tim				Case		1106		осар	arito, 1	njurcu		cal se					
,	<b></b> Col	unty	ARR					(241	TI (IVIIVI)		*	City ame <b>F</b> (				0									Ou	tside Limit
ATIC	n yo	ur o	oinion	did this c	rash result person's p	in at le	east XY	'es La	ititude ecimal d	ogroos)		2 7					gitude imal d	ograd	)	_	0 . 9	9.7	. 3	2 2		
3 F	ROA		ı whic	CH CRASH	OCCURRE	D	ı <b>y</b> r ∐ N 2 Rdwy.	io (ue		,		3 Stree			treet	(dec	imai u	egree	:5)					4 Street		
5	Sys.		TL	★Hwy. Num.			Part 1		Num. Speed	2600	Const.	Prefix	Workers	Nar	ne	reet								Suffix		
DENTIFICA					Private Drive //Parking Lot R IF CRASH				imit		Zone	No	Present	X	lo De	esc.	E MA	RKER	?							
1 1	At nt.	Y X N	es 1 lo S	Rdwy. /s. LR	Hwy. Num.			2 Rdwy Part	y. 1	Block Num.	2500		3 Stree			treet ame 2	28TF	1						4 Street Suffix	t ST	
-		nce f	rom In Irker	t. 1000	<b>X</b> F		Dir. from I Ref. Mark			ference rker		Stre	et c. HW	Υ							RRX Num.	1 1		1 1	ı	
U N	Jnit Jum.	35		Unit esc. 1	Parked		Hit and I	LP State	TX	LP Num.				VIN	1 <sub>i</sub> G	<sub>I</sub> C	1 <sub>I</sub> I	< <sub>1</sub> X	C L	8 , 9	ŀΕ	ı F ı				
	/eh. /ear	_2	0 ,		Veh. olor WHI		Veh. Make C	CHEVE	ROLET				Veh. Model	SILV	'ERAD	00				Body yle	PK		Eme	Fire, E rgency ative if	(Expla	in in
I	DL/ ype	1	St	T\/	DL/ID Num.					9 DL Class	С	10 CDL End.	96	11 R	DL est. 96	3			DOB (MM/D	D/YY	YY) I	_	_ <b>/</b> _			۱
	City,	State	Street, e, ZIP)										2 :	_	2	_	#:	Ė		l				Б.	D	e Z
PERSONS Derect	Num.	12 Prsr Tvpe	13 Seat Position		Enter Driv		ame: Las Primary P	,	,		rst line		14 Injury	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	GUTHE	RIE	1	NEAL			WILI	LIAM		В	30	W	1	1	1	5	97	N	96		96	97	97
, DRIV																						Drug	Result	able – A s are o Primary	nly rep	orted
VEHICLE, DRIVER, &																						ior L		rimary ach Uni		n ior
N S	$\neg$	wner		ner/Lessee ne & Addre			G	UTHF	RIE		NE	AL			WIL	LIA	M									
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l N	Jnit Num.	36		Unit esc. 1	Parked Vehicle	- 11 1	Hit and I	LP State		LP Num.				VIN	1 <sub>i</sub> F	ιM	Fړ	J <sub>1</sub> 1	,6,	5   5	5   8	ıĻı	Bol	Fire, E	MS on	
)	/eh. /ear	_2			Veh. olor WHI		Veh. Make F	ORD					Veh. Model			ON			St	Body	sv		Eme	rgency ative if	(Expla	in in
Ī	DL/ ype	1		T\/	DL/ID Num.					9 DL Class	С	10 CDI End.	96	1  R	1 DL test. 9	6			DOB (MM/D	D/YY	YY) I	_	J L			۱
	City,	State	, ZIP)			N.		: .					2 3	2	tv	,	ct.	it.						Б	D	g
ERSO	Num.	12 Prs Tvpe	13 Seat Position		Enter Driv		ame: Las Primary P				rst line		14 Injury	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Dru Spec.	24 Drug Result	25 Drug Category
R, & P		1	1	MURS	ALIN	١	WALID	1					N	36	Α	1	1	1	5	97	N	96		96	97	97
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F	in. F	Resp. e Nu		□ rveii	.pt   1.00p. 1	) FO 1		27 V	✓ ┌ ┌ /ehicle nage Ra		12		FD <sup>-</sup>	<b>-</b> 7	27 V	ehicle		2	.3	-		RP-		Vehicle Invento		Yes
Ī	owe 3v	hd		OWING	i					wed , D		WING		-									· [			INO

	Enfo		nt and T Rev. 1/1	xDOT Use Ol	NLY.		Case D	100	)1106	8			TxDOT Crash ID								Pa	age <u>36</u> of <u>1</u>
T 0111	T	Unit	Prsn. Num.	72010)			Taken To						Taken					Date of (MM/DI	Death		Time o	of Death
	3	lum.	1	LOCA	Н	USDI.					SEL							/ (MIMI/DL	)/		(24H	R:MM)
95	ع ا			LOCA	_ ! !	0311	IAL				OLL	!						<u>'</u> /	1			
DISPOSITION OF	<u> </u>																	<u> </u>	1			
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DAMAGE																						
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	Jnit Num.		[	□ 10,001+ LBS.		TRANSI	PORTING DOUS MA	TERIA	L 9	+ CAPACIT	CMV Dis			Veh. oer.		29 Ca ID Ty			Carrier ID Num.			
	Carrie	r's Name							rrier's imary Ado	dr.	<u>'</u>								•		30 Veh. Type	
I ⊢	31 Bu Type			RGVW				HazMa Releas	at Y	'es 32 Ha	azMat	HazMat				32 HazM		azMat			33 Cargo	
Ī	Jnit			GVWR				34 T			Num. CMV Disabling		Unit		$\dashv$	Class Nu RGVW GVWR	m.  IL	Num.	34 Trlr.		Body Type  MV Disabling	
I ⊢	Num. Seque		I	GVWR				Тур			Damage?	No	Num.			GVWR lal Shipping	Yes A	ctual ross	Type		Damage? Total Num.	□No
(	Of Eve	ents	35 Sec	լ. 1 buting Facto	rs (Inv	35 Seq. 2		١	35 Se		ehicle Defect	35 Seq. 4	ator's Onin	nion)	Containe		∐ No W	eight	nd Roadw	 ay Conditions	Axles:	
FACTORS &		Jnit#	Contin	Contrib				lave Co	ontrib.	37 V	Contributin			Have Co	ontrib.	38	39	40	41	42	43	44
POTO																Weather Cond.	Light Cond.	Entering Roads	Roadway Type	/ Roadway Alignment	Surface Condition	Traffic Control
ΨŚ	3															98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																	DIAGN	RAM ON SEPARA	ATE PAGE			

Time Arrived (24HRMM) 0 6 4 0 Report Date (MM/DD/YYYY)

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

			ment a		Use ONLY	5	RAILROAD	M	AB S	UPPLEM	MENT [	ACTI		J J J J	Γotal Num. Jnits ∟	1 4	4   8	Tota Nur Prs	al n. 1 ns	1 3	6	TxDOT Crash			
Ź	Depa	vas riment aportatio			kas Departme e fields are re		ansportation Refe	, Crash er to At	tached Co	Analysis de Sheet	s, P.Ò. Bo t for Numl	n CR-3 x 1493 bered F	<b>1/1/20</b> 49, Au: ields	18) stin, TX	( 7871	4. Q				4/274	-7457	Р	age∟`	37 <sub>_of</sub>	149
	★Cra	ash D DD/Y	ate 'YYY)	0 2,	1 1 / 2	2   0	2 1 *	Crash 4HRM	Time M) 0	6 0	0 0	Case D 2	1001	1068	3				Lo	cal se					
TION	*Co	unty	ARR				'				City													Out	tside Limit
CA TIC	In yo	ur op	oinion mage	, did this (	crash result i e person's p	in at lea	est XYes	_atitude	e al degrees		2 7				Longi (deci		egree	s)	_	0   9	7	. 3	2 2	2 , 7	7
N & TC	ROA	<i>D ON</i> Rdwy.	I WHIC		H OCCURRE	<b>D</b>	Rdwy.	Blo	ock Im. 2600		3 Street		★St									4	Stree		
<b>IDENTIFICATION</b>	Sys.	Cras	TL h Occ	urred on a	Private Drive	or 🗸	Part 1 Toll Road/	Speed		Const.	Prefix Yes			es Str	eet								Suffix		
ENTIF	INTE	RSE	CTING	ROAD, C	ty/Parking Lot DR IF CRASH		T INTERSE		, NEARES		No F	G ROA	D OR I			MAF	RKER								
Ø	At Int.	∐Y <b>X</b> N		Rdwy. /s. LR	Hwy. Num.		2 Rd Part		Bloc Num	k 1. 2500	)	3 Stree			reet ame 2	8TF	ł					- 1	Stree	t ST	
	Dista or Re		rom In irker	t. 1000	<b>X</b> F	_	r. from Int. lef. Marker S		Reference Marker	•	Stree Desc	t . HW	Υ							RRX Num.					ш
	Unit Num	37		Unit <sub>esc.</sub> 1	Parked Vehicle	RI RI		, TX	LP Num.			l	VIN L	K <sub>I</sub> N	<sub>I</sub> D <sub>I</sub> l	M <sub>I</sub> E	3 <sub>1</sub> 5			2 <sub>1</sub> H	<sub>1</sub> 6 <sub>1</sub>	Pol	Fire. E	MS on	١
	Veh. Year	_			S Veh. Color SIL		Veh. Make KIA		lo Di		10 CDI	Veh. Model	$\overline{}$				- 1		Body yle '	VN		Emer	gency	(Expla	in in
	8 DL/ Type Addr	1		ate TX	DL/ID Num.				9 DL Class	C	10 CDL End.	96	Re	DL est. 96	5			(MM/D	D/YY	YY) I		<b>/</b> _			
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PERSONS	Person Num.	12 Pre Type	13 Seat Position		Enter Driv		imary Perso			first line		14 Injury	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	THUR	MAN	0	PAL		CHI	RISTI	NE	Α	46	W	2	1	1	5	97	N	96		96	97	97
VEHICLE, DRIVER, &																					Drug	Applica Results	are o	nly rep	orted
HICLE																					for E	river/Pi ea	rimary ch Uni		n for
ΝĒ	X o	wner essee		ner/Lesse ne & Addr			THUF	RMAN	1	OP	'AL			СНІ	RIST	INE	<u> </u>								
	Proo	f of		в 🗌 Ехрі	red 26 Fin.	vpe 1	Fin. I		STATE	FARM	1			Fin. I											
	Fin. F	Resp.		LXCI	предолего	71- 1	27	7 Vehic		12		FD	<b>-</b> 7	27 V	ehicle age Ra	ating	2	6	-		RD-		ehicle	ried 🗶	Yes
	Towe	-d		R TOV	VING				Towed MI		TOW	NG											.,,,,,,,		110
Г	Unit Num	.38		Unit esc. 4	Parked Vehicle	11 1	it and LP un State	)	LP Num.				VIN					<u> </u>			<u> </u>	l Del	l L	L MS on	ш
	Veh. Year		Щ		6 Veh. Color		Veh. Make					Veh. Model						St	Body yle			Emer	gency	(Expla	in in
	8 DL	99	DI St Street.	_/ID ate UN	DL/ID Num.				9 DL Class	99	10 CDL End.	99	11 R	DL est. 99	9			DOB (MM/D	D/YY	YY) I		L			
SI	City,	State	, ZIP)	UNKN	OWN							2 :	_	IKN - ≥			it.					n U		<b>D</b>	g
ERSOA	Person Num.	12 Prsi Type	13 Seat Position		Enter Driv		me: Last, Fi imary Perso			first line		14 Injury	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Dru Spec.	24 Drug Result	25 Dru Catego
R, & PI	1	4	16	QUER	ALES	T	AMARA		SAT	ГІМА		K	46	Н	2	97	97	97		N	96		96		97
VEHICLE, DRIVER, & PERSONS														-								Applica Results			
HCLE,																						river/P		Person	
VEF	$\Box$ 0	wner		ner/Lesse ne & Addr													<u> </u>	<u> </u>							
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	Fin. F	Resp.		Exer	npt Resp. T	уре	I .	7 Vehic	le Rating 1		_				ehicle age Ra	ating	2		_				ehicle		Yes
	Towe By	ed Nu	ın.						Towed					Paill	age IX	auriy .							ivento	ried	J No

Law Enf		nt and To Rev. 1/1/	xDOT Use ONLY. (2018)	Γ	Case 210	001106	 88		-	TxDOT Crash ID										Pa	ige <u>38</u> of
	Unit Num.	Prsn. Num.	2010)		Taken To	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Taken By					Date (MM/	of Dea	th (Y)			Time o	of Death R:MM)
3			MEDICAL	CITY	ALLIA	NCE		MED	STAR							/					l
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SISPC NJUR														/		/					
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Ur Nu	nit Pr ım. Nı	rsn. um.						Cl	harge									(	Citation	n/Reference I	Num.
S																					
CHARGES																					
5																					
3.6		Dam	aged Property Oth	ner Than Ve	hicles				Own	er's Name							Owr	ner's Ad	dress		
DAMAGE																					
ď																					
Unit Nun			□ 10,001+ □ □	TRANSPO	ORTING OOUS MATER	RIAL 9	+ CAPACITY	, CMV Dis		Yes 28 Veh No Oper.	ı.	29 Ca ID Ty <sub>l</sub>					rrier Num.				
	rier's p. Name					Carrier's Primary Ad	dr.			-										30 Veh. Type	
31 B Type	Bus e		RGVW GVWR	1 1		zMat \( \)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	res 32 Haz No Class N		HazMat ID Num.	1 1 1		32 HazM			zMat Num.		1		1	33 Cargo Body Type	
Unit	t		RGVW		3	34 Trlr. ype	CN	//V Disabling nmage?	☐ Yes U	Jnit Vum.		RGVW GVWR		1.0	1 1	34 T				CMV Disabling Damage?	☐ Yes ☐ No
Seq	uence	35 Seq.	. 1	35 Seq. 2		35 Se			35 Seq. 4	vuiii.	Intermod	dal Shipping	Ye	s Ac	tual oss	Тур	=			Total Num.	Пио
			outing Factors (Inv	estigator's				hicle Defect	s (Investigato	or's Opinion)	Containe	er Permit	□ No		eight   onmenta	l and R	oadw	ay Con		Axles:	
TION.	Unit #		Contributing		May Have	Contrib.		Contributin	g 	May Have	Contrib.	38 Weather	3 Lig	9 ght	40 Enterin	g Ro	41 adway		42 dway	43 Surface	44 Traffic
FACTORS & CONDITIONS		+-										Cond.	Coi	nd.	Roads	+	ype	Alig	nment	Condition	Control
												98	(	3	97		3		2	6	96
NARRATIVE AND DIAGRAM																					
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		orcem			T Use ONLY SCHOOL BU	S RA	ILROAD		иав <u></u> s	SUPPLEM	ENT [	ACTIV SCHO		1	Total Num. Jnits L	1 4	1 8	Tota Nur Prs		1 3	6	TxDOT Crash			
Ä	Tex Depair of Trans	as tment portation	M		xas Departm se fields are r		nsportation Re	n, Cras fer to A	ttached Co	l Analysis, de Sheet	, P.Ò. Bo for Num	ox 14934 bered Fie	9, Aus elds	tin, TX							-7457	Р	age∟S	89 <sub>of</sub>	149
	★Cra (MM/l	sh Da DD/Y\	ite (YY)	0 2	/_1_1_/_	2 0 2	2 1 (	★Crash (24HRN		6 0		Case ID 21	001	1068	3				- 1	ocal se					
	<b>★</b> Cοι										City ame <b>F</b> (	ORT W													itside Limit
ATI	In yo	ur opi	inion,	did this	crash result	t in at least	t XYes	Latitud	de nal degrees	2		7   9   5				itude mal de	earee	3)	_	0 , 9	7	3	2 , 2	. 7	7.
ار م		D ON		HCRAS	H OCCURR	ED _	Rdwy.	l I B	lock		3 Stree		★Sti		(uson			-,			_		Street		
2	Sys.		TL DOCG		7. 35	Par	rt 1	N	<sub>um.</sub> 2600	-	Prefix	Workers	Nam	е	eet							S	uffix		
ENTIFICA				тооро.	a Private Driv ty/Parking Lo		011 20110			Zone TINTER		Present				E MAF	RKER								
ğ	At Int.	☐ Ye		Rdwy. 's. LR	Hwy. Num.		2 R Par	dwy.	Bloc	ck n. <b>2500</b>		3 Stree Prefix			reet ame 2	8TH							Stree uffix	ST	
	Dista	nce fro f. Mar	om Int	1000	X		from Int.	S	Reference Marker	Э	Stre	et c. HW	Y							RRX Num.					
	Unit Num.	39		Jnit esc. 1	Parke		and LP	te IN	LP Num.	28397	69	,	VIN [	3 <sub>1</sub> A	ıK ı	J₁⊦	l <sub>I</sub> L	ıD ı	V   9	9 <sub>I</sub> M	ı <sub>,</sub> S,	M <sub>1</sub> G			
	Veh. Year	2	0		6 Veh. Color WHI		eh. <sup>lake</sup> FRE	EIGHT	LINER			Veh. Model	UNKI	NOW	١				Body yle	TR		Pol., l Emer Narra	Fire, E gency tive if	MS or (Expla checke	n ain in ed)
Ŀ	B DL/I Type	1	St	/ID ate TX	DL/ID Num.				9 DL Class		10 CDL End.	Н	11 Re	DL st. P2	27		- 1	OOB MM/D	D/YY	YY) I		<b>/</b> _			
	City,	ess (S State,	ZIP)													_		ı	1					1	
PERSONS	Person Num.	12 Prsn. Type	3 Seat osition		Enter Dr		e: Last, F nary Pers	,	iddle his Unit on	first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	0 lelmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	4 Drug	25 Drug Category
& PE	1	<del>~ ⊢</del> 1	<u>∺                                    </u>	VAL		ER	NST					N N	41	M <del>± m</del>	1	1	1		97	N N	96	<u> </u>			97
RIVER																						Applical	ole – A	Icohol	l and
VEHICLE, DRIVER, &																						Results Priver/Pi		Perso	
ME ME	<b>X</b> O	wner		ner/Lesse			JB H	HUNT		TRA	ANSPO	ORT		INC										-	
	Le	ssee	Nan	ne & Add	-		615	JB H	UNT CC									LO	WE	LL		AR	727	745	
-	Fin. F	Resp.			mpt Resp.	Type 1	Nar	. Resp. me 27 Vehi	ACE AN	MERIC	AN IN	IS.		Fin. F								1.			٦,,
		e Nun	۱.						e Rating 1	11		LFQ-		Dama	ehicle age R	ating 2	2	1	-	ı	RFQ-		ehicle vento		Yes No
	Towe By Unit	₫BE		OS TO	WING	d	and LP		Towed 11	150 INT	ERM	- 1			_	_						_		_	_
-	Num.		De	esc. 6	Vehicle 6 Veh.	le		te OK		1631J	J	Veh.	VIN [	_ <sub> </sub> J	ıR ı	C <sub>1</sub> 5	5 <sub>1</sub> 4		6 <sub>L</sub> (	) 'C	1,		Fire, E	MS or	1
	Year 8 DL/				Color ONG		lake CIM	IC TRA	AILERS		10 CDI	Model	_	APPL DL	ICAE	LE	- I		yle	TL		Narra	gency tive if	checke	ed)
Ī		ess (S	treet,	ate	Num.				Class	s	End.		Re	est.			(	MM/D	D/YY	YY) L	1	<u> </u>	/		
- 6		State,	_				e: Last, F					jury		icity	×	ject.	estr.	g	et	<del> </del>	<u>.</u> .	=	rug	rug #	rug gory
PERSC	Person Num.	12 Prsn. Type	13 Si Posit		Enter Dr	iver or Prim	nary Pers	on for t	his Unit on	first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helm	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 D Resu	25 Drug Category
ER, &																									
DRIV																					Drug	Applical Results	are o	nly rep	orted
VEHICLE, DRIVER, & PERSONS																					I IOF L	)river/Pı ea	imary ch Uni		ii iOf
7	X O	wner ssee		ner/Lesse				HUNT JB H	IUNT CC		ANSPO	ORT	•	INC	,			LO	WE	LL	•	AR	727	'45	
	Proof		Yes	Exp	ired 26 Fin.			. Resp.	ACE AN			ıs		Fin. F								, ,, ,	1		
Ī	Fin. F					7F - 1	2	27 Vehi		۰،۱۳۱۲۱ <i>۱۱۵</i>	-	BD <b>-</b>	2	27 Ve	ehicle	ating 2	2		_		BR-		ehicle		Yes
H	Towe	Ч		OS TO	WING			9	Towed 11	150 INT	FRM				J- · ·						511	-  "	IVEIILO	iieu 🔼	₹ IAO

	Enforcei n CR-3		nd TxDO 1/1/201	ΓUse ONL 8)	Y.	Case DID 21	001106	8		T	xDOT rash ID							Pa	ge <u>40</u> of <u>149</u>
	Uni Num		n. m.			Taken To				•	Taken By				Date of (MM/DD	Death D/YYYY)		Time of	Death :MM)
١.,	$\square$														/	/			
NO.															/	/			
DISPOSITION OF															/	/			
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$ \cdot $	Unit Num.	Prsn. Num.							Ch	narge							Citation	/Reference N	lum.
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H		[	Damage	d Property	Other Than V	ehicles				Owne	er's Name					Owne	r's Address		
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	Jnit Num. 3	9	<b>X</b> 10	),001+ 3S.	TRANS	PORTING DOUS MATE	RIAI 9	+ CAPACITY	CMV Disa		'es 28 Vel lo Oper.	n. 1	29 Ca ID Typ			Carrier	080080	06	
	arrier's Torp. Na				11/12/11	DOOSIVIATE	Carrier's	ır 1150		RMOD/			HASI		TX			30 Veh. Type	5
	1 Bus	) )		RGVW	5,2,0,0	) , O , Re	azMat Yeleased		Лat	HazMat ID Num.	<u> </u>		32 HazMa	at Ha	azMat Num.	. 7000		33 Cargo Body Type	3
lī	Jnit	40		RGVWR GVWR	<sub>1</sub> 6 <sub>1</sub> 8 <sub>1</sub> 0 <sub>1</sub>		34 Trlr.	CM	V Disabling mage?	Yes U	nit um.		RGVW GVWR	<u> </u>		34 Trlr.	C	MV Disabling	Yes No
	equenc of Event		Seq. 1		35 Seq. 1		Type 1 35 Se			5 Seq. 4	uiii.		al Shipping		ctual ross	Туре	1	amage? Total Num. Axles:	Пио
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ORS &	Unit	#		Contribut	ing	May Hav	re Contrib.		Contributing	9	May Have	Contrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
FACTORS &				1									Cond.	Cond.	Roads	Туре	Alignment	Condition	Control
Н	1										Т		98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM											DIA	AGR	AM	ON	SEI	PAR	ATE	E PA	GE
INVESTIGATOR	Time No (24HR:M	M)		6   2	0 How Notifie	d DISP	<u>AT</u> CH			Time Arı (24HRM	ived C	0   6   4		eport Date MM/DD/YYY	<sub>Y)</sub> 0	3 / 0	) 1 /	2 0	2 1
STIGA	nvest. Iomp.	X Y	es In	vestigator ime (Print	ed) HARI				M	ARTIN,	<u>.</u> К_					ID Num. 33	380-342	21_	
INVE	ORI Jum I				1121			RT WO				RTME	NT			Service/ Region/D		NIT	R <sub>I</sub> L

			nent a	nd TxDOT Use	e ONLY OOL BUS	RAILRO	AD	MAB	SUPPLEI	MENT [	ACT SCH		ONE	Total Num. Units (	1 4	4 8	Tota Nur Prs	al n. 1 ns. ∟	I <sub>1</sub> 3	6	TxDOT Crash I			
Ä	Tex Depar of Trans	ras timent aportation		ail to: Texas [ ★=These fie	·	of Transport	tation, Cr Refer to	Attached C	id Analysi ode Shee	s, P.Ò. B t for Nun	ox 1493 nbered	49, Αι Fields	ıstin, T						4/274	l-7457	Р	age∟∠	<b>!1</b> _of	_149_
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IDENTIFICATION			.,	urred on a Private Property/Pa				mit <b>ON, NEARE</b>			Preser	t 💢	lo D	esc.	E MAF	RKER	!							_
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- 1	B DL/ Type	4		_/ID DL/	/ID			9 DI	L ss A	10 CDI End.		1	DL est. 90			- 1	DOB (MM/D				<b>/</b> _			
	City,	ess (S State	ZIP)																					
ERSONS	Person Num.	12 Prsn. Type	13 Seat Position	E	Enter Driver	Name: La or Primary F		Middle or this Unit or	n 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
R, & P	1	1	1	DURAN		JOSE		BF	RENT		В	29	Н	1	1	1	1	97	N	96		96	97	97
VEHICLE, DRIVER, & PERSONS																				Drug	Applical Results Oriver/Pr ea	are o	nly rep Perso	orted
Ŋ.	Xo			l ner/Lessee ne & Address				RODUCE									ED	INB	LID/		TV	785	542	
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t	Fin. F			Exempt	Resp. Type	• 1	Name 27 Ve Dama	UNITED chicle age Rating 1		ONSIN 2-		:O. -7		i. ′ehicle nage R		2	11	<u>-</u>		LD-		ehicle vento		Yes No
- 1	Towe By	d AE	вс т	OWING					831 OI	LD RA	NDO	_ MII	L R	)										
-	Unit Num.	42		Unit esc. 6	Parked Vehicle	Hit and Run	LP State T	X LP Num	n. 055C	370	1	VIN	1 <sub>I</sub> U	ΙΥ	V <sub>1</sub> S	S <sub>1</sub> 2			2   7	ıU ı	1 <sub>1</sub> 3	0 L		
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ERSONS	Person Num.	12 Prsn. Type	13 Seat Position	E	Enter Driver	Name: La or Primary F		Middle or this Unit or	n first line		14 Injury	Severity	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
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VEHICLE, DRIVER, & PERSONS																				Drug	Applical Results Oriver/Pr ea	are o	nly rep Perso	orted
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f	Fin. F	Resp. e Nur			1,1000, 1,900	- I	27 Ve			-		<del>-</del> 5	27 V	ehicle		2		_		LFQ-		ehicle		Yes
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	Enforce		TxDOT Use ON (1/2018)	ILY.	C	Case 21	1001	106	8			T	xDOT rash ID							7			P	age <u>42</u>	2 of <u>14</u>
Г	Uni Nun	t Prsn.			T	aken To							Taken B	y					Date o (MM/DI	f Death		$\Box$		of Deat R:MM)	h
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П	Carrier's Corp. Na	me G.	G'S PRO	DDU	CE		Carrie Prima	r's ry Add	r. 230	05 E	TREN	ITON	I RD			Е	DINE	BURG	Э тх	785	542		30 Veh. Type	6	
	31 Bus	0	RGVW		20	0,	HazMat Released	□ Ye	es 32 H	lazMat s Num.	Haz/N	Лat					2 HazMat lass Num.		azMat D Num.				Cargo dy Type	3	
ΙÌ	Unit		RGVW		5,0,0		34 Trlr.			CMV Disa	bling 🔀	Yes U	nit			RGVV	N		, , ,	34 Trlr.		CMV	Disabling	, 🗆	Yes
Ιİ	Sequenc		GVWR	- +	5 Seg. 2	101	Type	35 Sec		Damage?	35 Sec		um.		Intermo	GVW odal Ship	pping	Yes A	ctual	Туре			al Num.	Ш	No
	Of Event		eq. 1 198 ributing Factor			)pinion)		33 360		Vehicle D	efects (Inv		r's Opinio		Contair	ner Perm	nit	_No_v	Veight   ironmental a	nd Roadw	ay Conditio	Axl ons	es:		
RS &	Uni		Contrib				ave Contr	ib.			ibuting		May Ha		ntrib.		38 ather	39 Light	40 Entoring	41 Poodway	42 ( Poodus	- T	43 Surface	4 Tra	4 #ff.c
FACTORS &																	ond.	Light Cond.	Entering Roads	Roadway Type	/ Roadwa Alignme		ondition		ntrol
7.	3															(	98	3	97	3	2		6	9	96
NARRATIVE AND DIAGRAM																		DIAG	RAM ON SEPAR.	ATE PAGE					
OR.	Time No	tified	0   6   2	, 0	How	Dier	ο Λ <b>Τ</b> Λ	, П				Time Arr (24HRMI	ived	0 1	6 <sub>1</sub>	4 1	O Rep	oort Date	<sub>YY)</sub> 0	3 /	0 1	1 '	2 0	2	1
INVESTIGATOR	Invest.	Yes No	Investigato	or .	Notified			רוע						- 1	٠ ۱	•	- Luvin	זו /טט יוי	,	ID		<u> </u>		_	_
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₹	Num.	$T_{ X }$	<sub>1</sub> 2 <sub>1</sub> 2 <sub>1</sub> 0	11	2   0	U  */	agency	FOF	RT W	ORT	H POI	_ICE	DEP	AR	TMI	ENT	_			Service, Region,	DA C	E	N <sub>I</sub> T	R	l L

			nent a	nd TxDOT Use 0		RAILRO	DAD [	MAB [	SUPPL	EMENT		CTIVE			Γotal Num. Jnits ∟	1 4	1 8	Tota Nur Prsi	al n. 1 ns. ∟	I <sub>1</sub> 3	6	TxDOT Crash I			
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	*Coi	unty	ARR/							⋆City Name	FOR	T W	OR	TH											ıtside Limit
LOCATION	In yo \$1.00	ur op 0 dar	inion,	did this crash to any one pers	result in a	at least X	Yes Lat	titude ecimal degre	ees) 3	3 2						itude mal de	earee:	s)	_	0 , 9	9 , 7	3	2 2	2 , 7	7 ,
~ರ್ಗ		D ON		CH CRASH OCC		2 Rdwy					reet		★Str		(		3	-/					Street		
SATIO	Sys.		TL h Occ	*Hwy. Num. 35  urred on a Privat	te Drive or	Part Toll F		Block Num. 26		Pre		rkers	Nam		eet							S	uffix		
<b>IDENTIFICATION</b>			.,	te Property/Park	9 ===			imit TION, NEAF		ERSEC	_	sent	×Ν	De	sc.	E MAF	RKER								
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Н	Unit Num.		5	Jnit	Parked Vehicle	Hit and	LP State	TX Nu						,F	ıN ı	Y <sub>I</sub> F	- 13	<sub>1</sub> Η <sub>1</sub>			В				
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- 1	8 DL/ Type	4		_/ID DL/ID Num.	)			9	DL <sub>lass</sub> C	10 C End	CDL		11		;		- 1	DOB (MM/D				J <b>/</b> L			
Į	Addre City,	State,	ZIP)																						
SONS	erson um.	Prsn.	13 Seat Position	Ent	ter Driver	Name: La	,	, Middle or this Unit	on first lin	ne		14 Injury Severity	Age	15 Ethnicity	Sex	Eject.	18 Restr.	19 Airbag	) elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
VEHICLE, DRIVER, & PERSONS	<u>చ్</u> 1	1 1	1	FALKENBE	-RG	ALICI	Δ	Λ.	//ARRIE				_ <del>∛</del> 35		<u>9</u> 2	1	1		<u>있 포</u> 97	N 	96	¥ X		97	97
WER,	•		'	TALKLINDL		ALION		10	/// XI XI XIL	_		IN	00	VV		'	'	5	31	IN		Applicat			
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				Expired 2		÷ 1	Fin. Re Name	sp. USAA	4					Fin. F Num.											
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	Towe By	<sup>d</sup> PL	JRFI	ECT TOWIN	١G			Towed To	PURFI	ECT 1	ΓOWI	ING										'			
	Unit Num.	44			Parked Vehicle	Hit and Run	LP State	LP	um.			\	/IN _		ш							l Pol I	ire, E	MS or	
	Veh. Year		0	1 00:0:	99	Veh. Make	UNKNO				N/A	eh. odel ι	_	1WOI	١			St	Body yle	99		Emer	gency tive if	(Expla	ain in
	8 DL/ Type	99	St	_/ID DL/ID ate UN Num.				9 C	DL lass 99	10 ( End	CDL 1. 99	)	11 Re	DL est. 99	)			DOB (MM/D	D/YY	YY) L		<u>/</u>	_/		
ļ	City,	State,		UNKNOW	N							2 >	UN			<del>;;</del>	냘					N UI			_ <u>_</u> _
RSON	Person Num.	12 Prsr Fype	13 Seat Position	Ent	ter Driver	Name: La or Primary		t, Middle for this Unit	on first lin	ne		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
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RIVE																						Applicat Results			
VEHICLE, DRIVER, & PERSONS																						river/Pr		Perso	
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-		ssee	Nar	ne & Address	!6 Fin.	l	JNKN Fin. Re							Fin. F	Resn			UN	IK			UN	UN	K	
-		Resp.	No		Resp. Type	e	Name	/ehicle						Num.								1,7	ehicle	Г	Yes
	Phon Towe	e Nur	n.				- 1	nage Rating		-		-		I .		ating 2	2		-		-		vento		
- 1	By	u						To	•																

Law E Form			TxDO7 /1/2018	Use ONL' 3)	Y. [	Case D10	001106	8			TxDOT Crash ID								Pa	ge <u>44</u> of <u>14</u>
	Unit Num	Prsn Nun				Taken To					Taken I	Ву				Date of (MM/DE	Death D/YYYY)		Time o (24HF	f Death I:MM)
															,	1	/			
DISPOSITION OF																/	/			
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JE		D	amageo	Property	Other Than Ve	ehicles				Ow	ner's Name	e					Owne	r's Address		
DAMAGE																				
Щ											J. J.			20.5			lc ·			
N	nit um.			,001+ S.	TRANSP HAZARI	ORTING OOUS MATER		+ CAPACITY	CMV Disa Damage		Yes 281 No Op	Veh. er.		29 Carr ID Typ			Carrier ID Num.			
C	arrier's orp. Nar	ne					Carrier's Primary Add	lr.											30 Veh. Type	
	1 Bus ype			RGVW GVWR	1 1 1		zMat Y leased N			HazMat ID Num.	1 1	1 1	1	32 HazMar Class Num		nzMat Num.	1 1 1	1 1	33 Cargo Body Type	
	nit um.		H	RGVW GVWR			34 Trlr. Гуре		V Disabling nage?	Yes No	Unit Num.		RG	GVW VWR		1 1	34 Trlr. Type		MV Disabling amage?	Yes No
	equence f Events		eq. 1		35 Seq. 2		35 Sec	q. 3	35	5 Seq. 4			rmodal ntainer P		Yes Ac Gr No W	tual oss eight	1 1 1		Total Num. Axles:	
		36 Con	tributin	g Factors ( Contributi	(Investigator's		e Contrib.		icle Defects						Envi	ronmental a	nd Roadway	/ Conditions		
FACTORS & CONDITIONS	Unit	#		Contributi	ing	May Have	CONTID.		contributing		May n	ave Contrib		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway	42 Roadway	43 Surface Condition	44 Traffic Control
FACI		+									+		$\dashv$	98	3	97	Type 3	Alignment 2	6	96
NARRATIVE AND DIAGRAM															DIAGR	NAM ON SEPARA	NTE PAGE			
	ime Nof 24HR:Mi	tified M) I	0 ,	6 , 2 ,	0 How Notifie	d DISP	ΔΤΟΝ			Time /	Arrived MM) I	0 , 6	s <sub>1</sub> 4	O Rec	port Date M/DD/YYY	y) <b>0</b>	3 / 0	) 1 /	2 0	2 1
16A	vest.	X Yes	Inv	estigator	ed) HARF				N/I/	ARTIN		-   -		1 - 1/1/1	,00,111	.,	ID	380-342		-
WVES	omp.	 T			1 <sub>1</sub> 2 <sub>1</sub> 0		<sup>ency</sup> FOF	OT \\/\				) / D T	\/E^	.IT			Service/ Region/D		1	RıL
- N	um.	' '		-   0	.   2   0		FUE	VI AAO	<u>кіп Р</u>	ULIU		HKII	ıvı⊏I\	N I			кедіоп/D	'A   ~   L	1   '	· ·   <del>-</del>

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL ZO	Total Num. 1 4	Total 4 8 Num. 1 Prsns.	3 6 TxDOT Crash ID
Mail to: Texas Department of Transportation, Cra	Attached Code Sheet for Nu	orm CR-3 1/1/20 Box 149349, Aus Imbered Fields	<b>18)</b> stin, TX 78714. Q	uestions? Call 844/2	
· · · · · · · · · · · · · · · · · · ·	sh Time 0 6 0 0	Case ID 21001	, ,	Local Use	
*County Name TARRANT	<b>★</b> City	ORT WOR			Outside City Limit
In your opinion, did this crash result in at least XYes Latit		7 9 5 1	1	egrees) — 0	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED				3 /	4 Street
	Block Num. 2600 3 Street Prefix	Workers Ye	es Street		Suffix
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION	2110			RKER	
Int. No Sys. LR Num. Part	Block Num. 2500	3 Street Prefix NE	Street Name 28Th	1	4 Street Suffix ST
Distance from Int. or Ref. Marker 1000 S FT 3 Dir. from Int. or Ref. Marker S	Marker De	reet esc. HWY		RRX Nur	
Unit 5 Unit Parked Hit and LP Vehicle Run State T	X Num.	<u> </u>	< <sub> </sub> M <sub> </sub> 8 <sub> </sub> J <sub> </sub> 3	3 <sub>1</sub> 3 <sub>1</sub> A <sub>1</sub> 2 <sub>1</sub> 9 <sub>1</sub>	J U Pol., Fire, EMS on
Veh. Year         2 0 1 8 Color GRY         Veh. Make HYUND/           8 DL/ID         DL/ID         DL/ID	9 DL 10 CE	Veh. Model TUCS	SON DL	7 Body Style SV	Emergency (Explain in
Type 1 State TX Num.  Address (Street,	Class C End.	96 Re	est. 96	(MM/DD/YYYY	<u> </u>
City, State, ZIP)  Name: Last, First,	Middle	ury	Sex Eject.	et et	t t t t t t t t t t t t t t t t t t t
Name: Last, First, I C L L C C C C C C C C C C C C C C C C		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20 Helmet	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	DANIELLE	N 29	W 2 1	1 5 97 N	96 96 97 97
DRIV.					Not Applicable – Alcohol and Drug Results are only reported
1 1 SHAABANI SARAH					for Driver/Primary Person for each Unit.
Owner/Lessee SHAABA	NI SARAH	<u> </u>	DANIELLE		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1	COLONIAL COUNTY	MUTUAL	Fin. Resp.		
Fin. Resp. 27 Ve		-	27 Vehicle Damage Rating	2 -	Vehicle
Towed By PURFECT TOWING	Towed PURFECT TO	OWING			
Unit S Unit Parked Hit and LP Vehicle Run State	LP Num.	VIN	J <sub>I</sub> T <sub>I</sub> H <sub>I</sub> B <sub>I</sub> A	A 1 D 2 0	H <sub>1</sub> 5 <sub>1</sub>
Veh. Year 2 0 1 7 6 Veh. Color GRY Veh. Make LEXUS	lo pu	Veh. Model IS 25		7 Body Style P4	Emergency (Explain in
8 DL/ID   DL/ID   DL/ID   Type 1   State TX   Num.	9 DL 10 Cl Class C End.	96 Re	DL est. A	DOB (MM/DD/YYYY)	
City, State, ZIP)	Middle	rry ity	Sex Eject.	str.	
Name: Last, First, or or or or or or or or or or or or or		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20 Helmet	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
1 1 1 MOONEY KAREN	MARIE	A 51	W 2 1	1 5 97 N	96 96 97 97
DRIV					Not Applicable – Alcohol and Drug Results are only reported
Name: Last, First, Enter Driver or Primary Person for State of Sta					for Driver/Primary Person for each Unit.
Owner/Lessee MOONE Lessee Name & Address	Y KAREN	1 1	MARIE		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	STATE FARM		Fin. Resp.		
Fin. Resp. 27 Ve		FD <b>-</b> 7	27 Vehicle Damage Rating	2 12 <del>-</del>	Vehicle
Towed By CORNISH TOWING	Towed CORNISH TO	OWING	1		

				Use ONLY.	ſ	Case 2	4004	100				T	xDOT					$\neg$		Pa	ge <u>46</u> of <u>1</u> 4
Forr	n CR-3 Ur	(Rev. 1,		)		ID 2	1001	106	8			C	rash ID Taken By				Date of (MM/DD	Death		Time o	f Death
	46		_	FDICA	L CITY			:F		ME	DST/	\R	- rancii by				(MM/DL	/ /		(24HF	I:MM)
DISPOSITION OF		1	1011			/ \	7 11 10	<u></u>		10.2	<u> </u>						, <u> </u>	/			<u> </u>
SITIO	Z -																<u> </u>	/			<del></del>
Odsi	200																/	/			 
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П	Unit Num.	Prsn. Num.									Charge								Citation	/Reference N	lum.
S S																					
CHARGES																					
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Ц																					
빙		Da	maged	Property O	ther Than Ve	ehicles						Owne	er's Name					Owne	er's Address		
DAMAGE																_					
Ц	Jnit		10	001	— TDANICO	ORTING				CMVI	Disabling	Y	es 28 Ve	•h	29 Ca	rrier		Carrier			
	Num. Carrier's	-	L LB:	,001+ S.		DOUS MA	TERIAL		+ CAPACI	Dama		<u> </u>			ID Ty			ID Num.		30 Veh.	
	Corp. N			DCVAN			Prima	ary Add												Туре	
5	31 Bus Type			RGVW GVWR			HazMat Released			azMat Num.	HazMa ID Num	n.	1 1		32 HazM Class Nu		azMat Num.			33 Cargo Body Type	
	Jnit Num.			RGVW GVWR			34 Trlr. Type			CMV Disablir Damage?	ng Ye		nit um.		RGVW GVWR			34 Trlr. Type		MV Disabling Damage?	☐ Yes ☐ No
	Sequen Of Even	its 35 Se	q. 1		35 Seq. 2	!		35 Sec	q. 3		35 Seq. 4	1		Intermod Containe	dal Shipping er Permit	☐ Yes G ☐ No W	ctual ross ⁄eight		1 1	Total Num. Axles:	
8 5	Q Un			g Factors (In Contributing	ivestigator's g		ave Cont	rib.	37 \	ehicle Defe Contribut		tigato		n) e Contrib.	38	Envi	ronmental a	nd Roadwa 41	y Conditions 42	43	44
FACTORS &															Weather Cond.	Light Cond.	Entering Roads	Roadway Type		Surface	Traffic Control
Į¥8	5														98	3	97	3	2	6	96
П															- 00		<u> </u>				- 00
NARRATIVE AND DIAGRAM																DIAGI	RAM ON SEPARA	NTE PAGE			

Law Enforcement and TxDOT Use ONLY FATAL CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZONI	Total Num. 1 4 8 E Units	Total Num. 1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation,	ace Officer's Crash Report (Form Crash Data and Analysis, P.O. Box r to Attached Code Sheet for Number	CR-3 1/1/2018) 149349, Austin red Fields	) ı, TX 78714. Questio	ns? Call 844/274	
of Transportation ★=These fields are required on all addition	Crash Time O 6 O O Ca	se	•	Local	
*County	<b>★City</b>	2100110		Use	Outside
	-414	RT WORTH	1	0.0	☐ City Limit
S   \$1,000 damage to any one person's property? No   (	decimal degrees) 3 2 7	9 5 1 3	(decimal degree	s)	0,7,3,2,2,7,7
*1 Rdwy. Sys. TL	Block Num. 2600 3 Street Prefix	★Stree Name	T		4 Street Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Lane  INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION AT INTERS	Speed Const. Yes Wo Zone No Pre	esent No	Desc.		
-   -   -   -   -   -   -   -   -   -	wy. Block 3	ROAD OR REF Street refix NE	Street	<u>'</u>	4 Street Suffix ST
Distance from Int.	Reference Street		Name 28TH	RRX	Suffix ST
or Ref. Marker 1000	Marker Desc.		<sub> </sub> G <sub> </sub> Y <sub> </sub> F <sub> </sub> Z <sub> </sub> E	Num.	, F ,
Veh. Year 2 0 1 9 6 Veh. Color BLK Veh. Make CADI	V	eh.	15 11 12 12	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End. 96	11 DL	96	DOB (MM/DD/YYYY)	
Address (Street, City, State, ZIP)				,	
Name: Last, Fi		14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Alc. 23 Drug Spec. 24 Drug Result 25 Drug Category
<u>a</u>	MICHELLE	в 32 м	V 2 1 1	5 97 N	96 96 97 97
1 1 DAVIS AMANDA					Not Applicable – Alcohol and Drug Results are only reported
IICTE'					for Driver/Primary Person for each Unit.
Owner/Lessee DAVIS	S AMANDA	N	MICHELLE		
Lessee Name & Address  Proof of    Yes □ Expired 26 Fin. Fin. Fin. Fin. Fin. Fin. Fin. Fin.			in. Resp		
I III. Nesp.	Vehicle	2	lum. 7 Vehicle		Vehicle Yes
Towed CORNICLL TOWNING	Towed CORNISH TOW		amage Rating 2	6 -	RD 7 Inventoried No
Unit Num.48 Desc. 1 Parked Hit and LP State	LP		C 6 R R 6	L T 2 H	G
Veh. Year 2 0 1 7 Color GRY Wake DOD	V	eh. lodel RAM 15		7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End. 96	11 DI	L I	DOB (MM/DD/YYYY) I	
Address (Street, City, State, ZIP)					
Name: Last, Fig. Name:		14 Injury Severity Age	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 GENUALDO PAUL	RICHARD	C 52 W	/ 1 1 1	5 97 N	96 96 97 97
DRAU					Not Applicable – Alcohol and Drug Results are only reported
HICLE					for Driver/Primary Person for each Unit.
Owner/Lessee GENU	JALDO PAUL	F	RICHARD		
	Resp. ∍ FARMERS INSURAN		in. Resp. Ium.		
Fin. Resp. 27	Vehicle amage Rating 1 12 -	2	7 Vehicle Damage Rating 2	6 <b>-</b>	Vehicle  Yes  RD - 7  Inventoried  No
Towed By ADVANCED TOWING	Towed ADVANCED TO		3 9-		inventioned [No

	Enforcen n CR-3	nent and (Rev. 1/			Y.	[	Case ID	210	01106	88			TxD Cra	OOT sh ID							F	age <u>48</u>	3 of <u>1</u> 4
	Unit Num						Taken	n To					Т	Γaken By				Date o (MM/DI	f Death D/YYYY)			of Deatl IR:MM)	h
l	47	1	LO	CAL	НО	SPI	ΓAL	_			SEL	.F						/	/			ı	1
No.	48	1		CAL							SEL	.F						/	/			<u> </u>	
OITIS	3																	/	1			<del>'</del>	
DISPOSITION OF																			1				
عَمَا																		1					
Н	Unit	Prsn.										hargo						/	/	Citatio	n/Reference	Num	
1	Num.	Num.										harge								Citatio	n/keierence	Num.	
GES	$\rightarrow$																						
CHARGES																							
Н																							
J.		Daı	maged	Property	Other	Than V	ehicles	S				C	)wner's	s Name					Owr	ner's Address			
DAMAGE																							
Ц														Jan. 1		laa s			la i				
	Jnit Num.		□ 10,0 LBS	001+ 5.		TRANSP HAZARI	ORTIN DOUS	MATERI	AL   —	+ CAPACITY	CMV Di Damag		☐ Yes		1.	29 Ca ID Typ			Carrier ID Num				
	Carrier's Corp. Nan	ne							Carrier's Primary Ad	dr.											30 Veh Type		
/W/	1 Bus ype			GVW GVWR		1 1	1 1	Hazi Rele	Mat '			HazMat ID Num.		1 1	1 1 1	32 HazMa Class Nur		HazMat ID Num.	1 1		33 Cargo Body Type		
I	Jnit		□ R	RGVW				34	Trlr.	CM	V Disabling	Yes	Unit			RGVW		ib ivaiii.	34 Trlr.		CMV Disablin	g $\square$	Yes
I	lum. Sequence			SVWR		5 Seq. 2		1)	/pe 35 Se		nage?	No 35 Seq. 4	Nun	n.	Intermo		Yes	Actual Gross	Type		Damage? Total Num.		No
_	Of Events	36 Contr		Factors (				ion)	3330			ts (Investi	gator's	Opinion)		er Permit	No	Weight   vironmental a	nd Roadw	ay Conditions	Axles:		
RS &	Unit	#	-	Contributi	ing		Ma	ay Have	Contrib.		Contributir	ng		May Have	Contrib.	38 Weather	39 Light	40 Entering	41 Roadwa	42 y Roadway	43 Surface	4 Trai	
FACTORS &							_									Cond.	Cond.	Roads	Туре	Alignmen		Con	
120	<u>ʻ</u>												Ц,			98	3	97	3	2	6	9	96
NARRATIVE AND DIAGRAM																	DW	KGRAM ON SEPAR.	ATE PAGE				
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=	lum.	1 1	4   4	2 <sub> </sub> 0 <sub> </sub>		2   0	<u>'   U</u>	'   '' <sup>ye</sup>	···· FO	RT WO	KIH	POLI(	ا ∟ز	JEPA	KIME	-N I			Region	/ <sub>/DA</sub> C E	-   'N   <sup> </sup>	1,	<u></u>

		orcem		nd TxDOT Us IV SCH	e ONLY OOL BUS	RAILRO	DAD	MAB S	UPPLEMEN		ACTIVE SCHOO		l N	otal lum. Jnits ∟	1 4	8	Tota Nur Prs	al n. ′ ns. ∟	1 3	6	TxDOT Crash l			
Ä	Tex Depar of Trans	as tment portation	M	ail to: Texas l ★=These fie	•	of Transpor	tation, Cra Refer to	Officer's Crash Data and Attached Cook heets submit	Analysis, P	'.Ò. Box 1 r Number	149349 red Fie	, Aus lds	tin, TX						4/274	-7457	Р	age_4	.9 <sub>of</sub>	_149_
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AT				did this cras					2 2		9 , 5			Longi	itude mal de	aree	s)	_	0 , 9	7	3	2 , 2	7	7
ار م		D ON		CH CRASH O	CCURRED	2 Rdwy		Rlock	3	Street		★Str	eet	(400		9.00	-,				•	Street		
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ğ	At Int.	Ye X		Rdwy. /s. LR	Hwy. Num.		2 Rdwy. Part 1	Block Num	k . 2500		Street refix			reet ame 2	8TH							Street uffix	ST	
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	Unit Num.	49		Unit esc. 1	Parked Vehicle	Hit and Run	LP State AF	LP Num.	K81052	1	١	/IN Z	3 <sub>I</sub> A	ıK ı	JıG	i <sub>I</sub> L	ıD ı	R <sub>1</sub> 1	Ι <sub>ι</sub> Κ	D	K <sub>1</sub> N			
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Ŀ	B DL/I Type	1	St	_/ID DL ate MX Nu				9 DL Class	98 E	0 CDL nd. 98		11					OOB MM/D	D/YY	YY) I		<b>/</b> _			
	City,	ess (S State,	ZIP)								<b>.</b>		_			<u>.</u>								
PERSONS	Person Num.	12 Prsn. Type	3 Seat	ı	Enter Driver		ast, First, N Person for	Middle this Unit on t	first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	.0 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	5 Drug 2ategor
S. PE	1	1	<u>- п</u>	GARCIA RO	DRIGUEZ	HECT	OR	FEF	RNANDO			_ <u>∢</u> 37	Н —	1	1	1		<u>~ ⊥</u> 97	N	96	<u>∢ IĽ</u>			97
RIVER																					Applical			
VEHICLE, DRIVER, &																					Results river/Pr ea		Perso	
Ē	X O	wner	Owi	ner/Lessee		F	RICH TRAN	ISPORT LLC																
	Le	ssee	Nan	ne & Address  Expired			Fin. Resp	OTT HAN	MILTO	N DR			Fin. F	2 <sub>0</sub> en			LIT	TLE	RC	OCK	AR	722	209	_
-	Fin. F	Resp.		Exempt		e 1	Name 27 Vel	UNITED	SPECI	ALTY			Num.									ehicle		Yes
	Fin. F Phon- Towe	e Nun						ge Rating 1	8-	L	BQ-	5			ating 2	2	2	-		RD-		nvento		
	By Unit	"ED		TOWING	⊐ Parked I	── Hit and	LP	To RI	CH TRA	NSPC										_				_
-	Num.		De	esc. 6	Vehicle	Run Veh.	State Ol	K Num.	9931KJ	V	eh.	/IN E	3 <sub>1</sub> H	13 1	V <sub>1</sub> 5	13		C <sub>I</sub> 6 Body	j <sub>I</sub> F			ire, Elgency	MS on	
- 1	Year 8 DL/			1 5 Cold	or WHI /ID	Make	HYUNDA	AI STEEL IN 9 DL		S M	lodel N	11 11		ICAB	LE		OOB	yle			Narra /	tive if o	hecke	ed)
Ī		ess (S State,	treet,	ate Nu	ım.			Class	E	ind.		Re	st.			(	MM/D	D/YY	YY) ∟		<u>'</u>	/		
- 6		12 Prsn. Type	_				ast, First, N				14 Injury Severity		15 Ethnicity	×ex	17 Eject.	18 Restr.	ag	net	O	ر د اور	±	orug c.	orug ult	25 Drug Category
PERS	Person Num.	12 F Type	13 S Posi		Enter Driver	or Primary	Person for	this Unit on t	first line		14 Ir Seve	Age	15 Ethr	16 Sex	17 E	18 F	19 Airbag	20 Helr	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 E Res	25 C Cate
ÆR, &																								
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VEHICLE, DRIVER, & PERSONS																						ch Uni		
>	X Ov	wner essee		ner/Lessee ne & Address				ANSPORT		N DR							LIT	TLE	RC	OCK	AR	722	209	
		of Resp.		Expired Exempt	26 Fin. Resp. Typ	e 1	Fin. Resp Name	UNITED	SPECI	ALTY			Fin. F Num.											
- 1	Fin. F	Resp. e Num	۱.		•		27 Vel Dama		6-		RD-	ô	27 Ve Dama		ating 2	2	12	-		FD-		ehicle		Yes No
H	Towe	d		TOWING			l	Towed RE	CH TR	ANSP	ORT		1										<del></del>	-

	Enfo		nt and (Rev. 1/		Use ONLY		Case 21	001106	8			TxDOT Crash ID							Pa	ge <u>50</u> of <u>1</u> 4
	N	Unit lum.	Prsn. Num				Taken To				,	Taken By				Date of (MM/DD	Death (YYYY)		Time o (24HF	f Death I:MM)
	4	9	1	10	N SITE	<u> </u>				MED	STAR					/	/			
lo NC	וורבר															/	1			
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l	Uni Nun	t P	rsn. um.							Ch	arge							Citation	/Reference N	lum.
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H			Da	mageo	l Property	Other Than Ve	hicles				Own	er's Name					Owne	r's Address		
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П	Jnit Num.	49		<b>X</b> 10 LB	,001+	TRANSPO	ORTING OOUS MATE	RIAL 9	+ CAPACITY	CMV Disa		Yes 28 Vel No Oper.		29 Ca ID Ty			Carrier ID Num. (	30577	89	
L	Carrie	er's				ISPORT		Carrier's Primary Ado	dr. 6011						E ROC	CK AR			30 Veh. Type	8
	В1 Bu Гуре	IS			RGVW	5 <sub>1</sub> 2 <sub>1</sub> 3 <sub>1</sub> 5	Ц-	nzMat Y	es 32 Hazl	Лat	HazMat ID Num.			32 HazM	at Ha	azMat Num.			33 Cargo Body Type	3
li	Jnit Num.		<u> </u>		DC////	6,8,0,0		34 Trlr. Type <b>1</b>	СМ	V Disabling mage?	¥Yes ∪	ll Jnit Num.		RGVW GVWR	<u>.                                   </u>		1 34 Trlr. Type		MV Disabling amage?	Yes No
ΙĪ		ence		eq. 1		35 Seq. 2		35 Se			5 Seq. 4	vuiii.		dal Shipping	Yes Ac	ctual	Турс	<u>'</u>	Total Num. Axles:	Пио
		3			g Factors (	Investigator's					(Investigat		1)		Envi	eight   ronmental a	nd Roadway	Conditions		
ORS		Unit#			Contributi	ng	May Hav	e Contrib.		Contributing		May Have	e Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
FACTORS &																	Туре			
Н														98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM															DIAGE	RAM ON SEPARA	TE PAGE			
ESTIGATO	(24H Inves Com		Yes No	lnv Na		d) HARP		i.			Time Ai (24HRN	K		4   0	eport Date MM/DD/YYY	y) <b>0</b>		380-342	21	2 1
≷	ORI Num.	_ T	ΙX	<sub> </sub> 2 <sub> </sub>	2 <sub> </sub> 0 <sub> </sub>	1 <sub>1</sub> 2 <sub>1</sub> 0	0  *Ag	<sup>jency</sup> FOF	RT WO	RTH P	OLICE	DEP/	ARTME	NT			Service/ Region/D	A C E	NT	R <sub>L</sub> L

			nent a	and TxDOT Use ONLY  MV SCHOOL BUS	RAILROA			UPPLEM		ACTIV	OL Z	I BNC	Γotal Num. Jnits ∟	1 4	8	Tota Nun Prsi	al n. 1 ns. ∟	I 3	6	TxDOT Crash I			
Ä	Ten Depar of Trans	ras timent aportation	M	lail to: Texas Departmer ★=These fields are req	nt of Transporta I	ition, Cra Refer to	Attached Co	Analysis de Sheet	, P.Ò. Bo for Num	ox 149349 bered Fie	9, Aus elds	stin, TX						4/274	l-7457	Р	age	51_of	149
	★Cra (MM/	sh Da DD/Y	ate YYY)	0 2 / 1 1 / 2	0 2 1	★Cras (24HF	sh Time RMM) 0	6 0	0	Case ID <b>21</b>	001	1068	3				Lo	cal se					
	★Coi		ARR	ANT					City ame <b>F</b> (	ORT W	/OR	TH										Out City I	tside Limit
A TI	In yo	ur op	inion	, did this crash result ir to any one person's pr	n at least XY	es Latitu	ude imal degrees			7   9   5			Long (deci	itude mal de	aree	2)	_	0 , 9	9,7	3	2 , 2	2 , 7	7
ଐ ,		D ON		CH CRASH OCCURRED					3 Stree		★St		(ucoi	Tidi de	-gree.	<i>-</i>					Street		
A 710	Sys.		TL h Oss	*Hwy. Num. 35	Part 1		Block Num. 2600 eed		Prefix	Workers	Nam										uffix	•	
<b>IDENTIFICATION</b>			.,	urred on a Private Drive ate Property/Parking Lot B ROAD, OR IF CRASH	1011 201		nit	Zone	No	Present	×Ν	<sub>o</sub> De	sc.	MAD	VED								
7	At	Y	es 1	Rdwy. Hwy. ys. LR Num.	2	Rdwy. Part	Bloc		SECTIN	3 Street Prefix	t	St	reet	8TH	NEK					I	Stree	ST	
ŀ	Dista		om In	t. XF1	Γ 3 Dir. from Ir	nt.	Reference		Stree	et		ING	airie Z	ОІП				RRX			unix	51	
П	Unit	f. Ma	5	1000 M	Hit and L	P	Marker	10017		c. HW		1 . X	.K	Υ . Γ	) . P	. 9 .		Num.		4   1	. 3 .	0 . 1	. 0 .
	Num.			esc. 1 Vehicle  2 0 6 Veh. Color BLK	Veh.	State K	'	19817		Veh.				1 10	<u> </u>	7 6	Body		<del>                                      </del>	Pol., I Emer	Fire, E	MS on (Expla	in in
1	Year 8 DL/	ID	DI	L/ID DL/ID	Make K	ENWO	9 DL	08	10 CDL	Model (	11	DL			- 1	OOB	yle ·			□ Narra	tive if	checke	ed)
		ess (S State	street,	tate KS Num.			Class	90	End.	90	JR6	est. 98	)			MM/D	D/YY	YY)		] <b>/</b> L			
. г			13 Seat Position		Name: Las					14 Injury Severity		15 Ethnicity	Sex	Eject.	18 Restr.	ag	net	ol.	. Jo.	Ħ	orug C.	orug Jit	25 Drug Category
PERS	Pers Nun	12 F Type	13 S Posi	Enter Drive	er or Primary Pe	erson for	r this Unit on	first line		14 Ir	Age	15 Ethr	16.8	17 E	18	19 Airbag	20 Helr	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 C Cate
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VEHICLE, DRIVER, & PERSONS																			Drug	Applical Results	are o	nly rep	orted
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ŀ	Fin. F Fin. F		No	Exempt Resp. Ty	pe 1	Name 27 Ve		NS				1	ehicle				_				ehicle		Yes
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	By Unit		5	DS TOWING Unit Parked	Hit and L	_P	LP	EARDS			\/INI	1 \//	1	1 1		2	Λ	) N/		7   2	0	5 O	Q
Г	Num. Veh.		De	esc. 6	Veh.	State K	1	C3976	003	Veh.		•		•	. 13	7 6	Body			Pol., I	ire, E	MS on (Expla	in in
H	Year 8 DL/		DI	L/ID DL/ID	Make M	VILSON	TRAILER 9 DL		10 CDL	Model	11	DL	.ICAE	LE		OOB	yle '			│ Narra	tive if	checke	ed)
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- 6		State,	_		Name: Las	t, First, I	Middle			jury		icity	×	Eject.	estr.	g	Jet	<u>о</u>	<u>0</u> .;	Ħ	rug	rug	rug gory
PERSC	Pers Num	12 P Type	13 Seat Position	Enter Drive	er or Primary Pe	erson for	r this Unit on	first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 E	18 Restr.	19 Airbag	20 Helm	21 Sol.	22 Alc. Spec.	Alc. Result	23 D Spec	24 Drug Result	25 D Cate
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VĒ	Xo			ner/Lessee			LLEY INC	V D D A 1	/F		<u> </u>	<u> </u>	<u> </u>			,,,,	TO	118.17	201	1/2	671	504	
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ŀ	Fin. F		No	Exempt Resp. Ty	pe 1	Name 27 Ve						1	ehicle								ehicle		Yes
		e Nur		DO TOMBLO		Dama	Towed	6		RD-	6	Dam	age R	ating 2	2	12	-		FD-	6 Ir	vento	ried 🗶	No
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	Enforce n CR-3		TxDOT Use C /1/2018)	NLY.	[	Case 2	1001	1068	3				OOT sh ID								Р	age <u>52</u>	of <u>14</u>
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П	Jnit Num. <b>5</b>	51	10,001+ LBS.		TRANSPO HAZARD	ORTING OUS MA	ATERIAL	9+	CAPACITY	CMV Dis	sabling e?	Yes No	28 Ve Oper.			29 Ca ID Typ			Carrier ID Num	012921	12		
	Carrier's Corp. Na	me SI	JN VAL	ΙFY			Carrio	r's rv Addr	1601	F BI	ANCI	HAF	RD A	/F		HUTC	HINS	ON KS	675	501	30 Veh Type	. 8	
I≥	31 Bus		RGVW		3 <sub>1</sub> 2 <sub>1</sub> 0	. n .	HazMat Released	☐ Ye	s 32 HazN	/lat	HazMat			· <u>-</u>		32 HazMa	at	HazMat			33 Cargo		
- 1	Jnit	0	<b>X</b> GVWR ☐ RGVW				34 Trlr.	□No		um. V Disabling	ID Num. Yes	Uni	t t		R		n.	ID Num.	34 Trlr.		Body Type		Yes
. ⊢	Num. Sequenc	52 e	GVWR		5 <sub>1</sub> 5 <sub>1</sub> 5 <sub>1</sub> 0	) <sub> </sub> 0 <sub> </sub>	Type	2		nage?	∐No	Nur	n.	Inter	modal		 ☐ Yes	Actual Gross	Туре		Damage? Total Num.		٧o
Ш	Of Event	s 35 S6	eq. 1 98 Tributing Factor	are (In)	35 Seq. 2	Oninion		35 Seq		icle Defect	35 Seq. 4	~ ata #	Oninian	Cont	tainer F		<b>X</b> No	Gross Weight   nvironmental	nd Boadu	Conditions	Axles:		
88.5	Uni			buting			Have Contr	ib.		Contributin			May Have		_	38	39	40	41	42	43	44	
FACTORS &	5											$\perp$				Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traf Cont	
12.0	3															98	3	97	3	2	6	9	6
NARRATIVE AND DIAGRAM																	DA	NGRAM ON SEPAR	ATE PAGE				
70R	Time No (24HR:N	tified IM) I	0   6   2	2   (	) How Notified	DIS	PATO	:H			Time (24F	e Arriv	ed (	0   6	<sub>1</sub> 4	0 R	eport Dat	e YYY) 0	3 /	0 1 /	2 0	2	1
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WES	ORI								T 14/0					\ D = *	45.	ı <del>.</del>						R	. 1
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Law Enforcement and TxDOT Use ONLY FATAL CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZO	Total Num. 1 DNE Units	Total Num. Prsns. L	1,3,6	TxDOT Crash ID
Mail to: Texas Department of Transportation, Cra Refer to	e Officer's Crash Report (Form of ash Data and Analysis, P.O. Box Attached Code Sheet for Numbe	<b>CR-3 1/1/20</b> 149349, Aus red Fields	18) stin, TX 78714. (	Questions? Call 8	44/274-745	
*=These fields are required on all additional s  *Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1	sh Time O 6 O O Ca	se	•	L	ocal Jse	
*County	★City	21001			JSE	Outside City Limit
Name TARRANT In your opinion, did this crash result in at least Yes Latit			Langitud		0 9 7	'
ROAD ON WHICH CRASH OCCURRED				degrees)		7 3 2 2 7 7 4 Street
	Num. 2600 Prefix	★Str Nam orkers □ Ye	ie			Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/ Sp Lin INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION AT	nit Zone No Pre	esent XNo	Desc.	ARKFR		
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. No Sys. LR Num. Part	Block 3	Street refix NE	Street Name 28T			4 Street Suffix ST
Distance from Int. or Ref. Marker 1000  The standard of the standard or Ref. Marker S	Reference Street	HWY			RRX Num. <sub>1</sub>	
Unit Num.53 Desc. 1 Parked Run State IN	LP		< <sub>1</sub> L <sub>1</sub> 7 <sub>1</sub> 9 <sub>1</sub>	$M_1R_1S_1L_1$		
Veh. Year 2 0 2 1 6 Veh. Color BLU Veh. Make CHEVRO	V	eh. Iodel TRAII	LBLAZER	7 Body Style		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID DL/ID Type 1 State IN Num.	9 DL 10 CDL Class 98 End. 98	11		DOB (MM/DD/Y	YYY) I	
Address (Street, City, State, ZIP)						
Name: Last, First, Solution of Street Control of		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20	21 Sol. 22 Alc.	Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	MIKAYLA	N 26	W 2 1	1 5 97	N 96	96 97 97
MATTINGLY MEGHAN  MATTINGLY MEGHAN						ot Applicable – Alcohol and ug Results are only reported
41CTE'					for	r Driver/Primary Person for each Unit.
Owner/Lessee MATTIN	GLY MEGHAN		MIKAYLA			
Proof of Yes Expired 26 Fin. Fin. Res			Fin. Resp.			
Fin. Resp. No Exempt Resp. Type 1 Name Fin. Resp. 27 Ve		DD- 7	Num. 27 Vehicle Damage Rating			Vehicle Yes
Towed TEXAS TOWNING	Towed TEXAS TOWING	RP-7	Damage Raung	g 2 10 <b>-</b>	FL	_ ■ 4 Inventoried No
Unit 5 Unit Parked Hit and LP Num.54 Desc. 1 Vehicle Run State	LP Num.		J <sub>I</sub> T <sub>I</sub> E <sub>I</sub> B <sub>I</sub>	U <sub>1</sub> 4 <sub>1</sub> B <sub>1</sub> F <sub>1</sub>	3 <sub>1</sub> B <sub>1</sub> K	
Veh. Year 2 0 1 1 6 Veh. Color SIL Veh. Make TOYOTA	V	eh. Iodel FJ CF	RUISER	7 Body Style		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID Type 1 State TX Num.	9 DL 10 CDL Class BM End. 9	11	DL est. 96	DOB (MM/DD/Y	YYY) I	
Address (Street, City, State, ZIP)						
Name: Last, First, Enter Driver or Primary Person for Strict of Strict or Primary Person for Primary Person		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20	21 Sol. 22 Alc.	Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
1 1 1 MCDANIEL DWIGHT	KERN	в 30	B 1 1	1 5 97	N 96	96 97 97
DRIV					Dru	ot Applicable – Alcohol and ug Results are only reported
HICLE					foi	r Driver/Primary Person for each Unit.
Owner/Lessee MCDAN Lessee Name & Address	IEL DWIGHT	1 1	KERN			4
Proof of Yes Expired 26 Fin. Fin. Res	PROGRESSIVE		Fin. Resp.			
Fin. Resp. 27 Ve		FD <b>-</b> 7	27 Vehicle Damage Rating	6 <b>-</b>	pr	Vehicle Yes Inventoried X No
Phone Num.  Towed By MILNER TOWING	Towed MILNER TOWIN			. · · · ·	NL	Inventoried No

	Enforce m CR-3 Ur Nu	(F	nt and T Rev. 1/1 Prsn. Num.	xDOT Us /2018)	e ONLY.		I	Case D <b>2</b> '	100	1106	8				Cr	DOT rash ID Taken By				Date o (MM/DI	f Death		Time o	age <u>54</u> of of Death
l	F 4	$\neg$	1	BAY	LOR	GR	ΑP	EVIN	E				SEL	F						/	1			
DISPOSITION OF																				/	1			
OSITIO	ED/K																			/	1			
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L	11.77																			/	/			
	Unit Num.	Prs Nu											С	harge								Citatio	n/Reference N	Num.
GES																								
CHARGES																								
<u> </u>			Dan	aged Pro	operty O	ther Th	an Ve	hicles			Τ			(	wne	r's Name					Own	er's Address		
DAMAGE																								
DA																								
	Unit Num.		[	□ 10,00°	1+			ORTING OUS MAT	ERIAL	<u></u> 9	+ CAPA	CITY	CMV Di		□ Y		٦.	29 Ca ID Ty			Carrier ID Num.			
	Carrier's Corp. N				Į.				Carı	rier's nary Ado	dr.										-		30 Veh. Type	
CMV	31 Bus Type			RG\		1 1	ı		HazMat Release	- D	'es 32	HazM ass Nu		HazMat ID Num.	,	1 1	1 1 1	32 HazM Class Nu		azMat ) Num.	1 1 1	1 1	33 Cargo Body Type	
	Unit Num.			RG\	/w		<del>'</del> '		34 Tr Type	r.		CMV	Disabling			nit um.		RGVW GVWR		1 1	34 Trlr. Type		CMV Disabling Damage?	Yes No
	Sequen Of Even		35 Sec		,,,,	35 S	eq. 2		1.76-5	35 Se	q. 3	150		35 Seq. 4	1			lal Shipping	Yes A	ctual ross /eight	1 1 1		Total Num. Axles:	
- ×		36	Contri	outing Fa			tor's		Ca	- Author	3				gator	's Opinion	)		Env	ironmental a	Т	y Conditions		
FACTORS &		111.#	+		ntributin	9		May Ha	ive Cor	itrib.		T	ontributin		+	May Have	Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
FAC	3		+									$\dashv$			$\dashv$									
H																		98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																			DIAG	RAM ON SEPAR.	ATE PAGE			

Time Notified | 0 | 6 | 2 | 0 | How Notified DISPATCH |
Invest. | No | Name (Printed) | HARPER, G. |
ORI | Num. | T | X | 2 | 2 | 0 | 1 | 2 | 0 | 0 | \*Agency FO 0 6 4 0 Report Date (MM/DD/YYYY) Time Arrived (24HRMM)  $0 \quad 3 \ / \ 0 \quad 1 \ / \ 2 \quad 0 \quad 2 \quad 1$ Num. 3380-3421 MARTIN,K Service/ Region/DA C E N T R L

T X 2 2 0 1 1 2 0 0 \*Agency FORT WORTH POLICE DEPARTMENT

		forcem		and TxDOT I	Use ONLY CHOOL BUS	RAILRO	OAD	MA	AB S	UPPLEI	MENT	□ AC	CTIVE	≣ DL ZC	l N	otal lum. ´ Inits ∟	 1	4   8	Tota Nun Prsi	al n. <b>1</b> ns. ∟	1 3	6	TxDOT Crash I			
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(	*Cra	ash Da /DD/YY	ate YYY)	0 2 /	1 1 / 2	0 2	1 *(2	Crash T 4HRMM	Γime 0	6 0	0_0	Case		001	1068	3				Lo Us	cal se					
	<b>★</b> Cοι								<u>.                                      </u>	,	★City Name F														Out City L	tside Limit
A TIC	n yo	ur opi	inion,	, did this cr	crash result in e person's pro	at least X	Yes L	_atitude (decima	e al degrees)		2					Longiti (decim		egree	s)	(	0 [	7	3	2 2	7	7_
-ಶ	<b>★</b> 1 R	Rdwy.		CH CRASH ★Hwy. Num.	35	2 Rdwy Part		Blo	ock Im. 2600		3 Stre	eet		★Stre	eet		_						4	Street		
IDENTIFICATION		Crash	h Occi	curred on a F	Private Drive o			Speed Limit	d	Const.	Yes	Work	kers [		s Stre									Иша		
IDENTI		RSEC	CTING		Hwy.			CTION,		T INTE		3 S	OAD Street	OR R	EFER		MAF	≀KER					4	Street		$\dashv$
ĺ	nt.	No Ince fro	lo Sy	ys. LR	Num.	3 Dir. from	Part	1		n. 2500			efix			me 28	3TH				RRX			Suffix	ST	$\dashv$
1	or Re	ef. Mar	rker 5 l	1000 Unit	MI Parked	D ( ) (	LP	, 1	Marker LP	_	De	reet esc. H				- 4 (	- L	, o		Ν	Num.				_	4
1	Num.		De	esc. 1	Vehicle S	Run Veh.	State		Num.			Veh	h.			<sub>-</sub> M <sub>-</sub> 5	)   1	0	7 E	Body		-  -	Emer	gency	MS on (Explai	in in
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/	Addre	ess (Si State,	Street, , ZIP)		Num.				Uiauu	<u> </u>	Ellu.		_		<u> 51. ♥ -</u>				IVIIVI, L	Dir.	<u> </u>					
PERSONS	Person Num.	12 Prsn. Type	3 Seat		Enter Drive	Name: La er or Primary	,	,		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	3 Drug spec.	24 Drug Result	5 Drug Sategory
જું ′	1	1	1	HERNA	AND <u>EZ</u>	RENE	<u> </u>	_								2 1	_	1			N N	96	- ₹ μ			ಸ ೮ 97
VEHICLE, DRIVER			_ '									$\Box$				$ \downarrow $					_		Applicat Results	ble – A	dcohol	
ICLE, [	_		<u>—</u> '	-								$\dashv$	$\dashv$			$\dashv$					<del>                                     </del>		river/Pr		Person	
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	Proof		XYes	s Expire	red 26 Fin.		Fin. R	Resp.	F				—		Fin. F	Resp.	·-\			~ T \		~=1_1				
ı	Fin. R	Resp.		Exem	npt Resp. Typ	<u>e 1</u>		7 Vehicle	SELF cle Rating 1		9 -		LP <b>-</b> 6		Num. 27 Ve Dama				FO	<u> </u>	<b>V</b> ∪r	₹In -		ehicle		Yes
ŀ	Phone Towe Bv	ed TE		S TOWIN	NG			Т	Towed		9 <b>-</b> F FOF									_				ivenio	ried 🗶	,No
l	Jnit Num.		5 l	Unit esc. 1	Parked Vehicle	Hit and Run	LP State		LP Num.					/IN _	1		<u> </u>		<u>_</u>		_					
	Veh. Year		<del></del>	2 1 c	Veh. Color GRY	Veh. Make	TOYO	ATC				Veh Mod	ا اما	_	IOWN	1			St	Body yle [	P4		∃ Emér	gencv.	MS on (Explai checke	in in
		/ID 99 ess (Si	Stroot	tate UN	DL/ID Num.				9 DL Class	, 99	10 CD End.	DL 99			est. 99				DOB (MM/D	D/YY	<b>YY)</b> ∟			_/_	<u>Ш</u>	
	City, S	State,	, ZIP)	UNKNO	NWC	Name: L	act Fir		2410			$\neg$	<u>5</u> 5		KNC		ct.	str.					N UI	_	ō, T	br Sir
ERSO	Person Num.	12 Prsn. Type	13 Seź Positir		Enter Driver	Name: Li er or Primary	,	,		iirst line	ı		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drt Spec.	24 Drug Result	25 Dr. Categ
ER, & F	1	99	99	UNKNO	NWC	UNK			UNŁ	KNOV	ΝN		99		99	99 1	I	99	5	97	N	96		96	97	97
; DRIVI	$\dashv$	$\square$	<u>                                     </u>									+	-			$\dashv$	_					Drug	Applicat Results	are or	nly repo	orted
VEHICLE, DRIVER, & PERSONS	_											1				1						101 1	oriver/Pr ead	rimary ch Uni		i TOi
>	_	wner essee	1	ner/Lessee me & Addre			UNKN	NOWN NOWI		UN	NK		_		UNF	KNOV	۷N		UN	IKNO	IWC	N	UN	UN	K	
	Proof Fin. R	f of Resp.	Yes <b>X</b> No		1 -	ре	Fin. R Name								Fin. F Num.											
		Resp. ne Num						7 Vehicle amage I	cle Rating 1	(	6 <b>-</b>	F	RD <b>-</b> 7	7	27 Ve Dama	ehicle age Ra	ting 2	2	12			FD-		ehicle	ried 🗶	Yes No
	Towe Bv	d TE	:XA	S TOWIN	NG				Towed TE	EXAS	TOW	ING														

Law E Form			1 TxDO	T Use ONL' 8)	Υ.	Case ID 2	100110	068			-	TxDOT Crash ID								Pa	ge <u>56</u> of <u>14</u>
	Unit Num	Prsr Nur	n. n.			Taken To					•	Taken By	/				Date of	f Death D/YYYY)		Time o (24HF	f Death R:MM)
																/	1	/			
DISPOSITION OF INJURED/KILLED																,	1	/			
SSITK RED/K																,	/	/			
DISPC																,	1	/			
																,	1	/			
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N	Jnit lum.	Prsn. Num.								Ch	arge								Citation	/Reference N	lum.
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	ım.			),001+ 3S.	☐ TRAN	SPORTING ARDOUS MA		] 9+ CA	PACITY	CMV Disa Damage		Yes 28 Vo No Oper			29 Ca ID Typ			Carrier ID Num.			
	rrier's rp. Nar	ne					Carrier's Primary													30 Veh. Type	
	Bus pe			RGVW GVWR	1 1 1		HazMat [ Released [		32 HazMa Class Nur		HazMat ID Num.	1 1	1 1		32 HazMa Class Nur		zMat Num.	1 1 1		33 Cargo Body Type	
Ur Nı	nit ım.		T <sub>R</sub>	RGVW GVWR		1 1 1	34 Trlr. Type	,	CMV Dam	Disabling age?		Jnit Num.		RG			1 1	34 Trlr. Type		MV Disabling amage?	☐ Yes ☐ No
	quence		eq. 1		35 Sec	. 2	35	Seq. 3		3.	5 Seq. 4			modal S ainer Pe	Shipping ermit	Yes Ac Gr No We	tual oss eight			Total Num. Axles:	
«S VS	Unit		tributir			r's Opinion)				cle Defects	(Investigato		n)			Envir	ronmental a	and Roadway	1		
FACTORS & CONDITIONS	Unit	#		Contribut	ing	May FI	ave Contrib.			ontributing		iviay na	ve Contrib.		38 Veather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
FACI							+						+		98	3	97	Type 3	2	6	96
NARRATIVE AND DIAGRAM																DIAGR	AM ON SEPARA	ATE PAGE			
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	w Enfo FATA			nd TxDC		ONLY OL BUS	RAIL	_ROAD	MA	.B S	UPPLEN	MENT [		IVE 100			otal lum. Jnits L	1 4	4   8	Tota Nur Prs		1 3	6	TxDOT Crash			
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NTIFICA						ate Drive o king Lot CRASH N			Limit	NEARES	Zone	<b>X</b> No	Prese	nt 🕽	No	De	sc.	MAF	RKER								$\dashv$
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	Addre City, S	State,	ZIP)										1.									ı					
SONS	Person Num.	2 Prsn. ype	3 Seat osition		Er	nter Driver		Last, Fir ary Person	,		first line		4 Injury	Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr	19 Airbag	0 elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	5 Drug ategor
& PE	1	<u></u> 1	<u> </u>	WILL	IAMS	 }	COI	DY		SLC	DAN		B		<u>∢</u> 36	W ⊕ Ш	1	1	1	1	ō <u>∓</u> 97	N N	96	_ ∢ ⊻			87 O
VEHICLE, DRIVER, & PERSONS																								Applica	ole – A	Icohol	and
E P																								Results Priver/P		Perso	
ME ME	X O	wner	Tow	ner/Less	.00			GO TO	Ω		1.0	GISTI	CS IN	$\Box$													$\dashv$
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-	Fin. F	Resp.				26 Fin. Resp. Typ	e 1	Fin. R		RCH II	NS					Fin. F Num. 27 Ve											1.,
	Fin. R Phone	e Nun	1.						mage F	Rating 1	12	? <b>-</b>	F	o <b>-</b> 6	i	l .		ating :	2		-		-		ehicle vento		Yes No
	Towe By Unit	<sup>a</sup> MI		R TO	WINC	3 Parked	— Hit aı	nd LP		owed 63	20 E	DEN D	R, F														Ц
-	Num. Veh.		De	esc. 6	6 Veh	Vehicle	Run	State	IL	Num.	41801	14ST	Veh.		IN _1	U	<sub>1</sub> Υ <sub>1</sub>	V <sub>1</sub> S	S <sub>1</sub> 2		3 <sub>1</sub> ( Body	) <sub> </sub> B	M_		<mark>. 4</mark> . Fire, E gency	MS on	1
	Year 8 DL/		0 <sub> </sub>	1 1 1	Color DL/II		Ма	ke UTILI	TY TR	AILER N	/IFG	10 CD		el N	OT /	APPL DL	ICAE	LE			yle	TL		Narra	tive if	checke	ed)
Ī	Type Addre		treet,	ate	Num	1.				Class		End.			Re	st.			(	MM/D	D/YY	YY) ∟		<u>'                                    </u>	/		$\dashv$
- 6	City, S							Last, Fir	,				viur	erity		icity	×	Eject.	18 Restr.	gg	net	<u>ö</u>	<u>0</u>	ŧ	rrug 5.	24 Drug Result	rug
PERS	Person Num.	12 Prsn. Type	13 S Posi		Er	nter Driver	or Prima	ary Persor	n for this	S Unit on f	first line		1 4 1	Severity	Age	15 Ethnicity	16 Sex	17 E	18 R	19 Airbag	20 Heln	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 D Resi	25 D Cate
/ER, &																											
E DRIV																							Drug	Applica Results Driver/P	are o	nly rep	orted
VEHICLE, DRIVER, & PERSONS																							101 6		ch Uni		
3	X Ov	wner ssee		ner/Less ne & Ad				GO TO 1215		AMON		GISTI	CS IN	С						ВА	RTL	ET	Г	IL	601	03	$\neg$
	Proof Fin. F			Ex		26 Fin. Resp. Typ	e 1	Fin. R	Resp.	RCH II						Fin. F											
Ī	Fin. R	Resp.			1.1	. ,,		27	Vehicle			; <b>-</b>	R	> <b>-</b> 3		27 Ve		ating :	2		-		-		ehicle		Yes No
f	Towe Bv	d		R TO	WINC					owed		DEN F													. 51110		• 140

	Enforcem	nent and 1 (Rev. 1/1	TxDOT Use ONLY. /2018)	Case DD 2100	11068	3		Tx Cr	DOT ash ID							Pa	ige <u>58</u> of <u>1</u>
	Unit Num.	Prsn.		Taken To					Taken By				Date of (MM/DD	Death /YYYY)		Time o	of Death R:MM)
	57	1	PERSONAL D	R			SELF						1	1		1	
NOF													1	1			1 1
SITIO	2												1	1			1 1
DISPOSITION OF	200												1	1			1 1
اء													 /	<u>,                                     </u>			<del>                                     </del>
													, /	<u>,                                     </u>			1 1
П	Unit Num.	Prsn. Num.	1				Charg	e					,	<u>.</u>	Citation	/Reference l	Num.
S																	
CHARGES																	
£																	
4	ı	Dan	naged Property Other Than	Vehicles				Owner	r's Name					Owne	er's Address		
DAMAGE																	
PA																	
	Jnit Num. <b>5</b>	7	X 10,001+ ☐ TRAN HAZA	SPORTING RDOUS MATERIAL	9+	CAPACITY	CMV Disablir Damage?	ng XY	es 28 Veh Oper.	ı. 2	29 Carr ID Type			Carrier ID Num.	015002	45	
	Carrier's Corp. Nam	ne GC	TO LOGISTICS	S INC   Car	rrier's mary Addr	2233	N WES	TST			RIVER	RGRO	VE IL	601	71	30 Veh. Type	8
CMV	B1 Bus Type 0	)	RGVW 5 2 0	0 <sub>1</sub> 0 <sub>1</sub> HazMa	it Ye				1 1		32 HazMat Class Num		azMat ) Num.	1 1		33 Cargo Body Type	3
I	Jnit	 8	RGVW 6 5 0	0 0 34 Ti		CMV Dam	Disabling Age?	Yes Ur No Nu	nit ım.		RGVW GVWR			34 Trlr. Type		MV Disabling amage?	Yes No
	Sequence Of Events		q. 1 98 35 Seq		35 Seq	I	35 Se				lal Shipping	Yes A	ctual ross	1 1	1	Total Num. Axles:	
		36 Contri	buting Factors (Investigato				cle Defects (In	vestigator			T CHILL		/eight     ironmental ar	nd Roadwa	y Conditions	T CATE ST	
ORS 8	Unit #	#	Contributing	May Have Co	ntrib.		ontributing		May Have	Contrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
FACTORS &		+				+		+			Cond.	Cond.	Roads	Туре	Alignment	Condition	Control
H	1										98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM												DiAGi	RAM ON SEPARA	TE PAGE			
TOR	Time Not (24HR:MN	ified (	0   6   2   0   How	fied DISPAT	СН			Time Arri	ved 0	<sub>1</sub> 6 <sub>1</sub>	4 <sub>1</sub> 0 Rej	port Date M/DD/YYY	<sub>(Y)</sub> 0	3 / 0	0 1 /	2 0	2 1
18	Invest.	Yes No	Investigator Name (Printed) HAR		<u> </u>		MAF	RTIN,Ł			1 15.55			ID			
INVES	ORI -		•		y FOD	T \\\\ \	RTH PO			RTME	:NT			Service/	lc E	1	R <sub>I</sub> L
	·uiii.		1 1 - 1 - 1 -		1 011		<u>, , , , , , , , , , , , , , , , , , , </u>				. 1 1			Region/[			

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL ZC	Total Num. 1	Total 4 8 Num. 1 Prsns.   1	3 6 TxDOT Crash ID
Mail to: Texas Department of Transportation Refe	er to Attached Code Sheet for Numl	n <b>CR-3 1/1/201</b> x 149349, Aus pered Fields	18) tin, TX 78714. Q	uestions? Call 844/2	
of Transportation *=These fields are required on all addition	Crash Time 0 6 0 0	Case	•	Loca	I
(MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 2 (2 *County	<b>★</b> City	D 21001		Use	Outside
Name TARRANT In your opinion, did this crash result in at least Yes		ORT WOR	1		☐ City Limit
\$1,000 damage to any one person's property? No	decimal degrees) 3 2 . 7	9 5 1	(decimal d	legrees) — 0	9,7,3,2,2,7,7
*1 Rdwy. Sys. TL	Block Num. 2600 3 Street Prefix	★Str Nam			4 Street Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/  INTERSECTING ROAD, OR IF CRASH NOT AT INTERSE  At Yes 1 Rdwy Hwy 2 Rd	Speed Const. Yes V Limit Zone No	Norkers ☐ Ye Present XNo			
-  -  -  -  -  -  -  -  -  -  -  -  -	wy. Block	3 Street	Street	RKER	4 Street
Int. No Sys. LR Num. Part  Distance from Int. FT 3 Dir. from Int.	1 Num. 2500  Reference Stree	Prefix NE	Name 28Th	H RR:	Suffix ST
or Ref. Marker 1000 MI or Ref. Marker S		. HWY		Nur	m
Veh. O O O 6 Veh. Veh.	e TX Num.	Veh.		Y   U   E   Y   2    7 Body	Pol., Fire, EMS on Emergency (Explain in
Ven. Year 2 0 2 0 Color WHI Wake CHE	9 DL 10 CDL	11	DL DL	Style PK	Narrative if checked)
Type 1   State TX   Num.   Address (Street,	Class C End.	96 Re	est. 96	(MM/DD/YYYY	)
City, State, ZIP)  Name: Last, Fi		14 Injury Severity Age	Sex Eject.	18 Restr. 19 Airbag 20 Helmet	Land Land Land Land Land Land Land Land
Name: Last, Fi	n for this Unit on first line	14 Ir Seve Age	15 Ethnicity 16 Sex 17 Eject.	18 Resi 19 19 Airbag 20 Helmet	22 Alc. 22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
역 1 1 1 MEEK DEVIN	KEMPER	N 34	W 1 1	1 5 97 N	96 96 97 97
TUELLE, DRIVER, DEALWARD IN THE CALL OF TH					Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for
HICHE					each Unit.
Owner Owner/Lessee THEL Lessee Name & Address	IN RECYCLIN	IG CO			
	Resp. • UNITED FIRST CASU	ΙΔΙ ΤΥ	Fin. Resp.		
Fin. Resp. 27	7 Vehicle amage Rating 1 12 -	FD=7	27 Vehicle Damage Rating	2 6 <b>-</b>	Vehicle ☐ Yes Inventoried No
Towed By BEARDS TOWING	Towed BEARDS TOW				INVENIONED NO
Unit 5 Unit Parked Hit and LP Num.60 Desc. 1 Vehicle Run State	LP	I	5 N M S ;	2 <sub>1</sub> 3 <sub>1</sub> A <sub>1</sub> D <sub>1</sub> 7 <sub>1</sub>	
Veh. Year 2 0 1 9 6 Veh. Color GRY Veh. Make HYU	NDAI	Veh. Model SANT	A FE	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX DL/ID Num.	9 DL 10 CDL Class C End.		DL est. <b>A</b>	DOB (MM/DD/YYYY	)
Address (Street, City, State, ZIP)			ند ا		
Name: Last, Fig. 17 17 17 17 17 17 17 17 17 17 17 17 17		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20 Helmet	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
행기 1 1 ROBERTSON ENID	LYL		W 2 1	1 5 97 N	96 96 97 97
Name: Last, Fig. 17   17   17   17   17   18   19   19   19   19   19   19   19					Not Applicable – Alcohol and
CTE, D					Drug Results are only reported for Driver/Primary Person for each Unit.
¥ Owner Owner/Lessee ROB	ERTSON ENID		LYL		2231 31110
Lessee Name & Address	Resp.		Fin. Resp.		
Fin. Resp. No Exempt Resp. Type 1 Nam	·		Num.		,,,, □v
Phone Num.	amage Rating 1 12 =	FD <b>-</b> 7	27 Vehicle Damage Rating	2 6-	RD-7   Vehicle   Yes   Inventoried No
By BEARDS TOWING	Towed BEARDS TOW	'ING			

	Enforcen n CR-3	nent and (Rev. 1/		Jse ONLY.	[	Case 21	0011	1068	3			TxDO1 Crash	Г ID							Pa	age <u>60</u> of <u>1</u>
	Unit Num					Taken To						Tak	en By				Date of	Death		Time o	of Death R:MM)
	60	1		YLOR						MED	STAR	8 81					1	1		1	l l
9		1	D, \	ILOIN	•					IWILD	01711							1			
DISPOSITION OF	<u> </u>																	1		+ +	
POS	<u> </u>																			+	
Sign	<b>≩</b>																			+	
l																	/	/		$\perp$	
L																	/	/			
	Unit Num.	Prsn. Num.								Ch	arge								Citation	/Reference	Num.
ES																					
CHARGES																					
٥																					
<u></u>		Dai	maged F	Property Ot	ther Than Ve	ehicles					Ow	vner's N	ame					Owr	ner's Address		
DAMAGE																					
M																					
	Jnit Num.		10,0 LBS	001+	TRANSP	ORTING DOUS MATI	EDIA!	9+	CAPACITY	CMV Disa			28 Veh. Oper.		29 Cai ID Typ			Carrier ID Num			
l	Carrier's		LB2.	. [	HAZAKI	JOUS MAII	Carrier			Damager	<u> </u>	] NO [	орег.		lio typ	je		ווטאטון		30 Veh.	
1 4	Corp. Nan 31 Bus	ne	R	GVW		Н	Primar lazMat	y Addr Ye		at I	HazMat				32 HazMa	nt .	HazMat			Type 33 Cargo	
8	Гуре		□G				eleased	No	Class Nu	m. I	D Num.	l l			Class Nur		ID Num.	2471		Body Type	
П	Jnit Num.		G				34 Trlr. Type		Dam	Disabling age?	☐ Yes ☐ No	Unit Num.			RGVW GVWR	<u> </u>		34 Trlr. Type		MV Disabling Damage?	Yes No
	Sequence Of Events		q. 1		35 Seq. 2	!	3	35 Seq.	. 3	35	5 Seq. 4			Intermod Containe		Yes No	Actual Gross Weight			Total Num. Axles:	
<u>چ</u>	Unit			Factors (In	vestigator's		ve Contril	h		cle Defects ontributing		_	pinion) ny Have (	ontrib	20		nvironmental a	1	<u> </u>		44
ORS		"	Ì	contributing	9	May ria	VC CONTIN	J.		ontinbuting		IVIC	iy nave c	continus.	38 Weather	39 Light		Roadway		43 Surface	44 Traffic
FACTORS &	5														Cond.	Cond 3	Roads 97	Type 3	Alignment 2	Condition 6	Control 96
		<u>'</u>			•	•		•					•						'		•
NARRATIVE AND DIAGRAM																D	IAGRAM ON SEPARA	NTE PAGE			
TOR	Time Not (24HR:M/	ified M) I	0 1 6	1 2 1	0 How Notifie	d DISF	PATC	Н			Time /	Arrived (MM)	, 0	161	4 <sub>1</sub> 0 R	eport Da	te (YYY) 0	3 /	0 1 /	2 0	2 1
INVESTIGATOR		Yes No		stigator	HARF					1/1/	ARTIN		-		1 15			ID			
WES	ORI		2   2		1 <sub>1</sub> 2 <sub>1</sub> 0				T 14/0						NIT			Service Region		1	R <sub>I</sub> L
-	Num.	'   ^	-   4	-   0	.   2   0	<u> </u>	~ '/ F	-UK	T WOF	TIHP	ULIC	ᄆᄱ	=PAI	KIIVIE	IN I			Region	/DA   U L		1.,   -

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT SCHOOL ZONE Units 1 4 8 Prsns. 1 3 6 Crash	
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	Page 61 of 149
*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).	
(MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 (24HRMM) 0 6 0 0 0 1D 210011068 Use	Outside
Name TARRANT Name FORT WORTH	City Limit
In your opinion, did this crash result in at least Yes \text{Latitude} \text{(decimal degrees)} \text{3,000 damage to any one person's property? \text{No} \text{No} \text{(decimal degrees)} \text{3,2,7,9,5,1,3} \text{Longitude} \text{(decimal degrees)} \text{-0,9,7,3}	2 2 7 7
Dissit and a second	4 Street Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/ Toll Road/ Toll Lane  ConstYes ZoneXNo PresentXNo Desc.	
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/ Toll Lane  Toll Road/ Toll Lane  Const. Yes Zone No Workers Yes Present No Desc.  INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER  At Yes I Rdwy. Hwy. 2 Rdwy. Block 3 Street  Street  Street  Street  Street  Street  Street  Street  Street  Street	1 Street
Int. No Sys. LR Num. Part 1 Num. 2500 Prefix NE Name 28TH	Suffix ST
Distance from Int.   AFT   3 Dir. from Int.   Reference   Street   Desc.   HWY	
Num.61 Desc. 1 Vehicle Run State TX Num.	Fire, EMS on
Year 2 0 2 1 Color GRY   Make UNKNOWN   Model UNKNOWN   Style P4	rgency (Explain in ative if checked)
Type 99 State UN Num. Class 99 End. 99 Rest. 99 (MM/DD/YYYY) LLJ/LL Address (Street, LNICA CAAL)	NIZ
City, State, ZIP) UNKNOWN UNKNOWN UN Lost, First, Middle Enter Driver or Primary Person for this Unit on first line	
Person Numa: Tast' Middle Full Injury Severity A Severi	23 Drug Spec. 24 Drug Result 25 Drug Category
1 1 1 UNKNOWN UNK UNK 99 99 1 99 5 97 N 96 S	96 97 97
Drug Resul	ble – Alcohol and s are only reported
Tor Driver/l	rimary Person for ach Unit.
Owner/Lessee UNKNOWN UNK UNK	UNK
Proof of ☐ Yes ☐ Expired Fin. Resp. No ☐ Exempt Resp. Type	OTAIC
Fin. Resp. 27 Vehicle 27 Vehicle	Vehicle Yes
Towed INICAIONAIN	nventoried No
By   UNKNOWN   To UNKNOWN   Unit   S Unit   Desc. 1   Parked   Hit and   LP   Num. 62   VIN 5   X   Y   Z   T   3   L   B   1   J   G	
Veh.         2         0         1         8         6         Veh.         Veh.         7         Body         Pol.	Fire, EMS on rgency (Explain in ative if checked)
8 DL/ID   DL/ID   DL/ID   DL/ID   DL/ID   DL/ID   DL/ID   DL/ID   DL/ID   DL/ID   DDL/ID   DDL/ID   DDL/ID   DDL/ID   DDL/ID   DDL/ID   DDB   DDL/ID   DDB   DDL/ID   DDB   DDL/ID   DDB   DDL/ID   DDB   DD	
Address (Street, City, State, ZIP)	
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Nosition  Not Applic Drug Result for Driver/l  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Applic Drug Result for Driver/l  Enter Driver or Primary Person for this Unit on first line  Not Application  Not A	23 Drug Spec. 24 Drug Result 25 Drug Category
1 1 1 KILBREATH SUZETTE JANELLE A 52 W 2 1 1 5 97 N 96	96 97 97
Not Applic Drug Resul	able – Alcohol and s are only reported
for Driver/l	rimary Person for ach Unit.
Owner Owner/Lessee KILBREATH SUZETTE JANELLE	
Womer Owner/Lessee Name & Address  Proof of   Yes □ Expired   26 Fin.   Fin. Resp.	
Owner/Lessee Name & Address  Proof of Yes	√ehicle Yes

	Enforcen CR-3		TxDOT Use ONL 1/2018)	Y. [	Case 210	001106	8			TxDOT Crash ID							Pa	ge <u>62</u> of <u>14</u>
FOIII	Unit	Prsn.			Taken To	301100		Τ		Taken By				Date of	Death		Time o	f Death
	Num.	Num 1		AL CITY		NCE		MED	STAR					/ (MIMI/DL	/*****) /		(24HF	I I
NO.	02	<del> </del>	IVILDICA	AL OITT	ALLIA	IIVOL		IVILD	OIAI					<u>'</u> /	1			1 1
OLA								1					-	, <u> </u>	1			
DISPOSITION OF								+						<u>'</u> 1	<del>'</del>			
25								+					,	<u>'</u> /	1			
								+					,	<u>'</u> /	1			
		Prsn.						Ch	arge					/		Citation	/Reference N	l l
	Num.	Num.							9-								, , , , , , , , , , , , , , , , , , , ,	
CHARGES																		
CHA																		
lŀ																		
$\vdash$		Da	maged Property	Other Than Ve	hicles				Ow	ner's Name					Owne	r's Address		
DAMAGE			<u> </u>															
DAN																		
	nit		10,001+	TRANSP		П9	+ CAPACITY	CMV Disa		Yes 28 Veh	ı.	29 Car			Carrier			
	um. arrier's		LBS.	☐ HAZARE	OOUS MATE	Carrier's		Damage	<u>'</u>	No Oper.		ID Typ	e		ID Num.		30 Veh.	
I. ⊢	orp. Nan 1 Bus	ne	RGVW		На	Primary Add		Mat	HazMat			32 HazMa	t Ha	azMat			Type 33 Cargo	
I ~ ⊢	ype nit		GVWR		Re	leased N	o Class Ni		D Num.	Unit		Class Num		Num.	34 Trlr.		Body Type  MV Disabling	Yes
Ν	lum.		GVWR	$\Box$		Туре		mage?		Num.		GVWR	Yes A		Туре	D	amage?	No
	equence of Events	35 56	-	35 Seq. 2		35 Se			5 Seq. 4		Containe		NoW	ctual ross 'eight			Total Num. Axles:	
S & C	Unit		ributing Factors Contribut			e Contrib.		Contributing		tor's Opinion) May Have	Contrib.	38	Envi	ronmental a	nd Roadway 41	Conditions 42	43	44
FACTORS &												Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
P. P. P. P. P. P. P. P. P. P. P. P. P. P												98	3	97	3	2	6	96
ARRATIVE AND DIAGRAM													DIAGE	RAM ON SEPARA	ATE PAGE			

Law Enforcement and TxDOT Use ONLY  FATAL  CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZO	Total Num. 1 4 NE Units	Total 8 Num. 1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation, Refer	ce Officer's Crash Report (Form Crash Data and Analysis, P.O. Box to Attached Code Sheet for Number	<b>CR-3 1/1/201</b> 149349, Aust red Fields	8) in, TX 78714. Ques	tions? Call 844/274	
*=These fields are required on all additional stress of Transportation    *Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1   (24	,	ise	•	Local Use	
*County	★City	RT WORT		USE	Outside City Limit
	atitude 2 2 7		Longitudo	. — 0 9	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED		*Stre		ees)	4 Street
Sys. TL Num. 35 Part 1	Block Num. 2600 3 Street Prefix  Speed Const. Yes W.	Name	•		Suffix
	Limit Zone No Pr	esent No	Desc.	ER .	
At Yes 1 Rdwy. Hwy. 2 Rdw Int. No Sys. LR Num. Part	y. Block 3	Street Prefix NE	Street Name 28TH		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000	Reference Street Desc.	HWY		RRX Num.	
Unit Num.63	TX LP Num.	VIN K	I N M A T	2 <sub>1</sub> M <sub>1</sub> V <sub>1</sub> 6 <sub>1</sub> J	
Veh. Year 2 0 1 8 6 Veh. Color BLK Veh. Make NISSA		<sup>/eh.</sup> <sup>/lodel</sup> ROGL	JE	7 Body Style SV	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID Type 1 State TX Num.	9 DL 10 CDL Class CM End. 9	11 E Res	DL st. 96	DOB (MM/DD/YYYY) I	_/ <sub>L</sub>
Address (Street, City, State, ZIP)		> >	>	<u> </u>	
Name: Last, First Name: Last,		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	ALAN	в 57	W 1 1 1	5 97 N	96 97 97
1 1 ENGEL ROBERT					Not Applicable – Alcohol and Drug Results are only reported
HICLE					for Driver/Primary Person for each Unit.
Owner/Lessee ENGE Lessee Name & Address	L ROBERT		ALAN		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name			Fin. Resp.		
Fin. Resp. 27	Vehicle mage Rating 1 6 -		27 Vehicle Damage Rating 2	12 <b>-</b>	Vehicle Yes FD ■ 7 Inventoried No
Towed By CORNISH TOWING	Towed To CORNISH TOW	ING			110
Unit Num. 64 Desc. 1 Parked Hit and LP State	LP Num.		,F,T,B,F,	2 <sub>1</sub> A <sub>1</sub> 6 <sub>1</sub> 2 <sub>1</sub> H	Pol., Fire, EMS on
Veh. Year 2 0 1 7 6 Veh. Color WHI Veh. Make FORD	<u> </u>	/eh. /lodel F250		7 Body Style PK	Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID Type 1 State HI Num.	9 DL 10 CDL Class 98 End. 9	8  11   Re:	DL st. 98	DOB (MM/DD/YYYY) I	
City, State, ZIP)		2.3	₹ 5t 7 t <del>5</del>		
Name: Last, First Name: Last,		14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
© 1 1 1 WILLIAMS WILLIAM	DARRELL	к 54	98 1 1 1	5 97 N	96 96 97 97
DRIVE					Not Applicable – Alcohol and Drug Results are only reported
Name: Last, First Enter Driver or Person  Name: Last, First Enter Driver or Primary Person  Name					for Driver/Primary Person for each Unit.
Owner/Lessee GEEP	MECH ENG AND CO	NST INC			
Proof of Yes Expired 26 Fin. Fin. R	·		Fin. Resp.		
Till. Nesp.	AMERISURE INSURANO Vehicle mage Rating 1 12 -		Num. 27 Vehicle Damage Rating 2	6 <b>-</b>	Vehicle  Yes  RD ■ 7  Inventoried  No
Phone Num.  Towed By BEARDS TOWING	Towed BEARDS TOWN		zamago raung z	J	RD 7 Inventoried No

Crash   D   Date of Death (MM/DD/YYYY)   Date of Death (MM/DD/YYYYY)   Date of Death (MM/DD/YYYYYYYY)   Date of Death (MM/DD/YYYYYY)   Date of Death (MM/DD/YYY	Time of Death (24HR:MM)  1 0 6 0 3
63   1   USMD ARLINGTON   PERSONAL VEH	1 0 6 0 3
Charge   Cita   Control	
	ion/Reference Num.
	ion/Reference Num.
	ion/Reference Num.
Num. Num.	ion/Reference Num.
Num. Num.	ion/Reference Num.
CHARGES	
CHARG	
[9]	
Damaged Property Other Than Vehicles Owner's Name Owner's Addre	S
B Daniaged rioperty other man venices	
Unit   10,001+   TRANSPORTING   9+ CAPACITY   CMV Disabling   Yes   28 Veh.   29 Carrier   Carri	
Num. LBS. HAZARDOUS MATERIAL Damage? No Oper. ID Type ID Num.	30 Veh.
Corp. Name Primary Addr.	Type 33 Cargo
Type GVWR         Released No Class Num.               Class Num.	Body Type
Num.   GVWR         Type   Damage?   No Num.   GVWR           Type	Damage? No
Sequence Of Events 35 Seq. 1 35 Seq. 2 35 Seq. 3 35 Seq. 4 Intermodal Shipping Yes Gross Weight	Total Num. Axles:
36 Contributing Factors (Investigator's Opinion) 37 Vehicle Defects (Investigator's Opinion) Environmental and Roadway Condition Unit # Contributing May Have Contrib.  Contributing May Have Contrib. 38 39 40 41 42	43 44
Unit # Contributing May Have Contrib.  Weather Cond. Cond. Roads Type Alignm	
[ <del>10</del> ] 98 3 97 3 2	6 96
NARRATTIVE AND DIAGRAM  DIAGRAM ON REPARATE PAGE	
Time Notified   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
Time Notified   0   6   2   0   Notified DISPATCH   Time Arrived (24HRMM)   0   6   4   0   Report Date (MM/DD/YYYY)   0   3   0   1      Invest.	 421
ORI   T   X   2   2   0   1   2   0   0 *Agency FORT WORTH POLICE DEPARTMENT Service/ Region/DA   C	E N   T   R   L

			ment		TXDOT U		NLY L BUS		RAI	ILRO	AD		ИΑВ		SUPP	LEME	:NT [		CTIVE	E OL ZC		「otal Num. Jnits เ	1 ,	4   8	Tot Nui		1 , 3	6,6	TxDO Crash			
4	Ten		-	∕lail t	o: Texa	ıs Dep	partmer	nt of	Tran		ation,	Cras	h Dat	ta and	l Anal	lysis, l	rt (For P.O. B or Nun	<b>m CF</b> ox 14	<b>R-3 1</b> 19349	<b>1/20</b> , Aus	ا8)			uestic			4/274	1-7457		Page∟	65 <sub>of</sub>	149
<b>_</b> ,	of Trans	riment sportation ash D	on Date		=These						4	Crash	Time					(ex.:		itiona	l vehic	eles, c	ccupa	ants, i	njured		cal					
		DD/\	/YYY	<u> </u>	_2_/_	<u>'</u>	<u> </u>		, 2		_ (2	4HRN	MM)		10	0		ID	21	001	1068	3				U	se			$\neg \vdash$	Ou	ıtside
<u></u> 0	lam	e ´-	TARF		Γ I this cr	oob r	ooult i	n ot	looot	<u> </u>	/as	_atitud	40			Nai	ne F					Long	itude									Limit
700	1,00	00 da	ımage	to a	ny one	perso	on's pr	rope	rty?		No (			grees	s) _	3 2	2	7 , 9	5	1	_3_		imal d		es)		0   9	9   7	3	2 2	2 , 7	_7_
٦		Rdwy			★Hwy.		J71.71.			dwy. t 1		BI	lock um. 4	2600	)		3 Stree	et		★Str Nam										4 Stree Suffix	t	
IDENTIFICA		Cras Roa	sh Oc ıd/Priv	curre ate F	d on a F Property/	Private /Parki	Drive	or	X T	oll Ro	oad/ ane	Spee Limit			Cor Zor		Yes No			∏ Y∈ <b>X</b> No												
IDENI	NTE \t		res 1		<b>)AD, O</b> R /y.		<b>RASH</b> wy.	NOT	AT		2 Rd		V, NE	Bloc	ck		ECTIN	3 S	treet			<b>ENC</b> reet	E MA	RKER	?					4 Stree	et	
ΙH	nt. Dista	nce f	No S		LR	N	um.	Т 3	Dir. f		Part Int.	1	Refe	Nun	n. 25 e	500	Stre	_	efix	NE	Na	ame 2	28TF	1			RRX			Suffix	ST	
ι	Jnit			Unit		F	M Parked			and			Mar	ker LP				ic.			_	_	7 \	M 0			Num.					
\	eh.	65	0	esc. 2	6	Veh.	ehicle/		- 1	eh.	State			Num.				Ve	h.		<u> </u>	<u></u>	/ <sub> </sub> V	/V <sub> </sub> Z		Body			Pol.,	, Fire, E	MS or	ı n ain in
8	ear DL/	ID		)L/ID		olor F	RED		M	ake p	FORI	<u>D</u>		9 DL			I0 CDI		del F	11	DL st. 96	:			DOB	tyle			┘ Narr	ative if	checke	ed)
F	ddr	,	Street e, ZIP	,	17 [	Num.								Class	3 0	L	End.	90		IRe	st. 90	,			(MM/E	)D/YY	YY) I		J'.			
PERSONS			13 Seat	_		Ente	er Drive				,	rst, M n for t		nit on	first I	ine			14 Injury Severity	Age	15 Ethnicity	S 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
	<u>z</u>	1	1		ARDY	,			СН	IST	OP	HEF	—— ≀	RA	Υ Υ					<u>₹</u> 49	W # ⊞	19	1	1	5	⊠ <u>∓</u> 97	- N	96	₹ Z	96		87 97
VEHICLE, DRIVER, &									•																	0.			Applica	able – A		
CE, DI																													Oriver/F	ts are o Primary ach Un	Perso	
VEHIC	<b>1</b> 0	wner	<u> </u>	up or/	Lessee						'ARE	)Y				CHIS	STOF	HEF			RAY											
	Le	esse	e Na	me 8	Addres Expire		\ F:									OI III					I										_	
F	in. F	Resp	N	55 [	Exemp	pt R	esp. Ty	/pe <sup>-</sup>	1		Fin. Fin. Fin. Fin. Fin. Fin. Fin. Fin.			RME	RS	INS	1				Fin. F Num.											٦٧
F	hon	Resp ie Nu										amage				12-		ı	-D-	7	l		ating	2	6	-		RD.	7	Vehicle Invento		∫Yes ¶No
E	owe By Jnit	C		Unit	OT H		G Parked	T	Hit a	and	ΙP		То	LP	ORI	VISH	1 TO	1IW														
١	lum. 'eh.	.66		esc.	1		ehicle/		Run		State	:	- 1	Num.				Vel		/IN _1	ıC	<u> </u>	Ρ,	J <sub>I</sub> IV	J <sub> </sub>	N   S Body	∂ <sub>I</sub> K	ַ <u>ו</u>		, Fire, E		
8	ear DL	/ID		L/ID		olor E	BLK		M	ake 、	JEEF	)		9 DL			10 CD	ı	del (	11	DL DL	HER	OKE		DOB	tyle				ative if		
1	ddr		Street e, ZIP		IX N	Num.								Clas	s C		End.	<sup>-</sup> 96		Re	st. A			 	(MM/E	D/YY	YY) I					
VEHICLE, DRIVER, & PERSONS			13 Seat			Ente	er Drive					rst, M n for t		nit on	first I	ine			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	9 virbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	3 Drug	24 Drug Result	25 Drug Category
8, & PE		1	1		AKE				SA	MU	EL			ETI	IENI	NE					В	1	1	1	5	97	N	96	Q IL	96		97
RIVER																														able – A		
CLE, L																												for I	Oriver/F	ts are o Primary ach Un	Perso	n for
VEH	<b>(</b> 0	wner	. 0/	vner/	Lessee					В	BLAK	Œ				SAM	IUEL				ETI	ENN	l IE		<u> </u>							
	Le	esse			Addres Expire		Fin.			_	Fin. F	Resp.									Fin. F	Resp.										
F	in. F		. N		Exem	- 1	esp. Ty	/pe ′	1		Nam			OGF	RES	SIV	E				Num.									Vehicle		Yes
F		ie Nu	ım.	F.C.	A // > 1 C						Da	amage	Tow	red	D.C	6-	//>		RD=	7	Dama	age R	ating	2	12	-		FD-		Invento		
LE	By		υS	ıU۷	VING								То		DS.	1 U V	VING	,														

Law	Enforce	ment and	TxDOT Use O	ILY.	Г	Case 0						ĪΤ	xDOT						$\neg$				Pag	ge 66 of 14
For	n CR-3 Uni	(Rev. 1/	1/2018)		I	D 2		1106	8			Ċ	rash ID					Data of	Dooth					
	Nun	n. Num.				Taken To							Taken By				(	MM/DD	Death D/YYYY)			4	Time of (24HR	:MM)
5	65	1	TARR				MO	RGL	JE					ND CREMA	ATION	0 2	/ 1	1	/ 2	0	2	1	0   6	0   3
<b>DISPOSITION OF</b>	66	1	MEDIO	CALC	CITY	FW				ME	DST	AR :	56				/		/					
riso	<u> </u>																/		/			_		
DISF	<u> </u>																/		/					
																	/		/					
L																	/		/					
П	Unit Num.	Prsn. Num.									Charge									1	Citati	ion/R	eference N	um.
ES																								
CHARGES																								
٥																								
4		Dar	maged Prope	ty Other	Than Vel	hicles						Owne	er's Name						Ov	vner's	Addres	s		
DAMAGE																								
ď																								
	Unit Num.		10,001+ LBS.		RANSPO HAZARDO	ORTING OUS MA	ΓERIAL	<u></u> 9	+ CAPACI	TY CMV Dam	Disabling age?	 			29 Ca ID Ty				Carrie ID Nui					
	Carrier's Corp. Na	me					Carri	ier's ary Ado	lr.				'										30 Veh. Type	
ا≤ا	31 Bus Type		RGVW				HazMat Released	Y	es 32 H	azMat	HazMa				32 HazM		HazMa						3 Cargo	
ΙÌ	Unit		GVWR				34 Trli			Num. CMV Disabl		'es U	nit		Class Nu RGVW	m.	ID Nun	'	34 Trlr.			CM	ody Type V Disabling	Yes
	Num. Sequenc	e 35 Se	GVWR	1 1	5 Seq. 2		Type	35 Se		Damage?	N		lum.		GVWR dal Shipping	Yes	Actual Gross		Туре				nage? otal Num.	No
	Of Event	5	ibuting Facto			Opinion)		33 36		ehicle Def	35 Seq. ects (Inve		or's Opinior	Containe	er Permit	∐ No	Weigh		nd Road	Way C	onditio		des:	
FACTORS &	Uni		Contrib				ave Con	trib.		Contribu				e Contrib.	38 Weather	39 Light		40	41 Roadw	Ť	42		43 Surface	44 Traffic
07	2														Cond.	Cond.		tering pads	Туре		Roadwa Alignme		Condition	Control
7	3														98	3		97	3		2		6	96
NARRATIVE AND DIAGRAM																DW	O'CRAM O'	N SEPARA	NTE PAGE					

		orcem		nd TxDOT I	Use ONLY CHOOL BUS	RAILRO	DAD [	MAB S	UPPLEM		ACTIVI SCHO(		1	Γotal Num. Jnits ∟	1 4	1 8	Tota Nur Prs		1 3	6	TxDOT Crash I	D		
Ä	Tex. Depart of Trans		M		as Department fields are requ	of Transpor	tation, Cra Refer to	Attached Co	Analysis de Sheet	, P.Ò. Box for Numbe	149349 red Fie	9, Aus elds	tin, TX							-7457	P	age_6	67_of	149
	★Cra (MM/I	sh Da DD/Y`	ite YYY)	0 2 /	1 1 / 2	0 2 1	★Cra (24HF	sh Time RMM) 0	6 0	0 Ca	se 21	001	1068	3				Lo	cal se					
	⋆Cοι Name	ınty	ARR						*	City ame FOF														tside Limit
AT	In yo	ur op	inion	did this cr	rash result in person's pro	at least	Yes Latit	ude imal degrees		2 7					itude mal de	aree	2)		0 . 9	7	3	2 . 2	. 7	7.
ار م		D ON		CH CBASH	OCCUPPED	2 Rdwy		Block		3 Street		★Sti		(door	mar ac	39.00						Street		
8	Sys.		TL 2 Occ	★Hwy. Num.		Part	1	Num. 2600 eed		Prefix  Yes We	nrkers	Nam		eet								uffix		-
NTIFICA					Private Drive of Parking Lot R IF CRASH N			nit	Zone	No Pr	esent	×Ν	De	sc.	MAF	RKER								$\dashv$
9	At		es 1	Rdwy. /s. LR	Hwy. Num.		2 Rdwy. Part	Bloc		3	Street refix	t	St	reet	8TH							Street uffix	ST	
- 1	Dista	nce front	om In	t. 1000	<b>X</b> FT	3 Dir. from or Ref. Ma		Reference Marker	;	Street Desc.	HW)	· · · · · · · · · · · · · · · · · · ·							RRX Num.					
Ħ	Unit Num.		5	Unit esc. 1	Parked Vehicle	Hit and Run	LP State M	IO LP	49KR	4D	\	VIN _	I <sub>I</sub> X	ıP ı	В	) <sub>1</sub> P	<sub>1</sub> 9 <sub>1</sub>			ıD,	3   6			
	Veh. Year	2	0		Veh. olor GRN	Veh. Make	PETERE	BILT			/eh. /lodel 3	397						Body yle	TT		Pol., F Emer Narra	ire, E gency live if o	MS on (Expla :hecke	ain in ed)
Ŀ	B DL/I Type	1	St	_/ID I	DL/ID Num.			9 DL Class	, 98	10 CDL End. 9	8	11 Re	DL st. 98	}		- 1	OOB MM/D	D/YY	YY) I		<b>/</b> _			
	City,	ess (S State,	ZIP)								T.								ı			<b>—</b>		
SONS	erson um.	12 Prsn. Type	3 Seat osition		Enter Driver	Name: La or Primary		Middle r this Unit on	first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr	19 Airbag	0 elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	4 Drug esult	25 Drug Category
VEHICLE, DRIVER, & PERSONS	1	1	<u>- ∟</u> 1	RIDDE	 R	STEV	EN	AN <sup>-</sup>	THON	Y		35	М — Ш	1	1	1	1	97	N	96	<u>∢ ⊯</u>			97
RIVER																					Applicat	ole – A	Icohol	
<u>(E, D</u>																					Results Priver/Pr		Perso	
Ĭ.	X O	wner	Tow	ner/Lessee			NEW PF	RIME INCE																$\dashv$
	Le	ssee	Nar	ne & Addre				AYFAIR A					Fin. F	2000			SP	RIN	GFI	ELD	МО	754	109	_
-	Fin. F	Resp.			pt Resp. Typ	e 1	Name 27 Ve	ACE AN	/IERIC	AN INS			Num.								1,			] <sub>V</sub>
		e Nun	٦.					ige Rating 1	12	-	FD-	6			ating 2	2		-		-		ehicle vento		Yes No
+	Towe By Unit	TE		S TOWIN	VG ☐ Parked	── Hit and	ΙP	Towed TE	XAS	TOWING														$\dashv$
-	Num. Veh.		De	esc. 6	Vehicle Veh.	Run Veh.	State M		25A78		/eh.	VIN _	I <sub>I</sub> R	ıN ı	D <sub>1</sub> 5	5 <sub>1</sub> 3		2 <sub> </sub> 9 Body	) <sub> </sub> E	_R_  -		ire, E	MS on	1
- 1	Year 8 DL/		0 <sub> </sub>		olor 98 DL/ID	Make	REITNO	UER 9 DL		10 CDL	Model N	_	APPL DL	ICAE	BLE	1	St DOB	yle	TL		Narra	tive if	checke	∌d)
Ī		ess (S State,	treet,	ate I	Num.			Class	3	End.		Re	est.			(	MM/D	D/YY	YY) L		<u>'</u>			$\dashv$
- 6		12 Prsn. Type				Name: La					14 Injury Severity		15 Ethnicity	x	Eject.	18 Restr.	ag	net	<u> </u>	. S	Ħ	orug c.	orug ult	25 Drug Category
PERS	Person Num.	12 F Type	13 S Posi		Enter Driver	r or Primary	Person to	r this Unit on	first line		14 Ir Seve	Age	15 Ethr	16 Sex	17 E	18 F	19 Airbag	20 Helr	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 E Res	25 C Cate
/ER, &																								Ч
E, DRI																				Drug	Applicat Results )river/Pr	are or	nly rep	orted
VEHICLE, DRIVER, & PERSONS																						ch Uni		
>	XO\ Le	wner ssee		ner/Lessee ne & Addre	ss			RIME INC AYFAIR A	VE								SP	RIN	GFI	ELD	МО	658	303	
		of Resp.		Expire	I	pe 1	Fin. Res Name	P. ACE AN	/IERIC	AN INS			Fin. F											
	Fin. F	Resp. e Nun	٦.				27 Ve Dama		10		FL-	3		ehicle age R	ating 2	2		-		-		ehicle vento		Yes No
f	Towe Bv	d		NWOT 8	NG			Towed TE	EXAS	TOWING	3		1											

Law Er		ent and T (Rev. 1/1	xDOT Use ONLY. /2018)		Case 210	01106	8			DOT ash ID					7		Pa	ge <u>68</u> of	f <u>1</u> 4
	Unit Num.	Prsn. Num.			Taken To					Taken By				Date of (MM/DD	Death /YYYY)		Time o		_
	67	1	LOCAL H	HOSPIT	TAL			SELF						/	/				
NOF														/	/				
SSITIC RED/K														/	1				
DISPOSITION OF INJURED/KILLED														/	1				
														/	/				
														/	1				
N	Jnit lum. I	Prsn. Num.						Charg	je							Citation	/Reference N	lum.	
SES																			_
CHARGES		_																	
ľ																			
$\vdash$		Dam	naged Property C	)ther Than Ve	hicles		Τ		Owner	's Name					Owne	r's Address			_
DAMAGE			agea roperty o	Taries Trians Ve						31141116					011110	. s riadicss			_
DAN																			_
Un	iit im. 6	7	10,001+ LBS.	TRANSP	ORTING OOUS MATER	JAI 9-	+ CAPACITY	CMV Disabli Damage?	ng XYe	es 28 Veh.	. 1	29 Ca ID Typ			Carrier	000037	06		_
Ca	rrier's		W PRIME		1,	Carrior's	dr. 2740				•		NGFIE	ID MC	6580		30 Veh. Type	8	_
≥ 31	Bus pe 0		□ RGVW	5,0,0,0	Llas	:Mat Y	es 32 HazM	at Haz	Mat			32 HazMa	at H	azMat Num.			33 Cargo Body Type		_
Un			D PC////	9 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> (	3	4 Trlr.		Disabling 2	Yes Un			RGVW GVWR	n.  IL		34 Trlr.	c	MV Disabling	Yes	
Se	quence Events	_	123	35 Seq. 2		ype 2 35 Sec		35 Se				dal Shipping	Yes A	ctual ross	Type	1	amage? Total Num. Axles:	□No	_
		36 Contri	buting Factors (Ir					cle Defects (Ir	vestigator'			er Permit		/eight     ironmental a	nd Roadway		Axies:		
ORS &	Unit #	+	Contributin	g	May Have	Contrib.		ontributing		May Have	Contrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic	
FACTORS & CONDITIONS												Cond.	Cond.	Roads	Туре	Alignment	Condition	Contro	-
H												98	3	97	3	2	6	96	_
NARRATIVE AND DIAGRAM													Diagi	RAM ON SEPARA	TE PAGE				
<u> </u>										I									
	me Noti 4HR:MM	ified C	0   6   2	0 How Notified	DISP/	АТСН			Time Arriv	ved 0	<sub>1</sub> 6 <sub>1</sub>	4 <sub>1</sub> 0 <sup>R</sup>	eport Date	<sub>(Y)</sub> 0	3 / 0	) 1 /	2 0	2	1
15	me Noti 4HR:MM vest. omp.	ified A) C	0 6 2 Investigator		DISPA	ATCH		MAF	Time Arriv (24HRMM		<sub> </sub> 6 <sub> </sub>	4   0   (1	eport Date MM/DD/YYY	<sub>(Y)</sub> 0	ID	) 1 / 380-342		2	1

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL Z	Total Num. 1	4 8 Total Num.	1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation, Cra	Attached Code Sheet for Nu	orm <b>CR-3 1/1/2</b> Box 149349, Au mbered Fields	<b>018)</b> ustin, TX 78714.	Questions? Cal	II 844/274	<del></del>
	sh Time 0 6 0 0	Case	11068	aparito, injured, e	Local	
*County	<b>★</b> City	ORT WOR			030	Outside City Limit
In your opinion, did this crash result in at least XYes Latit		7   9   5   1	L am wite.	de _	— 0 g	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED			Street	ii degrees)		4 Street
	Num. 2600 Prefix	Nai	me			Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION  At Yes 1 Rdwy Hwy 2 Rdwy.	it Zone No	Present X	No Desc.	MARKER		
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. No Sys. LR Num. Part	Block Num. 2500	3 Street Prefix NE	Street			4 Street Suffix ST
Distance from Int. or Ref. Marker 1000		reet esc. HWY			RRX Num.	
Unit Num. 69   5 Unit Desc. 1   Parked Vehicle Run   State TX	LP Num.	VIN	3 <sub>1</sub> C <sub>1</sub> 6 <sub>1</sub> U	R 5 C L	. <sub>1</sub> 7 <sub>1</sub> J	
Veh. Year 2 0 1 8 6 Veh. Color BLK Veh. Make DODGE		Veh. Model RAN	1 2500	7 Bo Style	ody PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID Type 1 State TX Num.	9 DL 10 CE Class C End.	0L 1 96 F	1 DL Rest. 96	DOB (MM/DD	/YYYY) I	_ <b>/</b> _
Address (Street, City, State, ZIP)		> >	>	.: Li		
Name: Last, First, I		14 Injury Severity Age	15 Ethnicity 16 Sex	17 Eject. 18 Restr. 19 Airbag	Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	WILLIAM	в 40	W 1 1	1 5 9	7 N	96 97 97
1 1 GIERISCH EDMUND						Not Applicable – Alcohol and Drug Results are only reported
HICLE						for Driver/Primary Person for each Unit.
Owner/Lessee Owner/Lessee Name & Address	EDMUNI	)	WILLIAM			
Proof of XYes ☐ Expired   26 Fin.   Fin. Resp.   No ☐ Exempt   Resp. Type 1   Name	TRAVELERS		Fin. Resp.			
Fin. Resp. 27 Ve		RD <b>-</b> 6	27 Vehicle Damage Rati	ng 2 9 <b>-</b>		Vehicle Yes Inventoried No
Towed BEARDS TOWING	Towed BEARDS TO			3 0		Li o inventoried No
Unit Num.70   5 Unit Desc. 1   Parked Vehicle Run   State	LP Num.	<b>I</b>	5	_4 _M _C _E	X <sub>I</sub> M	
Veh. Year 2 0 2 1 6 Veh. Color BLK Veh. Make TOYOTA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Model COF	ROLLA	7 Bo Style	ody P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID DL/ID State TX Num.  Address (Street,	9 DL 10 CI Class C End.	DL 96 F	1 DL Rest. <b>96</b>	DOB (MM/DD	/YYYY) I	
City, State, ZIP)		2 >	,	: i: i		
Name: Last, First, I		14 Injury Severity Age	15 Ethnicity 16 Sex	17 Eject. 18 Restr. 19 Airbag	Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
of 1 1 REID GLENN	LEWIS JR	в 49	W 1 1	1 5 9		96 96 97 97
Name: Last, First, I First on the state of t					$\perp$	Not Applicable – Alcohol and Drug Results are only reported
INCLE,					+	for Driver/Primary Person for each Unit.
Owner/Lessee REID	GLENN		LEWIS JR			
Lessee Name & Address  Proof of Yes Expired 26 Fin. Fin. Response			Fin. Resp.			
Fin. Resp. No Exempt Resp. Type 1 Name Fin. Resp. 27 Ve	USAA		Num. 27 Vehicle			Vehicle Yes
Phone Num. Dama	ge Rating 1 12 =	FD <b>-</b> 7	Damage Rati	ng 2 6 <b>-</b>		RD 7 Inventoried No

	v Enfo m CR-		nt and T Rev. 1/1	xDOT Use ONL /2018)	Υ.		Case ID 21	0011	068	8			TxDC Crash	)T n ID							Pa	ge <u>70</u> of <u>1</u>
	Т	Unit Num.	Prsn. Num.	,			Taken To						,	ken By				Date o (MM/DI	f Death		Time o	f Death
l	6	69	1	LOCAL	НС	SPIT	TAL				SEL	F						/	1		(24111	I I
N PF	7 5	70	1	MEDIC				ANCE	=		_	-: DSTAF	₹					<u>,                                     </u>	1			1 1
<b>DISPOSITION OF</b>	D/KI					<u> </u>	, (22)		_		1	50171	•					, /	1			
SPOS	JURE -										1							<u>'</u> 1	1			
۵	< -										+							<u>'</u> '	1			
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H	Uni	it Pi	rsn.									Charge						1		Citation	n/Reference N	dum
l	Nun	m. N	um.									Charge								Citation	, nererence i	<b>1</b>
3GES		+	_																			
CHARGES		_																				
ľ																						
L										Π												
J.			Dan	naged Property	Othe	er Than Ve	ehicles					0\	wner's l	Name					Own	er's Address		
DAMAGE																						
Ľ													7.7	201/ /		120.5			la i			
	Unit Num	١.	[	□ 10,001+ LBS.		TRANSP HAZARE	PORTING DOUS MAT	KIAL		+ CAPACITY	Dama		Yes No	28 Veh Oper.	1.	29 Ca ID Ty			Carrier ID Num.			
	Carrie Corp	er's o. Name	!					Carrier' Primary		r.											30 Veh. Type	
CMV	31 Bu Type			☐ RGVW		1 1	I I R	azMat eleased	□ Ye			HazMat ID Num.	1 1		1 1 1	32 HazM Class Nu		lazMat D Num.		1 1	33 Cargo Body Type	
ľ	Unit Num			RGVW				34 Trlr.		СМ	V Disablin	g Nes	Unit		<u> </u>	RGVW			34 Trlr.		MV Disabling	
	Sequ	ience	35 Sec	GVWR	Н	35 Seq. 2	,	Type	35 Sec		mage?	No 35 Seq. 4	Num.		Intermo	GVWR dal Shipping	Yes 6	Actual Bross	Туре		Damage? Total Num.	No
H		vents 3		buting Factors							icle Defe	cts (Investig	ator's C	Opinion)		er Permit	∐ No  V	Veight	nd Roadwa	 ay Conditions	Axles:	
FACTORS &	<u> </u>	Unit#	1	Contribu	ting		May Ha	ve Contrik	э.		Contributi	ing	N	lay Have	Contrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
	Z												$\perp$			Cond.	Cond.	Roads	Type	Alignment		Control
Ĺ	ଧ															98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																	DIAC	GRAM ON SEPAR.	ATE PAGE			

Time Arrived (24HRMM) 0 6 4 0 Report Date (MM/DD/YYYY)

0 3 / 0 1 / 2 0 2 1

Service/ Region/DA C E N T R L

ID Num. 3380-3421

		orcem			Use ONLY CHOOL BUS		_	MAB [	SUPPLE		ACTIV SCHO	OL ZC	NE L	Γotal Num. Jnits ∟	1 4	1 8	Tota Nur Prs		1 3	6	TxDOT Crash			
Ź		ras tunent aportation	M		as Departme e fields are re	nt of Transp	ortation, C Refer	to Attached	and Analys Code She	is, P.Ò. Box et for Numbe	149349 ered Fie	9, Aus elds	tin, T>						4/274	-7457	Р	age∟ <sup>7</sup>	′1_of∟¹	49
	★Cra	sh Da DD/YY	te ′YY)	0 2 /	1 1 / 2	2   0   2	1 *C	rash Time -IRMM) լ	0 6 0	0 0 0	ase 21	001	1068	3				Lo	ical se					
≥	<b>★</b> Coi									★City Name FO													Outsi City Lir	
OCA TION	In yo	ur opi	nion	did this c	rash result i e person's p	in at least	Yes La	titude ecimal degre		2 7				Longi		earee	s)		0   9	7	3	2 2	7 7	7
7 %		D ON			OCCUPPE					3 Street		★Str		(		-3	-/					Street		_
SATIO	Sys.	1	CL Occ		Private Drive	Part or Toll		Block Num. 26	Const	Prefix  Yes W	orkers	Nam	е	eet							S	Suffix		-
IDENTIFICATION					y/Parking Lot <b>R IF CRASH</b>			.imit FION, NEAF	Zone	2.4		• •	_		MAF	RKER	!							
ΙDΕ	At Int.	Ye		Rdwy. /s. LR	Hwy. Num.		2 Rdwy Part		Block Num. 250		3 Stree			reet ame 2	втн	l						Street Suffix	ST	
	Dista	nce fro	om In	t. 1000	<b>X</b> F			Refere Marker		Street Desc.	HW`	<u> </u>							RRX Num.	1 1		1 1	1 1	
	Unit Num.	71		Unit esc. 1	Parked	11 1	I LP State	TX Nu			,	∕IN _1	I <sub>I</sub> G	<sub>I</sub> B <sub>I</sub> :	2 <sub>I</sub> V	V <sub>I</sub> L	ıΕι	7   2	2 <sub>1</sub> M	ıF ı				
	Veh. Year	2	0 ,		Veh. Color WHI	Veh. Mak	P CHEVI	ROLET			√eh. Model (	C250	0					Body yle	PK		Emer	Fire, El gency tive if o	MS on (Explain :hecked)	in
	8 DL/ Type	1	St	_/ID ate TX	DL/ID Num.			9 I CI	DL <sub>ass</sub> C	10 CDL End. S	16	11 Re	DL st. A				DOB (MM/D	D/YY	YY) I		<b>/</b> _			L
<u>ر</u>	City,	ess (St State,	ZIP)								T > .					ت						<b>—</b>		λ
PERSONS	Person Num.	12 Prsn. Type	13 Seat Position		Enter Driv	Name: er or Primar	Last, Firs Person		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	STEVE	NSON	NICK	LAS	L	EE		В		W	1	1	1	5		N	96	1	96	97 97	
RIVER																							lcohol a	
VEHICLE, DRIVER, &																					Driver/Pi		nly repor Person f i.	
VEHI	Xo	wner	Ow	ner/Lessee	•		A&G P	IPING																_
		essee		ne & Addre	ess red 26 Fin.		Fin. Re	esp.					Fin. f	Resp.			_							_
		Resp.		Exen	Resp. T	ype 1	Name		INSUR	ANCE			Num									/ehicle	Пу	es
	Phon	e Num						nage Rating		2-	FD-	7	1	age Ra	ating 2	2	6	-		RD-			ied 🗙 N	
L	Unit		ARI 5	OS TOV	VING  Parked	├── Hit and	I LP	To LP	BEARL	S TOWI		// /					_	N		17				_
	Num.				└── Vehicle i Veh.	Veh.		Nu	ım.		Veh.		I <sub> </sub> F	<sub>1</sub> T <sub>1</sub> I	= 17	1	7	Body	•	<u>  K  </u>	Pol.,	Fire, El	MS on (Explain	∐ in
	Year 8 DL/	ID.	DI	_/ID	DL/ID	Mak	FORD	9	DL C	10 CDL End.	Model	11	DL				DOB	yle			Narra	tive if	hecked	_
		ess (St State,	treet,	<sub>ate</sub> TX	Num.			C	lass C	End. I	N .	Re	est. A				(MM/D	D/YY	YY) I		<u> </u>			L
VEHICLE, DRIVER, & PERSONS		12 Prsn. Type			Enter Driv	Name: er or Primar	Last, Firs		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
3, & PI	1	1	1	GOLW	ITZER	JAY		J			99	36	W	1	1	1	5		N	96		96	97 97	
DRIVE																							lcohol a	
ICLE, I																					Driver/Pi		Person f	
VEH	NO.			ner/Lessee			THE N	ELROD C	00															_
	Proof		Ye	ne & Addre	red 26 Fin.		Fin. Re						Fin. f	Resp <u>.</u>										
		Resp.			I	ype 1	Name 27 \	TURN /ehicle	NBALL I	NSURA	NCE		Num 27 Ve	ehicle								ehicle	Y	es
		e Num					Dan	nage Rating Towed		2-	FD-	7	Dama	age Ra	iting 2	2	6	-		RD-			ied X	
L	Ву	BE	ARI	DS TOV	VING			То	BEARD	S TOWI	NG													

Law E			TxDOT Use ONI /1/2018)	LY.	Case DID 210	001106	88			TxDOT Crash ID							Pa	age <u>72</u> of <u>1</u>
	Unit Num.	Prsn. Num			Taken To					Taken By				Date of (MM/DE	Death D/YYYY)		Time o	of Death R:MM)
	71	1		HOSPI	TAL			SEL	.F					/	/			1 1
DISPOSITION OF														/	/			1 1
SITIO ED/KI														/	/			1 1
ISPO VJUR														/	1			1 1
05														 /	1			1 1
														 /	1			1 1
П	Unit I	Prsn. Num.							harge					,	<u>′</u>	Citation	n/Reference	Num.
	vuiii.	ivuiii.																
CHARGES																		
∄ -																		
l ⊦																		
H		Da	maged Property	v Other Than V	ehicles				Ow	ner's Name					Owne	er's Address		
DAMAGE				,														
DAN																		
U	nit		10,001+	TRANSI	PORTING		9+ CAPACITY	, CMV Di	isabling	Yes 28 Vel	n.	29 Ca			Carrier			
. ⊢	um. arrier's		10,001+ LBS.	☐ <sub>HAZAR</sub>	PORTING DOUS MATER	Carrier's	T CAPACITI	Damag	e?	No Oper.		ID Ty	pe		ID Num.		30 Veh.	
C	orp. Nam	ie	RGVW		lu.	Primary Ad			l			J					Туре	
<b>∂</b>	/pe		GVWR		Rel	zMat [	No Class N	lum.	HazMat ID Num.		<u></u>	32 HazM Class Nu		azMat Num.			33 Cargo Body Type	
	nit um.		☐ RGVW ☐ GVWR	1 1 1 1		34 Trlr. Type		MV Disabling amage?		Unit Num.		RGVW GVWR	1 1 1	1 1	34 Trlr. Type		MV Disabling Damage?	Yes No
Si	equence f Events	35 Se	eq. 1	35 Seq. 2	2	35 Se	eq. 3		35 Seq. 4		Intermod	dal Shipping er Permit	Yes G	ctual ross /eight			Total Num. Axles:	
« VS	Unit #		ributing Factors Contribu		s Opinion) May Have	Contrib	37 Ve	hicle Defec		tor's Opinion May Have			Envi	ironmental a	1	y Conditions	1	T
SSC	OTHE#		Contribu	lang	Iviay i lave	Contrib.		Contributii		Iviay i lave	Contrib.	38 Weather	39 Light Cond.	40 Entering Roads	41 Roadway	42 Roadway Alignment	43 Surface Condition	Traffic
FACTORS & CONDITIONS		+					+		+			Cond.			Type			Control
H												98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM													DIAG	RAM ON SEPARA	NTE PAGE			
NARRATIV																		

0 3 / 0 1 / 2 0 2 1

Service/ Region/DA C E N T R L

ID Num. 3380-3421

Law Enforcement and TxDOT Use ONLY  FATAL  CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL ZO	Total Num. 1 4	Total 4 8 Num. 1	3 6 TXDOT Crash ID
Mail to: Texas Department of Transportation, C	Attached Code Sheet for Numb	n <b>CR-3 1/1/20</b> x 149349, Aus pered Fields	<b>18)</b> stin, TX 78714. Qu	uestions? Call 844/2	
*Crash Date 0 2 / 1 1 / 2 0 2 1 *Cr	ash Time 0 6 0 0	Case 21001	· · · · · ·	Local Use	
*County	<b>★</b> City	ORT WOR		030	Outside City Limit
In your opinion, did this crash result in at least Yes Lat	itude 3 2 7		1		9,7,3,2,2,7,7
ROAD ON WHICH CRASH OCCURRED				egrees)	4 Street
Sys. TL Num. 35 Part 1	Num. 2600 Prefix	Nam Vorkers Ye	ne		Suffix
	mit Zone No F	Present No	o Desc.	RKER	
At Yes 1 Rdwy. Hwy. 2 Rdwy Int. No Sys. LR Num. Part	Block 1 Num. 2500	3 Street Prefix NE	Street Name 28TH	1	4 Street Suffix ST
Distance from Int. or Ref. Marker 1000 All MI or Ref. Marker S	Reference Stree Marker Desc	t . HWY		RRX Num	
Unit Num.73   5 Unit Desc. 1   Parked Run   Hit and LP State	TX Num.	VIN 2	2	C <sub>I</sub> R <sub>I</sub> E <sub>I</sub> G <sub>I</sub> 2 <sub>1</sub>	
Veh. 2 0 1 9 6 Veh. Color WHI Veh. Make CHEVE	ROLET	Veh. Model SILVE	ERADO C2500	7 Body Style PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End.	N Re	DL est. A	DOB (MM/DD/YYYY)	_/
Address (Street, City, State, ZIP)		> >	,t.	<u> </u>	
Name: Last, First.  Name: Last, First.  Name: Last, First.  Enter Driver or Primary Person for the primary Person		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
	LEE	99 43	W 1 1	1 5 97 N	96 96 97 97
, DRIV					Not Applicable – Alcohol and Drug Results are only reported
MARIND JAMES					for Driver/Primary Person for each Unit.
Owner/Lessee AUTON Lessee Name & Address	IATIC SPRINKLE	R OF	TEXAS		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	sp. ACUITY		Fin. Resp.		
Fin. Resp. 27 V	ehicle age Rating 1 12 -	FD <b>-</b> 7	27 Vehicle Damage Rating		Vehicle
Towed BEARDS TOWING	Towed BEARDS TOW	ING			
Unit 5 Unit Parked Hit and LP State	LP Num.	VIN	1 <sub>1</sub> C <sub>1</sub> 6 <sub>1</sub> R <sub>1</sub> F	R <sub>1</sub> E <sub>1</sub> J <sub>1</sub> T <sub>1</sub> 6 <sub>1</sub>	$K_{\perp}N_{\perp}$ Pol., Fire, EMS on
Veh. Year 2 0 1 9 6 Veh. Color GRY Wake DODGE		Veh. Model RAM		7 Body Style PK	Emergency (Explain in
8 DL/ID   DL/ID   Type 1   State TX   Num.	9 DL 10 CDL. Class C End.	TX  11  Re	DL est. 96	DOB (MM/DD/YYYY)	
City, State, ZIP)	Middle	rır A	x x ct.	str.	Aloo for for the first term of
Name: Last, First Name: Last, First Name: Last, First Society Enter Driver or Primary Person for the primary P		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20 Helmet	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
Name: Last, First Enter Driver or Person for the part of the part	SHANE	в 47	W 1 1	1 99 97 N	96 96 97 97
					Not Applicable – Alcohol and Drug Results are only reported
HICLE					for Driver/Primary Person for each Unit.
Owner/Lessee SPINKS Lessee Name & Address	S TIMOTHY	1 1	SHANE		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	sp. FARMERS INSURAI	NCE	Fin. Resp.		
Fin. Resp. 27 V	ehicle age Rating 1 8 -	BL-3	27 Vehicle Damage Rating		Vehicle Yes Inventoried X No
Towed By BEARDS TOWING	Towed BEARDS TOW		1 39		inventoried 💌 140

	Enforcem CR-3	nent and <sup>-</sup> (Rev. 1/	TxDOT Use (	ONLY.	[	Case 21	00110	68			TxDOT Crash ID							Pa	nge <u>74</u> of <u>1</u>
	Unit Num.	Prsn.				Taken To				,	Taken By				Date o (MM/DI	of Death		Time o	of Death R:MM)
	74	1	LOCA	.I	IOSP				SE	LF					1	1		1	I I
NO.		†	2007												<u>.                                      </u>	<u>,                                     </u>			
DISPOSITION OF															<u>,                                     </u>	1			
SPOS															1	1			
₫≷	-	+													<u> </u>				
		+	+						+						1				
Н	Unit	Prsn.								Chargo					/	/	Citation	/Reference	Numa
╽├	Num.	Num.								Charge							Citation	/Kelerence	vum.
GES																			
CHARGES																			
Н																			
JE -		Dar	naged Prop	erty Ot	ther Than Ve	ehicles				Ow	ner's Name					Own	er's Address		
DAMAGE																			
Щ																			
	nit lum.		□ 10,001+ LBS.	]	TRANSP HAZARI	PORTING DOUS MAT	ERIAL -	9+ CAPACIT			Yes 28 Ve No Oper.	h.	29 C			Carrier ID Num.			
	arrier's orp. Nan	ne					Carrier's Primary A	ddr.										30 Veh. Type	
3 T	1 Bus		RGVW					Yes 32 Ha No Class		HazMat ID Num.			32 HazN Class Nu		lazMat D Num.			33 Cargo Body Type	
U	nit		RGVW				34 Trlr.	.   c	MV Disab	ling Yes	Unit		RGVW		J INUIII.	34 Trlr.		MV Disabling	
	um. equence	25.5-	GVWF		25.5 2		Туре		amage?	No No	Num.		GVWR dal Shipping	☐ Yes &	Actual	Type		Damage? Total Num.	□No
_	f Events	35 Sec		ors (In	35 Seq. 2 vestigator's		35	Seq. 3	hicle De	35 Seq. 4 fects (Investiga	tor's Opinion	Containe	er Permit	∐ No N	Veight	nd Roadwa	 ay Conditions	Axles:	
FACTORS &	Unit			ibuting			ve Contrib.		Contrib		May Have		38	39	40	41	42	43	44
LOTO FIGUR													Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
ΑĞ													98	3	97	3	2	6	96
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NARRATIVE AND DIAGRAM																			
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Service/ Region/DA C E N T R L

Num. 3380-3421

			nent a	nd TxDOT Us	e ONLY OOL BUS	RAILR	OAD [	MAB [	SUPPLE	EMENT		TIVE			Γotal Num. Jnits ∟	1 4	1 8	Tota Nur Prs	al n. 1 ns	1 3	6	TxDOT Crash I			
Â	Tex Depar of Trans		M	lail to: Texas l ★=These fie		of Transpo	ortation, C Refer t	rash Data to Attached	d Code She	is, P.Ò. E et for Nu	Box 14 mbered	9349 d Fiel	, Aus ds	tin, TX						4/274	l-7457	Р	age∟'	75 <sub>⊥of</sub>	149
	★Cra (MM/	sh Da DD/Y	ate YYY)	0 2 / 1	1,/2	0 2	1 *Cr (24F	rash Time HRMM)	0 6 0	0 0	Case		001	1068	3				Lo	ical se					
	*Coi	unty	ARR				'			★City Name F															tside Limit
ATI	In yo	ur op	inion	, did this cras to any one pe	h result in	at least	Yes Lat	titude ecimal degr	-	2					Long (deci	itude mal de	earee	e)	_	0 , 9	9,7	3	2 . 2	2 , 7	7.
٧٥,		D ON		CH CRASH O	CCURRED	2 Rdw				3 Stre			★Str		(door	mar a	9,00						Stree		
ATIOI	Sys.		TL n Occ	*Hwy. Num. 35		Part	1	Block Num. 26	600 Const	Prefix	1		Nam		eet								uffix		
<b>IDENTIFICATION</b>			,,	urred on a Private Property/Pa	9 ===			imit	Zone	No	Prese	ent	X No	De	sc.	MAF	RKER								
-1	At		es 1	Rdwy. /s. LR	Hwy. Num.		2 Rdwy	/. [	Block Num. 250		3 St	reet fix		St	reet ame 2							I	Stree	t ST	
	Dista		om In		<b>X</b> FT MI	3 Dir. from		Refere		Str	reet esc. H						•			RRX Num.				,	
П	Unit Num.		5	Unit esc. 1	Parked	 ☐ Hit and Run		l I F						I <sub>I</sub> X	<sub>1</sub> P <sub>1</sub>	В	) <sub>1</sub> 4	<sub>1</sub> 9 <sub>1</sub>			<sub>1</sub> D <sub>1</sub>	2   8	5	0   9	2
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	8 DL/ Type	ID	DI	L/ID DL ate TX Nu	/ID		I LILI	9	DL class A	10 CD End.			11					DOB (MM/D	-			/ <u>_</u>	uve ii	SHOOK	
	Addre City,	ess (S State,	treet, ZIP)					•																	
SONS	erson Im.	Prsn.	13 Seat Position		Enter Driver		ast, First Person f		t on first line	e		Severity	Age	15 Ethnicity	Sex	. Eject.	18 Restr.	19 Airbag	elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
VEHICLE, DRIVER, & PERSONS	<u>చ్</u> 1	1 7 \( \frac{1}{\text{7}}	1 1	RIVERA		ANTO	ONIO		DE JESI	IS	E		_ <del>ĕ</del> ′_ 33	T 15	19	1	1		<u> </u>	N       	96	¥ X	96		<u>දි ඊ</u> 97
IVER,			'	TOVETON		ANT	<u> </u>		<u> </u>	<u> </u>		,		11	'	'	'	'	31	IN		L Applical			
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		essee	Nar	ner/Lessee ne & Address			117 ME		VIEW L	.N								ΑN	INA			TX	754	109	
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	Fin. F Phon	Resp. e Nur	n.					/ehicle nage Ratino	g 1 1	2 <b>-</b>	F	D <b>-</b> 5	5	1	ehicle age R	ating 2	2		-		-		ehicle vento		Yes No
	Towe By	<sup>d</sup> MI	LNE	R TOWIN	IG			Towed To	MILNE	R TOV	VING	;													
	Unit Num.	76		Unit esc. 6	Parked Vehicle	Hit and	LP State	TX N	P um. 093E	3838			IN _1	J	J I	V <sub>1</sub> 5	5   3			S <sub>I</sub> X	<u>L</u>	5 <sub>1</sub> 8	2 <sub> </sub>		
	Veh. Year	_1			r WHI	Veh. Make	WABAS		ONAL CO				_	APPL	ICAE	LE		St	Body yle	TL		Fmer		(Expla	ain in I
	8 DL/ Type		St	L/ID DL ate Nu					DL Class	10 CE End.	DL ———		11 Re					DOB (MM/D	D/YY	YY) L			_/		ш
	City,	State,	ZIP)								1	^ >		£.		#;	÷							D D	g Zi
RSON	Person Num.	12 Prsr Type	13 Seat Position	ı	Enter Driver		ast, First Person f	,	t on first line	e	7	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 Dru Result	25 Drug Category
3, & PI																									
RIVE																						Applical Results			
VEHICLE, DRIVER, & PERSONS																						Driver/Pr		Perso	
VEH	Xo	wner	Ow	ner/Lessee			ALTON L	OGISTICS	S LLC																
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		Resp.	No			e 1	Name	WES	CO					Num.								1	ehicle	Г	Yes
		e Nun						nage Ratino	•	4-	В	R=3	3	I .	age R	ating 2	2		-		-		vento		
.	Bv	ΜI	LNE	R				To	MILNE	R															

	/ Enfo		ent and <sup>-</sup> (Rev. 1/		se ONLY.		Case 21	001106	 88			TxDOT Crash ID							Pa	ige <u>76</u> of <u>1</u> 4
	-	Unit Num.	Prsn. Num.				Taken To					Taken B	у			Date of (MM/DD	Death (YYYY)		Time o	of Death R:MM)
<b>I</b>	7	'5	1	PEF	RSON	NAL DR				SELF	=					/	/			
DISPOSITION OF	JITE															/	/			
OSITI	SED/K															/	1			
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GES		+	_																	
CHARGES		+															+			
			Dar	maged Pi	roperty O	other Than Ve	hicles				Owi	ner's Name					Owne	er's Address		
DAMAGE																				
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П	Unit Num	. 75	5	10,00 LBS.	01+	TRANSP	ORTING OUS MATE	RIAL 9	+ CAPACITY	CMV Disa	abling X	Yes 28 V No Ope		29 Car ID Typ			Carrier ID Num. (	028195	33	
	Carri Corp	er's . Name	e AL	TON	LOGI	ISTICS	LLC	Carrier's Primary Ado	dr. 117	MEAD	OW VI	EW LI	N	ANNA	4	TX	754	09	30 Veh. Type	8
CMV	31 Bu Type			☐ RG	5√W /WR   5	5 <sub>1</sub> 1 <sub>1</sub> 2 <sub>1</sub> 0	0   Ha	zMat Y leased N			HazMat ID Num.	1 1	1 1 1	32 HazMa Class Nun		azMat ) Num.		1 1	33 Cargo Body Type	3
	Unit Num	. 70	6	□ RG	WR I	6,8,0,0		34 Trlr. Type 2		V Disabling mage?		Unit Num.		RGVW GVWR	1 1 1		34 Trlr. Type		MV Disabling amage?	Yes No
	Sequ Of Ev	ence ents	35 Se	q. 1 98	3	35 Seq. 2		35 Se	q. 3	3!	5 Seq. 4			dal Shipping er Permit	Yes A No W	ctual ross /eight			Total Num. Axles:	
જ	§ –	3 Unit#	36 Contr		actors (Ir	nvestigator's		e Contrib.		icle Defects			n) ve Contrib.	38	Env 39	ironmental a	nd Roadwa	y Conditions 42	43	44
FACTORS &														Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
FA	9													98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM															DIAG	RAM ON SEPARA	TE PAGE			
ITOR	Time (24F	e Notif IR:MM	)   '	0   6	<sub> </sub> 2 <sub> </sub>	0 How Notified	DISP	ATCH			Time A (24HR)	rrived //M)	0   6	4 <sub>1</sub> 0 Re	eport Date MM/DD/YY	<sub>(Y)</sub> 0	3 / 0	) 1 /	2 0	2 1
INVESTIGATOR	Inve: Com	st.	Yes No	Inves Name	tigator e (Printed	HARF				MA	ARTIN	,K					ID Num. 3	380-342	21	
INVE	ORI Num					1 <sub> </sub> 2 <sub> </sub> 0			RT WO				ARTME	ENT			Service/ Region/E		1	R <sub>I</sub> L

		forcen		nd TxDOT U	Jse ONLY HOOL BUS	RAILRO	_	MAB		PLEME		ACTIVI SCHOO		ONE L	Γotal Num. Jnits ι	1 4	4   8	Tota Nur Prs		3	6	TxDOT Crash			
Ź	Te: Dupa of Tran	yas rtment aportation			s Departmen fields are req	t of Transpor	tation, C Refer	to Attach	ta and An ed Code	alysis, F Sheet fo	P.Ò. Box 1 r Numbei	149349 red Fie	), Aus lds	tiń, TX						4/274	-7457	Р	- 'age∟'	77_of∟1	49
	★Cra (MM/	ash Da 'DD/Y'	ate YYY)	0 2 /	1 1 / 2	0 2 1	★Ci (24h	rash Time HRMM)	e 0 6	0 0	O Ca		001	1068	3				Lo	cal se					
NC	★Co Nam	unty e T	ARR	ANT						<b>★</b> Ci Nan	ty ne FOF	RT W	OR	TH					•					Outsi City Lir	
OCATI	In yo	ur op 00 dar	inion mage	, did this cr	ash result in person's pro	at least	Yes La	atitude ecimal de	egrees)	3 2	2 7	9   5	, 1	3		itude mal de	egree	s)	_	0   9	7	3	2 2	2   7   7	7 ,
7 %	<i>ROA</i> ★1 F	<i>D ON</i> Rdwy.	WHIC		OCCURRED	2 Rdwy		Block Num.			Street		★Str	eet								4	Stree		_
ENTIFICA TION	Sys.	Crasl		urred on a F	rivate Drive		Road/ S	Speed	С	onst.	Yes Wo			es Str								ĮS	Suffix		$\exists$
ENTIF	INTE			ite Property/ ROAD, OR	Parking Lot PIF CRASH I			₋imit <i>TION, NE</i>			No Pre		· ·			E MAF	RKER	)							
Q	At Int.	□ Ye		Rdwy. /s. LR	Hwy. Num.		2 Rdwy Part	y. 1	Block Num. 2	2500		Street refix		- 1	reet ame 2	8TH	ł						Stree Suffix	ST	
		nce fr ef. Mai		t. 1000	<b>X</b> FT ☐ MI	3 Dir. from or Ref. Ma		Refe Mari	erence ker		Street Desc.	HW۱	/						- 1	RRX lum.					
	Unit Num	.77		Unit esc. 1	Parked Vehicle	Hit and Run	LP State	T./	LP Num.			١	/IN [3	3 <sub>I</sub> G	'C '	P <sub>1</sub> C	C <sub>I</sub> R	ıΕι	C <sub>1</sub> 4	l <sub>I</sub> J	ιG ι	Dal	C:	MC	
	Veh. Year	2	0		/eh. <sup>olor</sup> BLK	Veh. Make	CHEVI	ROLET				eh. lodel (	2150	0					Body yle	PK		Emer	aencv	MS on (Explain checked)	in )
	8 DL/ Type	1	St	T\/	Num.				9 DL Class C		0 CDL ind. 96	3	11 Re	DL st. 96	;			DOB (MM/D	D/YY	ΥΥ) I	_	<b>/</b> _			L
	City,	ess (S State,	ZIP)									<b>-</b>		_		ند	ے ا							I_ I_	^
PERSONS	Person Num.	12 Prsn. Type	13 Seat Position		Enter Drive	Name: La r or Primary	,	,	nit on firs	t 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
જ	1	1	1	WILLIAI	MS	CALE	В		TITUS	3		Α	26	W	1	1	1	5	97	N	96		96	97 97	7
DRIVE																								lcohol an	
VEHICLE, DRIVER,																					for E		rimary ch Uni	Person f t.	or
VE		wner		L ner/Lessee ne & Addres		V	VILLIA	AMS		CALE	В			TITI	JS										┨
	Proo	f of	X Ye	s Expire	d 26 Fin.		Fin. Re		0005	0011/15				Fin. F											$\exists$
	Fin. F	Resp.		Exemp	nt Resp. Typ	De 1		Vehicle	OGRE						ehicle		0	_					/ehicle		'es
	Towe	ed I IN		OWN			Dan	nage Rati	red	12 <b>-</b> NOW	'NI	FR-	4	Dama	age K	ating :		6	_		FC-	4  II	nvento	ried 💢 N	lo
H	By Unit Num		5	Unit	Parked Vehicle	Hit and	LP State	- 1	LP Num.	INOVV	1	\	/IN , 1	l <sub>i</sub> F	D,	8 <sub>I</sub> V	V <sub>1</sub> 3	ıH ı	6 , 4	H	,E,				
	Veh. Year			1 7 6	/eh. blor WHI	Veh.	FORD		INUIII.			eh. lodel F						7	Body yle	•		Emer	gency	MS on (Explain checked)	in
	8 DI	_	וח	_/ID	DL/ID Num.	Iviano	FORD		9 DL Class 9	1 19 E	0 CDL end. 99		11	DL est. <b>9</b> 9	9			DOB (MM/D				/		l I I	
	Addr	ess (S State,	Street,						Joines	<u>-</u>		-		IKNO		1	1	(,2	2,	, _	U	n U	NK		_
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prsn. Type	13 Seat Position		Enter Drive	Name: La r or Primary			nit on firs	t 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
R, & P	1	99	99	UNKNO	WN	UNKN	IOWN	I	UNK			99		99	99	1	99	1		N	96		96	97 97	7
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	Proo	f of Resp.	X Ye	s Expire		ne 1	Fin. Re		E PRO	DEDI	-v			Fin. F											$\dashv$
	Fin. F	Resp.		⊏xemt	or livesh. TA	<i>~</i>	27 \	Vehicle nage Rati		2-	ī	FR-	2	27 Ve	ehicle	ating :	2	12	_		FC-		/ehicle		'es
	Towe By	e Nur		N BY O	WNER		Pall	Tow				FIX		Daile	age IX	aung .	_	12			F-C-	<u>ا ا</u>	ivento	ried 💢 N	10

	Enforce		d TxDOT ( 1/1/2018)	Jse ONLY.	ſ	Case 210	001106	 8			TxDOT Crash ID							Pa	ge <u>78</u> of <u>1</u>
. 511	Uni	it Prsi				Taken To					Taken By				Date o (MM/DI	f Death		Time o	f Death
	77	n. Nui		DSON	AL DR				SEL						/ (MM/DL	)/YYYY) 		(24HF	(:MM)
9	a  <u>'</u>	+	FE	NOON	AL DN	\			JOLL	1					<u>'</u> '	<u>'</u>			
<b>DISPOSITION OF</b>									+						<u>/</u>				
POS															/	,			
Sa	≧														<u>/</u>				
															/	/			
H	Unit	Prsn.													/	/			
	Num.	Num.							С	harge							Citation	/Reference l	lum.
SES																			
CHARGES																			
3,5		D	amaged f	roperty Ot	her Than Ve	ehicles				Owi	ner's Name					Own	ner's Address		
DAMAGE																			
۵																			
	Unit Num.		□ 10,0 LBS	01+ [	TRANSP	ORTING DOUS MATE	RIAI 9	+ CAPACITY	, CMV Dis		Yes 28 Veh No Oper.	٦.	29 Ca ID Ty			Carrier ID Num.			
Ιİ	Carrier's		LDS		1171271112	7005 WITH E	Carrier's	d.	1		110   1711		/			1		30 Veh.	
. ⊦	Corp. Na 31 Bus	me	R	GVW			Primary Add	es 32 Haz	Mat	HazMat			32 HazM	at H	azMat			Type 33 Cargo	
	31 Bus Type Unit		□G				leased N	lo Class N	lum. //V Disabling	ID Num.	Unit	l I	Class Nu	m. ID	Num.	34 Trlr.		Body Type MV Disabling	Yes
	Num.		G		+		Туре		amage?		Num.		RGVW GVWR			Туре		amage?	No
	Sequenc Of Event	:s 35 :	Seq. 1		35 Seq. 2		35 Se			35 Seq. 4		Contai	odal Shipping ner Permit	∐ No W	ctual ross 'eight			Total Num. Axles:	
જ	2 Unit			Factors (In: Contributing	vestigator's		e Contrib.	37 Ve	hicle Defect Contributin		or's Opinion)  May Have		38	Envi	ronmental a	and Roadw	ay Conditions 42	43	44
TORS		$\top$								Ī			Weather Cond.	Light Cond.	Entering Roads	Roadway Type		Surface	Traffic Control
FACTORS &	5												+						
Н													98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																			

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

		forcem		nd TxDOT U	Ise ONLY HOOL BUS	RAILR	OAD [	MAB [	SUPP	PLEMEN	T □S	CTIVI	E OL ZC	NE L	otal lum. Inits ı	1 4	1 8	Tota Nur I Prs	al n. ′	1 3	6	TxDO1 Crash			
Á	Tex Depar	vas rument sportation	М		•	Tent of Transpo	ortation, C Refer t	to Attache	and Ana d Code S	llysis, P.0 heet for	( <b>Form C</b> O. Box 1 Number	<b>R-3 1</b> 49349 ed Fie	/ <b>1/20</b> 1 ), Aus lds	8) tin, TX	7871	4. Qı				4/274	-7457	Р	age∟7	9_of_1	49
Ī	*Cra	ash Da	ate			0 2	+0.	rash Time		0 0	<u> </u>	se		1068		, o a p a		, jui ou	T	cal se					٦
NOV	*Coi	unty	ARRA							<b>★</b> City					<u>'</u>									Outsic City Lim	
OCA TIO	In yo	ur opi	inion,	did this cra	ash result ir	n at least	Yes Lat	titude ecimal deg	irees)	3 2					Longi (decir		aree	e)		0 . 9	7	. 3	2 2	7 7	,
7 %		D ON		CRASH (	OCCURRED			Dlask			Street		★Str		(ucon	nai a	- Jgroc						Street		_
CATIO	Sys.		TL n Occi	★Hwy. , Num. ∨ urred on a P		or Toll		Num. 2	Со	nst.		rkers	Nam	e	eet							8	Suffix		$\dashv$
<b>IDENTIFICATION</b>						NOT AT INT		.imit <i>TION, NEA</i>		ne 💢 N		sent ROAD				MAF	RKER								
Q	At Int.	☐ Ye		Rdwy. 's. LR	Hwy. Num.		2 Rdwy Part		Block Num. 25	500		Street refix			reet ime 2	8TH	l						Street Suffix	ST	
		nce fro		1000	<b>X</b> F1			Refer Marke			Street Desc.	ΗW	,							RRX Num.	Ш				
Г	Unit Num.	79		Jnit esc. 1	Parked Vehicle	Hit and Run	LP State		.P lum.				/IN <b>_k</b>	( <sub>I</sub> N	<sub>ι</sub> Α <sub>ι</sub> (	G <sub>I</sub> N	1 , 4	ıA,	Dι	( <sub>I</sub> D	151	Dol	Fire, El	AS on	L
	Veh. Year			1 3 Co	/eh. lor WHI	Veh. Make	KIA				М	eh. odel (						St	Body yle	P4		Emer	gency	(Explain (hecked)	in
	8 DL/ Type		St	T\/	Ium.			[S	DL Class C	10 En	CDL d. 96	6	11 Re	DL st. A				DOB MM/D	D/YY	YY) I		<b>/</b> _			
SN	City,	State,	ZIP)			Name - 1	4 Fi4	4 NA:- -  -				2 2		ty	V	ct.	št.						б	D D	ory
PERSONS	Person Num.	12 Prsn. Type	13 Sea Positio		Enter Drive	Name: L er or Primary	_ast, First Person f	,	it 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	Catego
જ	1	1	1	ST PIEF	RRE	JORE	DAN		JENAE	Ξ		В	33	W	2	1	1	1	97	N	96		96	97 97	_
VEHICLE, DRIVER,																								lcohol an	
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VE	X O	wner essee	-	ner/Lessee ne & Addres	····	i	ST PIE	RRE		JORD	AN			JEN	AE										1
	Proof		Yes	Expire		me 1	Fin. Re		GRES	SSIV/E				Fin. F											7
	Fin. F	Resp. Resp.		Exemp	ot Tresp. Ty	be I	27 V	/ehicle nage Ratin		12-		FD-	3	27 Ve		atina 2	2	6	_		RD-		/ehicle	□ Yo	
	Towe		". RIVE	 R				-	d HOM			10									IND	<u> </u>	IVEITO	ied N	<u> </u>
Γ	Unit Num.		5 (	Jnit esc. 1	Parked Vehicle	Hit and Run	LP State	-	.P lum.			\	/IN <sub>L</sub> 3	l C	<sub>1</sub> 6 <sub>1</sub> 3	3 <sub>1</sub> F	R ₁R	ιḤ ι	L <sub>1</sub> 2	2 <sub>1</sub> L	ιGι			40	
	Veh. Year	2	0 .		/eh. lor WHI	Veh. Make	DODG	E			М	eh. odel F	RAM	3500					Body yle	PK		Emer	Fire, El gency itive if c	(Explain hecked)	in
	8 DL/ Type		St	T\/	lum.			(	9 DL Class CI	M En	CDL nd. N		11 Re	DL st. A				DOB MM/D	D/YY	YY) ı		J ц			┙
S/	City,	State,	ZIP)				. =: .					2.5		ty	u T	t;	it.						<u>в</u>	p p	ory
ERSOA	Person Num.	12 Prsn. Type	13 Sea Positio		Enter Drive	Name: L er or Primary	∟ast, First Person f		it on first	line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helme	21 Sol.	22 Alc. Spec.	Alc. Result	23 Dru Spec.	24 Drug Result 25 Drug	Catego
R, & P	1	1	1	KEY		TAB		,	ANTH	YNC				W	1	1	1		97	N	96			97 97	
DRIVE																								lcohol an	
VEHICLE, DRIVER, & PERSONS																					for E		rimary ch Unit	Person fo	r
VE	NO.	wner essee	_	ner/Lessee ne & Addres	.s		KEY			TAB		I		ANT	THON	ΙΥ				<u> </u>	<u> </u>				$\dashv$
	Proof		Yes	Exemp	d 26 Fin.	me 1	Fin. Re		GRES	SSIV/E				Fin. F											$\dashv$
	Fin. F	Resp. Resp. ie Num		∈xeint	n Incop. Iy	PO 1	27 V	/ehicle nage Ratin		4 <b>-</b>	R	BQ-	5	27 Ve		atina 2	2	6	_		RD-		/ehicle	Yo	
	Towe	ad .	vne	:R			3411	Towe			- 11				J						٠.١	·	IVEIIUI	iou 🔼 N	٦_

	Enforcem		1 TxDOT /1/2018	Use ONLY.	[	Case 210	001106	 88			TxDOT Crash ID					$\neg$		Pa	ige <u>80</u> of <u></u>
FOII	Unit	Prsn Num		1		Taken To	301100				Taken By				Date o (MM/DI	f Death		Time o	f Death
	Num.	Num		CALL	HOSPI				SEL		Tuken by				(MM/DI	)/YYYY) /		(24HI	R:MM)
9	79	+	LO	CAL F	10371	IAL			SEL	.F					<u>/</u>				
DISPOSITION OF	<u> </u>	+													<i>1</i>	/			
Posi																,			
Sia		+													<u>/</u>				
		$\vdash$													/	/			
L	11 2 1														/	/			
	Unit Num. I	Prsn. Num.							C	harge							Citatio	n/Reference I	Num.
ES																			
CHARGES																			
٦																			
<u></u>		Da	amaged	Property O	ther Than V	ehicles				Owi	ner's Name					Owr	ner's Address		
DAMAGE																			
۵																			
	Jnit Num.		□ 10, LBS	001+	TRANSF	PORTING DOUS MATE	9	+ CAPACITY	CMV Di		Yes 28 Veh No Oper.	٦.	29 Ca ID Ty			Carrier ID Num.			
l	Carrier's		LDS	).	HAZANI	DOUSWAIL	Carrier's		Dumag	c	то орст.		lo iy	pc		ID IVain.	·	30 Veh.	
. ⊦	Corp. Nam 31 Bus	ie		RGVW			Primary Ad	es 32 Haz	zMat	HazMat			32 HazN	at H	azMat			Type 33 Cargo	
	31 Bus Type Jnit			GVWR   RGVW			leased [] r 34 Trlr.	lo Class N		ID Num.	 Unit		Class Nu		Num.	34 Trlr.		Body Type  MV Disabling	Yes
H	Num.			SVWR	444		Туре		amage?		Num.		RGVW GVWR	1 1		Туре	ı	Damage?	No
	Sequence Of Events	35 S	eq. 1		35 Seq. 2	2	35 Se	q. 3		35 Seq. 4			odal Shipping ner Permit	Yes A	ctual ross /eight		1 1	Total Num. Axles:	
જ	Unit #			Factors (Ir Contributin	nvestigator's a		e Contrib.	37 Ve	hicle Defec Contributir		or's Opinion May Have		38	Env 39	ironmental a	and Roadw 41	ay Conditions 42	43	44
TORS					1	1 7				Ť	, , ,		Weather Cond.	Light Cond.	Entering Roads	Roadway Type		Surface	Traffic Control
FACTORS &		+																	
Н											<u> </u>		98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM														DIAG	RAM ON SEPAR	ATE PAGE			

0 3 / 0 1 / 2 0 2 1

Service/ Region/DA C E N T R L

ID Num. 3380-3421

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE SCHOOL ZO	Total Num. 1 4	Total 4 8 Num. 1 Prsns.	3 6 TXDOT Crash ID
Mail to: Texas Department of Transportation,	to Attached Code Sheet for Nur	rm CR-3 1/1/20 Box 149349, Aus inbered Fields	18) stin, TX 78714. Q	uestions? Call 844/2	
*Crash Date 0 2 4 1 4 2 0 2 4 *C	Crash Time 0 6 0 0	Case ID 21001	•	Local Use	
*County Name TARRANT	<b>★</b> City	ORT WOR			Outside City Limit
In your opinion, did this crash result in at least Yes	atituda	7 9 5 1	Langituda	egrees) — 0	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED				99.000)	4 Street
Sys. TL Num. 35 Part 1		Workers Ye	es Street		Suffix
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSEC		Present No.		RKER	
Int. No Sys. LR Num. Part	/y. Block 1 Num. 2500	3 Street Prefix NE	Street Name 28TH	1	4 Street Suffix ST
Distance from Int. or Ref. Marker 1000	Reference Str Marker De	eet sc. HWY		RRX Num	
Unit Num.81 Desc. 1 Parked Run State	CO LP Num.		J <sub>1</sub> N <sub>1</sub> 8 <sub>1</sub> A <sub>1</sub> 2	Z 1 M W 6	D   W   Pol., Fire, EMS on
Veh. Year         2 0 1 3 6 Veh. Color SIL         Veh. Make NISSA           8 DL/ID         DL/ID         DL/ID	AN 9 DL 10 CD	Veh. Model MUR	ANO DL	7 Body Style SV	Emergency (Explain in Narrative if checked)
Type 1 State CO Num.  Address (Street,	Class 98 End.	<sup>1</sup> 98 Re	est. 98	(MM/DD/YYYY)	
City, State, ZIP)  Name: Last, Fire	st. Middle	ury	s city	estr.	t t t t t t t t t t t t t t t t t t t
Name: Last, Fire Enter Driver or Primary Person  Name: Last, Fire Control of		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
	AN	в 40	B 1 1	1 5 97 N	96 96 97 97
DRIV.					Not Applicable – Alcohol and Drug Results are only reported
1 1 DAVIS JAHNATH					for Driver/Primary Person for each Unit.
Owner/Lessee HIRZE Lessee Name & Address	EL DOMINIC	QUE	R		
Proof of XYes ☐ Expired 26 Fin. Fin. Resp. ☐ No ☐ Exempt Resp. Type 1 Name			Fin. Resp. Num. FILE	ED LATER	
Fin. Resp. 27	Vehicle mage Rating 1 7 -	BL <b>-</b> 7	27 Vehicle Damage Rating		Vehicle
Towed MILNER TOWING	Towed MILNER TOV	VING	1		
Unit Sum.82 Desc. 1 Parked Vehicle Run State	LP Num.		5	_ <sub> </sub> 5 <sub> </sub> H <sub> </sub> 6 <sub> </sub> 4 <sub> </sub>	B <sub>I</sub> B <sub>I</sub>
Veh. Year         2 0 1 1 1 6 Veh. Color GRY         Veh. Make HONE           8 DL/ID         DL/ID         DL/ID	9 DL 10 CD	Veh. Model ODYS		7 Body Style VN	Emergency (Explain in
Type 1 State TX Num. Address (Street,	Class C End.	96 Re	DL est. 96	(MM/DD/YYYY)	
City, State, ZIP)  Name: Last, Fire	st. Middle	ury	Sex Eject.	et et	
Name: Last, Fir.  Name: Last, Fir.  Name: Last, Fir.  Enter Driver or Primary Page 11 12 p. 12 p. 13 p		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20 Helmet	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result C5 Drug Category
1 1 BERGMAN GRETCHE	N	в 41	W 2 1	1 5 97 N	96 96 97 97
DRIV					Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for
Name: Last, Fire Bold Bergman   1   1   1   1   1   1   1   1   1					each Unit.
Owner/Lessee BERG	MAN GRETCH	IEN	<u>.</u>		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name			Fin. Resp. Num.		
Fin. Resp. 27	Vehicle mage Rating 1 6 -	RD <b>-</b> 7	27 Vehicle Damage Rating	2 12 <del>-</del>	Vehicle Yes Inventoried No
Towed By MILNER TOWING	Towed MILNER TOV	VING			<b>*</b>

	v Enf		ent and <sup>1</sup> (Rev. 1/		Ise ONLY	<b>′</b> .		Case	e 21	00	1106	8				T: C	xDOT rash ID								Pa	ige <u>82</u> of
Г	Т	Unit Num.	Prsn. Num.					Take	en To								Taken By					Date o (MM/DI	f Death D/YYYY)		Time o	of Death R:MM)
	5	31	1	LOC	CAL	HC	SPI	TA	L					FAM	ILY							/	1		1	I I
DISPOSITION OF	E	32	1		RSO									SELI								<u>.                                    </u>	1			
SITIO			i	<u> </u>	100	•	<u></u>	<u> </u>						022.						1		, /	1			1 1
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۵	≧  -																			+		<u> </u>	1			
	H																			+		<u>/</u>	,			
H	Ur	nit P	rsn.											Ck	2500							1	/	Citation	/Deference I	Numa
	Nu	m. N	lum.											Cr	narge									Citation	n/Reference I	vum.
GES		+																								
CHARGES		_																								
ľ		4																								
L																										
빙			Dar	naged P	roperty	Othe	r Than V	/ehicl	les						Ov	vne	er's Name						Own	er's Address		
DAMAGE																										
۵																										
	Unit Nun			10,00 LBS.	01+		TRANS	PORT	TING IS MATE	ERIAL	9	+ CAPACIT	Υ	CMV Dis Damage	abling [ ?	] Y ] N		١.		29 Ca ID Typ			Carrier ID Num.			
		ier's p. Name	e .								rier's mary Ado	dr.													30 Veh. Type	
CMV	31 B	Bus	-	RO						łazMa	t N	'es 32 Ha			HazMat					HazMa		azMat			33 Cargo	
٦	Type Unit			☐ G\					l l	34 Tı				n.   Disabling	ID Num.	Uı	nit		RGVW	s Nur	n.  IE	Num.	34 Trlr.		Body Type  MV Disabling	Yes
	Nun	n. uence	1	☐ G\	/WR	4	Щ			Туре			Dama		No	N	um.		GVWR	ing	Yes A	ctual	Туре		Damage? Total Num.	□No
L		vents	35 Se				35 Seq. :				35 Se				5 Seq. 4			Contain	er Permit		No  W	/eight			Axles:	
FACTORS &	<u>S</u>	Unit #	So Contr		Factors ( ontributi		stigator	_	May Ha	ve Co	ntrib.	37 V		ntributing		alo	r's Opinion May Have		38		39	40	41	y Conditions 42	43	44
708																			Weat Con		Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
FĀ	ଚ୍ଚି					T										1			98	3	3	97	3	2	6	96
r																			00	,		07				00
NARRATIVE AND DIAGRAM																					DIAG	RAM ON SEPAR.	ATE PAGE			

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

		orcem		nd TxDOT Us IV SCH	se ONLY OOL BUS	RAILRO	DAD [	МАВ	SUPPLE	MENT [	ACT SCH		ONE [	Total Num. Units (	1 4	4   8	Tot Nur Prs	al m. ′ ns. ∟	1   3	6	TxDOT Crash I			
Ä	Tex Depar of Trans	as Iment portation	M	ail to: Texas ★=These fie	Department	of Transpor	tation, Cr Refer to	Attached (	nd Analysi: Code Shee	s, P.Ò. B t for Nun	lox 1493 nbered l	49, Au ields	stin, T							1-7457	P	age∟8	33 <sub>of</sub>	149_
	★Cra (MM/l	sh Da DD/Y\	ite (YY)	0 2 / 1	1 / 2	0 2 1	★Cra (24H)	ash Time RMM)	0 6 0	0	Case ID 2	1001	1106	3					ocal se					
	<b>★</b> Cοι									*City Name F													Ou	tside Limit
ATI	In yo	ur opi	inion,	did this cras					2		7 , 9 ,				itude mal de	ograa	٥)	_	0.9	9.7	3	2 2	. 7	. 7
)7 %	ROA	D ON		CH CRASH O	CCURRED	2 Rdwy			es)	3 Stree				(deci	IIIai ut	egree	5)					Street		
2	★1 R Sys.		ΓL	*Hwy. Num. 3		Part	1	Block Num. 260		Prefix		Nar										uffix	•	_
ITIFICA				urred on a Pri te Property/P	a			nit		No	Presen	t 💢	lo De	esc.		2450								_
<u>IDE</u>	At	Ye	es 1 I	ROAD, OR I	Hwy.	IOI AI INII	2 Rdwy.	ВІ	lock		3 Stre	et	s	treet								Street		$\neg$
H		Nonce from		i.	Num.	3 Dir. from		Referen	um. 2500 nce	Stre	eet	NE	IN	ame <u>Z</u>	28TH	1		ı	RRX			uffix	ST	$\dashv$
$\neg$	Unit	f. Mar	5 (	1000 Unit	☐ MI ☐ Parked	or Ref. Ma	LP	Marker LP	2) (7)		sc. HV		2 ^	_	V [				Num.		<u> </u>	7	-	<b></b>
	Num. Veh.			esc. 1 L		Run Veh.	State T	'	<sub>m.</sub> 2XD6	527	Veh.				<u> </u>	- <sup>I</sup> R	7	Body		ר ירחי	Pol., F	ire, E	MS on	1
H	Year 3 DL/I	2 D	0 <sub>DL</sub>	DL	Pr RED	Make	FREIGH	HTLINER 9 C	)L	10 CDI	L	11	NOW DL_			1	St DOB	tyle	TT		Narra	gency tive if o	checke	ed)
		ess (S	treet,	ate OK Nu	ım.	_		Cla	<sub>iss</sub> 98	End.	98	R	<sub>est.</sub> 98	3		(	(MM/C	D/YY	YY) I		J <b>/</b> L			_
ь г		State,				Name: La	ast First	Middle			, in	ıţ	)it		Eject.	str.		Į į	_:	, i		6n	t t	ng lory
ERSO	Person Num.	12 Prsn. Type	13 Se Positi		Enter Driver				on first line		14 Injury	Sever Age	15 Ethnicity	16 Sex	17 Eje	18 Restr.	19 Airba	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Dr Resul	25 Drug Category
R, & F	1	1	1	SHORT		DAVID	)	J/	AMES		N	62	W	1	1	1	1	97	N	96		96	97	97
VEHICLE, DRIVER, & PERSONS																					Applicat Results			
ICLE,																				1 -	Driver/Pr		Perso	_
VEH	XO	wner		ner/Lessee				NSPORTATI	ON L															$\dashv$
-		ssee of		ne & Address Expired		F	PB BOX						Fin.	Resp.			TU	JTTL	.E		OK	730	)89_	$\dashv$
	Fin. F	Resp.	No	Exempt	Resp. Typ	e 1	Name	ACE A	AMERIC	CA			Num								I <sub>V</sub>	ehicle		Yes
		e Nun	۱.					age Rating		7 =	LFQ	<b>-</b> 4			ating 2	2		-				vento		
	By Unit	<sup>u</sup> DF		N BY DR	IVER	── Hit and	LP	IIP	HOME															
	Num.		De	esc. 6	Vehicle	Run Veh.	State C		<sub>m.</sub> 1265I	LJ	Veh.	VIN	1 <sub>i</sub> G	ıR ı	A <sub>I</sub> A	1 19		2 <sub>1</sub> <sup>2</sup> Body	4 ₁C	; <sub> </sub> B <sub> </sub>		ire, E	MS on	1
	Year 8 DL/			Cold	Pr RED		GREAT	DANE TF		10 CD	Mode		APPL 1 DL	ICAE	BLE	I		tyle	TL		Narra	gency tive if	(Expia checke	ain in ed)
	Туре	ess (S	St	<b>I</b>	ım.				ass	End.			est.					D/YY	YY) L		<u> </u>	/		
- 6		State,				Name: La	net Eiret	Middlo			źı	<u></u>	<u>i</u> t	. ×	ct.	str.						- Br	Бr.,	br br
ERSO	Person Num.	12 Prsn. Type	13 Se Positic		Enter Driver				on first line		14 Injury	Sever	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Dru Resulf	25 Drug Category
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VEHICLE, DRIVER, & PERSONS																					Driver/Pr		Perso	
VEH	X O	wner	Owi	ner/Lessee		\	VHB TRAI	NSPORTATI	ON L											1				$\dashv$
	Le	ssee		ne & Address		F	PO BO						Fin	Resp <u>.</u>			TU	ITTL	E.		OK	730	)89	$\dashv$
-	Fin. F	Resp.		Exempt		e 1	Name		AMERIC	CA			Num								1,	ah:-!		Voc
		e Nun	١.					age Rating		S <b>-</b>	BL	<b>-</b> 2			ating 2	2		-		-		ehicle		Yes No
	Towe	d DF	RIVE	N				Fowed	DRIVER	₹														

Law E Form			TxDO1 /1/2018	ΓUse ONL\ 3)	Y. [	Case ID 21	001106	88		1	xDOT Trash ID							Pa	ge <u>84</u> of <u>1</u> 4
	Unit Num					Taken To					Taken By				Date of (MM/DD	Death (YYYY)		Time o (24HF	f Death t:MM)
														/	1	/			
DISPOSITION OF														,	/	/			
SSITIC RED/K														,	/	/			
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Ŀ	Unit Num.	Prsn. Num.							Char	ge							Citation/	Reference N	lum.
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3E		Da	maged	d Property	Other Than Ve	hicles				Own	er's Name					Owne	r's Address		
DAMAGE																			
Щ									I	🗖	res 28 Vel	_	29 Carr			Carrier			
N	nit um. 8	3	<b>⊠</b> 10 LB	),001+ IS.	TRANSP HAZARD	ORTING OOUS MATE		+ CAPACITY	CMV Disab Damage?	ling 🔲			ID Type			ID Num. (	136198		
C		ne W			PORTAT	ION			3OX 984	4			TUTT	LE _	OK	7308			8
	1 Bus ype <b>(</b>	)			5 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0	101 R	azMat '' eleased ''			azMat Num.	1 1		32 HazMat Class Num.		zMat Num.			33 Cargo Body Type	3
	nit um. <b>E</b>	34		RGVW GVWR	6,8,0,0	0,0,	34 Trlr. Type 2				nit lum.		RGVW GVWR	1.1		34 Trlr. Type		//V Disabling image?	Yes No
	equence f Events	35 S	eq. 1		35 Seq. 2		35 Se	eq. 3		Seq. 4		Intermod	lal Shipping	Yes Ac Gr No We	tual oss eight	1 1		otal Num.	
& VS	Unit	36 Con			Investigator's		ve Contrib.	+	nicle Defects (I	nvestigato	or's Opinion May Have			Envir	ronmental a	T	Conditions		
FACTORS & CONDITIONS	Onit	#		Contributi		iviay ria	Ve Contrib.		Contributing		iviay riave	Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
FACI							+												
$\vdash$						<u> </u>		<u> </u>					98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM														DIAGR	AM ON SEPARA	ITE PAGE			
NARRATIVE																			
<u>-</u>	inn - M	:61			Нош					Ti *	ris co e <sup>1</sup>		Dos	nort Dato					
3ATC	ime Not 24HR:MI	M)		6   2	0 How Notifie	DISF	ATCH			Time Ar (24HRM	rived M) C	6	4   0   Kep	oort Date M/DD/YYY	<sub>Y)</sub> 0	3 / 0	) 1 /	2 0	2 1
ESTIG	omp.	Yes No	lnv Na	restigator me (Printe	ed) HARF	ER, C	€.		MA	RTIN,	K						380-342	21	
N N	RI ·	$T_{ X}$	<sub> </sub> 2 <sub> </sub>	2   0	1   2   0	1 0 ×A	gency FO	RT WO	RTH PO	DLICE	DEPA	RTME	ENT			Service/ Region/D	CIE	N <sub>I</sub> T	R <sub> </sub> L

		orcem		nd TxDOT Us	se ONLY HOOL BUS	RAILRO	_	MAB	SUPPLEI		ACTIV SCHO	OL ZC	NE L	Γotal Num. Jnits ∟	1 4	4   8	Tota Nur Prsi		1 3	6	TxDOT Crash I			
<u> </u>	Tex Depar of Trans		М		Department	of Transpor	tation, Ci Refer to	o Attached C	nd Analysi Code Shee	s, P.Ò. Bo et for Numb	x 149349 bered Fie	), Aus elds	tin, TX						4/274	-7457	Р	age∟8	5 <sub>of</sub>	149
	★Cra	sh Dat DD/YY	te 'YY) <sub>l</sub>	0 2 / 1	1/2	0 2 1	*Cra (24H	ash Time RMM)	0   6   0	0 0	Case D 21	001	1068	3				Lo	ical se					
TION	★Coi Name	unty TA	ARR/	ANT			'			*City Name FC	RT W	OR	TH										Outs City Li	
V	In yo \$1,00	ur opi	nion,	did this cra	sh result in erson's pro	at least X	Yes Lati	itude cimal degre	es) 3	2 7	9 5	1	3	Longi (decir		egree	s)		0   9	7	3	2 2	7	7 ,
% T(		D ON		*Hwy. Num. 3	CCURRED	2 Rdwy.				3 Street		★Str		,			,					Street		<u> </u>
CATIO	Sys.	T	L Occi		ivate Drive o	Part r Toll R		Block Num. 260 peed	Const.	Prefix  Yes V	Vorkers	Nam		eet							S	uffix		_
<b>IDENTIFICATION</b>					Parking Lot IF CRASH N			mit <i>ION, NEARI</i>		No F		· ·			MAF	RKER	1							
ΙDΕ	At Int.	☐ Ye		Rdwy. s. LR	Hwy. Num.		2 Rdwy Part		ock um. <b>250</b> (	)	3 Street Prefix		- 1	reet ame 2	8TH	ł						Street offix	ST	
		nce fro		1000	<b>X</b> FT ☐ MI	3 Dir. from or Ref. Ma		Referen Marker	ce	Stree	t HW	<u> </u>							RRX Num.					
	Unit Num.	85		Jnit esc. 1	Parked Vehicle	Hit and Run	LP State T	LP Nur	n.		,	/IN L	( <sub>I</sub> L	<sub>1</sub> 7 <sub>1</sub> 0	Cir	J <sub>I</sub> K	ıS,	B <sub>1</sub> 6	ŝ ₁J	ιВι			10	
	Veh. Year	2	0	1 8 6 V	eh. or WHI	Veh. Make	CHEVR	OLET			Veh. Model -	ΓRΑΧ	(					Body yle	SV		Emer	Fire, El gency tive if c	viS on (Explain hecked	in )
	8 DL/ Type	ID 99 ess (St	Sta	1.15.1	L/ID um.			9 D Cla	L ss 99	10 CDL End.	99	11 Re	DL st. 99	)			DOB (MM/D	D/YY	YY) ∟		J/	_/		
S	City,	State,	ZIP)										->-		نب	냞							D 7	, <u>&gt;</u>
PERSONS	Person Num.	12 Prsn. Type	13 Sea Position		Enter Driver	Name: La or Primary I			n 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	Category
			99								99		99	99	1	99			N	96			97 9	
VEHICLE, DRIVER, &																					Applical Results			
ICLE, I											-										Driver/Pr		Person	
VEH	Xo	wner	-	ner/Lessee		(	GARCIA	A	DA	AVID			LEE	<u> </u>										_
	Proof		Yes	ne & Address	26 Fin.		Fin. Res	sp.					Fin. F	Resp.										_
	Fin. F	Resp. Resp.	No	Exempt	Resp. Typ	e 1	- 1	GEIC0					1	ehicle								'ehicle		/es
	Towe	e Num		D TOWN	10		Dam	age Rating Towed		3- 2 TOM/	RD-	7	Dama	age Ra	ating 2	2	12	-		FD-	7 Ir	nventor	ied 💢 N	10
Н	By Unit Num.		5 l	R TOWIN	Parked Vehicle	Hit and Run	LP State	To Nur		R TOWI		/IN , <b>5</b>	5 <sub>1</sub> N	.1	Α . T	7 , 2	ιM ι	N . 5	, G	, C ,				
	Veh. Year			1 6 6 V		Veh.	NISSAN	•	11.		Veh.						7 1	Body yle			Emer	Fire, El gency	MS on (Explain checked	in
	8 DL/ Type	ID 1		/ID DI	L/ID		MOOAI	9 0	DL ISS C	10 CDL End.	96	11	DL est. A				DOB (MM/D				J	uve ii c	пескей	<u>′</u>
	Addre City,	ess (St State, :	ZIP)					•		·														_
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prsn. Type	13 Seat Position		Enter Driver	Name: La or Primary l			n 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	Category
ER, & F	1	1	1	OLOFIN	KUA	OLUW	/AKEN	ИI В			В	27	В	1	1	1	5	97	N	96		96	97 9	7
DRIVE																				Drug	Applical Results	are or	ly repor	ted
HICLE											+									for E	Oriver/Pr ea	imary ch Unit		or
VĒ	XO	wner		ner/Lessee ne & Address		(	OLOFIN	NKUA	Ol	_UWAKE	EMI	<u>I</u>	В			<u> </u>								_
	Proof		Yes	Expired	26 Fin.	e 1	Fin. Res	sp. GEIC(	)				Fin. F											
	Fin. F			сленири	. 110ор. тур	~ 1	27 V	ehicle age Rating		3 <b>-</b>	RD-	7	27 Ve	ehicle age Ra	atina 1	2	7	_		BL-		ehicle	ried <b>X</b> N	es
	Towe	hd		R TOWIN	NG		1			R TOWI		•	1	J- · ··			,			J.	·   III	iverilli	ien 🔽 I	ίU

Law E		ent and 1 (Rev. 1/1	TxDOT Use ONLY		Case 210	001106	 88			TxDOT Crash ID							Pa	age <u>86</u> of <u>1</u>
	Unit Num.	Prsn. Num.	,		Taken To					Taken By				Date o (MM/DI	of Death		Time o	of Death R:MM)
	86	1	MEDICA	I CITY	ΕW			MED	STAR	56				/	1		(24111	I I
PS ES	00	i –	WILDIO		1 4 4			IVILD	01741					<u>,                                     </u>	1			
DISPOSITION OF INJURED/KILLED														<u>'</u> /	1			
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Η.	Unit F	rsn.						Ch	narge					/		Citation	/Reference I	Num.
	lum. N	lum.																
CHARGES																		
GHA																		
l ⊢																		
H		Dan	naged Property (	other Than V	phicles				Owr	ner's Name					Own	er's Address		
DAMAGE			agea roperty c	Tarier Triair V						iei s riume						er 37 tauress		
DAN																		
U	nit		10,001+	TRANSP	ORTING	ПП	+ CAPACITY	CMV Disa	abling 🔲	Yes 28 Vel	n.	29 Ca			Carrier			
	um. arrier's		10,001+ LBS.	☐ HAZARI	OOUS MATER	Carrier's	+ CALACITI	Damage	?	No Oper.		ID Ty	pe		ID Num.		30 Veh.	
I. ⊢	orp. Name	e	RGVW			Primary Add		Mat	HazMat			32 HazM	lat lu	azMat			Type 33 Cargo	
5 ™	pe		GVWR		Rel	eased N	lo Class N	um.	ID Num.		<u></u>	Class Nu		Num.	لللم		Body Type	
	nit um.		RGVW GVWR			34 Trlr. Type		IV Disabling mage?		Unit Num.		] RGVW ] GVWR			34 Trlr. Type		MV Disabling Damage?	Yes No
Se	quence	35 Sec				35 Se	a 3	3	5 Seq. 4			dal Shipping	Yes A	ctual ross			Total Num. Axles:	
	Events	33 360	q. I	35 Seq. 2		33 36	4. 5				Containe	er Permit	□ No N	/eight			AXICS.	
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat	or's Opinion	)		∐ No   W Env	/eight   ironmental a	Т	y Conditions		
0		36 Contri		nvestigator's					s (Investigat	or's Opinion May Have	)	38 Weather	Env 39 Light	/eight   ironmental a 40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather	Env 39 Light	/eight   ironmental a 40 Entering	41 Roadway	42 Roadway	43 Surface	Traffic
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	/eight   ironmental a 40 Entering Roads	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	leight   ironmental   40	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	leight   ironmental   40	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control
0	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	leight   ironmental   40	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	leight   ironmental   40	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	leight   ironmental   40	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	leight   ironmental   40	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control
FACTORS & CONDITIONS	3	36 Contri	ibuting Factors (I	nvestigator's	Opinion)			nicle Defects	s (Investigat		)	38 Weather Cond.	Env Env 39 Light Cond.	leight   ironmental   40	41 Roadway Type 3	42 Roadway Alignment	43 Surface Condition	Traffic Control

Law Enforcement and TxDOT Use ONLY  FATAL  CMV SCHOOL BUS RAILROAD	MAB SUPPLEMENT	ACTIVE	N	otal lum. 1 4 Jnits	8 Num.	1 3	TxDOT Crash ID	
Mail to: Texas Department of Transportation, Cr Refer to	Attached Code Sheet for No	orm CR-3 1/1 Box 149349, umbered Field	1/ <b>2018)</b> Austin, TX	78714. Que	estions? Ca	II 844/274	1 7457	87 of 149
	sh Time 0 6 0 0	Case		•	its, injured, e	Local Use		
*County	<b>★</b> City		0011068	3		Use		Outside City Limit
		FORT WO 7 9 5		Longitude		— n (	9 7 3 2	
ROAD ON WHICH CRASH OCCURRED				(decimal de	grees)		9 7 3 2	
	Block Num. 2600 3 Str Prefi	ix [	★Street Name Yes Stre				4 Stree Suffix	əı
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/ St. Lin Toll Lane Intersecting Road, OR IF CRASH NOT AT INTERSECTION At Yes 1 Rdwy 1 Rdwy 2 Rdwy.	nit Zone No	Present	No De	sc.	KFR			
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. No Sys. LR Num. Part	Block Num. 2500	3 Street Prefix	Sti	reet ame 28TH	NEN.		4 Stre	et ST
Distance from Int. or Ref. Marker 1000	Reference S	treet esc. HWY	<u> </u>	20111		RRX Num.		
Unit Num.87 Desc. 1 Parked Run State T	LP		IN 3 G	C P C	ıR ıE ıC		i <sub>1</sub> G <sub>1</sub>	
Veh. Year 2 0 1 6 Veh. Color SIL Veh. Make CHEVR	·	Veh.	1500		7 Bo Styl	ody e PK	Pol., Fire, l Emergency Narrative ii	/ (Explain in
8 DL/ID DL/ID DL/ID Type 1 State TX Num.	9 DL 10 C Class A End.	DL	11 DL Rest. 96	1	DOB (MM/DD	/YYYY) I	_/_	
Address (Street, City, State, ZIP)								
Name: Last, First, Park of Par		14 Injury Severity	Age 15 Ethnicity	16 Sex 17 Eject.	18 Restr. 19 Airbag	Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug	24 Drug Result 25 Drug Category
	SCOTT	В	58 W	1 1 1	1 5 9	7 N	96 96	97 97
1 1 MILLS TIMOTHY							Not Applicable – Drug Results are	only reported
HICLE							for Driver/Primary each Ur	
Owner/Lessee WARD	IMBER LTD							
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	p. PROGRESSIVE		Fin. F					
Fin. Resp. 27 Ve		LBQ-7	27 Ve		-		Vehicl Invent	e Yes
Towed By EDDS TOWING	Towed EDDS TOWI	ING	'				1	
Unit 5 Unit Parked Hit and LP Vehicle Run State	LP Num.		IN 4 T	1 <sub>1</sub> B <sub>1</sub> 2	1		Pol., Fire,	=MS on
Veh. Year 2 0 1 9 6 Veh. Color BLK Veh. Make TOYOT		Veh. Model C	T			e P4		/ (Explain in
8 DL/ID	9 DL 10 C Class 99 End.	. 99	11 DL Rest. 99		DOB (MM/DD	/YYYY) L	//	
City, State, ZIP) UNKNOWN	Middle		UNKNO	نبا	str.	ta _:	UN UNK	Br J Sio
Name: Last, First, Public Property of the Prop		14 Injury Severity	Age 15 Ethnicity	16 Sex 17 Eject.	18 Restr. 19 Airbag	Helmet 21 Sol.	22 Alc. Spec. Alc. Result	24 Drug Result 25 Drug Category
Name: Last, First, Enter Driver or PERSON  I 1	UNK	99	99	99 1 1	1 5 9	7 N	96 96	97 97
DRIV							Not Applicable – Drug Results are	only reported
HICLE							for Driver/Primary each Ur	
Owner Owner/Lessee LEASE P	_AN USA INC		ı					
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	<sup>p.</sup> SENTRY		Fin. F					
Fin. Resp. 27 Ve		RP <b>-</b> 7	27 Ve	ehicle age Rating 2	9 <b>-</b>		Vehicl	e Yes
Towed By BEARDS TOWING	Towed BEARDS TO		<u> </u>				Invent	NO

	v Enforcen m CR-3	nent and 1 (Rev. 1/1	TxDOT Use ON 1/2018)	ILY.	Case DID 21	00110	68			TxDOT Crash ID							Pa	ge <u>88</u> of <u></u>
Г	Unit Num	Prsn.			Taken To					Taken B	у			Date o (MM/DI	f Death D/YYYY)		Time o	of Death R:MM)
l.	87	1	PERSO	DNAL D	)R			SEL	F					/	/			1 1
NOF	C I I I I													/	/			1 1
<b>DISPOSITION OF</b>	Z Z													/	/			1 1
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٩	<b>S</b>													,	1			1 1
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r	Unit	Prsn.						С	harge					,	<u>'</u>	Citation	/Reference I	Num.
	Num.	Num.																
CHARGES																		
CHA																		
┝		Dan	naged Propert	o Othor Thor	Vahislas		<u> </u>		0	ner's Name					Ourne	er's Address		
AGE		Dai	naged Propert	y Other Thai	i venicies				Ow	rier s ivairie					OWITE	ers Address		
DAMAGE																		
L	Unit	1.	10.001 ·	T TDAN	ICDODTINIC			, CMV Di:	sabling [	] Yes   28 V	eh	29 C	arrier		Carrier			
	Num.		10,001+ LBS.	HAZ/	ISPORTING ARDOUS MATE		9+ CAPACITY	Damag		No Ope		ID Ty			ID Num.		201/ 1	
	Carrier's Corp. Nar	ne				Carrier's Primary A											30 Veh. Type	
CMV	31 Bus Type		☐ RGVW ☐ GVWR				Yes 32 Haz No Class N		HazMat ID Num.	1 1	1 1 1	32 HazN Class Nu		lazMat D Num.	1 1 1	1 1	33 Cargo Body Type	
	Unit Num.		☐ RGVW ☐ GVWR			34 Trlr. Type		//V Disabling image?		Unit Num.		RGVW GVWR	1 1 1	1 1	34 Trlr. Type		MV Disabling Damage?	Yes No
	Sequence Of Events			35 Sec			ieq. 3		35 Seq. 4		Intermo	dal Shipping er Permit	Yes A	ctual	1.76-		Total Num. Axles:	
		36 Contri	ibuting Factor				37 Ve	hicle Defec	ts (Investiga		n)	errennit		Veight   vironmental a	ınd Roadwa	y Conditions	AXIES.	
FACTORS &	Unit	#	Contrib	uting	May Ha	re Contrib.	+	Contributin	ig	May Ha	ve Contrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
ACTO												Cond.	Cond.	Roads	Type	Alignment	Condition	Control
Ľ	الم									Ц		98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM													DIAG	FRAM ON SEPAR.	ATE PAGE			

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

		orceme		d TxDOT Use 0	_	RAILRO	)AD	MAB SU	JPPLEME		CTIVE		l N	otal lum. 1 Inits	4	Tota Nur Prs	al n. 1 ns	3	6	TxDOT Crash I		
	Tex: Depart of Transp	as tment sportation		il to: Texas De ★=These fields		of Transport	tation, Cra Refer to	Attached Cod	Analysis, F le Sheet fo	P.Ò. Box 1 or Number	49349 ed Fie	, Aus lds	tin, TX					4/274-	-7457	Pa	age∟8	9_of_149
<b>4</b>	<b>≮</b> Cra ΜΜ/[	sh Date	γ <sub>)</sub> [	0 2 / 1	1,/_2_	0 2 1	★Cras (24HF	sh Time RMM) 0	6 0	0 Cas		001 <sup>-</sup>	1068	3			Lo Us	cal e				
,	<b>★</b> Cou								<b>★</b> Ci Nan	ity ne FOR												Outside City Limit
A TIC	n you	ur opin	ion, d	did this crash	result in a	t least X	Yes Latit	ude imal degrees)		2 7 9				Longitu (decima		es)		0   9	7	3	2 2	7 7
% F	ROAL			*Hwy. Num. 35	CURRED	2 Rdwy.		,		3 Street		*Str		(		/					Street	
	Sys.	TL		Num. 35 red on a Private Property/Park	te Drive or	Part Toll R		Block Num. 2600 eed		Prefix Yes Wor	rkers	Name Ye	e	eet						S	uffix	
NTIFIC				Property/Park						No Pres			_		IARKE	R						
_ / /	At nt.	Yes No		, ,	Hwy. Num.		2 Rdwy. Part	Block Num.	2500		Street efix	NE		reet ime 28	ТН						Street uffix	ST
	Distar	nce fron f. Marke		1000	-	3 Dir. from or Ref. Mar		Reference Marker		Street Desc.	HWY	,					- 1	RRX lum.	1 1		1 1	1 1
L N	Jnit Num.	89	5 Ur Des		Parked Vehicle	Hit and Run	LP State TX	X LP Num.			١	/IN <u>2</u>	! <sub> </sub> T	<sub>1</sub> 2 <sub>1</sub> Z	<sub>I</sub> Z <sub>I</sub> N	/I _C _	A <sub>1</sub> 2	l J	<sub>L</sub> C <sub>L</sub>			
	/eh. ∕ear	2 0	) <sub> </sub> 1	8 6 Veh. Color		Veh. Make	LEXUS	_		Ve Mo	eh. odel F	RX 35	0				Body yle	SV		Emer	Fire, EN gency ( tive if c	MS on (Explain in hecked)
T	DL/I ype	1		ID DL/ID Num.				9 DL Class	1 C E	0 CDL End. 96	)	11 Re	DL st. 96			DOB (MM/D	D/YY	ΥY) Ι		<b>/</b> _		_
C	City, S	ess (Stre State, Z	IP)								<b>.</b> .		,		: =						<b>—</b>	
PERSONS Person	lum.	12 Prsn. Type 13 Seat	osition	En	iter Driver c	Name: La or Primary F		Middle r this Unit on fi	rst 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		FILBERT		ASTY		MAF	 RIE					2 1	1	5			96	₹ IL		97 97
RIVER																						cohol and
VEHICLE, DRIVER, &			4																	river/Pr		lly reported Person for
MEH	<b>X</b> Ov	wner	Owne	er/Lessee		F	ILBERT	Γ	ASTY	YN			MAF	RIE								
	Le	essee	Name	e & Address  Expired 2			Fin. Res						Fin. F	Poen								
F	in. R	Resp.	No	Exempt	Resp. Type	1	Name 27 Ve	GEICO					Num.							1,7	ehicle	Yes
Р	Phone	Resp. e Num.					I	ge Rating 1	4 -		RD-	7		age Rati	ng 2	9	-		LD-			ied No
В	「owe∈ 3v				_						$\Box$											
N		MILI		R TOWING		⊐ Hit and	LP	To MII	_NER 1	TOWING												
V	Jnit Num. /eh.	MILI 90	5 Ur Des	nit sc. 1	Parked Vehicle	Hit and Run	LP State		LNER 1	TOWING Ve	\	/IN <u></u> _1	ιF	T <sub>1</sub> 7	<sub>I</sub> W <sub>1</sub> 2			i <sub>I</sub> F	ιΕι	Pol., F	Fire, EN	MS on
Y 8	Jnit Num. /eh. /ear	90 2 0	5 Ur Des	5 6 Veh. Color	Parked Vehicle	Run Veh.	ı	To MIII		Ve	eh.			<sub>,</sub> T ,7	_W <sub>1</sub> 2	7 St	Body yle <b>[</b>	PK	E,	Emer	gency (	MS on (Explain in hecked)
8 T A	Jnit Num. /eh. /ear B DL/l Type	90 2 0 1D 1	5 Ur Des ) 1 DL/I Stat	sit sc. 1 6 Veh. Color I	Parked Vehicle BRO	Run Veh.	State	To MIII		Ve	eh.	250		<sub>1</sub> T <sub>1</sub> 7	<sub>1</sub> W <sub>1</sub> 2	7 St	Body yle <b>[</b>	PK	E	Emer	gency (	Explain in
8 T A	Jnit Num. /eh. /ear B DL/l Type Addre City, S	MILI 90 2 0 10 1 ess (Street	5 Ur Des ) 1 DL/I Stat eet, IP)	nit sc. 1 G Veh. Color   DL/ID Num.	Parked Vehicle  BRO	Run Veh. Make	FORD ast, First, I	To MII LP Num.  9 DL Class	C [	Ve	h. odel F	250 11 Re	DL st. A			DOB (MM/D	Body yle [	PK (Y) I		Emero Narra	gency (	(Explain in hecked)
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	Enforcen CR-3		TxDOT ( /1/2018)	Jse ONLY.		Case 210	01106	8			TxDOT Crash ID							Pa	ge <u>90</u> of <u>14</u>
	Unit Num		i.			Taken To					Taken E	у			Date of (MM/DE	Death D/YYYY)		Time o (24HF	of Death R:MM)
<u>ا</u>	89	1	LO	CAL E	)R				SELF	=					/	/			
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Щ	Init		- 10.6	201 .	— TDANCD	ODTING			CMV Disa	bling [	Yes 28\	/eh	29 Carı	rier		Carrier			
Ν	lum. arrier's		☐ 10,0 LBS		HAZARD	ORTING OUS MATER	RIAL	+ CAPACITY	Damage?		No Ope		ID Type			ID Num.		30 Veh.	
	orp. Nar	ne		CVAA			Primary Ado						1					Type	
ોઇ	1 Bus ype		G	GVW VWR		Rel	zMat Y eased N	o Class Nu	ım. I	HazMat D Num.		<u> </u>	32 HazMat Class Num		azMat ) Num.			33 Cargo Body Type	
	Init Ium.		□R □G	GVW VWR			34 Trlr. ype		V Disabling nage?	☐ Yes ☐ No	Unit Num.		RGVW GVWR			34 Trlr. Type		MV Disabling amage?	☐ Yes ☐ No
	equence of Events		eq. 1		35 Seq. 2		35 Se	q. 3	35	5 Seq. 4		Intermod Containe	dal Shipping er Permit	Yes G No W	ctual ross /eight			Total Num. Axles:	
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FACTORS &						-							Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
PAG													98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM														DIAGI	RAM ON SEPARA	ATE PAGE			
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-1	ruiil.	. / / `	1-14	1 - 1	1-19	1 - 1 -	1 01	VI AAO		OLIU		ALVITA	-1 N 1			[negion/D	^   _		

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Ź	Tex Depar of Trans			lail to: Texas Department ★=These fields are requi	of Transport	tation, Cı Refer to	Attached C	d Analysi: ode Shee	s, P.Ò. B t for Num	ox 14934 abered Fi	9, Aus elds	stin, TX						4/274	1-7457	Р	age _	)1_of_	149
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	<b>★</b> Coι	unty	ARR			_			★City Name F	ORT V	VOR	TH										Outsi City Lii	
ATI	In yo	ur op	inion	, did this crash result in a to any one person's prop	at least X	Yes Lati	itude cimal degree			7 9 5				itude mal de	earee	s)	_	0 , 9	9 , 7	3	2 2	7	7
~შ_		D ON		CH CRASH OCCURRED	2 Rdwy.	,			3 Stree		★St		(		3	-/					Street		
X 710	Sys.		TL h Occ	*Hwy. Num. 35	Part		Block Num. 260		Prefix	Workers	Nam		eet								uffix		$\dashv$
IDENTIFICATION			.,	urred on a Private Drive or ate Property/Parking Lot B ROAD, OR IF CRASH N			mit ION, NEARE	Zone	No	Present	×Ν	De	sc.	E MAF	RKER	!							$\dashv$
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	Dista		om In	<b>S</b>	3 Dir. from or Ref. Mar		Reference	е	Stre						-			RRX Num.				1 1	٦
	Unit Num.		5	Unit esc. 1 Parked Vehicle	☐ Hit and		IIP	. K810				1 <sub>1</sub> F	ıU ı	J₁⊦	1 <sub>1</sub> H	ıD ı				K <sub>1</sub> R	9,	4   3	5
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	Addre	ess (S State,	treet,						•														
PERSONS	Person Num.	12 Prsn. Type	13 Seat Position	Enter Driver	Name: La or Primary F			n 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	Category
R, & P	1	1	1	ZUIGA-GUEVARA	VICTO	R	RC	OGELIC	)	С	31	Н	1	1	1	1	97	N	96		96	97 9	7
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Ī	Fin. F	Resp.		Exempt Resp. Type	1		UNITEI						ehicle								ehicle		⁄es
t	Towe	e Nur		DC TOWING		Dam	Towed		DANCI	RBQ-				ating 2			_			Ir	vento	ried 💢 N	10
	By Unit Num.		5	Unit Parked Vehicle	Hit and	LP State C	II P	RICH TI								,2 ,	C , s	) , G	i , T .	3 , 6	. 1 . (	0,6,	4 .
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ERSONS	Person Num.	12 Prsn. Type	13 Seat Position	Enter Driver	Name: La or Primary F			n 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	Category
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<b>ИАККА II</b>																						
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Law Enf Form Cl			TxDO1 /1/2018/	ΓUse ONL 8)	Υ.	Ca ID	se 210	0110	38		-	TxDOT Crash ID								Pa	ige <u>94</u> of <u>14</u>
	Unit Num.	Prsn Nun	i. 1.				ken To				•	Taken By					Date of	f Death D/YYYY)		Time o	of Death R:MM)
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Unit Nun	n.			),001+ 35.	☐ TRAI	NSPOR ARDOI	RTING US MATER		9+ CAPACIT	CMV Dis Damage					29 Cari			Carrier ID Num.		1	
Cor	ier's p. Nam	ne						Carrier's Primary Ac												30 Veh. Type	
31 E Typ				RGVW GVWR				Mat eased	Yes 32 Ha: No Class I		HazMat ID Num.		ш.		32 HazMa Class Num		zMat Num.			33 Cargo Body Type	
Unit Nur				RGVW GVWR	1 1 1	1 1		4 Trlr. ype		MV Disabling amage?		Jnit Ium.		RGV	WR	1 1 1	1 1	34 Trlr. Type		MV Disabling amage?	☐ Yes ☐ No
	uence vents		eq. 1		35 Se	q. 2		35 S	eq. 3	3	5 Seq. 4			nodal Sh iiner Per	hipping [ rmit [	Yes Act	ual oss ight	1 1 1		Total Num. Axles:	
%Se	Unit #		tributin	g Factors Contribut	(Investigat	or's Op	oinion) May Have	Contrib.	37 Ve	hicle Defect			) e Contrib.		38	Envir	onmental a	1	/ Conditions	43	44
FACTORS & CONDITIONS					1		,					,			/eather Cond.	Light Cond.	Entering Roads	41 Roadway Type	42 Roadway Alignment	Surface Condition	Traffic Control
PAS -															98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																DIAGRA	AM ON SEPARA	ATE PAGE			
INVESTIGATOR (24) Cor ORI ORI	ne Noti HR:MN	ified M) [	0	6   2	0 Hov	w tified <b>[</b>	DISPA	ТСН			Time Ar (24HRM	rived (	) <sub> </sub> 6	<sub> </sub> 4 <sub> </sub>	0 Re	eport Date	o 0	3 / 0	) 1 /	2 0	2 1
Inve	est. np.	Yes No		estigator	ed) HAF			011		M	ARTIN,				<u> </u>			ID	380-342	21	
ORI	- n l							ency EO	DT MC	ORTH F			\ DTI\/	1ENI	Т			Service/ Region/D		1	R <sub>I</sub> L

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZONE	Total To Num. 1 4 8 Nu Units   Pre		6 TxDOT Crash ID
Mail to: Texas Department of Transportation	eace Officer's Crash Report (Form 0 , Crash Data and Analysis, P.O. Box er to Attached Code Sheet for Numbe	<b>CR-3 1/1/2018)</b> 149349, Austin, T red Fields	TX 78714. Questions?	Call 844/274-74	
*Crash Date 0 2 / 1 1 / 2 0 2 1	Crash Time 0 6 0 0 Ca			Local	
*County	<b>★</b> City	RT WORTH	00	000	Outside City Limit
In your opinion, did this crash result in at least XYes	Latitude (decimal degrees) 3 2 7		Longitude (decimal degrees)	— 0 9	7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED		★Street	(decimal degrees)		4 Street
Sys. TL Num. 35 Part 1	Block   3 Street   Prefix     Speed   Const.   Yes   Wo	Name	Street		Suffix
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/  INTERSECTING ROAD, OR IF CRASH NOT AT INTERSE  At Yes 1 Rdwy 12 Rd	Limit Zone No Pre	esent No D	esc.		
At Yes 1 Rdwy. Hwy. 2 Rd Int. No Sys. LR Num. Part	lwy. Block 3	Street	Street Name 28TH		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000	Reference Street Desc.		-	RRX Num.	
Unit Num.95   5 Unit Desc. 1   Parked Run State	E TX Num.	VIN Y V	/	C 4 F	
Veh. Year 2 0 1 5 6 Veh. Color WHI Veh. Make VOL		eh. lodel S60		Body tyle P4	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End. 9	11 DL Rest. A	DOB (MM/I	DD/YYYY) I	_/_
Address (Street, City, State, ZIP)		>> >	<u>ا ئا</u> ئا		
Name: Last, F  In Dec 30  In Dec		14 Injury Severity Age 15	16 Sex 17 Eject. 18 Restr. 19 Airbad	20 Helmet 21 Sol. 22 Alc.	Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	GRABBE	B 42 W	2 1 1 5	97 N 96	96 97 97
1 1 BROCHU JOANNA				Dr	lot Applicable – Alcohol and rug Results are only reported
HICLE				to	or Driver/Primary Person for each Unit.
Owner Owner/Lessee BRO Lessee Name & Address	CHU JOANNA	GR	RABBE		
<b>V</b> V	Resp. le STATE FARM	Fin.	. Resp.		
Fin. Resp. 2	7 Vehicle amage Rating 1 5-	27 \	Vehicle mage Rating 2 12	)	Vehicle Yes □ Yes □ Inventoried No
Towed By TEXAS TOWING	Towed TEXAS TOWING		3 3 12	- ''	inventioned No
Unit Num.96   5 Unit   Parked   Hit and LP   State   S	LP Num.	VIN 1 C	C	TIXICIS	
Veh. Year 2 0 1 2 6 Veh. Color BLU Veh. Make DOD		eh. lodel RAM 1500		Body tyle PK	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End. 9	11 DL Rest. <b>A</b>	A DOB (MM/I	DD/YYYY) I	_ L
Address (Street, City, State, ZIP)		2 2	ر <del>ب</del> ر ا ا		
Name: Last, F Name: Last, F Name: Last, F Name: Last, F Name: Last, F Enter Driver or Primary Person		14 Injury Severity Age 15	16 Sex 17 Eject. 18 Restr. 19	20 Helmet 21 Sol. 22 Alc.	Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
Name: Last, F Enter Driver or Prince of Control of Cont		B 33 W	1 1 1 2	97 N 96	
DRIVE				Di	lot Applicable – Alcohol and rug Results are only reported
HICLE				fo	or Driver/Primary Person for each Unit.
Owner/Lessee HAR	DAWAY KRIS				
Proof of Yes Expired 26 Fin. Fin.	Resp. De STATE FARM	Fin.	. Resp.		
Fin. Resp. 2	7 Vehicle amage Rating 1 12 -	27 \	Vehicle	3 <b>-</b> R	Vehicle Yes P ■ 5 Inventoried No
Towed By TEXAS TOWING	Towed TEXAS TOWING		3- · · · · · · · · · · · · · · · · · · ·	,	. O Introduction

	Enforcem CR-3	nent and 1 (Rev. 1/1	TxDOT Use ON 1/2018)	ILY.		Case ID 2	21001	1068	3			TxDOT Crash ID									P	age <u>96</u> of
	Unit Num.				-	Taken T	О					Taken E	Ву				Date of (MM/DD	Death (YYYY)				of Death R:MM)
ايرو	95	1	JOHN	PET	TER S	MIT	Ή			AMA							/	/				
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CHARGES																						
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DAMAGE																						
à																						
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≥ 3	1 Bus		RGVW				HazMat	☐ Ye	s 32 HazN		HazMat				32 HazMat		azMat				Cargo	
ī	ype Init		GVWR RGVW				Released 34 Trlr.		CM	/ Disabling		Unit		R	Class Num GVW GVWR	.  11	O Num.	34 Trlr.		CM	ody Type / Disabling	Yes
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OTON															Weather Cond.	Light Cond.	Entering Roads	Roadwa Type	y Roadw Alignm		Surface Condition	Traffic Control
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NARRATIVE AND DIAGRAM																DIAG	RAM ON SEPARA	ITE PAGE				
OR	Time Not 24HR:MM	ified (	0   6   2	1 0	How	4 DIC	SPATO	`Н			Time A	rrived	0 1 6	<sub>1</sub> 4	- 1 0 Re	port Date M/DD/YY	<sub>YY)</sub> 0	3 /	0 1	/	2 0	2 1
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= 1	lum.	'   ^	2   2   0	1	12   0	U	J	<u>ruk</u>	T WOI	KIHP	OLICE	: UEF	AKII	VI⊏ľ	N I			Region	/DA		' '	' `   _

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD		ACTIVE SCHOOL ZON	Total Num. 1 4 E Units	Total Num. 1 3	TxDOT Crash ID
Mail to: Texas Department of Transportation, Cr	e Officer's Crash Report (Form Cash Data and Analysis, P.O. Box 1 Attached Code Sheet for Number	<b>R-3 1/1/2018</b> ) 49349, Austin ed Fields	) n, TX 78714. Ques	tions? Call 844/274	1-7457 Page 97 of 149
*Crash Date 0 2 / 1 1 / 2 0 2 1 *Crash	sh Time 0 6 0 0 Cas		•	Local Use	
*County Name TARRANT	<b>★City</b>	RT WORTI			Outside City Limit
In your opinion, did this crash result in at least Yes Lati	l .		1	ees) — 0 (	9,7,3,2,2,7,7
ROAD ON WHICH CRASH OCCURRED		★Stree		,	4 Street
	3 Street   Num. 2600   3 Street   Prefix   Street   Street   Prefix   Street   Prefix   Street   Prefix   Street   Str				Suffix
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTI	ON, NEAREST INTERSECTING F	ROAD OR REI	Desc. FERENCE MARKI	ER	
Int. No Sys. LR Num. Part		Street refix NE	Street Name 28TH		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000 ST To Ref. Marker S	Reference Street Desc.	HWY		RRX Num.	
Unit Num. 97   5 Unit Parked Hit and LP Vehicle Run State T			C 4 B J	W <sub>1</sub> D <sub>1</sub> G <sub>1</sub> 6 <sub>1</sub> G	Pol., Fire, EMS on
Veh. Year         2 0 1 6         6 Veh. Color BLK         Veh. Make JEEP           8 DL/ID         DL/ID         DL/ID         DL/ID		eh. odel WRAN( 11 DL		7 Body Style SV	Emergency (Explain in Narrative if checked)
Type 1 State TX Num.  Address (Street,	Class B End. P	Rest.	EM	(MM/DD/YYYY) I	
City, State, ZIP)  Sign of Name: Last, First,	Middle	uny	city ex.	g gau.	. c
Name: Last, First, Park of Strict of		14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
	KELLY	N 25 W	V 1 1 1	1 97 N	96 97 97
DRIV.					Not Applicable – Alcohol and Drug Results are only reported
1 1 BURRIS STEVEN					for Driver/Primary Person for each Unit.
Owner Owner/Lessee BURRIS	STEVEN	ļ k	KELLY		
Proof of Yes Expired 26 Fin. Fin. Res Fin. Resp. No Exempt Resp. Type 1 Name	PROGRESSIVE		in. Resp.		
Fin. Resp. 27 Ve			7 Vehicle Damage Rating 2	-	Vehicle
Towed By OWNER	Towed To HOME	I			
Unit S Unit Parked Hit and LP Vehicle Run State	Num.		T E T U	4	Pol., Fire, EMS on
Veh. Year 2 0 1 0 Color BLU Veh. Make TOYOT.	Α Μ	eh. odel TACOM		7 Body Style PK	Emergency (Explain in Narrative if checked)
8 DL/ID   DL/ID   Type 1   State TX   Num.   Num.   State TX   Num.   Nu	9 DL 10 CDL Class C End. 96	3 Rest	96	DOB (MM/DD/YYYY) I	
City, State, ZIP)	Middle	ury	Sex Eject.	st 3	
Name: Last, First, Name: Last, First, Name: Last, First, Page 20		14 Injury Severity Age	Ethnicity 16 Sex 17 Eject.	19 Airbag 20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
1 1 GARDNER HEATHER	AMANDA	в 34 м	V 2 1 1	1 97 N	96 97 97
DRIC					Not Applicable – Alcohol and Drug Results are only reported
Name: Last, First, Enter Driver or Primary Person for State of Sta					for Driver/Primary Person for each Unit.
Owner/Lessee BARTH.  Lessee Name & Address	A CLARA	, , , , , , , , , , , , , , , , , , ,	ANNE		
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	p. STATE FARM		in. Resp.		
Fin. Resp. 27 Ve		2	77 Vehicle Damage Rating 2	12 <b>-</b>	Vehicle Yes Inventoried No
Towed By LONESTAR TOWING	Towed To LONESTAR TOV				140

	Enfo		nt and (Rev. 1/		「Use ONL	Y.			Case ID	210	00°	1106	88					Ī	xDOT Crash ID												Pa	ge <u>98</u> of <u>′</u>
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٥	Type Unit				GVWR   RGVW					- 1	34 Trl		NO 10		V Disab		D Num.  Yes	;  u	l l Init		廿	Class Nu RGVW	ım.	IL	Num.		Trlr.			C	Body Type MV Disabling	
Н	Num	n. Jence	1		GVWR		$\vdash$	$\perp$		Ш	Type	1		Dai	mage?	$\overline{}$	No	N	lum.	Inte		GVWR dal Shipping		Yes A	ctual ross	Тур	pe				amage? Fotal Num.	No
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Service/ Region/DA C E N T R L

ID Num. 3380-3421

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≥	<b>★</b> Co								<u>.                                    </u>	<u> </u>				*Ci Nan	ty ne FOI													Outsi City Lir	
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		nce fr f. Mai		t. 1000		<b>X</b> F			rom In Marke		- 1	eferend arker	се		Street Desc.	HW)	1							RRX Num.	Ш				
	Unit Num.	99		Unit <sub>esc.</sub> 1		Parked Vehicle	- 11	Hit a	ind LI	P tate	TX	LP Num	1. 1MS	9492	28	,	√IN _2	2 <sub> </sub> X	ıK ı	H <sub>I</sub> A	۱ <sub>۱</sub> ۲	<sub>1</sub> 7 <sub>1</sub>	X <sub>1</sub> 8	3 <sub>1</sub> N	I <sub>1</sub> M <sub>1</sub>			5   6	2_
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	Enforce CR-3			DOT ( 2018)	Jse ONL	Υ.		Ca ID	ise 2	100	011	068	3					Tx Cr	DOT ash II	D																Page	100	of <u>149</u>
	Uni Nun	t Pr	rsn. um.						ken To										Take	n By								Date (MM/	of DD/	Death YYYY)				T	Time (24	e of D 1HR:N	eath IM)	
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	1 Bus Type Unit	0		<b>X</b> G'	VWR	3	3 <sub>1</sub> 0 <sub>1</sub>	0 (	)	Releas	sed	No		ss Nu	m.	IC	Num	·				<u> </u>	RG	Clas	s Nun			lum.		  4 Trlr.				Во	dy Typ	e 3		05
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	equenc of Event	s 3		<sup>1</sup> 98		"	35 Seq.				3	5 Seq			1.5.0		Seq. 4				C	nterm Contai				Yes No		ight			<u>_</u>		line.	Axle	al Nun es:	1.		
35.88	Unit		ontrib	_	ontribut		estigato	rsOp		Have Co	ontrik	).	3/		cle Def Contribu		invest	igator	_	y Have		trib.		38		39		onmenta 40		41	1		42		43	Т	44	
FACTORS &																								Veat Con		Ligh Cond		Enterin Roads		Road\ Typ			adway Inmer		onditic		Traff Cont	
FF																								98	3	3		97		3	}		2		6		96	3
NARRATIVE AND DIAGRAM																											DIAGRA	M ON SEP	ARAT	E PAGE	0.05							
NVESTIGATOR	Time No (24HR:N		0	<sub> </sub> 6	_ 2	0	How Notif	fied	DIS	PA	TC	Н			_		Tim (24	ne Arri HRMN	ved 1)	1 (	) _	6	4	1		eport D		) 0	,	3 /	0	)	1 /	1 2	2 (	)	2	1
STIG	nvest. Comp.	<b>X</b>	Yes No	Inve: Nam	stigator e (Print	ed)	HAR	PE	<u>-</u> R,	G.						MΑ	RT	 IN,k	<u> </u>		_	_		_					_	ID Num	ւ 3:	380	)-3 <sup>2</sup>	121				_]
ME	ORI		Y ·	2 2			2		$\neg$		icv <b>–</b>	-	- ·	10:			<u> </u>	<u> </u>		-D 1				_						Serv					N .	ΤĪ	R	

	MAB SUPPLEMENT	ACTIVE SCHOOL Z		4 8 Total Num Prsn		TxDOT Crash ID
Mail to: Texas Department of Transportation, Cras	Attached Code Sheet for Num	ox 149349, Au bered Fields	stin, TX 78714.			-7457 Page L 101 of L 149
*Crash Date (MM/DD/YYYY) 0 2 / 1 1 1 / 2 0 2 1 *Crash (24HR)		Case ID 21001	11068		Local Use	
★County Name TARRANT	★City Name <b>F</b> (	ORT WOF	RTH			Outside City Limit
In your opinion, did this crash result in at least Yes Latitue \$1,000 damage to any one person's property? \(\int\) No	de mal degrees) 3 2 7	7   9   5   1	3 Longitud	de I degrees)	_ 0   9	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED	Block 3 Street	t ★S	treet			4 Street Suffix
*1 Rdwy. Sys. TL Num. 35 Part 1 N Num. 35 Toll Road/ Spe Crash Occurred on a Private Drive or Road/Private Property/Parking Lot NTERSECTION ROAD, OR IF CRASH NOT AT INTERSECTION	ed Const. Yes	Workers Y	'es Street			Culix
	N, NEAREST INTERSECTIN	G ROAD OR	REFERENCE M	IARKER		A Chross
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. No Sys. LR Num. Part 1		3 Street Prefix NE	Street Name 28	ГН		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000		et c. HWY			RRX Num.	
Unit Num.101 S Unit Desc. 1 Parked Hit and LP State TX	LP Num.	T '	1 <sub>1</sub> F <sub>1</sub> M <sub>1</sub> S			G_ Pol., Fire, EMS on
Veh. Year 2 0 2 0 6 Veh. Color GRY Veh. Make FORD	la su	Veh. Model EXP		Sty	ody le SV	Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID Type 1 State TX Num.  Address (Street,	9 DL 10 CDL Class C End.	96 R	I DL est. A	DOB (MM/DE	)/YYYY) I	7/「
City, State, ZIP)		2 >	<u> </u>	; <u>+</u>		
Name: Last, First, M		14 Injury Severity Age	15 Ethnicity 16 Sex	18 Restr. 19 Airbag	Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug Category
Note: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M	в 38	W 2 1	1 5 9	97 N	96 97 97
VEHICLE, DRIVER						Not Applicable – Alcohol and Drug Results are only reported
						for Driver/Primary Person for each Unit.
Owner/Lessee CHILDRE Lessee Name & Address	SS ANGELA		М			
Proof of XYes ☐ Expired 26 Fin. Fin. Resp.			Fin. Resp.			
Fin. Resp. 27 Veh	LIBERTY COUNTY icle pe Rating 1 12 -	FD <b>-</b> 6	27 Vehicle Damage Ratir	ng 2 6 <b>-</b>		Vehicle  Yes  RD - 5  Inventoried  No
Phone Num.  Towed By  BIVINS	Towed BIVINS TOWIN		Damage Ratii	19 2 0		RD - 5 Inventoried No
■ Unit 5 Unit I Parked I Hit and LP	LP		4 ,S ,4 ,B	S B L C	C <sub>1</sub> 9 <sub>1</sub> G	3
■ INum. IU∠ IDesc. I I UVehicle I Run IState	I INUIII.	I L	.   -   .   -			
Num.102 Desc. 1 Vehicle Run State  Veh. 2 0 1 6 Veh. Veh. Color WHI Make SUBARIJ	Num.	Veh.		7 B	ody le P4	Pol., Fire, EMS on Emergency (Explain in
Veh. Year         2 0 1 6 Veh. Color WHI         Veh. Make SUBARU           8 DL/ID         DL/ID         DL/ID	9 DI 10 CDI	Veh. Model OUT	BACK	7 B	le P4	
Veh. Year         2 0 1 6         6 Veh. Color WHI         Veh. Make SUBARU           8 DL/ID         DL/ID         DL/ID	9 DL 10 CDL	Veh. Model OUT	BACK	7 B Sty DOB (MM/DD	le P4	Emergency (Explain in Narrative if checked)
Veh. Year         2         0         1         6         Veh. Color WHI         Veh. Make SUBARU           8 DL/ID Type         DL/ID State TX         DL/ID Num.         DL/ID Num.         Num.	9 DL 10 CDL Class C End.	Veh. Model OUT	BACK 1 DL test. 96	7 B Sty DOB (MM/DE	le P4	Emergency (Explain in
Veh. Year         2         0         1         6         Veh. Color WHI         Veh. Make SUBARU           8 DL/ID Type         DL/ID State TX         DL/ID Num.         DL/ID Num.         Num.	9 DL 10 CDL Class C End.	Veh. Model OUT	BACK 1 DL test. 96	18 Restr. 19 Airbag 8 L L L L L L L L L L L L L L L L L L	)/YYYY)	Emergency (Explain in Narrative if checked)
Veh. Year         2         0         1         6         Veh. Color WHI         Veh. Make SUBARU           8 DL/ID Type         DL/ID State TX         DL/ID Num.         DL/ID Num.         Num.	9 DL 10 CDL Class C End.  fliddle this Unit on first line	Veh. Model OUT 14 Injury Age PAge	BACK 1 DL lest. 96	18 Restr. 19 Airbag 8 L L L L L L L L L L L L L L L L L L	Helmet 71 Sol. (AAAAA)	Emergency (Explain in Narrative if checked)  S Z Alc.  S Z Z Alc.  S Z Alc.  S Z Alc.  S Z Z Alc.  S Z Z Alc.  S Z Z Alc.  S Z Z Alc.  S Z Z Alc.  S Z Z Alc.  S Z Z Z Alc.  S Z Z Z Alc.  S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Veh. Year         2         0         1         6         Veh. Color WHI         Veh. Make SUBARU           8 DL/ID Type         DL/ID State TX         DL/ID Num.         DL/ID Num.         Num.	9 DL 10 CDL Class C End.  fliddle this Unit on first line	Veh. Model OUT 14 Injury Age PAge	BACK 1 DL lest. 96	18 Restr. 19 Airbag 8 L L L L L L L L L L L L L L L L L L	Helmet 71 Sol. (AAAAA)	Emergency (Explain in Narrative if checked)  Spec. Spe
Veh. Year 2 0 1 6 6 Veh. Color WHI Make SUBARU  8 DL/ID Type 1 State TX DL/ID Num.  Address (Street, City, State, ZIP)  5 E C O O O O O O O O O O O O O O O O O O	9 DL 10 CDL Class C End.  fliddle this Unit on first line	Veh. Model OUT 14 Injury Age PAge	BACK 1 DL lest. 96	18 Restr. 19 Airbag 8 L L L L L L L L L L L L L L L L L L	Helmet 71 Sol. (AAAAA)	Emergency (Explain in Narrative if checked)  Separative if checked  Separative if checked)  Separative if checked  Separat
Veh. Year 2 0 1 6 Veh. Color WHI Make SUBARU  8 DL/ID Type 1 State TX DL/ID Num.  Address (Street, City, State, ZIP)  5 E O O O O O O O O O O O O O O O O O O	9 DL 10 CDL Class C End.	Veh. Model OUT 14 Injury Age PAge	Fin. Resp.	18 Restr. 19 Airbag 8 L L L L L L L L L L L L L L L L L L	Helmet 71 Sol. (AAAAA)	Emergency (Explain in Narrative if checked)  Separative if checked  Separative if checked)  Separative if checked  Separat
Veh. Year 2 0 1 6 Veh. Color WHI Wake SUBARU  8 DL/ID Type 1 State TX DL/ID Num.  Address (Street, City, State, ZIP)  5	9 DL 10 CDL Class C End.  fliddle this Unit on first line  KATHERINE  WILLIAM	Veh. Model OUT 14 Injury Age PAge	BACK 1 DL lest. 96  Athropial Architecture (1988)  W 2 1	2 B Restr. 1	N 200.	Emergency (Explain in Narrative if checked)  Separative if checked  Separative if checked)  Separative if checked  Separat

Law E Form			d TxD0	OT Use ONL 18)	LY.		Case D	00110	068				Txl Cra	DOT ash ID											Pa	ge <u>10</u>	02of <u>14</u>
	Unit Num		n. n.				Taken To						_	Taken By						Date o	of Death D/YYYY)				Time o (24HF	f Deat R:MM)	th
	101	1	L	OCAL	НС	)SP					SELF	=							/		/					ı	
DISPOSITION OF INJURED/KILLED	102	1		OCAL							MED	STAI	₹6	5					/	,	/				i	1	
SITIC ED/K																			/		/					ı	
NJUR																			/		/				i		i
42																			/		/				i		ı
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S																											
CHARGES																						T					
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ų.		D	amage	ed Property	y Othe	er Than V	ehicles					0	wner'	's Name							Ow	/ner's	Address	5			
DAMAGE																											
2																											
Ur	nit um.			0,001+ .BS.		TRANSP	PORTING DOUS MATE	RIAL C	9+0	CAPACITY	CMV Disa		Ye No					Carrier Type			Carrier ID Nun						
	rrier's orp. Nar	ne	1				-	Carrier's Primary																	30 Veh. Type		
≥ 31	Bus		- 1 -	RGVW					Yes No	32 HazN		HazMat					32 Ha			zMat				33	Cargo dy Type		
Uı	nit		TF	GVWR   RGVW			$\perp$	34 Trlr.		CM	/ Disabling	ID Num.	Uni				Class RGVW	num.	UID.	Num.	34 Trlr.			CMV	Disabling		Yes No
Se	ım. quence		<u>  L</u> eq. 1	GVWR	Н	35 Seq. 2	,	Type	Seq.		nage?	No 5 Seq. 4	Nui	m.		moda	GVWR al Shippin		es Ac	tual oss	Type				al Num.		No
	Events	,		ng Factors				33	J Jeq.		icle Defects		gator'	s Opinior		ainer	Permit	<u> </u>	10 Me	ight   onmental	and Roady	way C	ondition	Axle	es:		
RS & 70NS	Unit	#		Contribu	ting		May Ha	ve Contrib.	#		Contributing	3	$\mp$	May Hav	e Contrib		38 Weathe		39 .ight	40 Entering	41 Roadwa	av I	42 Roadway	, ,	43 urface		14 affic
FACTORS & CONDITIONS					1		<u> </u>						$\downarrow$				Cond.		ond.	Roads	Type		Alignme		ndition		ntrol
7,6																	98		3	97	3		2		6	ę	96
NARRATIVE AND DIAGRAM														DI	٩G	R	AN	11 (	N	SE	PAI	R/	ĄΤ	Ε	PA	G	E
IGATO	me No 4HR:M vest. omp.	tified M)   X Ye	0 Ir	6   2 nvestigator	r .		d DISP PER, G		1		M	Time (24H	e Arriv IRMM	) [	0   6	1 4	1   0		rt Date DD/YYYY	0	3 /	0	1 <i>,</i> 80-34		2 0	2	1
<b>%</b> o	RI	T ~	2	2 0	1	2 (	) 0 *	gency —					. –				—				Servic	.e/		ΕĪ	N . T	<sub>D</sub>	

		ACTIVE SCHOOL ZOI	NE Units	Total Num. Prsns.	1 3	6 TxDOT Crash ID
Mail to: Texas Department of Transportation, Cras	ttached Code Sheet for Numbe	149349, Austi red Fields	iń, TX 78714. Q			457 Page <u></u> 103_lof <u>149</u>
*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 *Crash (24HRM		1se 210011	068		Local Use	
*County Name TARRANT	*City Name <b>FO</b> F	RT WORT	TH			Outside City Limit
Name TARRANT  In your opinion, did this crash result in at least Yes \$1,000 damage to any one person's property? No (decim	de nal degrees) 3 2 7	9 5 1	3 Longitude (decimal d	legrees)	0 9	7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED	ock um. 2600 3 Street Prefix	★Stre		<u> </u>		4 Street
Crash Occurred on a Private Drive or Toll Road/ Spee	ed Const. Yes W		Street			Suffix
				RKER		
At ☐ Yes 1 Rdwy. Hwy. 2 Rdwy. Int. ■ No Sys. LR Num. Part 1		Street Prefix NE	Street Name 28Th	1		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000 Fr. do not not not not not not not not not no	Reference Street Marker Desc.	HWY			RRX Num	
Unit Num. 103 5 Unit Desc. 1 Parked Vehicle Run State TX	LP Num.	VIN_1	C 4 H,	J <sub>I</sub> X <sub>I</sub> F <sub>I</sub> N	1 <sub>1</sub> J <sub>1</sub> \	N⊥
Veh. Year 2 0 1 8 6 Veh. Color RED Veh. Make JEEP		/eh. /lodel WRAN	IGLER	7 Bod Style		Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID DL/ID Num.	9 DL 10 CDL Class C End. 9	11 E Res	ol st. 96	DOB (MM/DD/Y	YYY) I	_ <b>/</b> _
Address (Street, City, State, ZIP)			<b>&gt;</b>		1 1	
Name: Last, First, Mi		14 Injury Severity Age	15 Ethnicity 16 Sex 17 Eject.	18 Restr. 19 Airbag 20	21 Sol.	Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug
♥ 1 1 REYNOLDS MEGAN	RENEE	в 34	W 2 1	1 1 97	N 96	6 96 97 97
VEHICLE, DRIVER						Not Applicable – Alcohol and lrug Results are only reported
41CTE					f f	for Driver/Primary Person for each Unit.
Owner/Lessee REYNOLL	OS MEGAN		RENEE			
Proof of Yes Expired 26 Fin. Fin. Resp.			Fin. Resp.			
Fin. Resp. 27 Vehi		0.07.2	Num. 27 Vehicle			Vehicle Yes
Phone Num.  Towed By MILNER	Rating 1 11 -  Towed To MILNER TOWIN		Damage Rating			■ Inventoried No
Unit S Unit Parked Hit and LP Num. 104 Desc. 1 Vehicle Run State	LP Num.		9 X F (	C   2   E   5	4 , J , l	E, I
	Nulli.					Pol., Fire, EMS on
Veh.		/eh.		7 Bod		Emergency (Explain in
Year Z U 1 8 Color BLU Make HONDA	9 DI 10 CDI	Model CIVIC		Style DOB	P4	
Year 2 0 1 8 Color BLU Make HONDA	N.	Model CIVIC	DL st. A	Style	P4	Emergency (Explain in
Year         2         0         1         8         Color BLU         Make HONDA           8 DL/ID Type         DL/ID State TX         DL/ID Num.           Address (Street, City, State, ZIP)         City, State, ZIP	9 DL 10 CDL End. 9	Model CIVIC 11 I Res		Style DOB	P4	Emergency (Explain in
Year         2         0         1         8         Color BLU         Make HONDA           8 DL/ID Type         DL/ID State TX         DL/ID Num.           Address (Street, City, State, ZIP)         City, State, ZIP	9 DL 10 CDL End. 9	Severity Age Age	st. A	DOB (MM/DD/Y	P4	Special Specia
Year         2         0         1         8         Color BLU         Make HONDA           8 DL/ID Type         DL/ID State TX         DL/ID Num.           Address (Street, City, State, ZIP)         City, State, ZIP	9 DL 10 CDL End. 9	Severity Age Age	15 Ethnicity 16 Sex 177 Eject.	Airbag Bod Bod Bod Bod Bod Bod Bod Bod Bod Bod	P4	Special Specia
Year         2         0         1         8         Color BLU         Make HONDA           8 DL/ID Type         DL/ID State TX         DL/ID Num.           Address (Street, City, State, ZIP)         Color BLU         Make HONDA	9 DL 10 CDL End. 9	Severity Age Age	15 Ethnicity 16 Sex 177 Eject.	Airbag Bod Bod Bod Bod Bod Bod Bod Bod Bod Bod	P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P	Emergency (Explain in Narrative if checked)  Solve Strain in Narrative if checked)
Year Z U 1 8 Color BLU Make HONDA  8 DL/ID Type 1 State TX Num.  Address (Street, City, State, ZIP)  State TX Num.  Name: Last, First, Micror Primary Person for the state of	9 DL 10 CDL End. 9	Severity Age Age	15 Ethnicity 16 Sex 177 Eject.	Airbag Bod Bod Bod Bod Bod Bod Bod Bod Bod Bod	P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P	Emergency (Explain in Narrative if checked)  Emergency (Explain in
Year 2 U 1 8 Color BLU Make HONDA  8 DL/ID Type 1 State TX Num.  Address (Street, City, State, ZIP)  State TX Num.  Name: Last, First, Mi Enter Driver or Primary Person for the state of t	9 DL Class C 10 CDL End. 9  iddle his Unit on first line  VALEEN  FRANKIE	Model CIVIC    11	A 10 Sex A 1 Library A 12 Sex A 1 Library A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	Airbag Bod Bod Bod Bod Bod Bod Bod Bod Bod Bod	P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P4 P	Emergency (Explain in Narrative if checked)  Emergency (Explain in
Year 2 U 1 8 Color BLU Make HONDA  8 DL/ID Type 1 State TX Num.  Address (Street, City, State, ZIP)  8 DL/ID State TX Num.  Address (Street, City, State, ZIP)  8 DL/ID State TX Num.  Address (Street, City, State, ZIP)  8 DL/ID State TX Num.  Name: Last, First, Mi Enter Driver or Primary Person for the color of the c	9 DL Class C 10 CDL End. 9  iddle his Unit on first line  VALEEN  FRANKIE  USAA	Model CIVIC  A 11 In In In In In In In In In In In In In	A 15 Ethnicity T 6 Sex 17 Effect.	Style   DOB   (MM/DD/Y   18   Restr.   1   5   97     1   5   97     1   1   1   1   1   1   1   1   1	P4  YYY)  Solution  N  Solution  N  P  Solution  P  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  P  Solution  Solution  P  Solution  Sol	Emergency (Explain in Narrative if checked)  Emergency (Explain in

Law E Form			TxDOT Use (1/2018)	ONLY.		Case ID <b>21</b>	00110	68			TxDO Crash	T ID							Pa	ge <u>104</u> of <u>14</u>
	Unit Num.	Prsn. Num				Taken To					Tak	ken By				Date of (MM/DD	Death D/YYYY)		Time of	f Death I:MM)
<u>ا</u>	103	1	LOC	AL F	HOSP				SELF	=						/	/			
DISPOSITION OF INJURED/KILLED	104	1	LOC	AL F	HOSP				SELF	=						/	1			
SSITIC SED/K																/	1			
DISPO																/	1			
_																/	1			
																/	1			
	Unit lum.	Prsn. Num.							Ch	narge								Citation	Reference N	lum.
ES																				
CHARGES																				
$\Gamma$																				
Щ																				
35		Da	maged Pro	perty O	ther Than Ve	hicles				0	wner's N	lame					Owne	r's Address		
DAMAGE																				
Щ	nit		10.001	. 1.	TDANCO	ORTING			CMV Disa	ahling	Yes	28 Veh.		29 Carr	ier		Carrier			
N	um. arrier's		10,001 LBS.	+	HAZARD	ORTING OUS MATE	RIAL Carrier's	9+ CAPACITY	Damage			Oper.		ID Type			ID Num.		30 Veh.	
Co	orp. Nam	ne	RGV	NA/		1	Primary A												Type	
<b>∂</b>   <u>™</u>	Bus pe		GVV	/R		Re	eleased	Yes 32 Haz No Class N	um.	HazMat ID Num.	4			32 HazMat Class Num		azMat ) Num.			33 Cargo Body Type	
	nit um.		☐ RGV				34 Trlr. Type		IV Disabling mage?	☐ Yes ☐ No	Unit Num.			RGVW GVWR			34 Trlr. Type	Da	MV Disabling amage?	☐ Yes ☐ No
	quence f Events		eq. 1		35 Seq. 2		35 9	eq. 3	3	5 Seq. 4			Intermod Container	al Shipping Permit	Yes G No W	ctual ross /eight			Total Num. Axles:	
% S	Unit #			ctors (In	vestigator's		ve Contrib.	37 Ve	hicle Defects Contributing			pinion) ay Have C	Contrib.	38	Envi	ronmental a	nd Roadway 41	Conditions 42	43	44
FACTORS & CONDITIONS														Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
돈								1						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM															Diagi	RAM ON SEPARA	NTE PAGE			
ZO OF STIGATOR	ime Not 24HR:MM	ified (I)	0   6	2	0 How Notified	DISP	ATCH			Time (24H	Arrived	10	<sub> </sub> 6 <sub> </sub> 4	4   0   Re	port Date M/DD/YYY	<sub>Y)</sub> 0	3 / 0	) 1 /	2 0	2 1
STIGA	vest.	Yes No	Investi Name (	gator Printed	HARP				M	ARTI	N,K	•					ID Num. 3;	380-342	21	
NVE.	RI -				1   2   0			RT WC				EPAF	RTMF	NT			Service/ Region/D		1	R <sub>I</sub> L
<u> </u>												, 11					3			

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li	Jnit	106	□ RC	GVW	6 <sub>1</sub> 9 <sub>1</sub> 0 <sub>1</sub> 0	3	34 Trlr. Type 2	СМ	IV Disabling mage?	Yes U	nit um.	<u> </u>	RGVW	1 1	1 1		34 Trlr. Type		CMV Disabl Damage?		Yes
l	Sequen Of Even		eq. 1 98		35 Seq. 2		35 Sec			5 Seq. 4	<u></u>	Interm	odal Shipp ner Permit	ing []	Yes Ac	tual	Турс		Total Nur Axles:	n.	
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Page <u>106</u>of <u>149</u>

	w Enfo			nd TxDOT Us	se ONLY HOOL BUS	RAILRO	) 	MAB [	_ enbr	PLEMEN <sup>.</sup>		CTIVI		l N	otal lum. 1		8	Tota		I 3	6	TxDOT			
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Ź	Texa	tment	М		Department	•	Refer	to Attached	d Code S	Sheet for	Number	ed Fie	lds							4/274	-7457	Р	age∟ <sup>1</sup>	07⊥of∟	149
f	40	sh Da	ate		elds are requi		1+0				Ì		itiona	l vehic	les, occ	upar	nts, in	ijured,	T	cal					
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PERSONS	Person Num.	12 Prs Type	13 Seat Position		Enter Driver		,	,	it on first	line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Re	19 Airbag	20 Helmet	21 Sol	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Dru Resuli	25 Drug Category
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& PERSONS	Person Num.	12 Pı Type	13 Seat Position		Enter Driver	or Primary	Person	for this Uni	it on first	line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 EJ	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Di Resu	25 Drug Category
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Taken To   Taken Ey   Date of Death   Date o	Law E Form			TxDOT Us (1/2018)	e ONLY.	[	Case D <b>21</b> (	001106	8			TxDO Crash	T ID							Pa	ge <u>108</u> of <u>14</u>
Damogod Pagony One Than Vehicles		Unit Num.	Prsn. Num									Tak	en By				Date of (MM/DD	Death D/YYYY)		Time of	f Death I:MM)
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30 Contributing Factors (investigator's Opinion)   37 Vehicle Defects (investigator's Opinion)   50 Vehicle Defe	N	um.				+									GVWR	7 10			Da	amage?	☐ No
May Have Contributing   May Have Contributing   May Have Contributing   May Have Contributing   May Have Contributing   May Have Contributing   May Have Contributing   May Have Contribution   May		f Events	35 56					35 Se							al Shipping L Permit [	NO M	eight		<i> </i>		
DIAGRAM ON SEPARATE PAGE	S & ONS	Unit i						Contrib.						ontrib.	38					43	44
DIAGRAM ON SEPARATE PAGE	CTOR																				
	₹ <u>§</u>														98	3	97	3	2	6	96
Time Notified (24HRMM)   0   6   2   0   Notified DISPATCH   Time Arrived (24HRMM)   0   6   4   0   Report Date (MM/DD/YYYY)   0   3   0   1   2   0   2   1	NARRATIVE AND DIAGRAM															DIAGE	RAM ON SEPARA	NTE PAGE			
Investicator   Num. 3380-3421   Service/   Num. 1   Num	TOR	ime Not 24HR:MM	rified M)	0   6	2	0 How Notified	DISP	ATCH			Time (24H	Arrived RMM)	1 0	6 1 4	4   0   Rej	oort Date M/DD/YYY	<sub>Y)</sub> 0	3 / 0	) 1 /	2 0	2 1
ORI T X 2 2 0 1 1 2 0 0 *Agency FORT WORTH POLICE DEPARTMENT Service/ Region/DA C E N T R L	STIGA	vest. omp.		Investi Name	gator (Printed)	•				MA	ARTII	N,K	•					ID Num. 33	380-342	21	
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		orcem		nd TxDOT L IV SC	Jse ONLY HOOL BUS	RAILRO	1	MA		JPPLEM		ACTIV		NE L	Γotal Num. Jnits ∟	1 _ 4	4   8	Tota Nur Prs		1 3	6	TxDO <sup>2</sup> Crash			
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o <sub>∞</sub> R	OA			CH CRASH	OCCURRED	2 Rdwy			,		3 Street	<u> </u>	★Sti		(GOOIII								4 Stree		_
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	eh. ear	2	0 ,		/eh. <sup>olor</sup> BLK	Veh. Make	HYUN	NDAI	•			Veh. Model ι	JNKI	1WO	V				Body tyle	SV		Eme	Fire, E rgency ative if	(Expla	in in d)
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PERSONS Person	Jum.	12 Prsn. Type	13 Seat Position		Enter Drive	Name: La or Primary	,	,		irst 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
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F	in. F	Resp.	No	Exemp	Resp. Typ	e 1	Name		CONOMY F	FIRE ANI	D CASUA	LTY INS		Num								,	Vehicle		Yes
Р	hon	e Num					Da		Rating 1	12		FD-	7	Dam	age Ra	iting 2	2	6	-		RD*		nvento		
U	nit		/INS	S TOWIN	IG ☐ Parked	☐ Hit and	LP	T	o BI\	/INS T	TOWIN		/INI - 6		7 [		, 1		D (	. ^					
	um. eh.	110			└── Vehicle │ /eh.	Run Veh.	State		Num.			Veh.			<sub>_1</sub> 7 <sub>_1</sub> F	X   V	/   1	7	Body		191		Fire, E		
8	ear DL/	ID I	DI	/ID E	DL/ID	Make	DODO	GE	9 DL		10 CDL	Model [	11	DL				DOB	tyle				ative if		
Α		ess (St State,	treet,	ate TX	lum.				Class	<u> </u>	End.	90	JRe	est. 96	)			(MM/D	DD/YY	YY) I	·				
VEHICLE, DRIVER, & PERSONS		12 Prsn. g Type			Enter Drive	Name: La				irst 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	5 Drug ategory
8 PEI	. Z	1	<u>₩ 6.</u> 1	FLACH		SHAU	N		WIL	LIAM		<u>⊢</u> ω	_< 59	M <del>±</del> m		_ <del></del> 1	1	5		N N	96	< ₩	96		<u>8 0</u> 97
RIVER										-344											Not	Applica	able – A	Icohol	and
LE, DI																						Result Driver/P		Persor	
VEHIC	<b>(</b> 10)	wner	0	ner/Lessee		ı	FLACI	H		SH	AUN			\/\/II	LIAN	<u> </u>							-O11 O11	-	
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F	in. F	of Resp.		Expire Exemp	d 26 Fin. et Resp. Typ	e 1	Fin. R Name	S	TATE I	FARM	<u> </u>			Fin. F Num											1
Р	hon	Resp. e Num	۱.						Rating 1	12	-	FD-	7	1	ehicle age Ra	iting 2	2	6	-		RD-		Vehicle Invento		Yes No
T B	owe y	TE.	XAS	NWOT 8	IG			T	owed o TE	XAS T	NWOT	١G													

	v Enf m Cl		ent and T (Rev. 1/1	xDOT Use /2018)	ONLY	<i>(</i> .		C	ase	210	001	106	86						Txl	DOT ash ID											Pa	nge <u>110</u> of <u>1</u>
Γ		Unit Num.	Prsn. Num.	/					aken <sup>-</sup>										_	Taken By						Date (MM/	of Dea	ith YY)			Time o	of Death R:MM)
l	,	109	1	JOHI	ΙP	FT	FR	S	MIT	ГН						MEI	DS	TAR	₹ 6	3						/	1	,			(2411)	I I
VOF	ED.	110	1	JOH												MEI										, <u> </u>						
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AGE			Dan	naged Pro	erty	Otne	rinan	ven	ncies				+					Ow	vner	's Name								Owr	ier s A	ddress		
DAMAGE													+																			
H	Unit	t	Ι,	10,001			TRAN	SPO	RTING							CMV D	isahli	ina [	] Ye	es 28 Veh	٦.		29 C	arrier			lc	arrier				
l	Nur		l	LBS.		Ш	HAZA	RDC	DUS N	ATER	RIAL Carri		9+ C	APACI	TY	Damag			No				ID T					Num.			30 Veh.	
l	Cor	p. Name	<u> </u>		.,					$\perp$	Prim	ary Ad					_														Туре	
SWV	31 E Typ			RGVV		ı	1.1				zMat eased		Yes No	32 H Class			ID	zMat Num.	Ļ				32 HazN Class Nu			azMat ) Num.					33 Cargo Body Type	
l	Unit Nur			RGV		ı	1	ı	1 1		4 Trli ype	r.			CMV Dama	Disablin age?	g [	Yes No	Un Nu				RGVW GVWR	ı	1 1	1 1	34 Typ				:MV Disabling Damage?	Yes No
l		uence vents	35 Sec				35 Seq	. 2				35 Se	eq. 3	3			35 S	eq. 4					lal Shipping er Permit	Image: Control of the control of the	res A	ctual ross /eight	1				Total Num. Axles:	<del></del>
	$\overline{}$	3	6 Contri	buting Fac			stigato	r's O				<u>'</u>	Τ	37 \				nvestiga	ator'	s Opinion)					Envi	ironmenta	l and F	loadw	ay Co		1	
ORS &	<u></u>	Unit #		Con	tributi	ng		+	May	/ Have	Con	trib.	╁		$\frac{c}{1}$	ontributi	ng		+	May Have	Contri	b.	38 Weather	L	39 .ight	40 Enterin		41 adway		42 padway	43 Surface	44 Traffic
FACTORS &	0					+		$\dashv$							+		+		+				Cond.	_ C	ond.	Roads		Туре	Ali	ignment	Condition	Control
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NARRATIVE AND DIAGRAM																									DIAGR	RAM ON SEPA	ARATE P.	AGE				

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

	w Enfo FATA			nd TxDOT U	se ONLY HOOL BUS	RAILRO	DAD [	MAB S	UPPLEN	MENT [	ACTIV		1	Γotal Num. Jnits ι	1 4	4   8	Tota Nur Prs		1 3	6	TxDOT Crash			
Ä	Text Depart of Trans		M		·	of Transpor	tation, Cr Refer to	e Officer's Cr ash Data and Attached Co sheets submit	Analysis de Shee	s, P.Ò. Bo t for Num	ox 14934 nbered Fi	9, Aus elds	stin, TX							-7457	Ρ	age∟1	<u>11</u> of	149
	★Cra (MM/I	sh Da OD/YY	ite (YY)	0 2 /	1 1 / 2	0 2 1	★Cra (24HI	ash Time RMM) 0	6 0	0	Case ID 21	001	1068	3				Lo	cal se					
	⋆Cοι Name	ınty	ARRA						4	+City	ORT V													tside Limit
AT	In you	ur opi	inion,	did this cra	sh result in person's pro	at least	Yes Lati	tude cimal degrees			7 9 5				itude mal de	earee	e)	_	0 . 9	7	. 3	2 2	. 7	7.
ار م		O ON		TH CDASH (	CCUPPED	2 Rdwy		Block		3 Stree		★St		(dooi	mar a	9,00						Street		
8	Sys.		TL Occi	*Hwy. Num.		Part	1	Num. 2600 beed	Const.	Prefix	Workers	Nan		eet								Suffix		-
NTIFICA					rivate Drive or Parking Lot <i>IF CRASH N</i>			nit <b>ON, NEARES</b>	Zone	<b>X</b> No	Present	XN	o De	sc.	E MAF	RKER								_
9	At		es 1 I	Rdwy. /s. LR	Hwy. Num.	-	2 Rdwy.	Bloc			3 Stree Prefix	t	St	reet	8TF							Street	ST	
- 1	Distar or Re	nce fro	om Int		<b>X</b> FT	3 Dir. from or Ref. Ma		Reference Marker	;	Stre						-			RRX Num.	1 1				
П	Unit Num.		5 (	Unit esc. 1	Parked Vehicle	Hit and Run	LP State T	X LP Num.					3 <sub>I</sub> G	ıN ı	K <sub>I</sub> E	3 <sub>1</sub> B	ıR ı			S				
	Veh. Year	2	0		eh. Ior BLK	Veh. Make	CHEVR	OLET			Veh. Model	BLAZ	ER.					Body yle	SV		Emer	Fire, E gency itive if o	(Expla	ain in
ŀ	8 DL/I Type	1	St	/ID D	L/ID um.			9 DL Class	, C	10 CDL End.		11	DL est. A			- 1	DOB (MM/D	D/YY	YY) I		<b>/</b> _			
	Addre City, S	State,	ZIP)																ı			<b>—</b>		
SONS	Person Num.	2 Prsn. ype	3 Seat osition		Enter Driver	Name: La or Primary		Middle or this Unit on	first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr	19 Airbag	0 elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	4 Drug esult	25 Drug Category
VEHICLE, DRIVER, & PERSONS	1	<del>≅ ⊢</del> 1	<u>∺                                    </u>	JAMES		REGII	NALD	VO	 N		B	59	В	1	1	1	<del>- </del>	ō <u>∓</u> 97	N N	96	∢ ₩			97
RIVER																					Applica	ble – A	Icohol	l and
E P																					Results river/P		Perso	
ME ME	Xov	vner		ner/Lessee			JAMES		RF	GINAL	D		10V	N N										$\dashv$
	Le	ssee	Nan	ne & Addres			Fin. Res						Fin. F											_
-	Fin. R	lesp.			t Resp. Type		Name 27 Ve	US LLO	YDS				Num.								Ι,	, , , ,		٦٧
	Fin. R	e Nun	۱.					age Rating 1	12	!-	FD-	7			ating :	2	6	-		RD-		/ehicle nvento		Yes No
	Towe By Unit	<sup>a</sup> TE		S TOWIN	G ── Parked	─ Hit and	ΙP	Towed TE	XAS	TOWII				_										_
-	Num. Veh.		De	esc. 1	Vehicle //eh.	Run Veh.	State	Num.			Veh.	VIN <sub>L</sub>	J <sub>I</sub> T	ıE ı	Β <sub>ι</sub> ι	J <sub>1</sub> 5		R <sub>I</sub> 9 Body	) <sub>I</sub> K	_ <sub>1</sub> 5_	Pol.,	Fire, E	MS on	l n
ŀ	Year 8 DL/	ID .		D	lor WHI L/ID	Make	TOYOT	9 DL		10 CDI End.	Model	11	DL			1	St DOB	yle	SV		Narra	itive if	checke	ed)
Ī	Type Addre City, S	ess (S	treet,	<sub>ate</sub> TX N	um.			Class	<sub>s</sub> C	End.	96	R	est. 96	)		[(	(MM/D	D/YY	YY) I					
- 6		12 Prsn. Type				Name: La					14 Injury Severity		15 Ethnicity	xex	Eject.	18 Restr.	ag	net	<u> </u>	. So.	±	23 Drug Spec.	orug ult	25 Drug Category
PERS		12 F Type	13 S Posi		Enter Driver			or this Unit on			14 L	Age	15 Ethr	16 Sex	17 E	18 F	19 Airbag	Her Her	21 Sol.	22 Alc. Spec.	Alc. Result	23 E Spe	24 [ Res	25 C Cate
VER, &	1	1	1	WARE		DATE	LYN	CHI	RISTII	NE	В	36	W	2	1	1	5	97	N	96				97
VEHICLE, DRIVER, & PERSONS																				Drug	Applica Results )river/Pi	are or	nly rep	orted
HICT																						ch Uni		
>	X Ov	vner ssee		ner/Lessee ne & Addres	S	\	WARE		DA	TELYN	١		СНІ	RIST	INE									
	Proof Fin. R			Expired Exemp		= 1	Fin. Res	STATE	FARM	1			Fin. F											
	Fin. R		١.		•		27 Ve Dama			; -	RD-	7		ehicle age R	ating :	2	3	-		RP-		/ehicle		Yes No
	Towe Bv	d PU	IRR	FECT TO	WING		1	Towed PU	JRRFI	ECT T	OWIN	G	1										•	

The Part   The Control   The	Lav			ent and 1 (Rev. 1/1		Use ONL'	۲.	Case DD 210	001106	 88			TxDOT Crash ID							Pa	ge <u>112</u> of <u>1</u>
111   1   LOCAL HOSP   SELF	Г	_		Prsn.								,	Taken By				Date of (MM/DE	f Death D/YYYY)		Time o	of Death R:MM)
12   1   LOCAL HOSP   SELF	l			1	LO	CAL	HOSP				SELF	=					/	/			
	NO NO	LLEL	112	1	1						SELF	=					/	1			
	SITIS	(EU/K															/	/			
	DISP																/	/			
Manual   M	l																/	1			
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Demanded Property Other Than Vehicles		Ur Nu	nit P ım. N	rsn. lum.							Ch	arge							Citation	/Reference I	Num.
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			+																		
	H			Dan	naged	Property	Other Than V	ehicles				Owr	ner's Name					Own	er's Address		
Unit	AAGE					· · · operty	outer man v	cincies					ici s i tairic						er 5 / idai e 55		
No	DAI																				
No				]	10,	001+	TRANSI	PORTING	9	+ CAPACITY											
Note		Carr	rier's		LDS	o	HAZAK	DOUS MATER	Carrier's	dr	Daniage	: Ц	No Oper.		по туре			ID IVaiii.			
Variable   Variable	W/	31 B	Bus						zMat Y	es 32 Hazl										33 Cargo	
State   Stat	П	Unit	t		□ F	RGVW			34 Trlr.	СМ	V Disabling	Yes			RGVW					MV Disabling	
May   May	П	Seq	uence	35 Sec		JVWR	35 Seg. 2			-			Num.	Intermod	dal Shipping	Yes A	ctual ross	туре		Total Num.	∐No
Time Notified   0   6   2   0   Notified DISPATCH   Tame Arrived   24   18   Notified DISPATCH   Tame Arrived	-		3		ibuting		Investigator's	Opinion)						n)	erPermit			ind Roadwa		Axies:	
Time Notified   0   6   2   0   Notified DISPATCH   Tame Arrived   24   18   Notified DISPATCH   Tame Arrived	ORS 8	<u> </u>	Unit #	+		Contributi	ing	May Have	e Contrib.		Contributing		May Have	e Contrib.	Weather	Light	Entering	Roadway	Roadway	Surface	Traffic
Time Notified   0   6   2   0   Notified DISPATCH   Tame Arrived   24   18   Notified DISPATCH   Tame Arrived	FACT	<u> </u>																			
Time Notified   0   6   2   0   How Notified DISPATCH   Time Arrived (24HRMM)   0   6   4   0   Report Date (MMM/DD/YYYY)   0   3   0   1   2   0   2   1	H														98	3	97	3	2	6	96
Invest. Name (Printed) HARPER, G. MARTIN,K	NARRATIVE AND DIAGRAM															DIAG	RAM ON SEPARA	ATE PAGE			
Invest. Myes Comp. Some (Printed) HARPER, G. MARTIN,K	TOR	Tim (24	ne Notif HR:MM	ied (	)   6	S <sub>1</sub> 2 <sub>1</sub>	0 How Notifie	ed DISP	ATCH			Time A (24HRN	rrived MM)   (	0   6	4   0   Rep	oort Date M/DD/YY\	<sub>(Y)</sub> 0	3 /	0 1 /	2 0	2 1
Service/   C   E   N   T   R   L   Region/DA   C   E   N   T   R   L	STIGA	Inve			Inve	estigator ne (Printe					MA		I					ID Num. 3	3380-34	21	
	INVE	ORI								RT WO				<u>ARTM</u> E	NT					1	R <sub>I</sub> L

		orcem		nd TxDOT U	Jse ONLY HOOL BUS	RAILRO	AD	MAB S	UPPLEN	IENT	ACTIV SCHO		1	otal lum. Jnits L	1 4	1 8	Tota Nur Prs	al n. ′ ns. ∟	1 3	6	TxDOT Crash			
Ä	Text Depart of Trans		M		s Department ïelds are requ	of Transport	tation, Cra Refer to	Attached Co	Analysis de Sheet	, P.Ò. Box for Numb	: 149349 ered Fie	9, Aus elds	tin, TX							-7457	Р	age∟ <sup>1</sup>	<u>13</u> of	149
	★Cra (MM/I	sh Da DD/YY	ite (YY)	0 2 /	1 1 / 2	0 2 1	★Cras (24HF	sh Time 0	6 0	0   0	ase	001	1068	3				Lo	ocal se					
	⋆Cοι Name	ınty	ARRA						*	City ame FO														tside Limit
AT	In you	ur opi	inion,	did this cra	ash result in person's pro	at least	Yes Latitu	ude imal degrees		2 7				Long	itude mal de	aree	2)	_	0 , 9	7	3	2 2	2 , 7	7.
ار م		D ON		HCBASH	OCCUPPED	2 Rdwy.		Block		3 Street		★Sti		(GOO!	mar a							Street		
8	Sys.		TL Occi	★Hwy. , Num. •		Part	1	Num. 2600 eed		Prefix Yes W	/orkers	Nam		eet								Suffix		-
NTIFICA					rivate Drive of Parking Lot IF CRASH N			nit	Zone	No P	resent	XN	De	sc.	MAF	RKER								_
9	At		es 1 I	Rdwy.	Hwy. Num.		2 Rdwy. Part	Bloc			3 Street Prefix	t	St	reet	8TH							Stree	ST	
- 1	Distar	nce fro	om Int		<b>X</b> FT	3 Dir. from or Ref. Mar		Reference Marker	)	Street						-			RRX Num.					
	Unit Num.		5 (	Jnit esc. 1	Parked Vehicle	Hit and Run	LP State IN	LP I Num.	28361				3 <sub>1</sub> A	ıK ı	J <sub>I</sub> F	Ι <sub>Ι</sub> Ρ	ıD ı			ıS,	L <sub>I</sub> F			
	\ / - I-		0 ,		/eh. lor WHI	Veh. Make	FREIGH	TLINER			Veh. Model ι	JNKI	1WO	١				Body yle	TT		Pol., Emer Narra	Fire, E gency tive if	MS on (Expla	n ain in ed)
1	B DL/I Type	D .	DL	/ID	L/ID-			9 DL Class	, A	10 CDL End.		11	DL st. P2				OOB MM/D	D/YY	YY) I		<b>/</b> _			
	City, S	ess (S State,	ZIP)														ı		ı					
SONS	erson um.	12 Prsn. Type	3 Seat osition		Enter Driver	Name: La or Primary F		Middle this Unit on	first line		14 Injury Severity	Age	15 Ethnicity	S Sex	17 Eject.	18 Restr	19 Airbag	) elmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	t Drug esult	25 Drug Category
& PE	<u>a z</u> 1	<u>₩</u>	<u>₩ ₫.</u> 1	JONES		RHON	DA	CAF	ROL			-₹ 57	1 = ==	16	1	1		<u>≅ ±</u> 97	-5 N	96	<u> </u>			87 97
VEHICLE, DRIVER, & PERSONS																	-				Applical			
E P																					Results Priver/Pi		Perso	
ME ME	Xov	wner		ner/Lessee		.1	B HUN	Γ	TR	ANSPO	RT IN	<u></u>												$\dashv$
	Le	ssee	Nan	ne & Addres		6	15 JB I	HUNT CO					F: -				LO	WE	LL		AR	727	745	_
-	Fin. R	Resp.			Resp. Type		Fin. Resp	ACE AN	/IERIC	AN INS	3		Fin. F Num.								1.		N	<b>2</b>
		e Nun	۱.				27 Ve Dama	ge Rating 1	11		FL-		Dama		ating 2	2	1	-		FR-		ehicle ento	ried _	Yes No
	Towe By Unit	<sup>□</sup> BE		OS TOW	ING ☐ Parked	─ Hit and	ΙP	Towed 11	50 IN	ΓERMC														$\dashv$
-	Num. Veh.	114	De	esc. 6	Vehicle //	Run Veh.	State O		54350		Veh.	VIN [	_ <sub> </sub> J	ıR ı	$C_1 = 5$	5   4		6 <sub>I</sub> 9 Body	) <sub> </sub> A	1,		<sub>L</sub> 3 <sub>L</sub> Fire, E gency	MS on	ì
H	Year 8 DL/		_		olor ONG DL/ID	Make	CIMC TF	RAILERS 9 DL		10 CDL	Model	_	APPL DL	ICAB	BLE	[	St DOB	yle	TL		Narra	tive if	checke	ed)
Ī		ess (S State,	treet,	ate N	lum.			Class	3	End.		Re	est.			(	MM/D	D/YY	YY) L		<u> </u>	/		
- 6		12 Prsn. Type				Name: La					14 Injury Severity		15 Ethnicity	xex.	Eject.	18 Restr.	ag	net	<u> </u>	. S	Ħ	orug c.	)rug ult	25 Drug Category
PERS	Person Num.	12 F Type	13 S Posi		Enter Driver	or Primary F	Person for	this Unit on	first line		14 II Sev	Age	15 Ethr	16 Sex	17 E	18 F	19 Airbag	Hel Hel	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 [ Res	25 C Cate
VER, &																								
E, DRI											+									Drug	Applical Results Driver/Pi	are o	nly rep	orted
VEHICLE, DRIVER, & PERSONS																						ch Uni		
اد	X Ov	wner ssee		ner/Lessee ne & Addres	s		B HUN 15 JB	T HUNT CC		ANSPO R	RT IN	С					LO	WE	LL		AR	727	745	
		of Resp.		Expire Exemp	I		Fin. Resp Name	ACE AN	/IERIC	AN INS	8		Fin. F											
	Fin. R Phone	Resp. e Num	٦.				27 Ve Dama	hicle ge Rating 1	6	-	BD-	7		ehicle age R	ating 2	2	3	-		FR-		ehicle		Yes No
	Towe Bv	d BE	ARI	OS TOW	ING		1	Towed 11	50 IN	ΓERMC	DAL	PK\	۷Y											

	Enforcem CR-3	ent and T (Rev. 1/1	xDOT Use ONI /2018)	LY.		Case 21	0011	068	3			TxDC Crash										Pa	ige <u>114</u> of	149
	Unit Num.	Prsn. Num.				Taken To						Tal	ken By					Date (MM/	of Death DD/YYYY)				of Death R:MM)	٦
	113	1	JOHN F	PET	TER S	MITH				MED	STAF	₹						1	/			ı	1 1	٦
DISPOSITION OF																		1	/			i	1 1	┨
0110																		1						┨
SPOS																		1						$\dashv$
25	-																	1	1					$\dashv$
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Н	Unit	Prsn.								Ch	arge					ļ		/	/	Cit	ation/	Reference I	Num	ᅱ
	Num. I	Num.								CII												Terefree i		$\dashv$
CHARGES		+																						$\dashv$
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Н				0.1																				┥
AGE		Dan	naged Property	y Otne	er inan ve	nicies		$\dashv$				wner's N	vame						Ow	ner's Addı	ess			$\dashv$
DAMAGE																								$\dashv$
H	nit	١.	10.001±	TE	TRANSP	ORTING	Te			CMV Disa	hlina	Yes	28 Veh			29 Ca	rrier		Carrier					4
1	lum. 1	13	10,001+ LBS.	_	HAZARD	OUS MATE	Carrier's		CAPACITY	Damage?	[	No	Oper.	1		ID Ty			ID Nun	.0008	080	30 Veh.		4
	orp. Nam	e JB	HUNT RGVW				Primary	Addr.	1150			DAL	PKV	۷Y		HASI			x 76	052		Type	8	4
	1 Bus ype <b>0</b>		<b>⊠</b> GVWR	5/2	2 <sub>1</sub> 0 <sub>1</sub> 0	10   R		☐ Ye: ☐ No			HazMat D Num.	Ļ				32 HazMa Class Nur		HazMat ID Num.				3 Cargo ody Type	3	
	nit lum. 1	14	☐ RGVW <b>X</b> GVWR	<sub>1</sub> 6 <sub>1</sub>	8,0,0	0 <sub>1</sub> 0 <sub>1</sub>	34 Trlr. Type	2	CMV Dam	Disabling age?	Yes No	Unit Num.				GVW GVWR	1.1		34 Trlr. Type			IV Disabling mage?	☐ Yes ☐ No	
	equence of Events	35 Sec	<sup>q. 1</sup> 98		35 Seq. 2		3	5 Seq.	. 3	35	Seq. 4					l Shipping Permit	Yes No	Actual Gross Weight	1 1			otal Num. xles:		$\neg$
××	11-2-6	_	buting Factors		estigator's					le Defects				C	T		Er	vironmenta		<u> </u>				
ORS	Unit#		Contribu	iting		мау на	ve Contrib	). 		ontributing		IV	ay Have	Contrib.	┨	38 Weather	39 Light	40 Entering			way	43 Surface	44 Traffic	
FACTORS &												+			+	Cond.	Cond.	Roads	Туре	Aligni		Condition	Control	-
H															_	98	3	97	3	2	2	6	96	$\dashv$
NARRATIVE AND DIAGRAM																	DW	AGRAM ON SEPA	RATE PAGE					
ESTIGA		Yes No	Investigator Name (Print	r ted)	HARP		<b>3</b> .				ARTII		10		<sub> </sub> 4	·	eport Dat MM/DD/Y	e YYY) 0		3380-		I	1	1
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Law E				nd TxDOT U V SCI	se ONLY HOOL BUS	RAILR		MA		SUPPLE		$\square$ S	CTIVI		NE L	otal lum. Jnits L	1 ,	4   8	Tot Nur Prs		1 3	6	TxDO Crash			
of the state of th	Texas epartm Transpo	nent ertation	Ma			<b>Te</b> nt of Transpo quired on all	ortation Refe	, Crash er to Att	ached Co	d Analys ode She	is, P.Ò et for N	). Box 1. lumbere	49349 ed Fie	), Aus elds	tin, TX							I-7457	F	Page∟ <sup>1</sup>	15 of∟	149
*(	Crasl M/DI	h Date D/YYY	; ′Y) <sub>L</sub>	0 2 /	1 1 / 2	0 2	1 (2	Crash <sup>-</sup>		6 (	0   0	Cas ID		001	1068	3				Lo Us	ocal se					
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PERSONS Person	Num. 12 Prsn	Type 13 Seat	Position		Enter Drive	Name: I er or Primary	,	,		ı first line	e		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
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DRIVE																									lcohol	
VEHICLE, DRIVER		+																					Driver/F		Person	
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Fir	ı. Re	esp.	No	Exemp	t Resp. Ty	pe 1		7 Vehicl								ehicle		0	_					Vehicle		Yes
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By Ur			5 L		Parked Vehicle	Hit and	LP State	'	LP Num		JVVIN		\	/IN , 1	ı,F	, T ,	8 <sub>1</sub> V	V <sub>1</sub> 3	ıB ı	T , 2	2 <sub>1</sub> J	ιΕι				
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VEHICLE, DRIVER, & PERSONS	Num.	Type 13 Seat	Position		Enter Drive	Name: I er or Primary				ı first line	e		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
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Fir		Num.					<u>م</u> ا	amage	Rating 1	4	2 <b>-</b>		FD-	7	Dame	age R	ating	2	^	-		RD:	. <del>.</del>	nvento		٠ ١

	Enfo n CR-		nt and T Rev. 1/1		Use ONL'	Y.	Case DID 21	001106	8			TxDOT Crash ID								P	age <u>1</u>	6of 1
	ı	Unit lum.	Prsn. Num.				Taken To					Taken B	у				Date of (MM/DD	Death		Time (24F	of Deat	:h
l	1	15	1	LO	CAL	HOSP				SEL	F						1	1			1	
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CHARGES																						
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Н			Dam	naned	Property	Other Than	Vehicles				Own	ner's Name						Owne	er's Address			
DAMAGE			Dan	lageu	roperty	Other man	vernicles				OWI	iei 3 Nairie						OWING	i s Address			
DAM																						
Н	Unit		ŀ	] 10,	001+	TRANS	SPORTING		CARACITY	CMV Dis	abling	Yes 28 V	eh.		29 Carri	er		Carrier				
	Num. Carrie		L	LBS		HAZA	RDOUS MATI	Carrier's	+ CAPACITY	Damage		No Ope			ID Type			ID Num.		30 Veh		
	Corp.	Name		<u> П</u>	RGVW		1	Primary Ad							1					Туре	•	
	31 Bu Type	is			SVWR			azMat \( \)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			HazMat ID Num.				32 HazMat Class Num.		azMat ) Num.			33 Cargo Body Type		
Ш	Unit Num.				GVW GVWR			34 Trlr. Type		V Disabling nage?		Unit Num.			RGVW GVWR	1 1	1 1	34 Trlr. Type		MV Disablin Damage?		Yes No
	Seque Of Ev		35 Sec	, 1		35 Seq.	2	35 Se	q. 3	3	35 Seq. 4					Yes A	ctual iross Veight		1 1	Total Num. Axles:		
88	2	36 Unit#	6 Contri	_	Factors (	(Investigator		ve Contrib.		icle Defect	s (Investigat	<del></del>	n) ve Contrib	4		Env	ironmental a	1	y Conditions			
ORS	<u> </u>	Unit #			Contribut	ing	iviay na	ve Contrib.		Contributin	9	IVIAY FIA	ve Contrib	$\vdash$	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	Tra	14 affic
FACTORS &	5													+		Cond.	Roads	Type	Alignment	Condition		ntrol
H												<u> </u>			98	3	97	3	2	6	,	96
SRAN																						
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NARRATIVE AND DIAGRAM																DIAG	RAM ON SEPARA	ATE PAGE				
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R	Time	Notifi	ed -			How					Time A	rrived			Ren	ort Date				0 -		
SATO		Notific R:MM)	Yes	_	S 2 estigator	0 Notif	ied DISF	PATCH			Time A (24HRN		0   6	4	1 0 (MN	M/DD/YY	<sub>YY)</sub> 0	3 / 0	0 1 /	2 0	2	1
ÆSTI.	Comp	o. [	No	Nar	ne (Printe	ed) HAR					ARTIN							Num. 3	380-34	1	1	
Ŋ	ORI Num.	ΙT	X	2	2   0	1   2	0 <sub> </sub> 0  *A	gency FO	RT WO	RTH F	POLICE	DEP	ARTI	/E	NT			Service/ Region/I	DA C E	[ N <sub> </sub> T	R	l L

	w Enfo			nd TxDOT Use ONL	BUS RAILR		MAB	SUPPLEM	_	ACTIVE	DL ZC	ONE L	otal lum. Jnits ∟	1 4	1 8	Tota Nur Prs	al n. ′ ns. ∟	1 3	6	TxDOT Crash I			
Ź	Texa Departs of Transp	ment	М	ail to: Texas Depar ★=These fields ar	tment of Transpo	rtation, Co Refer to	o Attached	nd Analysis Code Shee	s, P.Ò. Bo t for Num	ox 149349 bered Fie	, Aus Ids	tiń, TX							l-7457	Р	age∟ <u>1</u>	<u>17</u> of	_ 149
	★Cras (MM/E	sh Da DD/Y`	ite YYY)	0 2 / 1 1	/_2_0_2_	1 *Cra	ash Time IRMM)	0 6 0	0	Case ID <b>21</b>	001	1068	3				- 1	ocal se					
	★Cou Name		ARRA	ANT					∗City lame <b>F(</b>	ORT W	OR	TH											tside Limit
A TIC	In you	ır op	inion,	did this crash res	ult in at least	Yes Lati	itude cimal degre	es) 3	2, 7	7   9   5	, 1	3	Long (deci	itude mal de	earee	s)	_	0   9	9 , 7	3	2 2	, 7	7
ଐ ୮		ON		*Hwy. Num. 35					3 Stree		★Sti					,					Street		
SATIO	Sys.		TL n Occi	Num. 35  urred on a Private D	Part Prive or  Toll		Block Num. 260 peed		Prefix Yes	Workers	Nam		eet							S	uffix		
<b>IDENTIFICATION</b>			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	te Property/Parking	201   1011		mit ION, NEAR	Zone EST INTER		Present <b>G ROAD</b>		_		MAR	RKER								
	At Int.	∏ Y∈ <b>X</b> No		Rdwy. Hwy s. LR Num		2 Rdwy Part		lock um. <b>250</b> 0	)	3 Street Prefix		- 1	reet ame 2	8TH							Street uffix	ST	
	Distar or Ref				FT 3 Dir. from		Referer Marker	nce	Stre	et c. HWY	,	•						RRX Num.	1 1		1 1	1	1 1
	Unit Num.	117			ked Hit and nicle Run	LP State T	ΓX LP	m.		\	/IN L	J <sub>I</sub> M	<sub>1</sub> 1 <sub>1</sub>	B <sub>I</sub> L	. 1	ıV ı	F <sub>1</sub> 9	9 <sub>1</sub> C	11				
	Veh. Year	2	0	1 2 6 Veh. Color BLI	Veh. Make	MAZDA	Λ.			Veh. Model N	//AZ[	DA3					Body yle	P4		Emer	Fire, El gency tive if c	(Expla	ain in
ŀ	B DL/II Type	1	St	/ID DL/ID Num.			9 E Cla	DL ass C	10 CDL End.	96	11 Re	DL st. 96	i			DOB (MM/D	D/YY	YY) I		<b>/</b> _			
	Addre City, S	State,	ZIP)												ت								_ >
RSON	Person Num.	2 Prsn ype	3 Seat Position	Enter	Name: I Driver or Primary	ast, First, Person fo		on first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	:0 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
VEHICLE, DRIVER, & PERSONS	1	1	1	KENNEDY	TAYL	ER.	M	ICHELL	.E		27		2	1	1		97	N	96	4			97
RIVER																				Applical			
CLE, D																				Results Driver/Pr ea		Perso	
VEHI	XOv	vner	Owi	ner/Lessee		KENNE	DY	TA	YLER			MIC	HEL	LE									$\dashv$
	Le	ssee	Nan	ne & Address  Expired 26 F	ïn	Fin. Res	sn					Fin. F	?esn										
		esp.		Exempt Res		Name	ALLS ehicle	TATE				Num.									ehicle		Yes
	Phone Towe	e Nun	1.				age Rating	1	-	-			age R	ating 2	2		-		-		nvento		
+	By Unit	TE	5 (	TOWING	ked ├─┐ Hit and	TLP	Towed_ To LP	TEXAS	IIWOT				_					- 1					╛
ΙГ	Num. Veh.			6 Veh.	nicle Run Veh.	State	Nu	m.		Veh.		5 <sub>1</sub> T	¹B ⊺	K <sub>I</sub> I	13		1 <sub>  1</sub> Body	/   1	<u> </u>	Pol., I	Fire, El	MS or	] n pin in
	Year 8 DL/I	D.	DL	O 1 Color GR	N Make	TOYOT	9 [	DL	10 CDL End.	Model 7	11	DI				St DOB	yle	PK		Narra	tive if o	hecke	ed)
	Type Addre	ss (S	treet,	unknown			Cli	ass 99	End.	99		est. 99				(MM/D	D/YY	YY) L		n UI	」/ <u> </u>		
	Num.		13 Seat Position		Name: I Driver or Primary	ast, First, Person fo		on first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.		_	24 Drug Result	25 Drug Category
, & PE	1	1	1	UNKNOWN	UNKI	NOWN	U	NK		99			99		99		97	N	96	4 11			97
RIVER																				Applical			
VEHICLE, DRIVER, & PERSONS																				Results Priver/Pr ea		Perso	
7	X Ov	vner ssee		ner/Lessee ne & Address		FLORE	S	CH	HIRSTO	FER		В											
		of 🕽	Yes	Expired 26 F		Fin. Res	•	JMER CO	IINTV	11 171 141		Fin. F							<b>I</b>				
	Fin. R Phone	esp.			7	27 V	ehicle age Rating		_ ·	- IO I UAL		27 Ve	ehicle age R	ating 2	2		-				ehicle		Yes
	Towed Bv	d		TOWING		Jain		BIVINS	IIWOT	NG			3-10	9 2							ivenio	ieu 🗾	NO N

Law I Form		nent and (Rev. 1/	TxDOT Use ONL 1/2018)	_Y	Case DID 210	01106	8			TxDOT Crash ID							Pa	ge <u>118</u> of <u>′</u>
	Unit Num.				Taken To					Taken By				Date of (MM/DD	Death /YYYY)		Time o (24Hf	f Death R:MM)
<u>ا</u> ر	117	1	LOCAL	HOSP				SELF	=					/	/			
DISPOSITION OF														/	/			1 1
SITIC FD/K														1	/			1 1
ISPO														1	1			
٤۵														<u>'</u> 1	1			1 1
														<u>'                                    </u>	<u>'</u>			
$\vdash$	Unit	Prsn.						Ch	arge					1	/	Citatio	n/Reference l	Jum
	Num.	Num.														Citation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CHARGES		$\rightarrow$																
-AA		-																
	-	-																
H																		
JE -		Dar	maged Property	Other Than V	ehicles				Owr	ner's Name			-		Owr	ner's Address		
DAMAGE																		
Щ																		
	nit um.		□ 10,001+ LBS.	TRANSF HAZARI	PORTING Dous Mater	IAL 9	+ CAPACITY	CMV Disa Damage		Yes 28 Veh No Oper.	1.	29 Car ID Typ			Carrier ID Num			
	arrier's orp. Nam	ne				Carrier's Primary Ado	dr.										30 Veh. Type	
	1 Bus ype		☐ RGVW			:Mat Y	'es 32 HazM lo Class Nu		HazMat	1 1		32 HazMa Class Num		azMat D Num.			33 Cargo Body Type	
U	nit		RGVW		3	4 Trlr.	CMV	Disabling		Unit		RGVW GVWR	i.   IL		34 Trlr.		CMV Disabling	
. ⊢	um. equence	25.5	GVWR	1 25.5		ype		nage?		Num.			Yes A	ctual	Туре		Damage? Total Num.	No
C	f Events	35 Se	q. 1 ibuting Factors	35 Seq. 2		35 Se			5 Seq. 4	or's Opinion)	Contain		NO M	/eight	nd Roadw	ay Conditions	Axles:	
FACTORS & CONDITIONS	Unit #	_	Contribut		May Have	Contrib.		Contributing		May Have		38	39	40	41	42	43	44
POS												Weather Cond.	Light Cond.	Entering Roads	Roadway Type	y Roadway Alignment	Surface Condition	Traffic Control
Α <u>Ö</u>												98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM													DIAG	RAM ON SEPARA	TE PAGE			
<b>10</b> 3	ime Noti 24HR:MN	ified	0   6   2	0 How Notifie	ed DISPA	\ТС <u></u>			Time A	rrived 0	0   6	4 <sub>1</sub> 0 Re	port Date	<sub>YY)</sub> 0	3 /	0 1 /	2 0	2 1
<u> </u>	vest.	Yes No		ed) HARF	DED C	11011		N A A			1 - 1	1 - (14)	, 50/11	,	ID			
WES	omp.								ARTIN							3380-34	1	
S N	um.	Ι <sub>Ι</sub> Χ	2   2   0	1   2   (	J U I Ago	" FOI	RT WO	KIH P	OLICE	- DEPA	KTME	-N [			Service Region	/ <sub>/DA</sub> C E	E N T	RL

	MAB SUPPLEMENT	ACTIVE SCHOOL ZO		4 8 Tota Num Prsn	n. 13	TxDOT Crash ID
Mail to: Texas Department of Transportation, Cra	Attached Code Sheet for Numb	k 149349, Aust ered Fields	in, TX 78714.			l-7457 Page∟ <sup>119</sup> of∟ <sup>149</sup> .
*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 *Crash (24HR		Case 210011	1068		Local Use	
★County Name TARRANT	⋆City Name FC	RT WOR	ГН			Outside City Limit
In your opinion, did this crash result in at least Yes Latitu \$1,000 damage to any one person's property?	ide mal degrees) 3 2 7	9 5 1	3 Longitud	le I degrees)	_ 0   9	9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED	Block Num. 2600 3 Street Prefix	★Stre Name				4 Street Suffix
*1 Rdwy. Sys. TL *Hwy. Num. 35   2 Rdwy. Part 1   2 Rdwy.	eed Const. Yes V	Vorkers Ye	s Street			Culix
	N, NEAREST INTERSECTING	ROAD OR R	EFERENCE M	ARKER		1
At Yes 1 Rdwy. Hwy. 2 Rdwy. Int. No Sys. LR Num. Part		3 Street Prefix NE	Street Name 28	ГН		4 Street Suffix ST
Distance from Int. or Ref. Marker 1000		HWY			RRX Num.	
Unit Sum. 119 Desc. 1 Parked Run State T	LP Num.		F_M_5	K , 7 , F ,		D_G_ DOI., Fire, EMS on
Veh. Year 2 0 1 3 6 Veh. Color BRO Veh. Make FORD		Veh. Model EXPL		Sty	Body rle SV	Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID DL/ID Type 1 State TX Num.	9 DL 10 CDL Class C End.	96   11 [ Res	ol st. A	DOB (MM/DI	D/YYYY) I	_ <b>/</b> _
Address (Street, City, State, ZIP)				: [:]		
Name: Last, First, 1 Name: Las		14 Injury Severity Age	Ethnicity 16 Sex	18 Restr. 19 Airbag	20 Helmet 21 Sol.	22 Alc. Spec. Alc. Result 23 Drug Spec. 24 Drug Result 25 Drug C4 Drug
Noos Russel	HOWARD	N 50	W 1 1	1 5	97 N	96 97 97
DRIVE						Not Applicable – Alcohol and Drug Results are only reported
VEHICLE, DRIVER						for Driver/Primary Person for each Unit.
Owner/Lessee MOOS	RUSSEL		HOWARD			
□ Lessee Name & Address  Proof of XYes □ Expired 26 Fin. Fin. Resp			Fin. Resp.			
Fin. Resp. No Exempt Resp. Type 1 Name Fin. Resp. 27 Vel			Num. 27 Vehicle			Vehicle Yes
Toward	ge Rating 1 6 -		Damage Ratir	ng 2 12 ·	-	FD 5 Inventoried No
By CARDINAL TOWING Unit 100 5 Unit Parked Hit and LP	CARDINAL TO		NMC	5 C A	Λ 1 I	
Num.120   Desc. 1   Vehicle   Run   State   Veh.   Veh.	Num.	Veh.			Body	Pol., Fire, EMS on Emergency (Explain in
Year 2 0 2 0 Color WHI Make HYUNDA	9 DI 10 CDI	Model SANT	DL	DOB	rle SV	Narrative if checked)
Type 1 State TX Num.  Address (Street,	Class C End.	96 Re	st. 96	(MM/DI	D/YYYY) I	
City, State, ZIP)  Name: Last, First, N  Name: Last, First, N  Name: Part of the second of the secon		14 Injury Severity Age	15 Ethnicity 16 Sex	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 KLAPPRODT CATHLEEN	GAIL		W 2 1		97 N	96 96 97 97
RIVER						Not Applicable – Alcohol and
Name: Last, First, No. 1						Drug Results are only reported for Driver/Primary Person for each Unit.
X Owner Owner/Lessee KLAPPR	ODT CATHLEE		GAIL			
Lessee Name & Address						
Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 1 Name	TRAVELERS		Fin. Resp.			
Fin. Resp. Phone Num.  27 Vel Dama	nicle ge Rating 1 -	-	27 Vehicle Damage Ratir	ng 2	-	Vehicle
Towed By CARDINAL TOWING	Towed CARDINAL TO	WING				

Law E Form		nent and (Rev. 1/	TxDOT Use ONLY 1/2018)		Case 210	0011068	3			TxDO1 Crash	Γ ID							P	age <u>120</u> of <u>1</u>
	Unit Num.	Prsn. Num.			Taken To					Tak	en By				Date o (MM/DI	f Death D/YYYY)		Time ( (24H	of Death R:MM)
ايم	120	1	LOCAL	HOSP				SELF	:						/	1			1 1
ONO															/	1			
DISPOSITION OF INJURED/KILLED															/	/			
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Ļ	Unit	Prsn.													/	/			
	lum.	Num.						Cha	arge								Citatio	n/Reference	Num.
CHARGES																			
CHA																			
╽├																			
		Da	maged Property (	Other Than Ve	hicles				Ow	ner's N	ame					Own	er's Address		
DAMAGE																			
DA																			
	nit um.		□ 10,001+ LBS.	TRANSP HAZARD	ORTING OOUS MATER	RIAL 9+	CAPACITY	CMV Disal Damage?			28 Veh. Oper.		29 Carı ID Typ			Carrier ID Num.			
	rrier's orp. Nan	ne		•		Carrier's Primary Addi	·.						'			'		30 Veh. Type	
	Bus		RGVW	1 1 1		zMat Ye			lazMat D Num.	1	1 1	1 1	32 HazMa		HazMat D Num.	1 1 1	1 1	33 Cargo Body Type	
U	nit um.		RGVW GVWR			34 Trlr. Type	CM	/ Disabling nage?	Yes No	Unit Num.			RGVW GVWR			34 Trlr. Type		CMV Disabling Damage?	
Se	quence			35 Seq. 2		35 Seq			Seq. 4	1			lal Shipping	≓ · · · I	Actual Gross Weight	1 1 1	1 1	Total Num. Axles:	
_		36 Cont	ibuting Factors (I		Opinion) May Have	Contrib		icle Defects	(Investiga	_	pinion) ny Have (			En	/ironmental a	T	y Conditions		
FACTORS & CONDITIONS	Office	IT .	Contributi	Tig Tig	Way Have	Contrib.		Contributing		IVIE	iy riave c	ontrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
CON													98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM														Diad	GRAM ON SEPAR.	ATE PAGE			
708 ⊥	me Not 4HR:MI	rified VI)	0   6   2	0 How Notifie	DISP	ATCH			Time /	Arrived MM)	10	<sub> </sub> 6 <sub> </sub>	4   0   Re	port Date	YY) 0	3 /	0 1 /	2 0	2 1
131	vest.	Yes No			ER, G			MA	ARTIN		_					ID Num. 3	380-34	21	
NVE.	RI ·		2 2 0			ency FOR	RT WOI				EPAI	RTME	NT			Service/ Region/		<u>= :</u> E   N <sub> </sub> T	R <sub>I</sub> L

		forcem		nd TxDOT Us	se ONLY HOOL BUS	RAILRO	OAD [	MAB	SUPF	PLEMEN		CTIVI			otal lum. 1	4 8	Tot Nur	m. 1	1 , 3		TxDOT Crash I			
Á		*	_ <del>-</del>		Department		rtation, C		"s Crash a and Ana	Report alysis, P.	(Form C O. Box 1	<b>R-3 1</b> 49349	/ <b>1/201</b> ), Aus	ا8)		Questi		ns. ∟ Call 84	4/274				24	140
4	of Trans	rtment sportation	1		elds are requi		Refer t	to Attached al sheets su	ed Code S ubmitted f	Sheet for	Number	ed Fie	lds					, etc.).			P	age∟ <sup>12</sup>	<sup>21</sup> ⊒of∟	149
	★Cra (MM/	ash Da /DD/Y\	ate YYY)	0 2 / 1	1 1 / 2	0 2 1	★Cr (24h	rash Time HRMM)	0 6				001	1068	}			Lo	ocal se					
NOI		e T								★City Name	FOR	TW	OR	TH									Out City L	side _imit
207	\$1,00	00 dan	nage	to any one p	sh result in a person's prop			atitude ecimal deg	jrees) L	3 2	7 9	9 <sub> </sub> 5	_ 1	3	Longitud (decima		es)		0   9	7	. 3	2   2	7	7
TION &		Rdwy.	TL	*Hwy. Num. 3		2 Rdwy. Part		Block Num. 26	.600		Street		★Str Nam									Street		
IDENTIFICATION A		Road	l/Priva	te Property/P		Toll L	ane L	Speed _imit	Coi Zor	ne 🗶	Yes Wor	sent	X No	De	SC.									
IDEN	At	Ye	es 1 F	Rdwy.	Hwy.	OT AT INTE	2 Rdwy	y.	Block		3 3	Street		Sti	eet		7					Street		
	Dista	nce fro	om Int			3 Dir. from or Ref. Ma		1 Refere			Street Desc.	efix		INa	<sup>ime</sup> 287	H			RRX			uffix	ST	$\dashv$
H	Unit	ef. Mar .121	5.1	1000 Unit esc. 1	Parked Vehicle	Hit and		T)	er _P Num.		Desc. I			G G	<sub>I</sub> C <sub>I</sub> P	,C <sub>L</sub> F	R,Ę,		Num.	ıG⊥			_	
	Veh. Year	2		4 7 6 Ve		Veh.	CHEVE		turri.			eh.			O C150		7	Body			Emer	Fire, EN gency ( tive if c	Explai	in in
	8 DL/ Type	1	Sta	/ID DI	L/ID um.			9	9 DL <sub>Class</sub> C		CDL nd. 96		11			-	DOB (MM/E	D/YY	YY) I		<b>/</b> _			
S	City,	ess (S State,	ZIP)				<b>I</b>					> >		, j		نِدِ ا	<del>                                     </del>						-	ت ک
PERSONS	Person Num.	12 Prsn. Type	13 Sea Position		Enter Driver	Name: La or Primary I	,	,	it on first	line		14 Injury Severity	Age	15 Ethnicity	16 Sex		19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Druç Result	25 Drug Category
જ	1	1	1	POMPA		SHAW	/N		MICAE	-L			40	W	1 1	1	5		N	96				97
VEHICLE, DRIVER		$\mid \rightarrow \mid$														-				Drug F	Results	ole – Al are on	ly repo	orted
HICLE		-																		for Di		imary F ch Unit		for
VE	XO:	wner essee	1	ner/Lessee ne & Address	3	E	EMR			ELEV	ATOR I	NC		<u>                                     </u>	<u> </u>									$\neg$
	Proof	f of Resp.	Yes	Expired	26 Fin. Resp. Type	e 1	Fin. Re Name		IED W	ORLD	)			Fin. F Num.								-		
		Resp. ne Num	n.					Vehicle nage Ratin		12 -		FD-	7	27 Ve Dama	hicle age Ratir	g 2	7	-		BR-7		ehicle		Yes No
Ц	Towe By	<sup>ed</sup> BI\		S WRECK			·	Towed	BIVIN	IS WF	RECKE	ΞR												
	Unit Num. Veh.	.122	De	Unit esc. 1	Parked Vehicle	Hit and Run Veh.	LP State		-P Num.		Ve	ا eh.	/IN <b>/</b> /	V <sub>I</sub> A	1 <sub>1</sub> C	2 1		P <sub>I</sub> ) Body	( <sub>1</sub> H	_A_		Fire, EN		
	Year 8 DL/	/ID	DI	/ID DI	or WHI	Make	AUDI		9 DL	10	) CDL	odel (	11				DOB	yle			Emer Narra	gency ( tive if c	Expiai hecke	n in d)
		ess (S State,	Street,	ate TX Nu	um.				Class C	Er	nd. 96	<b>5</b>	Re	st. A			(MM/C	D/YY	YY) I					
SONS		Sn.			Enter Driver	Name: La			it on firet	lina		14 Injury Severity	4)	15 Ethnicity	16 Sex	18 Restr.	19 Airbag	20 Helmet	21 Sol.	Alc.	sult	23 Drug Spec.	Drug	25 Drug Category
& PERSONS	Persc Num.	, 12 I Tyr	, 13; Po	WHITE	Eliter Dilve.								o Age		16	18				Spec.	Alc. Result			
VER,	I	1	1	VVDIIE		DANIE	:LLE	1	NICOL	<u>.E</u>		Α	28	W	2 1	1	5	97	N	96 Not A	oplical	96   ole – Al	I	97 and
VEHICLE, DRIVER,																				Drug F	Results river/Pr	are on imary F ch Unit	ly repo Person	orted
VEHIC	Xo	wner	Ow	ner/Lessee			WHITE			DANIE	ELLE			NIC	OLE									_
	Le	essee f of	Nan	ne & Address			Fin. Re							Fin. F						_				_
-	Fin. F	Resp.		Exempt		<u></u> 1	Name 27 V	PRO Vehicle	GRES					Num. 27 Ve	hicle							'ehicle		Yes
		ne Num		STAR TO			Dam	Towed	2d	<sub>12</sub> - ESTAF		FD-		Dama	age Ratir	g 2	6	-		RD-	5 Ir	nventori	ied 🗶	No

	ıw Er		nt and T Rev. 1/1,	xDOT Use ONL /2018)		Case <b>21</b> (	001106	8		-	TxDOT Crash ID							Pa	age <u>122</u> of
Γ		Unit Num.	Prsn. Num.	<u> </u>		Taken To					Taken By				Date o	f Death D/YYYY)			of Death R:MM)
l		122		HARRIS	METH				MEC	STAR	30				/	1		1	I I
	INJURED/KILLED															1			1 1
	D/K														/	1			1 1
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r	U	Jnit Pi um. N	rsn. um.						Cl	narge					,	<u>,</u>	Citation	n/Reference	Num.
I,		um. IV	uiii.																
OT O O O I																			
E	-																		
l																			
t.	+		Dam	aged Property	Other Than V	ehicles				Own	er's Name					Own	er's Address		
700000																			
1	-																		
t	Un			10,001+ LBS.	TRANSP	PORTING DOUS MATER	9	+ CAPACITY	, CMV Dis		Yes 28 Veh No Oper.	1.	29 Cai ID Typ			Carrier ID Num.			
l	Ca	rier's		LBS.	HAZAKI		Carrier's		Damage	:: Ц	по орег.		ID TYL			ID Nulli.		30 Veh.	
Į	31 Ty <sub>l</sub>	rp. Name Bus		RGVW		Ha	Primary Add	es 32 Haz	Mat	HazMat			32 HazMa	it H	azMat			Type 33 Cargo	
١	Ty <sub>l</sub> Un			GVWR			eased N	lo Class N	lum. //V Disabling	ID Num.	Jnit	<del></del>	Class Nun		Num.	34 Trlr.		Body Type  MV Disabling	Yes
l	Nu		1	GVWR	$\perp$	1 1 1	ype	Da	amage?	□ No N	Num.		GVWR	Yes A	ctual	Туре		Damage? Total Num.	No
L		Events	35 Seq		35 Seq. 2		35 Se			5 Seq. 4	10:: )	Containe			ctual ross /eight		<u>                                     </u>	Axles:	
١	SNS ONS	Unit#	5 Contril	buting Factors ( Contributi		May Have	Contrib.	37 Ve	Contributin		or's Opinion) May Have		38	39	40	41	ay Conditions 42	43	44
18	CONDITIONS												Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
ľ	9												98	3	97	3	2	6	96
MAGDAIG GIVE TAILTEGORIA														DIAG	RAM ON SEPAR	ATE PAGE			

	w Enfo			nd TxDOT Us	e ONLY OOL BUS	RAILRO	OAD	MAB :	SUPPLEM	IENT	ACTIV SCHO		1	Γotal Num. Jnits ι	1 4	1 8	Tota Nur Prsi	al n. 1	1 3	6	TxDOT Crash I		
Á	Tex: Depart of Transp		М	ail to: Texas l ★=These fie	•	of Transpor	tation, Cra Refer to	Attached Co	d Analysis ode Sheet	, P.Ò. Box for Numb	: 149349 ered Fie	9, Aus elds	stin, TX						4/274	-7457	Р	age∟ <sup>1</sup>	<sup>23</sup> of 149
	★Cra (MM/I	sh Da OD/Y	ite YYY)	0 2 / 1	1,/2	0 2 1	★Cra (24HF	sh Time RMM) 0	6 0	0 0	ase 21	001	1068	3				Lo	ical se				
NO	★Cou Name		ARR	ANT			·			City ame FO	RT W	/OR	TH										Outside City Limit
OCA TI	In you \$1,00	ur op 0 dan	inion, nage	did this cras	sh result in a	at least 💢	Yes Latit	tude cimal degrees	s) 3	2 . 7	9   5	5   1	3	Long (deci	itude mal de	egree	s)		0   9	7	. 3	2 2	7 7
ON & L	<b>★</b> 1 R	dwy.	<i>WHI</i> C	*Hwy. Num. 35	CCURRED	2 Rdwy.	1	Block Num. 2600	<b>1</b>	3 Street Prefix		★Sti										Street	
IDENTIFICATION & LOCATION	Sys.			urred on a Privite Property/Pa				eed		Yes W	orkers resent		es Str									Julia	
DENTI		RSEC	TING	<b>ROAD, OR II</b>				ON, NEARE	ST INTER	SECTING		OR F	REFER		E MAF	RKER					4	Street	
		×Ν	Sy	s. LR	Num.	3 Dir. from	Part		n. 2500		Prefix				28TH	<u> </u>		F	RRX			uffix	ST
	or Ref Unit	f. Mar	ker 5	1000 Jnit	Parked	or Ref. Mai	rker S LP	Marker LP		Desc.	HW)		- A	1/			_	١	lum.		1 0		2 4 2
	Num. Veh.			1 8 6 Ve		Run Veh.	State IN	'	27123	,	Veh.				JIF	1   H	7 1	Body		  -   2	Pol., I	Fire. El	9 4 3 3 MS on (Explain in checked)
	Year 8 DL/I Type		DI	/ID DL		Make	FREIGH	ITLINER 9 DL Class	98	10 CDL	Model (	11	NOWI DL est. 98				OOB MM/D	yle ·			/ Narra	tive if o	checked)
	Addre City, S	ss (S	treet,	ate i =  ind				Clas	5 00	Elia. C	,,,	IKE	:SL. 00				IVIIVI/D	ו ז ועם	11)				므
ERSONS	Person Num.	12 Prsn. Type	13 Seat Position	ı	Enter Driver	Name: La or Primary I		Middle r 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
R, & PI	1	1	1	SAINT LO	OT	JEAN		MA	RIE		N	33	В	1	1	1	1	97	N	96			97 97
VEHICLE, DRIVER, & PERSONS	2	2	13	CLEMEN	IT	FRAN	TZ				В	36	В	1	1	97	1	97	N	Drug	Results )river/Pr	are or	Icohol and aly reported Person for i.
VEH	X Ov	vner ssee	1 -	ner/Lessee ne & Address				TRUCK NW 105TH		NTAL IN	IC						MI	AMI			FL	331	78
	Proof Fin. R	of esp.	Yes No	Expired Exempt	26 Fin. Resp. Type	∍ 1	Fin. Res Name	<sup>p.</sup> NATIOI	NAL C	INITNC	ENTA	۱L	Fin. F Num.										
	Fin. R Phone		٦.				27 Ve Dama	age Rating 1	12		FD-	7	1	ehicle age R	ating :	2		-		-	V Ir	ehicle ventor	Yes
	Towe	d MI		R TOWIN		1.0	l B	Towed M	ILNER	TOWII	ΝG												
	Unit Num. Veh.		De	Unit esc. 6	Parked Vehicle	Hit and Run Veh.	State IN	LP Num	P1871		Veh.	VIN _	1 10	<sub>I</sub> W <sub>I</sub>	1 <sub>1</sub> A	1 5		2 <sub> </sub> 8	8   8	<u> </u>	Pol., I	Fire, El	
	Year 8 DL/I	2 D	DI		or WHI /ID		STANDA	ARD TRAIL 9 DL Clas			Model	11	APPL DL est.	.ICAE	BLE			yle .			Narra	gency tive if o	(Explain in checked)
	Addre City, S		treet,	ate ind				Clas	5	Liiu.		JIX	751.				טוועווע	טווט	11)				
ERSONS	Person Num.	12 Prsn. Type	13 Seat Position	I	Enter Driver	Name: La or Primary l		Middle r 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
ER, & F																							
V <u>EHICLE, DRIVER, &amp; PERSONS</u>																				Drug	Results )river/Pr	are or	Icohol and lly reported Person for
VEHIC	<b>X</b> Ov	vner	0147	ner/Lessee		F	FDFX	GROUND													са	J. J. J.	
		ssee	Nar	ne & Address	26 Fin.			EDEX DR					Fin. F	Resn			PIT	TSE	3UR	GH	PA	151	80
	Fin. R	esp.	No		Resp. Type	∍ 1	Name 27 Ve	NATIO	NAL C	INITAC	ENTA	<u>L</u>	Num.									'ehicle	Yes
	Phone Towe	e Nun		D T01-11-1				age Rating 1	6		RD-	3	1		ating :	2		-		-			ried No
	Bv	MI	LNE	R TOWIN	IG			To M	ILNER	<b>IIWOT</b>	٧G												

	Enfo		ent and T	xDOT Use	e ONLY.	[	Case 21	001106	 88			TxDOT Crash ID							Pa	ge <u>124</u> of <u>1</u>
		Unit Num.	Prsn. Num.				Taken To					Taken By				Date of (MM/DD	Death (YYYY)		Time o	f Death R:MM)
L	$\frac{1}{2}$	23	2	LOC	AL H	OSPIT	AL			SELF	=					/	/			
DISPOSITION OF																/	/			
OSITI	RED/															/	/			
DISP	)  -															/	/			
l	-															/	/			
L	Uni	it D	rsn.													/	/			
l	Nun	n. N	um.							Ch	narge							Citation	/Reference N	lum.
CHARGES																				
GHA																				
l																				
1			Dam	naged Pro	perty Ot	her Than Ve	hicles				Owr	ner's Name					Own	er's Address		
DAMAGE																				
2																				
	Unit Num		3	10,001 LBS.	l+ [	TRANSPO HAZARD	ORTING OUS MATE	RIAL   —	9+ CAPACITY	CMV Disa Damage	abling 🔀 ?	Yes 28 Vel No Oper.		29 Carri ID Type			Carrier ID Num.	029365		
		. Name	SIN			RESS		Carrier's Primary Ac	dr. 545 l	METRO	) PLAC	ESST	#100	COLU	MBŲ:	S of	430	17	30 Veh. Type	9
CMV	31 Bu Type			☐ RGV	vr   8 <sub>1</sub>	0 0 0	0 Ha	izMat       eleased	Yes 32 Hazi No Class N		HazMat ID Num.			32 HazMat Class Num.		azMat ) Num.			33 Cargo Body Type	3
	Unit Num	. 12	24	∏ RGV	w 16	6 <sub>1</sub> 5 <sub>1</sub> 0 <sub>1</sub> 0		34 Trlr. Type 2		IV Disabling mage?		Unit Num.		]RGVW ]GVWR			34 Trlr. Type		:MV Disabling Damage?	☐ Yes ☐ No
L	Sequ Of Ev	ence ents	35 Seq	<sup>.1</sup> 98		35 Seq. 2		35 S	eq. 3		5 Seq. 4		Containe		Yes G No W	ctual ross /eight			Total Num. Axles:	
S&	<u> </u>	3 Unit#	6 Contril		ctors (Inv	estigator's		e Contrib.	37 Vel	nicle Defects Contributing		or's Opinion May Have		38	Envi	ironmental a 40	nd Roadwa 41	ay Conditions 42	43	44
FACTORS &														Weather Cond.	Light Cond.	Entering Roads	Roadway Type		Surface Condition	Traffic Control
FA	3													98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM															DIAGI	RAM ON SEPARA	ITE PAGE			
4TOR	Time (24H Inves Com ORI Num	e Notifi IR:MM)	)   0	) <sub>_ </sub> 6 <sub> </sub>	2   (	O How Notified	DISP	ATCH			Time A (24HR)	rrived MM) C	0   6	4   0 Rep	oort Date M/DD/YYY	<sub>(Y)</sub> 0	3 /	0 1 /	2 0	2 1
ESTIG/	Inves Com	p.	Yes No	Investi Name	gator (Printed)	HARP				M	ARTIN	,K					ID Num. 3	380-34	21	
INV	ORI Num	. <sub> </sub> T	X	2   2	<sub> </sub> 0 <sub> </sub> 1	1   2   0	0 *Ag	<sup>jency</sup> FO	RT WO	RTH P	OLICE	DEPA	RTME	NT			Service/ Region/	DA C E	N T	RL

				ind TxDOT U				_			_		<b>-</b>		Fotal		To	tal			TxDOT			
X	FATA	\L \	X CM	IV SCI	HOOL BUS	RAILRO		MAB		UPPLEM		SCHO	OL ZC	DNE [	Num. 1 Jnits	4	8 Nu Prs	ım. ′ sns. ∟	1 3		Crash I			
Á		*	M	ail to: Texa	s Department		rtation, (	Crash D	Data and A	Analysis,		< 149349	9, Aus		( 78714.	Ques	tions?	Call 84	4/274	-7457	D	age∟ <sup>12</sup>	25 Laft	149
1		xas rtment sportation	ā	★=These f	fields are requ	ιired on all ε					for Numb ois crash (e			l vehic	les, occ	upants	, injured	l, etc.).			Г(	age		
	★Cra	ash Da /DD/YY	ate YYY)	0 2 /	1 1 / 2	0,2,1	*C	Crash Tir IHRMM)		6 0	0   C	ase <b>21</b>	∩∩1	1068	₹				ocal se					
	*Cou	unty					<u> </u>	111 (1111,		*	City				)							$\neg \neg$		side
Ľ≃ŀ	Name		ARRA		ash result in	at least X	Yes				ame FO				Longitu								City L	-
	\$1,00	00 dan	mage 1	to any one p	person's pro	perty?	No (d	lecimal (	degrees)	3_	2.7	9 5	1	_3_	(decima		ees)		0 8	9 7		2 2	7	7
œ.	ROAL	Rdwy.		*Hwy. Num.	OCCURRED 35	2 Rdwy		Block	k 2600		3 Street		★Str									Street		$\dashv$
IDENTIFICATION A	Sys.		TL sh Occi		Private Drive o	Part Toll R		Num. Speed		Const.	Prefix Yes W			es Str	eet						8	Suffix		$\dashv$
VTIFIC	INTE	Road	d/Priva	ate Property/F	Parking Lot	Toll L	ane L	Limit		Zone 🕽	No P	resent	XNo	De:	SC.	4A DKI	-D							$\dashv$
IDE	1	Ye	es 1 F	Rdwy.	Hwy.	UI AI IIVIL	2 Rdw	vy.	Block	k		3 Street		St	reet		:K					Street		$\dashv$
		No.	lo Sy	ys. LR	Num.	3 Dir. from	Part	1 Re	Num. eference	2500		Prefix	NE	Na	ame 28	<u>TH</u>		<u> </u>	RRX		s	Suffix	ST	$\dashv$
Ц	or Re	ef. Mar	rker	1000	МІ	or Ref. Ma	arker S	- 1	arker		Street Desc.	HW)	/						Num.	ш				Ш
	Unit Num.	125	5 U D	Unit esc. 1	Parked Vehicle	Hit and Run	LP State	TX	LP Num.			١	/IN _1	l <sub>I</sub> F	T W	' <sub>I</sub> W <sub>I</sub>	3 1	P 1	7   7	μĘι		. [		
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	8 DL/I	ID .	DL	L/ID D	DL/ID		LOIVE		9 DL		10 CDL	96	11	DL est. 96			DOB				/	live ii c	TICONO	a)
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Š		State,				Namo: I	·-+ Cire	- Middl				<u>رد ت</u>		<u>i</u>	  - 	ti t	<u>.</u>					ō	ס	g ory
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& PEI		    - 		WELLS		MICH			HEN	UDV			< 47		1 1						∢ ιτ			
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VEH	Xov	wner	T	2"// 22222			SEED	MECH	ANICAL															$\dashv$
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	Fin. R	Resp.			7C   1 1 1 2 1	<u> </u>	27 \	Vehicle						27 Ve	ehicle	2						ehicle		Yes
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& PERSONS	Person Num.	12 Prsn. Type	13 Se Positi		Enter Driver					îrst line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	10 nes 19 Airbad	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Dr Resu	25 Drug Category
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VEHICLE, DRIVER,	$\Box$	$\Box$										+		-			+	-		101 2.		ch Unit		101
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			xDOT Use ONL	<b>′</b> .	Case	e 210	0110	160				Txl	DOT													Pag	ge <u>12</u>	_ 6of
orm	Unit Num.	Prsn.	/2018)		ID Take	en To	0110	000		Τ			ash ID Taken By						D	ate of	Death /YYYY				Tir	ne of	Deat	1
	125	Num.	TARRAI	NT CC			10RG	SUE	:	FORT	WORTH F				MATI	ONS	0	2		1			2	1	0 1	24HR:	0	1 3
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SITIO FD/KI																			/		/							
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<u>4</u>		Dar	naged Property	Other Than	vehicle	les		+			O	wner	's Name								(	)wnei	's Addr	ess				_
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ই∐			☐ RGVW ☐ GVWR					Yes No	32 Haz Class N		HazMat ID Num.	Ļ		ш.		32 HazM Class Nu			azMat Num.	<u>L</u>				Щ	33 Carg Body Ty	pe		
	nit lum.		☐ RGVW ☐ GVWR		1 1		4 Trlr. ype			/IV Disabling image?	Yes No	Un Nu			□ RC □ G\		1		ı		34 Trlr Type				MV Disal amage?	oling		Yes No
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& S	Unit#	_	buting Factors ( Contributi			inion) May Have	Contrib.	$\mp$	37 Ve	hicle Defec Contributir	ts (Investig	gator'		n) e Contrib.	+	38		Envi	ronme 4		nd Roa 4		Condit 42		43		4	_
FACTORS & CONDITIONS				Ť	$\top$			Ť				$\top$			_	Weather Cond.	Lig	ght nd.	Ente Roa	ring	Road Ty	way	Roadv Alignn	vay	Surfac		Tra Cor	ffic
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NARRATIVE AND DIAGRAM																		DIAGI	RAM ON S	SEPARA	TTE PAGE							

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

		forcem		nd TxDOT Use	ONLY OOL BUS	RAILRO	AD	MAB	SUPPLEI	MENT [	ACTIV	≣ OL ZO		otal lum. 1 Jnits	4	8	Tota Num Prsr	al n. 1 ns	1 3	6	TxDO1 Crash			
Ź	Te Depo	xas intment isportation	M	ail to: Texas D ★=These field	•	of Transporta	ation, Cr Refer to	Attached C	d Analysi ode Shee	s, P.Ò. Bo t for Num	ox 149349 bered Fie	), Aus Ids	tin, TX						4/274	-7457	Ρ	age∟ <u>1</u>	<u>27</u> of	149
	★Cra (MM	ash Da /DD/Y`	ate YYY)	0 2 / 1	1,/2	0 2 1	★Cra (24H)	ash Time RMM) _C	6 0		Case ID <b>21</b>	001	1068	3				Lo	ical se					
<u>≷</u>	*Co	unty e T								★City Name <b>F</b> (	ORT W	OR	TH										Ou	tside Limit
LOCATION				did this crash to any one pe					s) 3	2 7	7   9   5	1	3	Longitu (decima		rees)	)	_	0   9	7	3	2 2	7	7
N & LO	<i>ROA</i> ★1 F	Rdwy.		*Hwy. Num. 35	CURRED	2 Rdwy.		Block Num. 260	^	3 Stree	t	★Str	eet						•		4	Street		
IDENTIFICATION &	Sys.	Crash	TL h Occ	urred on a Priva	ate Drive or	Part 1	oad/ Sp	peed	Const.	Prefix			es Str									Suffix		
ENTIF	INTE	RSEC	TING	ROAD, OR IF		OT AT INTE	RSECTI			No RSECTIN	G ROAD	OR F	_		IARK	ŒR								
Ω	At Int.	∐ Ye	es 1 l o Sy		Hwy. Num.			1 Nu	m. 2500	)	3 Street Prefix			reet ame 28	TH							Street Suffix	ST	
		nce fr ef. Mar	rker	1000	<b>X</b> FT ☐ MI	3 Dir. from I or Ref. Mark	ker S	Reference Marker	e	Stre Des	et c. HW	/							RRX Num.	Ш				ш
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	Veh. Year	2	_		r BLU	Veh. Make K	(IA	lo D1		40.001	Veh. Model (	$\overline{}$				l <sub>D</sub> .	Sty	Body yle	P4		Emer	gency itive if o	(Expla	in in
	8 DL Type Addr		St	Ale TX Nun			•	9 DI Clas	ss C	10 CDL End.	96	11 Re	st. A				OB /IM/D	D/YY	YY) I	_	<b>/</b>			لـ
ş	City,	State,	ZIP)			Name: Las	at Eirot	Middlo			<u> </u>		ity	· ·	ಕ	str.		ų.				g.	<u>D</u>	ıg ory
PERSONS	Person Num.	12 Prsn. Type	13 Sea Positic	E	Enter Driver	or Primary P			n first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	1/ Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Dru Result	25 Dru Categ
જ	1	1	1	LLOYD		RAYM	DNC	JO	HN		В	54	W	1 1	1	5	5	97	N	96		96	97	97
VEHICLE, DRIVER	_														4						Applica Results			
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VE	XC	wner	-	ner/Lessee		М	IKE C	ARLSON	М	TR CO I	NC													
	Proo	f of	Yes	Expired	26 Fin.		Fin. Res		NCUD.				Fin. F	Resp.	-, -	INIC								
	Fin.	Resp.		Exempt	Resp. Type	₹ 1   <sup>1</sup>		SELF I ehicle age Rating 1						ehicle	ELF	IIVS						/ehicle		Yes
	Tow	e Nun		S TOWING	2		Daille	Towed		TOWII	FD-	/	Daille	age Rati	ng z		6			RD-	/  1	nvento	ied X	No
r	By Unit Num	.128	5	Jnit esc. 1	Parked Vehicle		LP State	To B		TOVVII		/IN _	1 <sub>I</sub> F	,T ,E	ıX	, 1 ,	С	4   6	S <sub>I</sub> L	ιΚ,				
	Veh. Year			6 Veh	h. r WHI	Veh. Make F					Veh. Model F	150						Body yle	PK		Emer	Fire, El gency itive if o	(Expla	in in
	8 DL Type		DI St	/ID DL/I	ID			9 D Clas	L ss C	10 CDL End.		11	DL est. 96	6			ОВ	D/YY			J L			
_	City,	ess (S State,	ZIP)								1.													>
& PERSONS	Person Num.	12 Prsn. Type	3 Seat osition	E	Enter Driver	Name: Las or Primary P			n 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.	4 Drug esult	5 Drug ategor
		1	1	NORMAN	 I	WILLIA	M	M				<u></u> 60	М <u>- п</u>	1 1	1	- 5			N	96	<u> </u>			97
RIVER																					Applica			
VEHICLE, DRIVER,																					Results Priver/P ea		Perso	
VEHI	Xc	wner	Ow	ner/Lessee		EN	NTERPR	ISE FM TRUS	ST															
		essee f of		ne & Address Expired	26 Fin.		Fin. Res	sp.					Fin. F	Resp.										
	Fin.	Resp.		Exempt	Resp. Type		Name	UNKNO ehicle	NWC				Num.	U	۱KN	IOV	۷N					/ehicle		Yes
		ne Nun					- 1	age Rating 1		2-	FD-	7		age Rati	ng 2		6	-		RD-		nvento		
L	Ву	MI	LNE	R TOWING	G			To N	11LNEF	R TOW	ING													

	Enforcem n CR-3	nent and 1 (Rev. 1/1	TxDOT Use ONLY /2018)		Case 21	001106	8			TxDOT Crash ID							Р	age <u>128</u> of <u></u>
	Unit Num.	Prsn. Num.			Taken To					Taken By				Date of (MM/DD	Death /YYYY)			of Death IR:MM)
	127	1	LOCAL	HOSPIT	TAL			SELF	=					/	/			1 1
DISPOSITION OF	128	1	LOCAL					SELF	=					/	/			1 1
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П	Unit Num.	Prsn. Num.						Ch	arge					,	,	Citatio	n/Reference	Num.
CHARGES																		
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Ιt																		
	ļ	Dan	naged Property	Other Than Ve	hicles				Own	er's Name					Owr	ner's Address		
DAMAGE																		
PA																		
	Jnit Jum.		10,001+ LBS.	TRANSP	ORTING OOUS MATE	- DIAI 9	+ CAPACITY	CMV Disa		Yes 28 Vel No Oper.	٦.	29 Car ID Typ			Carrier ID Num			
	Carrier's		LBS.	HAZAKL	JOUS MAIL	Carrier's		Damage	<u>: Ц</u>	по орег.		[10 тур			IID INUIII	•	30 Veh	ı.
1 -	Corp. Nan 11 Bus	ne	RGVW			Primary Add	es 32 HazN	lat I	HazMat			32 HazMa		azMat			Type 33 Cargo	
	ype Jnit		GVWR		R	eleased N		ım. l / Disabling	ID Num.   	 Jnit		Class Nun	n. IE	Num.	34 Trlr.		Body Type	
1	lum. Sequence	. 1	GVWR			Туре	Dan	nage?	□ No I	Num.		RGVW GVWR dal Shipping	Yes A		Туре		Damage? Total Num.	No
	Of Events	35 560	-	35 Seq. 2		35 Se			5 Seq. 4		Contain	er Permit [	NoN	eight	- d D du	 C diti	Axles:	
FACTORS &	Unit		buting Factors ( Contributi			ve Contrib.		Contributing		or's Opinion May Have		38	39	40	41	ay Conditions 42	43	44
TOR												Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
ΨŞ												98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM													DIAG	RAM ON SEPARA	TE PAGE			
TOR	Time Not (24HR:M/	ified (	0   6   2	0 How Notified	DISE	PATCH			Time Ai (24HRM	rrived C	0   6	4 <sub>1</sub> 0 Re	port Date	<sub>Y)</sub> 0	3 /	0 1 /	2 0	2 1
18	nvest. Comp.	Yes No	Investigator Name (Printe		PFR (	<del>, (1 011</del>		N/I	ARTIN			1 1			ID			
WVES	ORI -		2   2   0			gency FOI					DTM	INIT			Service	/   _ [	<u> </u>	RIL
	lum.	. /	-   -   0	. , -   0	1 ~ 1	FUI	VI VVOI	ХΙΠΙ	OLICE	_ UEP <i>P</i>	VLZ I IAIF	_1 N 1			Region	/UA   S   E	<u> </u>	

		orcem		nd TxDOT Us IV SCH	e ONLY OOL BUS	RAILRO			UPPLEME		ACTIVE SCHOO	DL ZC	NE L	otal lum. Jnits L	1 4	1 8	Tota Nur Prs		1 3	6	TxDOT Crash I			
Ä	Tex Depar of Trans	as Iment portation	М		•	of Transpor	tation, Cr Refer to	e Officer's Cr ash Data and Attached Coo sheets submit	Analysis, l de Sheet fo	P.Ò. Bo: or Numb	x 149349 bered Fie	), Aus Ids	tin, TX							-7457	Р	age∟ <sup>1</sup>	<sup>29</sup> ⊔of∟	149
	★Cra (MM/	sh Da DD/Y\	te ′YY) <sub>l</sub>	0 2 / 1	1_/_2	0 2 1	★Cra (24HF	ish Time RMM) 0	6 0		Case D <b>21</b>	001	1068	3					ocal se					
NO	★Cοι Name	unty T	ARR/	ANT					<b>★</b> C Nai		RT W	OR	TH										Outs City L	
ATI				did this cras				tude cimal degrees	3 2	2, 7	9 5	, 1	3	Longi (deci	itude mal de	egrees	s)	_	0   9	7,	. 3	2 2	7	7 ,
N & L(	<b>ROA</b> . ★1 R	<b>D ON</b> dwy.	WHIC	*Hwy. Num. 35	CCURRED	2 Rdwy		Block Num. 2600	1:	3 Street		★Str									4	Street		
IFICA TIC	Sys.	Crash	CCI OCCI	urred on a Priv	ate Drive o	Part Toll R	oad/ Sp	eed	Const.		Vorkers		s Str								5	uffix		$\exists$
ENT		RSEC	TING	ROAD, OR II	9 ===		RSECTI	nit <b>ON, NEARES</b>	Zone X			OR R	_		MAF	RKER								
- 1	At Int.	∐ Ye <b>X</b> No		Rdwy. s. LR	Hwy. Num.		2 Rdwy. Part		. 2500		3 Street Prefix			reet ame 2	8TH	l						Street uffix	ST	
		nce fro f. Mar		1000	<b>X</b> FT	3 Dir. from or Ref. Ma		Reference Marker		Stree Desc	t HWY	/						- 1	RRX Num.	ш				
	Unit Num.	129		Jnit esc. 1	Parked Vehicle	Hit and Run	LP State T	X LP Num.			\	/IN _1	l <sub>I</sub> G	ıN ı	F <sub>I</sub> C	C <sub>1</sub> 1	<sub>1</sub> 3 <sub>1</sub>	J	1 , 7	ıR,	D-I	F	10	
	Veh. Year	2	0 ,	7 6 Ve Colo	h. r BLU	Veh. Make	CHEVR	OLET			Veh. Model 7	AHC	)E C1	500				Body yle	SV		Emer	Fire, EN gency ( tive if c	Explain	n in d)
	8 DL/I Type	99	Sta	/ID DL ate UN Nu				9 DL Class	99 E	10 CDL End.	99	11 Re	DL st. 99				OOB MM/D	D/YY	YY) L		/ <u></u> _	_/		ш
ļ	City,		ZIP)	UNKNOV	VN						\	UN	IKNO	1WC		ت				U	n UI			^
PERSONS	Person Num.	12 Prsn. Type	3 Seat	ı	Enter Driver	Name: La or Primary		Middle or this Unit on t	first line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr	19 Airbag	0 Jelmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	o Drug ategor
, & PE	.	99	1	UNKNOV	VN	UNKN	OWN	UNI	<		99	4			99			97	N	96	Q IL			)7
RIVER																					Applical	ole – Al	cohol a	
VEHICLE, DRIVER, &																					Results river/Pr		erson	
VEHIC	Xo	wner	0.40	ner/Lessee		(	CARRO	<u> </u>	СНА	RLES													•	$\dashv$
	Le	ssee	Nan	ne & Address	Tag 5:					T LLC														_
		Resp.	No	Exempt	Resp. Typ	е	Fin. Res						Fin. F Num.											
- 1		e Nun	۱.				27 Ve Dama	age Rating 1	12 <b>-</b>		FD-	7	27 Ve Dama	age R	ating 2	2	6	-		RD-		ehicle entor		Yes No
_	Towe By Unit	d BI\		WRECK	ER ⊐ Parked T	── Hit and	LP	Towed BI'	VINS W	/REC	KER													
	Num. Veh.	130	De	esc. 1	Vehicle	Run Veh.	State	Num.			۷ Veh.	/IN L	J <sub>I</sub> M	<sub>1</sub> 3 <sub>1</sub>	K <sub>I</sub> E	E <sub>1</sub> 4		Y <sub>L</sub> (	) <sub>I</sub> G	0_		Fire, EN		L
	Year 8 DL/		_		r BLK	I	MAZDA	9 DL		10 CDL	Model (	_	DL			Ir		yle	SV		Narra	gency ( tive if c	(Explain hecked	n in d)
	Туре	1 ess (S	Sta	ate TX Nu				Class	C	End.	96	Re	st. 96	5			MM/D	D/YY	YY) ı					
- 6		State,				Name: La	est First	Middle			ury		sity	×	ect.	str.	-	#	:	ı i		- Bn	ug t	ng Iory
ERSO	Person Num.	12 Prsn. Type	13 Se Positi	I	Enter Driver			r 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	Z5 Dr Categ
R, & F	1	1	1	FRANCIS	8	JEFFF	REY	LYN	IN		Α	64	W	1	1	1	5	97	N	96		96	97	7
DRIVE	2	2	3	FRANCIS	3	JENN	FER				Α	50	W	2	1	1	5	97	N		Applical Results			
VEHICLE, DRIVER, & PERSONS																				for D	river/Pr ea	imary f ch Unit		for
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ŀ	Fin. F	Resp. Resp.	No	Exempt	Resp. Typ	e 1	Name 27 Ve						Num.	ehicle								ehicle		Yes
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	Sequent Of Event	ts 35 Se	eq. 1			eq. 2			35 Se			35 Seq. 4		Containe	dal Shipping er Permit	∐ No  V	ctual iross Veight			Total Num. Axles:	
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Service/ Region/DA C E N T R L

ID Num. 3380-3421

	w Enfor FATAL			nd TxDOT Use	e ONLY OOL BUS	RAILF	ROAD [	MAB	SL	JPPLEMI	ENT	ACTIV SCHO		1	Total Num. Jnits L	1 4	4   8	Tota Nur Prs	al n. ′	1 3	6 6	TxDO <sup>-</sup> Crash		
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VEHICLE, DRIVER, & PERSONS	Num.	Type	13 Seat Position	E	Enter Drive	r or Primary	,	,		rst line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eje	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug Category
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	Unit Num. 1	32	5 I De	Jnit esc. 1	Parked Vehicle	Hit and	LP State		LP Num.					1 <sub>I</sub> S	<sub>1</sub> 4 <sub>1</sub>	B <sub>1</sub> 7	ΓιΑ	ıN ı	C <sub>1</sub> 8	3 <sub>1</sub> L	. , 3 ,	Del	Fire, El	45 an
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ļ	City, St	atè,	ZIP)				=:					2.5		ty		ct.	it.						D	в в 20
ERSON	Person Num. 12 Prsn.	Туре	13 Sea Positio	E	Enter Drive	Name: r or Primary	Last, Firs / Person			rst line		14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helme	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug Category
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La	w Enforc	ement and	TxDOT Use ONLY	.	Case 0.4					TxDOT					$\neg$		Pa	ge 132of 14
Fo	rm CR-3	_	/2018)		ID 21	001106	8			Crash ID				Data o	f Dooth			
	Nu	nit Prsn. ım. Num.			Taken To					Taken By				Date o (MM/DI	D/YYYY)		Time o (24HF	R:MM)
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L		Dar	naged Property (	Other Than V	ehicles				Own	er's Name					Own	er's Address		
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Г	Unit Num.		10,001+ LBS.		PORTING DOUS MATE	RIAI 9	+ CAPACITY	CMV Dis			h.	29 Ca ID Ty			Carrier ID Num.			
l	Carrier's		203.	117127111	DOOSWIN	Carrier's Primary Ado	de.			110   170		1/					30 Veh. Type	
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٦	Type Unit		GVWR			leased N		um. V Disabling	ID Num.     Yes	 Jnit		Class Nu RGVW	m. II	D Num.	34 Trlr.		Body Type  MV Disabling	Yes
	Num. Sequen	nce	GVWR	+		Туре	Dai	mage?	□ No N	Num.		GVWR   dal Shipping	Yes /	 Actual Gross	Туре	[	Damage? Total Num.	No
L	Of Ever	nts		35 Seq. 2		35 Se			35 Seq. 4		Containe	er Permit	∐ No  \	Veight			Axles:	
888	VI Ur	nit#	ibuting Factors (I Contributii			e Contrib.		Contributin	ts (Investigat	May Have		38	39	40	41	y Conditions 42	43	44
FACTORS &	JT IQI											Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
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	w Enford FATAL			nd TxDOT Us	e ONLY OOL BUS	RAILRO	OAD	мав 🔲 s	SUPPLEM	ENT _	ACTIV SCHO		1	otal lum. Jnits L	1 4	1 8	Tota Nur Prsi	al n. ´	I <sub> </sub> 3	6	TxDO1 Crash		
Â	Texas Departmen of Transport	nt Pation	М	ail to: Texas ★=These fie	·		tation, Cra Refer to	Attached Co	d Analysis ode Sheet	, P.Ò. Box for Numb	: 149349 ered Fie	9, Aus elds	tin, TX						4/274	I-7457	Р	age∟ <sup>13</sup>	33_of149_
	★Crash (MM/DD	Da /YY	te ′YY) <sub>l</sub>	0 2 / 1	_1_/_2	0 2 1	★Cras (24HR	sh Time 0	6 0	0 0	ase 21	001	1068	3				Lo	cal se				
	★Count Name	,	ARR/	ANT			'			City ame FO	RT W	/OR	TH					•					Outside City Limit
OCATI	In your \$1,000 (	opi dan	nion, nage	did this cras	sh result in erson's pro	at least 🔼	Yes Latitu	ude imal degrees	3	2.7	9   5	5 1	3	Long (deci	itude mal de	egree	s)		0   9	9 7	3	2 2	7 7
7 % NC	<b>★</b> 1 Rdw	/y		*H CRASH O	CCURRED 5	2 Rdwy.	, I	Block Num. 2600	<u> </u>	3 Street Prefix		★Str										Street	
IDENTIFICATION & LOCATION	Sys.  Cr	ash	ΓL ι Occι /Priva	INum. Ourred on a Privite Property/Pa	vate Drive c		oad/ Spe	eed		Yes W	orkers resent		es Str									Suffix	
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-		No	Sy	s. LR	Num.	3 Dir. from	Part		n. 2500		Prefix		- 1		8TH			ı,	RRX			Suffix	ST
	or Ref. I Unit	Mar	ker	1000 Jnit	☐ MI ☐ Parked	or Ref. Mai	ker S	Marker		Street Desc.	HW)			_				١	lum.			ш	
Г	Num. 13 Veh.		De	sc. 1		Run Veh.	State TX	K Num.			Veh.		1 <sub>1</sub> F	<u>, I , </u>	R ₁X	( 1	7 1	Body		<u>.                                    </u>	Pol.,	Fire, EN	」 ∕∕/S on Explain in
	Year _ 8 DL/ID Type	_	DL	/ID DL	Pr BLK	Make	FORD	9 DL Class	_ 00	10 CDL	Model p	11	DL st. 99	1		- 1	OOB	yle			<sup>」</sup> Narra	itive if c	hecked)
	Address City, Sta	(St	treet,	UNKNOV				Class	<u>s 00</u>	End. S	<i></i>		IKN(		1		MM/D	D/YY	YY) L	U	n U	NK	
VEHICLE, DRIVER, & PERSONS	Person Num. 12 Prsn.	ype	13 Seat Position		Enter Drive	Name: La r or Primary I			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
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ı	Fin. Res	sp.			1		27 Vel Dama		12		FD-	7		ehicle age R	ating 2	2		-		-	\ I	/ehicle	Yes
		PU	IRRI	ECT TO	WING			Towed PI	URRFE	CT TC	WIN	G											
-	Unit Num. 13	34		Jnit esc. 1	Parked Vehicle	Hit and Run	LP State	LP Num.			,		J <sub>I</sub> M	<sub>1</sub> 3 <sub>1</sub>	E <sub>i</sub> F	R <sub>1</sub> 2			Ι <sub>Ι</sub> Β	0 1	Pol	Fire, EN	∬ MS on
	Veh. Year <u>L</u> 8 DL/ID	2 ,	0	1 1 6 Ve Cold	r BLK	Veh. Make	MAZDA	9 DL			Veh. Model (	_	DL			1,		Body yle	SV		Emer	gency (	Explain in hecked)
-	Type Address	(St	Statreet,	ate TX Nu				Clas	s C	10 CDL End.	96	Re	est. 96	<u> </u>			MM/D	D/YY	YY) ı				
ır	City, Sta	_				Name: La	ast, First, N	Middle			jury		icity	Sex	Eject.	estr.	g	ıet	<u>ol</u>	<u>.</u> .		rug	rug rug gory
PERSC	Person Num. 12 Prsn.	Type	13 S Posit			r or Primary I	Person for	this Unit on	first line		14 Injury Severity	Age	15 Ethnicity	16 S	17 E	18 Restr.	19 Airbag	20 Helm	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug Category
VER, &	1 1		1	THOMAS	6	BRIAN	l	MIC	CHAEL		В	37	W	1	1	1	5	97	N	96	A 1'		97 97
E, DRI																				Drug	Results	are on	cohol and ly reported Person for
VEHICLE, DRIVER, & PERSONS									-	IAN'			B 410	114							ea	ch Unit	
	Own Less	ee	Nan	ner/Lessee ne & Address	T		HOMAS		BR	IAN				HAE	:L								
-	Proof of Fin. Res	p.	Yes No		26 Fin. Resp. Typ	pe 1	Fin. Resp	ALLST	ATE				Fin. F Num.										
	Fin. Res		١.				27 Vel Dama	ge Rating 1	12	-	FD-	7		ehicle age R	ating 2	2	6	-		RD-		ehicle enventor	Yes ied <b>X</b> No
	Towed <u> </u> By	ГΕ	XAS	TOWING	G			Towed TI	EXAS 1	ΓΟWIN	G												

	Enforcem	ent and (Rev. 1		「Use ONL	Y.		[i	Case ID	210	00 <sup>-</sup>	1106	8					TxDOT Crash II	)												Page <u>13</u>	34 of _1
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	nit um.		□ 10 LB	,001+ S.		TRAN HAZA	ISP(	ORTIN	ig Matei	RIAL	□ 9	+ CAP	PACITY	CMV I Dama	Disablin ge?			8 Veh per.	١.		29 C	arrier ⁄pe				Carrier D Num					
	arrier's orp. Nam										ier's nary Ado	dr.		•															30 Ve Type	h.	
≥ 3	1 Bus			RGVW						zMat lease	\	es 3	32 HazN		Hazi						32 HazN			azMat					33 Cargo		
Ū	ype nit			GVWR   RGVW				ш	-	34 Trl		40 C		V Disablin	ıg 🗆		Unit			낢	Class Nu RGVW	ım.	IIL	Num.		Trlr.			Body Typ CMV Disabli	ng 🔲	Yes
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NARRATIVE AND DIAGRAM																							DIAGI	RAM ON SEPA	ARATE F	PAGE					

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

				nd TxDOT U		_		_			_	ACTIV	=		Total			Tota	al _			TxDOT			
X	FATA	r 🕽	X CM	IV SCH	HOOL BUS	RAILRO	_	MAB		IPPLEME		SCHO	OL ZC	DNE [	Num. 1 Jnits	4	8	Num Prsn	า. ๅั าร. ∟_	I 3		Crash I			
4		*	М	ail to: Texas	s Department		rtation, C		ata and A	Analysis,	P.Ò. Box	149349	), Aus		( 78714.	Que	stion	s? C	all 84	4/274	-7457	D	age∟ <sup>13</sup>	35 Lafi	149
4	Texa Departs of Transp		,	★=These fi	ïelds are requ	uired on all a		to Attache al sheets s						I vehic	les, occ	upant	s, inj	ured,	etc.).			F	age	<u>~</u> 01	
П	★Cra	ash Da DD/YY	ate YYY)	0 2 / 1	1 1 / 2	0,2,1	*C (24	rash Time HRMM)	ne 0	6 0		ase	001	1068	₹				Lo Us	cal se					
	<b>★</b> Cou	unty					<u> </u>	II Aiviiv.,		*0	City				<u> </u>								$\neg$		side
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	Enforcen	nent and '	TxDOT Use 1/2018)	ONLY.		Case ID	21001	1068	8			TxDOT Crash ID	)							Pa	ge <u>136</u> of <u>1</u>
	Unit Num					Taken	То					Taker	n By				Date (MM/[	of Death DD/YYYY)		Time o	f Death R:MM)
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FACTORS &															Weather Cond.	Light Cond.	Entering Roads	Roadwa Type	Roadway Alignmen	Surface t Condition	Traffic Control
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Ľ	Š	Unit#		ntributi	ng Factors Contribut			ator's	_	inion) May Ha	ve Co	ontrib.	$\top$	37 Vel	nicle Defo Contribu		Investi	gato	r's Opinion May Have		ib.	38	T	Envi	ronmental 40	and Roadv 41	vay Coi	nditions 42	43	T	44
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NARRATIVE AND DIAGRAM																								DIAGE	RAM ON SEPA	RATE PAGE					

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

A	E Num. 1 4 8 Num. 1 3 6 TxDOT Crash ID
Texas Peace Officer's Crash Report (Form CR-3 1)  Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149348  Refer to Attached Code Sheet for Numbered Fie  *=These fields are required on all additional sheets submitted for this crash (ex.: additional sheets)	9, Austin, TX 78714. Questions? Call 844/274-7457 elds Page 139 of 149
*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 *Crash Time 0 6 0 0 Case ID 21	0011068 Local Use
*County Name TARRANT	Outside City Limit
In your opinion, did this crash result in at least Yes Latitude \$1,000 damage to any one person's property? \(\begin{array}{c}\Delta\text{No}\\ \Delta\text{decimal degrees}\end{array}\)	5 1 3 Longitude — 0 9 7 3 2 2 7 7
ROAD ON WHICH CRASH OCCURRED	★Street 4 Street Name Suffix
*1 Rdwy. Sys. TL Num. 35 Part 1 Block Num. 2600 Prefix  Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD	Yes Street
	OR REFERENCE MARKER
Int. No Sys. LR Num. Part 1 Num. 2500 Prefix	NE Name 28TH Suffix ST
Distance from Int. or Ref. Marker 1000 Street Or Ref. Marker Marker Marker	RRX Num
Tuning State States	VIN 2 G 1 W G 5 E 3 7 D 1 Pol., Fire, EMS on
	MPALA Style P4 Emergency (Explain in Narrative if checked)
8 DL/ID DL/ID DL/ID 9 DL 10 CDL Type 1 State TX Num. Num. Class C End. 96	11 DL   DOB   (MM/DD/YYYY)   L   J / L   L   L   L   L   L   L   L   L   L
City, State, ZIP)	
Name: Tast' Niddle  12 Prs on Name: Tast' Niddle  13 Se at 1 S	Age 15 Ethnicity 16 Sex 17 Eject. 18 Restr. 19 Airbag 20 Airbag 20 20 Airbag 21 Sol. 22 Alc. Spec. Alc. Spec. Alc. Spec. 23 Drug Spec. 24 Drug Result 25 Drug Categony
1 1 1 ARMSTRONG ALEXANDER JACQUETTE B	32 B 1 1 1 5 97 N 96 96 97 97
VEHICLE, DRIVER	Not Applicable – Alcohol and Drug Results are only reported
HICTE'	for Driver/Primary Person for each Unit.
Owner/Lessee ARMSTRONG ALEXANDER	JACQUETTE
Lessee Name & Address  Proof of Yes Expired 26 Fin. Fin. Resp.	Fin. Resp.
Fin. Resp. No Exempt Resp. Type Name  Fin. Resp. 27 Vehicle	Num.  27 Vehicle Vehicle Yes
Phone Num.  Damage Rating 1 6 - RD -  Towed DURDEFOT TOWNING	
By PURRFECT TOWING To PURRFECT TOWING To PURRFECT TOWING TO Perked Hit and LP	
Unit Num.140   5 Unit Desc. 1   Parked Run   Hit and LP Num. 140   Veh.	VIN 1 G Y S 4 N K J 8 F R Pol., Fire, EMS on Emergency (Explain in
Unit Num. 140   5 Unit Desc. 1   Parked Num. 140   State   Parked Num. 140   Vehicle   Parked Num. 140   Vehicle   Parked Num. 140   Vehicle   Veh	7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
Unit Num.140	VIN 1 G Y S 4 N K J 8 F R  7 Body Style SV  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
Unit Num. 140	7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  11 DL DOB (MM/DD/YYYYY)
Unit Num. 140	T Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYYY)
Unit Num. 140	SCALADE
Unit Num. 140	1   1   1   2   2   3   3   3   3   3   3   3   3
Unit Num. 140	1   G   Y   S   4   N   K   J   8   F   R
Unit Num. 140	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  11 DL Rest. 96 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  12 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  13 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  14 DL Rest. 96 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  15 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  16 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  17 DL Rest. 96 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  18 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  19 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  10 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  11 DL (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  12 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  13 DL (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  14 DL (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  15 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  16 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  17 DL (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  18 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  19 DOB (MM/DD/YYYYY) Pol. 1 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  10 DOB (MM/DD/YYYYY) Pol. 2 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  10 DOB (MM/DD/YYYYY) Pol. 2 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  10 DOB (MM/DD
Unit Num. 140   5 Unit Desc. 1   Parked Vehicle   Hit and Vehicle   Veh. State   Veh. Make CADILLAC   Veh. Model E   Solution   Veh. Make CADILLAC   Veh. Model E   Vehicle   Ve	The property of the property

	Enforcei CR-3		TxDOT Use (	ONLY.	[	Case 21	10011	068				TxDOT Crash II	)							Pa	ige <u>140</u> of <u>1</u>
	Uni Num	t Prsn.	.			Taken To						Take					Date of (MM/DD	Death /YYYY)		Time o	of Death R:MM)
	139			L H	OSPIT	AL				SEL	.F						/	1			
NOF FE	140	1			OSPIT					SEL	.F						/	/			
DISPOSITION OF																	/	1			
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╽┟	Unit Num.	Prsn. Num.								(	Charge								Citation	/Reference	Num.
GES																					
CHARGES																					
$ \cdot $																					
Н		Da	maged Prop	erty Oth	ner Than Ve	hicles					Ow	ner's Na	me					Owne	er's Address		
DAMAGE			agea.rop		ici man ve			+													
DAN																					
	nit lum.		10,001+ LBS.		TRANSPO	ORTING OUS MAT	EDIAI [	] 9+ C/	APACITY	CMV Di			8 Veh. Oper.		29 Carı ID Type			Carrier ID Num.			
	arrier's orp. Na	me	LD3.		HAZAND	OUS WIAI	Carrier's Primary			Damag	, <u> </u>	7140 le	урст.		lib Type			ID IVAIII.		30 Veh. Type	
≥ 3	1 Bus ype		RGVW				HazMat	Yes	32 HazN Class Nu		HazMat				32 HazMat Class Num		azMat			33 Cargo Body Type	
u	nit		RGVV	, ' '			34 Trlr.		CM	/ Disabling	Yes	Unit Num.			RGVW GVWR			34 Trlr.		MV Disabling	
s	equenc		GVWF	<u> </u>	35 Seq. 2		Type 3	5 Seq. 3		nage?	No No 35 Seq. 4	INUIII.			lal Shipping	Yes A	ctual ross	Туре		Total Num. Axles:	□No
_		36 Cont	ributing Fact		estigator's						ts (Investiga	_			remit [		/eight   ironmental a	nd Roadwa	y Conditions	Axies.	1
ORS 8	Unit	:#	Cont	ibuting		May Ha	eve Contrib	).		Contributir	ng	May	Have C	ontrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic
FACTORS &		+									+				Cond.	Cond.	Roads	Туре	Alignment	Condition	Control
Н															98	3	97	3	2	6	96
RAM																					
NARRATIVE AND DIAGRAM																					
EAND																DIAG	RAM ON SEPARA	TE PAGE			
RATIV																					
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	-				lu						1_				I.	nort D :					
155	Time No 24HR:M			2   (	) Notified	DISF	PATC	H			Time / (24HR	Arrived MM)	0	6	4   0   Re (M	port Date M/DD/YY	<sub>(Y)</sub> 0		0 1 /	2 0	2 1
ESTIG	omp.	Yes No		rinted)	HARP						IARTIN								<u>380-34</u> 2	1	1
<b>§</b> N	RI lum.	$T_{ X }$	2   2	0   1	1210	<sub> </sub> 0  *A	Agency F	ORT	WO	RTH	POLIC	E DE	PAF	RTME	NT			Service/ Region/l	DA C E	N T	R <sub> </sub> L

			nent a		Use ONLY	s 🗌	] RAILRO	AD [	MA	∖B ∏S	UPPLE	MENT [		IVE 100L	ZO	l N	otal lum. Jnits ∟	1 4	4   8	Tot Nur Prs		1 , 3	6	TxDO Crash			
Ä	Tex Depar of Trans		N		kas Departme e fields are re		Transport	ation, Refer	Crash to Atta	ached Co	Analysi: de Shee	s, P.Ò. B t for Nur	rm CR- Box 149 nbered	<b>3 1/1</b> / 349, / Field	/ <b>201</b> Aust s	8) tin, TX	7871	4. Q		ns? (	Call 84		I-7457	ı	Page∟ <sup>1</sup>	41 <sub> </sub>  0	f <u></u> 149
7	<b>⋆</b> Cra MM/l	sh Da DD/Y	ate YYY)	0 2 ,	<u>/ 1                                   </u>	2   0	2 1	*C	Crash T	Γime 0	6 0	0	Case ID '	210	011	1068	3				- 1	ocal se					
,	<b>∗</b> Cοι	ınty	ARR					, , ,			7	*City Name F															utside Limit
A77	n yo	ur op	inion	did this	crash result e person's p	in at le	east X	es La	atitude decima	l degrees		2					Longi (decir		egree	s)	_	0   9	9 , 7	3	2 2	2 , 7	7
37 87	ROA				4 OCCURRE	D	2 Rdwy.					3 Stree		Ţ	Stre					,					4 Stree		
	Sys.	Crasl	TL 1 Occ	urred on a	Private Drive	e or	Part 1	oad/	Speed	ck n. 2600	Const.		Worke	rs	lame Ye	s Str	eet							,	Suffix		
ENTIF					by/Parking Lo				Limit TION,	NEARES		No RSECTII				_		MAF	RKER	!							
_ /	At nt.	∐ Y∙		Rdwy. /s. LR	Hwy. Num.			2 Rdw Part	/y. 1	Bloc Num	k 1. 2500	)	3 Str Prefi		ΙE		reet ame 2	8TF	ł						4 Stree Suffix	t ST	
		nce fr f. Mai		1000		ΛI or	Dir. from Ref. Mar	ker S		Reference Marker	:	Stre	eet sc. <b>H\</b>	۷Y								RRX Num.	Ш				
1		141		Unit <sub>esc.</sub> 1	Parked Vehicle		Run	LP State	TX	LP Num.			T., .		۱ <sub>S</sub>	i <sub>I</sub> A	L L	A <sub>I</sub> E	E <sub>1</sub> 2	<sub>1</sub> 5 <sub>1</sub>		< ₁ 6	A	Pol	Fire, E	MS o	_ n
	/eh. /ear DL/l				S Veh. Color BLU DL/ID		Veh. Make [	AND	ROV	ER 9 DL		10 CD	Veh. Mode		3	)I					Body	SV		Eme	rgency ative if	(Expl	ain in
Į	уре		St	ate TX	Num.					Class	, C	End.	<sup>-</sup> 96			st. A				(MM/E	D/YY	YY) I		ی <b>/</b> ر			
LC		State,				N	lame: La	st. Firs	st. Mid	dle			λin	ity		city	×	ect.	estr.	0	et	-:	oi .		бn	ng t	ug
PERSONS	Num.	12 Pr Type	13 Seat Position		Enter Driv						first line		14 Ini	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
	l	1	1	THOM	ASON	l	LINDA			G			В	6	6	W	2	1	1	1	97	N	96		96	97	97
; DRIV																							Drug	Result	able – A s are o	nly re	ported
VEHICLE, DRIVER, &																							I IOI L		Primary ach Uni		on ioi
N [		wner ssee		ner/Lesse ne & Addr			Т	HOM	IASO	N	JO	HN	•														
			Ye:	Expi	red 26 Fin. npt Resp. T	ype 1		Fin. R Name	esp.	ARME	RS					Fin. F Num.											
		Resp. e Nun	n.				'	- 1	Vehicl mage	e Rating 1	12	2 -	F	o <del>-</del> 3		27 Ve Dama	ehicle age Ra	ating	2		-		-		Vehicle Invento		Yes No
1 E	owe By	d BI	/INS	S TOW	ING					<sup>Γowed</sup> ΒΙ	VINS	TOWI	NG														•
1	Jnit Jum.	142	15	Unit esc. 1	Parked Vehicle			LP State		LP Num.			I	_	5 ا	ıX	Υ	P <sub>I</sub> C	G <sub>I</sub> D	<sub>1</sub> Α <sub>1</sub>		9 <sub>I</sub> J	<sub>I</sub> G <sub>I</sub>	Pol.	Fire, E	MS o	n
	/eh. /ear B DL/		<del></del>		S Veh. Color WHI		Veh. Make p	ORD	)	9 DL		10 CD	Veh. Mode		50 111	DI			- 1		Body	PK		Eme	rgency ative if	(Expl	ain in
	уре	1 ess (S	St	ate TX	Num.					Class	s CM	10 CD End.	<sup>"</sup> 96		Re	st. 96	6			(MM/E	D/YY	YY) ı		J Ц			١
	_	State,	_			N	lame: La	st. Firs	st. Mid	dle			۸in	ıţ,		city	×	ect.	estr.		et	-:	ı .		бn.	n a	ug
PERSO	Num.	12 Pr Type	13 Seat Position		Enter Driv						first line		14 Inj	Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Dr Spec	24 Dr Resu	25 Drug Category
ER, & I		1	1	BIRD		l	IAN			Р			В	3:	2	W	1	1	1	2	97	N	96		96	97	97
, DRIV																							Drug	Result	able – A s are o	nly re	ported
VEHICLE, DRIVER, & PERSONS																							for L		Primary ach Uni		on for
Ä	_	wner ssee		ner/Lesse ne & Addr			В	IRD			IA	N	<u> </u>		!	Р			•								
	Proof	of .	Ye:	Expi		ype 1		Fin. R Name		JSAA						Fin. F											
F	in. F	Resp. e Nun			· 1 ·	·		- 1	Vehicl		12	2 -	F	o <b>-</b> 6		27 Ve Dama	ehicle age Ra	ating	2		-	-	-		Vehicle Invento		Yes No
. ⊢	owe	4		S TOW	ING				7	Fowed BI	VINS	TOWI	NG											I		~	- · · · ·

	Enforcem CR-3	nent and 1	xDOT Use ONL' /2018)		Case 21	001106	8			TxDOT Crash ID							Р	age <u>142</u> of <u>′</u>
	Unit Num.	Prsn. Num.			Taken To					Taken By				Date of (MM/DD	Death /YYYY)			of Death R:MM)
<b>.</b>	141	1	LOCAL	HOSPIT	AL			SELF	=					/	/			
DISPOSITION OF	142	1	LOCAL					SELF	=					/	/			
SITIC														/	/			
Odsic														/	/			
]														/	/			1 1
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П	Unit Num.	Prsn. Num.						Ch	arge			'				Citatio	n/Reference	Num.
ايرا																		
CHARGES																		
3																		
lt																		
		Dan	naged Property	Other Than Ve	hicles				Own	ier's Name					Owr	ner's Address		
DAMAGE																		
PA																		
	Jnit Ium.		10,001+ LBS.	TRANSP	ORTING OUS MATE	9	+ CAPACITY	CMV Disa		Yes 28 Vel No Oper.	٦.	29 Car ID Typ			Carrier ID Num			
	arrier's		LBS.	HAZARL	OUS MATE	Carrier's		Damage	Ш	по орег.		[10 тур			IID INUIII	•	30 Veh	
	orp. Nan 1 Bus	ne	RGVW			Primary Add	es 32 HazN	lat I	HazMat			32 HazMa	t H	azMat			Type 33 Cargo	
	ype Jnit		GVWR			eleased N		m. I Disabling	D Num.     Yes	 Jnit		Class Nun	n. ID	Num.	34 Trlr.		Body Type  CMV Disabling	
1	lum. equence	.	GVWR			Туре	Dan	nage?	□ No I	Num.		RGVW GVWR dal Shipping	Yes A		Туре		Damage? Total Num.	No
	of Events	35 560		35 Seq. 2		35 Se			Seq. 4		Contain	er Permit [	No_W	eight	- d D du	 C diti	Axles:	
FACTORS &	Unit		buting Factors ( Contributi			ve Contrib.		Contributing		or's Opinion May Have		38	39	40	41	ay Conditions 42	43	44
TOR												Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
ĮŽ Š												98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM													DIAGI	RAM ON SEPARA	TE PAGE			
TOR	Time Not (24HR:MM	ified (	0   6   2	0 How Notified	DISP	ATCH			Time Ar	rrived C	0   6	4 <sub>1</sub> 0 Re	port Date	<sub>Y)</sub> 0	3 /	0 1 /	2 0	2 1
18	nvest. Comp.	Yes No	Investigator Name (Printe		FR G	<del>, (, 0, , , , , , , , , , , , , , , , , </del>		N/I	ARTIN,			1 1			ID			
NVES	DRI -		2   2   0		- 1	gency FOF					DTM	INIT			Service	/   _ [	<u> </u>	RL
	lum.	. [^	-   -   0	.   2   0	1 ~ 1	701	VI VVOI	ХІПР	OLICE	_ UEP <i>P</i>	VLZ I IAIF	_1 N 1			Region	/UA   S   L	<u> </u>	

		forcen AL		nd TxDOT Us IV SCH	se ONLY IOOL BUS	RAILRO	DAD [	MAB [	SUPF	PLEMEN	NT S	CTIVI	E DL ZC		otal lum. Jnits ∟	1 4	4   8	Tota Nur Prs	al n. 1 ns. ∟	1 3	6	TxDO1 Crash			
Ź	Te Depa of Tran	oxas ortment osportation		ail to: Texas ★=These fie	Department	of Transpor	tation, ( Refer	to Attached	and Ana I Code S	alysis, P Sheet fo	.Ò. Box 1 Number	49349 ed Fie	), Aus lds	tin, TX						4/274	-7457	Р	age∟ <u>1</u>	<sup>43</sup> ⊔of	149
	★Cra (MMa	ash Da /DD/Y`	ate YYY)	0 _2 _/ 1	1/2	0 2 1	★C (24)	rash Time HRMM)	0 6	0 0	) Cas		001	1068	3				Lo	cal se					
۸C	*Co	unty e T					•			★Ci Nam	y le FOR	T W	OR	TH										Our	tside Limit
CA TI				did this cra					rees) <sub>I</sub>	3 2	7	9   5	1	3	Longi (decir		egree	s)	_	0   9	7	3	2 2	7	7
IDENTIFICATION & LOCATION		Rdwy.		*Hwy. Num. 3	CCURRED	2 Rdwy		Block Num. 26	200		Street		★Str	eet								4	Street		
ICA TIC	Sys.	Crasl	TL h Occ	urred on a Pri	ivate Drive o	Part Toll R	Road/ S	Speed	Co	nst.	refix Yes Wo			s Str									Suffix		
ENTIF	INTE	RSEC	CTING	ROAD, OR			ERSEC					ROAD	OR R			MAF	RKER								
Q	At Int.	∐Y(		Rdwy. rs. LR	Hwy. Num.		2 Rdw Part		Block Num. 2	500		Street efix			reet ame 2	8TH	l						Street Suffix	ST	
		ance fr ef. Mai		1000	<b>X</b> FT ☐ MI	3 Dir. from or Ref. Ma		Refere Marke			Street Desc.	ΗW	/						- 1	RRX Num.	ш				ш
	Unit Num	.143	5 De	Jnit esc. 1	Parked Vehicle	Hit and Run	LP State	TX N	um.			\	/IN _1	ιC	6 ,	S <sub>I</sub> F	R <sub>I</sub> F	ıJ ı	T , 4	1 <sub>1</sub> L	ιN <sub>1</sub>	Dol	Fire, El	48 on	
	Veh. Year	. 2	_		or WHI	Veh. Make	DODG				М	eh. odel F						St	Body yle	PK		Emer	gency itive if o	(Expla	in in
	8 DL Type		St	T\/	_/ID um.			9 C	DL lass C		O CDL nd. 96	6	11 Re	DL st. 96	i			DOB MM/D	D/YY	YY) I	_	<b>/</b> _			ل
S	City,	State,	ZIP)									2 >		Ŋ		#;	ij						9	ם	_ <u>5</u>
PERSONS	Person Num.	12 Prsn. Type	13 Sea Position		Enter Driver	Name: La or Primary	,	,	t 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 Catego
ళ	1	1	1	OSBOR	ΝE	WESL	.EY	A	ADAM				34	W	1	1	1			N	96				97
VEHICLE, DRIVER																						Applica Results			
ICLE,																						Driver/P		Perso	
VEh	XO	) wner	_	ner/Lessee		5	SABER	R POWER	₹	SER\	/ICES										_				$\dashv$
	Proo	essee of of	Yes	ne & Address Expired	26 Fin.		Fin. Re							Fin. F											
		Resp. Resp.	No	Exempt	Resp. Typ	e 1		Vehicle	AT NO					Num.	ehicle		_						/ehicle		Yes
	Towe	ed CA		NAL TO\	A/INIC		Dar	nage Rating	4	6-		RD-		Dama	age Ra	ating 2	2		-		_	I	nvento	ied 🗶	No
H	By Unit	.144	5	Jnit esc. 1	Parked Vehicle	Hit and	LP State	To LF		DINA	L TOW			ιN	.4 .	B , L	4	, B ,	V , 5	5 , L	, C				
	Veh. Year	2	•	0 6 Ve		Veh.	NISSA		uIII.			eh. odel <i>f</i>						7	Body yle			Emer	Fire, El gency itive if o	(Expla	in in
	8 DL Type	/ID	DI	/ID DI	_/ID um.	Make	INIOOP	a	DL class C	1	0 CDL nd. 96		111	DL st. 96	 }			DOB MM/D				INAITA	ilive ii c	HECKE	;u) 
	Addr City,	ess (S State,	treet, ZIP)																						
& PERSONS	Person Num.	12 Prsn. Type	13 Seat Position		Enter Driver	Name: La or Primary			t 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	GOULD		LORE	NZO					В	52	В	1	1	1	5	97	N	96		96	97	97
DRIVE																						Applica Results			
V <u>E</u> HICLE, DRIVER,																						Driver/P		Perso	
VEF		)wner		ner/Lessee ne & Address		E	EAN H	OLDINGS	LLC			<u> </u>		<u> </u>			<u> </u>		<u> </u>		<u> </u>				
	Proo	f of	Yes	Expired	26 Fin.		Fin. Re		۸ C . Г ^	D145	)   D = ^			Fin. F											
	Fin. I	Resp.		Exempt	Resp. Typ	e 1		Vehicle			BUREA		7	Num.	ehicle	ating '	2		_		D07-		/ehicle		Yes
	Towe	ne Nun ed <b>MI</b>		R TOWIN	NG		Dar	Towed	1	12 <b>-</b> IER T	OWIN	FD <del>-</del> G	<i>r</i>	Dailla	age Ra	aurių i		3			R&T <b>-</b>	/  I	nvento	ied 🔀	No

	Enforcen n CR-3		TxDOT Use 1/2018)	ONLY.		Case 210	<u>001</u> 10	68_			T: C	xDOT crash ID							Pa	ige <u>144</u> of <u></u>		
	Unit Num	Prsn.				Taken To						Taken By				Date o (MM/DI	Death D/YYYY)		Time o	of Death R:MM)		
	144								SE	ELF						/	/					
N OF	l l															/	/			1 1		
DISPOSITION OF	2															1		1 1				
ISPO	200															1	1			1 1		
اما																<u>,                                      </u>	1					
																<u>,                                     </u>	1			1 1		
	Unit Num.	Prsn. Num.								Charge						,		Citation	n/Reference l	Num.		
ايا	INGIII.	Num.																				
CHARGES																						
₹																						
ŀ																						
H		Da	maged Pro	perty O	ther Than V	ehicles				0	wne	er's Name					Owne	er's Address				
DAMAGE																						
DAN																						
	Jnit		10,001 LBS.	+	☐ TRANSF	PORTING DOUS MATE		9+ CAPACIT			☐ Y		1.		arrier		Carrier					
. ⊦	Num. Carrier's		LBS.		□ <sub>HAZARI</sub>	DOUS MATE	Carrier's	j or crimen	Dar	mage?		lo Oper.		ID Ty	rpe		ID Num.		30 Veh.			
. ⊦	Corp. Nar 31 Bus	me	RGV	W		На	Primary A	ddr. ] Yes   32 Ha	zMat	HazMat				32 HazN	lat L	lazMat			Type 33 Cargo			
[5]	Гуре		□GW	/R		Re	leased _	No Class	Num.	ID Num.	1	1 1		Class Nu		D Num.			Body Type			
	Jnit Num.		RGV				34 Trlr. Type		:MV Disab Damage?	ling Yes	N	nit um.	_	RGVW GVWR			34 Trlr. Type		MV Disabling Damage?	Yes No		
	Sequence Of Events		q. 1		35 Seq. 2	2	35	Seq. 3		35 Seq. 4			Intermo Contain	dal Shipping er Permit	Yes O	Actual Fross Veight			Total Num. Axles:			
જ કે	Unit			ctors (In	nvestigator's		e Contrib.	37 V	ehicle De Contrib	efects (Investig	gato	r's Opinion) May Have		20	1	1	1	y Conditions	42	44		
ORS E	2	-		.c.ibuciii;	1	may nav					1	maymave	Contribi	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
FACTORS &								+	+													
Н														98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM															DIAC	FRAM ON SEPAR.	NTE PAGE					

 $0 \quad 3 \ / \ 0 \quad 1 \ / \ 2 \quad 0 \quad 2 \quad 1$ 

Service/ Region/DA C E N T R L

ID Num. 3380-3421

Law Enforcement and TxDOT Use ONLY  FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT SCHOOL ZONE  ACTIVE Num. 1 4 Units 1	Total Num. 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. Que Refer to Attached Code Sheet for Numbered Fields  *=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupant	Page 145 of 149													
*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1 *Crash Time 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 Yes \$1,000 damage to any one person's property? No (decimal degrees) 3 2 7 9 5 1 3 Longitude (decimal degrees)	grees) - 0 9 7 3 2 2 7 7													
ROAD ON WHICH CRASH OCCURRED	4 Street													
*1 Rdwy. Sys. TL	Suffix													
Road/Private Property/Parking Lot Toll Lane Limit Zone No Present No Desc.  No Desc.  No Desc.	KER													
At Yes 1 Rdwy. Hwy. 2 Rdwy. Block 3 Street Street Num. Part 1 Num. 2500 Prefix NE Name 28TH	4 Street Suffix ST													
Distance from Int. or Ref. Marker 1000    X   FT   3 Dir. from Int.   Reference   Street   Desc.   HWY   Num.														
Unit Num. 145 Desc. 1 Parked Run State TX Num. VIN 2 G K F L R E 3 9 F 6														
Veh. Year 2 0 1 5 6 Veh. Weh. Make GMC Veh. Model TERRAIN 7 Body Style SV Narrative if ch														
8 DL/ID	11 DL DOB													
Address (Street, City, State, ZIP)														
PERSONS I TYPE IN IN IN IN IN IN IN IN IN IN IN IN IN	18 Restr. 19 4/irbag 20 20 Helmet 21 Sol. 22 Alc. Spec. Spec. 23 Drug Spec. 23 Drug Sec. 25 Drug Category													
© 1 1 1 ROBINSON JESSE B 25 W 1 1 1	2 97 N 96 96 97 97													
RIVER	Not Applicable – Alcohol and													
NET CONTROLL OF THE CONTROL OF THE C	Drug Results are only reported for Driver/Primary Person for each Unit.													
▼ Owner Owner/Lessee WISE SHELBY														
Lessee Name & Address														
Fin. Resp. No Exempt Resp. Type 1 Name USAA Num.														
Phone Num.  Damage Rating 1 12 FD 7  Damage Rating 2	Vehicle													
Towed By ALLIANCE TOWING KELLER To ALLIANCE TOWING KELLER														
Unit 5 Unit Desc. 1 Parked Run State LP Num. 146 Desc. 1 Vehicle Run State Num.														
Num. 146   Desc. 1   Vehicle   Run   State   Num.   Veh	Pol., Fire, EMS on													
Num.146   Desc. 1   Vehicle   Run   State   Num.   Veh.   Veh.   Veh.   Veh.   Make FORD   Veh.   Model FIESTA   Num.   Veh.   V	7 Body Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
Num. 146         Desc. 1         Vehicle         Run         State         Num.         VIN. 3   F   A   D   P           Veh. Year         2   0   1   4   6 Veh. Color GRY         Veh. Make FORD         Veh. Model FIESTA           8 DL/ID Type 1         DL/ID State TX         DL/ID Num.         9 DL Class A         10 CDL End.         11 DL Rest. P17           Address (Street, Inc. Street, Inc. Street Inc. Stree	7 Body Pol., Fire, EMS on Emergency (Explain in													
Num. 146         Desc. 1         Vehicle         Run         State         Num.         VIN. 3   F   A   D   P           Veh. Year         2   0   1   4   6 Veh. Color GRY         Veh. Make FORD         Veh. Model FIESTA           8 DL/ID Type 1         DL/ID State TX         DL/ID Num.         9 DL Class A         10 CDL End. 96         11 DL Rest. P17           Address (Street, City, State, ZIP)         City, State, ZIP         The color of th	7 Body Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYY)													
Num. 146         Desc. 1         Vehicle         Run         State         Num.         VIN. 3   F   A   D   P           Veh. Year         2   0   1   4   6 Veh. Color GRY         Veh. Make FORD         Veh. Model FIESTA           8 DL/ID Type 1         DL/ID State TX         DL/ID Num.         9 DL Class A         10 CDL End. 96         11 DL Rest. P17           Address (Street, City, State, ZIP)         City, State, ZIP         The color of th	7 Body Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYY)													
Num. 146         Desc. 1         Vehicle         Run         State         Num.         VIN. 3   F   A   D   P           Veh. Year         2   0   1   4   6 Veh. Color GRY         Veh. Make FORD         Veh. Model FIESTA           8 DL/ID Type 1         DL/ID State TX         DL/ID Num.         9 DL Class A         10 CDL End. 96         11 DL Rest. P17           Address (Street, City, State, ZIP)         City, State, ZIP         The color of th	7 Body Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYY)													
Num. 146         Desc. 1         Vehicle         Run         State         Num.         VIN. 3   F   A   D   P           Veh. Year         2   0   1   4   6 Veh. Color GRY         Veh. Make FORD         Veh. Model FIESTA           8 DL/ID Type 1         DL/ID State TX         DL/ID Num.         9 DL Class A         10 CDL End. 96         11 DL Rest. P17           Address (Street, City, State, ZIP)         City, State, ZIP         The color of th	7 Body Style P4  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYYY)  1 97 N 96  Category  Not Applicable – Alcohol and Drug Results are only reported													
Num. 146         Desc. 1         Vehicle         Run         State         Num.         VIN. 3   F   A   D   P           Veh. Year         2   0   1   4   6 Veh. Color GRY         Veh. Make FORD         Veh. Model FIESTA           8 DL/ID Type 1         DL/ID State TX         DL/ID Num.         9 DL Class A         10 CDL End. 96         11 DL Rest. P17           Address (Street, City, State, ZIP)         City, State, ZIP         The color of th	7 Body Style P4  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYYY)  1 97 N 96 S 2 S Dud Category  Not Applicable – Alcohol and													
Num. 146 Desc. 1 Vehicle Run State Num.  Veh. Year 2 0 1 4 6 Veh. Color GRY Make FORD  8 DL/ID Type 1 State TX Num.  Boundary 1 10 CDL 96 11 DL Rest. P17  Address (Street, City, State, ZIP)  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYYY)													
Num. 146  Desc. 1  Vehicle  Num.  Veh.  Veh.  Veh.  Veh.  Veh.  Make FORD  Veh.  Model FIESTA    8 DL/ID  Type 1  DL/ID  State TX  Num.  DL/ID  State TX  Num.  PJDL	7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYYY)													
Num. 146 Desc. 1 Vehicle Run State Num.  Veh. Year 2 0 1 4 6 Veh. Color GRY Make FORD  State TX DL/ID Type 1 State TX  Address (Street, City, State, ZIP)  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Address Owner Desc. 1 Veh. Weh. Model FIESTA  Veh. Model FIESTA  Veh. Model FIESTA  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Veh. Model FIESTA  Veh. Model FIESTA  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Address Owner Desc. 1 Veh. Model FIESTA  Veh. Model FIESTA  Veh. Model FIESTA  Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line  Veh. Model FIESTA  Veh. Model FIESTA  Part O Class A 10 CDL End. 96 11 DL End. 96 11	7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)  DOB (MM/DD/YYYYY)													

	Enforcem	nent and 1 (Rev. 1/1	TxDOT Use ONLY /2018)		Case 21	001106	8			TxDOT Crash ID							Р	age <u>146</u> of <u>1</u>		
	Unit Num.	Prsn. Num.			Taken To				•	Taken By				Date of (MM/DD	Death (YYYY)			of Death IR:MM)		
	145	1	JOHN P	ETER S	MITH			SELF	=					/	/					
DISPOSITION OF	146	1	LOCAL					SELF	=					/	/					
SITIO	3													/	/			1 1		
Odsi														/	/			1 1		
٦٩٤														<u>.                                      </u>	/			1 1		
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П	Unit Num.	Prsn. Num.						Ch	arge						•	Citatio	n/Reference	Num.		
S																				
CHARGES																				
3																				
lt																				
	ļ	Dan	naged Property (	Other Than Ve	hicles				Own	ner's Name					Owr	ner's Address				
DAMAGE																				
DA																				
	Jnit lum.	]	10,001+ LBS.	TRANSP	ORTING OOUS MATE		+ CAPACITY	CMV Disa		Yes 28 Vel No Oper.	h.	29 Car ID Typ			Carrier ID Num					
	Carrier's		LD3.	HAZAND	OUS WATE	Carrier's	1	Dumage	<u> </u>	по орен			IID INGIII	•	30 Veh	ı.				
	Corp. Nam	ie	RGVW			Primary Add	es 32 HazN		HazMat			32 HazMa		azMat			Type 33 Cargo			
	ype Jnit		GVWR			eleased N		m. I Disabling	D Num.   	Unit	<del>                                     </del>	Class Nun RGVW GVWR	n. II	Num.	34 Trlr.		Body Type			
	lum. Sequence		GVWR	1		Туре		nage?		Num.			Yes A	ctual ross	Туре		Damage? Total Num.	No		
- (	Of Events	35 Sec	q. 1 buting Factors (I	35 Seq. 2		35 Se			Seq. 4	or's Opinion	Contain	er Permit	No   Weight							
FACTORS &	Unit #		Contributii			re Contrib.		Contributing		May Have		38	39	40	41	42	43	44		
CTO												Weather Cond.	Light Cond.	Entering Roads	Roadway Type	y Roadway Alignmen	Surface Condition	Traffic Control		
12.5	3											98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM													DIAGO	RAM ON SEPARA	ITE PAGE					
TOR	Time Not (24HR:MN	ified (	0   6   2	0 How Notified	DISP	ATCH			Time Ai	rrived C	) <sub>1</sub> 6 <sub>1</sub>	4 <sub>1</sub> 0 (N	eport Date	<sub>(Y)</sub> 0	3 /	0 1 /	2 0	2 1		
18	nvest. Comp.	Yes No	Investigator Name (Printe		PFR G	<del> </del>		N/I	ARTIN			1 1			ID					
WVES	ORI -		2   2   0	1 <sub>1</sub> 2 <sub>1</sub> 0			RT WOI					-NT			Service	/   _ [	<u> </u>	RIL		
	lum.	. /	-   -   0	0	1 1	701	VI MACI	ИΠР	OLICE	_ UEP <i>F</i>	11/1   1VII	_I V I			Region	/UA   S   E	<u> </u>			

				nd TxDOT Us			ا مده	¬			·	ACTIVI	Ē		otal lum.	1 /	1 Ω	Tota Nur	al n 1	1 2	6	TxDO1			
X	FATAL	- <u> </u> 2	CM	IV ∐SCH	IOOL BUS	RAILRO	_	MAB	SUF er's Cras	PPLEME	иι Ц	SCHO	DL ZC	DNE [	Jnits ∟	1   -	+ 0	Prsi	ns	1 3		Crash			
4	Texas		M	ail to: Texas	Department of		rtation, 0	Crash Da		nalysis, F	P.O. Box	149349	, Aus		78714	1. Qı	uestio	ns? C	all 84	4/274	-7457	Р	age∟ <sup>1</sup>	<sup>17</sup> ⊒of∟	149
4	of Transpo	ortation			elds are requi		additiona	al sheets	submitted	d for this	crash (ex	k.: add		l vehic	les, oc	cupa	nts, ir	njured,	T	.1					
	★Cras (MM/D	h ∪a D/YY	te ′YY) <sub>l</sub>	0 2 / 1	1/2	0 2 1	(24)	rash Tim HRMM)	ne 0 6	6 0 0	0 Ca		001	1068	3				Lo	cal se					
۸	★Cour Name		ARR/	ANT						★Ci Nan	ity ne FOF	RT W	OR	TH										Out City L	side _imit
LOCATION	In you \$1,000	r opi	nion,	did this cras	sh result in a erson's prop	at least X	Yes La	atitude ecimal d	legrees)	3 2	7	9   5	, 1	3	Longit (decin		earees	s)	_	0   9	7	3	2 2	7	7 ,
98	ROAD	ON		H CRASH O	CCURRED	2 Rdwy		_	,		Street		★Str		1-			-,					Street		
IDENTIFICATION A	Sys.	1	ΓL Occi	*Hwy. Num. 3	5 ivate Drive or	Part	1	Num. Speed	2600		Prefix	- who ro	Nam	е	- a+								Suffix		-
TIFIC	F	Road/	/Priva	te Property/P	arking Lot	Toll L	ane L	_imit	Z	Zone 🗶	No Pre	esent	XNo	De	sc.										
IDEN		Ye	s 1 F	Rdwy.	Hwy.	<u> JI AI INIE</u>	2 Rdw	у.	Block		3	Street refix		St	reet								Street		
														Na	me 28	ЗТН			F	RRX			Suffix	ST	$\dashv$
L	or Ref. Unit			1000	☐ MI ☐ Parked	or Ref. Ma		Mai	rker		Desc.	c. HWY													
	Num.147 Desc. 1 Vehicle Run State TX Num. Vehicle Vin 3 G N K B G R S 4 K S Pol., Fire, EM																								
	Year	ш	_	1 9 Cold	or WHI	la la	N	lodel E						St	yle ;	SV	<u> </u>		Emergency (Explain in Narrative if checked)						
	8 DL/IE Type Addres	1	Sta	T\/	_/ID um.				9 DL Class A		0 CDL ind. 9	6	Re	DL st. <b>K</b>			- 17	DOB MM/D	D/YY	YY) I		<b>/</b> _			L
<u>ر</u>	City, S	tate,	ZIP)									T > .					ت ا						<b>F</b> ,		_ >
PERSONS	Person Num.	/pe	13 Seat Position		Enter Driver	Name: La or Primary	,	,		st line		14 Injury Severity	Age	15 Ethnicity	16 Sex	7 Eject.	3 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	t Drug esult	25 Drug Category
& PEF		2 6		PENNING	CTON	CHRIS							_₹ 49		1 /	17	18					<u> </u>			
			1	FEMININ	<u>310IN</u>	CHRIS	STOPI	HER				В	49	W	1		ı	1	97	N	96	Annlina			97 and
VEHICLE, DRIVER																					Drug	Results	ble – Al s are on rimary F	ly repo	orted
HICL																					101 2		ich Unit		1101
VE	Ow			ner/Lessee ne & Address		ال ا	JR'S C	RANE	AND	EXC	AVATIC	N												_	
	Proof o		Yes	Expired	26 Fin.		Fin. Re		<b>.</b>					Fin. F	Resp.						_		_	_	
	Fin. Re		No	Exempt	Resp. Type	<del>1</del> 1	Name 27 \	SE Vehicle	<u>LF</u>					Num. SELF 27 Vehicle							Vehicle Yes			Yes	
	Phone	Num	۱.				Dar		age Rating 1 12 FD 7						Damage Rating 2 - Invento										
L	Towed By Unit	TE.		Jnit	G □ Parked □	─ Hit and	LP	To	TEX	(AS T	OWINC														_
	Num. 1		De	esc. 1	Vehicle	Run	State		Num.				/IN _1	l <sub>I</sub> F	<sub>I</sub> M <sub>I</sub> t	5 <sub>1</sub> K	7			G	ιG ι	Pol.,	Fire, EN	//S on	┙
	Veh. Year	2			or SIL	Veh. Make	FORD		1	T.	N	ven. / Body Emer								gency ( ative if c	Expla hecke	in in d)			
	8 DL/II Type	1	Sta		_/ID um.				9 DL Class	C E	0 CDL End. 9	6		DL est. <b>9</b> 6	6			DOB MM/D	D/YY	YY) I		l L			١
٨	Addres City, S	tate,	ZIP)									T.											F.		>
& PERSONS	Person Num.	/pe	13 Seat Position		Enter Driver	Name: La or Primary				st line		14 Injury Severity	Age	15 Ethnicity	16 Sex	' Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	Prug esult	25 Drug Category
s PER	4 Z E	7 6	€ 9												9	17	18					ΑÃ			
VER, ¿	1 1		1	EZELLE		BREN	. 1		REID	1		N	62	W	1 1	1	1	2	97	N	96				97
, DRI																					Drug	Results	ble – Al s are on rimary F	ly repo	orted
VEHICLE, DRIVER,																					IOIL		ich Unit		1 101
VĒ	<b>X</b> IOW		_	ner/Lessee		-	TARRA	ANT		COU	NTY	•		I											
	Les Proof o			ne & Address Expired			Fin. Re							Fin. F											
	Fin. Re	esp.		Exempt	1 -	<del>1</del> 1	Name		<u>LF</u>					Num.	S	ELI	=						/ehicle		Yes
	Fin. Re	Num	١.					mage Ra		6-		RD-	7	1	age Ra	ting 2	2	12	-		FD-		/ehicle nventor		
	Towed	TE	XAS	TOWING	G			Tov	wed TEX	(AS T	OWING	3													

			TxDOT Use ONL		Case 210	001106	ο			TxD	OT					$\neg$		Pa	age <u>148</u> of	
Form	Unit Prsn. Taken Te										sh ID aken By				Date of	Death		Time o	of Death	
							MED	NCT A D		-				(MM/DE	/YYYY)		(24HR:MM)			
95	147	1	JOHN	PETERS	DIVII I II			IVIEL	STAR	(21					<u> </u>					
DISPOSITION OF	<u> </u>														<u>/</u>	1				
POSI		+						-							<i>/</i>	,				
SIG	<b>-</b>														<u>/</u>					
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H	Unit	Prsn.													/	/				
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SES																				
CHARGES																				
ľ																				
Щ																				
빙		Dai	maged Property	Other Than Ve	hicles				Ow	vner's	Name					Owne	er's Address			
DAMAGE																				
Ц										7	I		T			T				
	Jnit Num.		10,001+ LBS.	TRANSP HAZARD	ORTING OOUS MATER	RIAL 9	+ CAPACITY	CMV Di: Damage		Yes No	28 Veh. Oper.		29 Ca ID Ty <sub>l</sub>			Carrier ID Num.				
	Carrier's Corp. Nam	ne				Carrier's Primary Ado	dr.											30 Veh. Type		
CMV	31 Bus Type		☐ RGVW	1 1 1		zMat Y eased N			HazMat ID Num.		1 1		32 HazM		azMat Num.		1 1	33 Cargo Body Type		
Ī	Jnit		RGVW GVWR		1	34 Trlr.	СМ	V Disabling	Yes	Unit			RGVW		, ruini	34 Trlr.		CMV Disabling	Yes	
9	Num. Sequence			35 Seq. 2		Гуре 35 Se		mage?	□ No 35 Seq. 4	Nun	1.	Interm	GVWR odal Shipping	Yes A	ctual ross /eight	Type	ļ.	Damage? Total Num.	No	
	Of Events		ibuting Factors			3330			ts (Investiga	ator's	Opinion)	Contair	ner Permit			nd Roadwa	 y Conditions	Axles:		
FACTORS &	Unit #	#	Contribu	ting	May Have	Contrib.		Contributin	g		May Have (	Contrib.	38 Weather	39 Light	40 Entering	41 Roadway	42 Roadway	43 Surface	44 Traffic	
1570 1500													Cond.	Cond.	Roads	Type	Alignment		Control	
120	<u> </u>												98	3	97	3	2	6	96	
NARRATIVE AND DIAGRAM														DIAG	RAM ON SEPARA	ATE PAGE				

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Service/ Region/DA C E N T R L

ID Num. 3380-3421

