



**Highway Factors Attachment – Texas Peace Officer’s Crash Report at 2315 on
February 10, 2021**

Fort Worth, TX

HWY21FH005

(14 pages)

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 1 1 Total Num. Prsns. 1 1 TxDOT Crash ID 18122324.3 /2021073389



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457 Refer to Attached Code Sheet for Numbered Fields

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

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 02 / 10 / 2021 *Crash Time (24HRMM) 2 3 1 5 Case ID 25115-2021 Local Use FATALITY #29

*County Name DALLAS *City Name DALLAS Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude Longitude

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. IH *Hwy. Num. 45 2 Rdwy. Part 3 Block Num. 3900 3 Street Prefix * Street Name JULIUS SCHEPPS 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 Const. Zone Yes No Workers Present Yes No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 3800 3 Street Prefix S Street Name LAMAR 4 Street Suffix ST

Distance from Int. or Ref. Marker 434 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 3 F A H P 0 8 Z 9 7 R

Veh. Year 2 0 0 7 6. Veh. Color SIL Veh. Make FORD Veh. Model FUSION 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

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

Owner/Lessee Name & Address DURAN, LUCILLE, Owner/Lessee Name HOME STATE COUNTY MUTUAL

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name HOME STATE COUNTY MUTUAL Fin. Resp. Num.

Fin. Resp. Phone Num. 877-214-3970 27 Vehicle Damage Rating 1 F D - 4 27 Vehicle Damage Rating 2 B D - 4 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN K N A F U 4 A 2 3 A 5

Veh. Year 2 0 1 0 6. Veh. Color BLK Veh. Make KIA Veh. Model FORTE 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

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

Owner/Lessee Name & Address JACKSON, LEROY JUNIOR, Owner/Lessee Name ALINSCO INSURANCE

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

Fin. Resp. Phone Num. 855-254-6726 27 Vehicle Damage Rating 1 B D - 4 27 Vehicle Damage Rating 2 R D - 2 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

Copy from Custodial File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	EVALUATED AT SCENE	DALLAS FIRE / RESCUE		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	NO VALID TEXAS DRIVER LICENSE	E00-333111

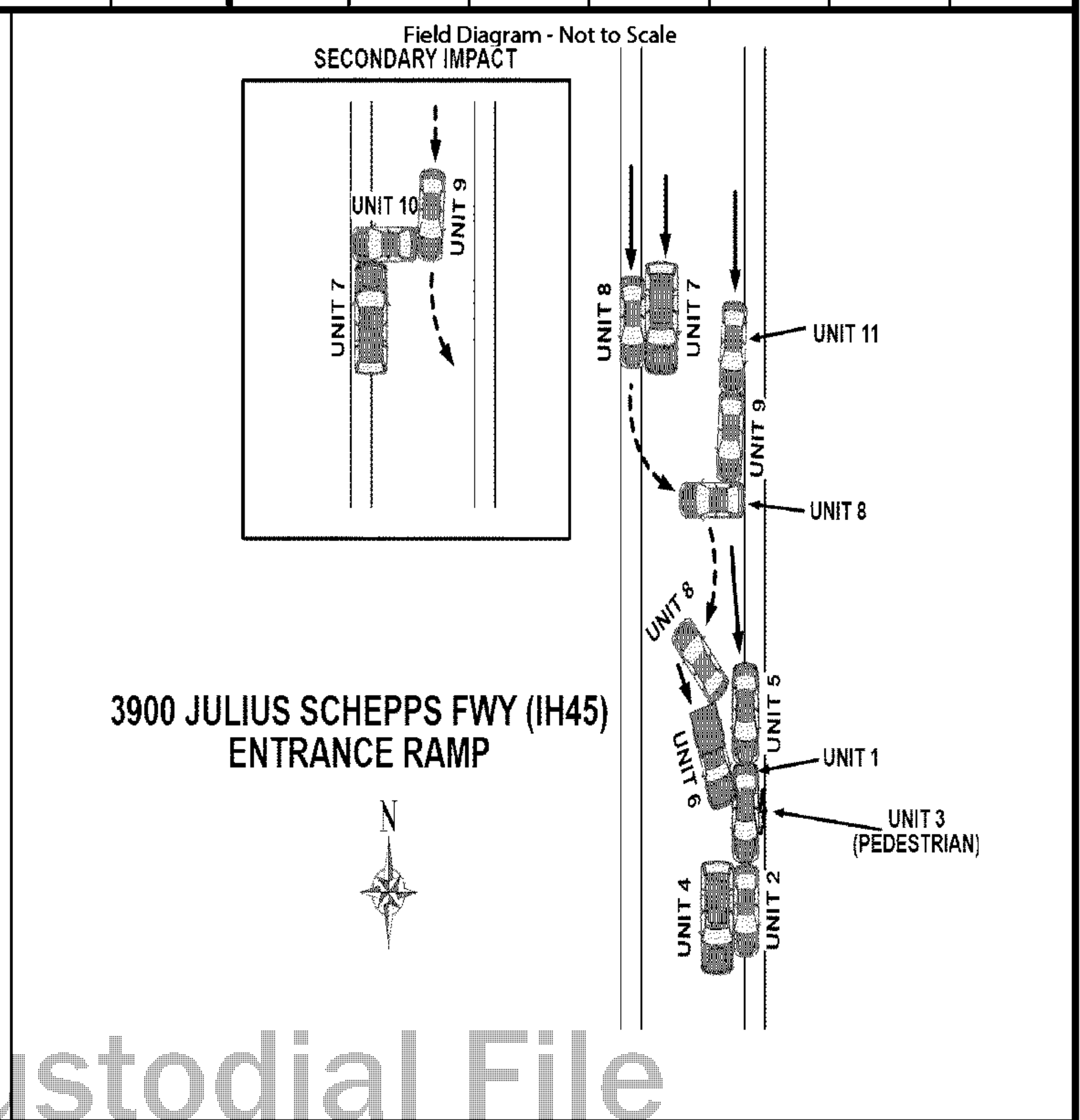
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	60	98					4	2	97	4	3	6	96

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

SEE RELATED CASE #25123-2021. THIS IS TRAFFIC FATALITY #29 FOR THE CITY OF DALLAS IN 2021. UNIT 1 WAS TRAVELING SOUTH ON THE ELEVATED ENTRANCE RAMP AT 3900 JULIUS SCHEPPS FWY (IH-45). UNIT 2 WAS PARKED AND UNOCCUPIED, PARTIALLY IN THE LANE OF TRAVEL AND PARTIALLY ON THE LEFT SHOULDER. UNIT 3, A PEDESTRIAN WAS STANDING OUTSIDE OF THE DRIVERS DOOR OF UNIT 2. UNIT 4 WAS PARKED AND UNOCCUPIED IN THE LANE OF TRAVEL AHEAD OF UNIT 2. BOTH UNIT 2 AND UNIT 4 HAD BEEN INVOLVED IN A CRASH WHICH HAD ALREADY STABILIZED (SEE RELATED CRASH REPORT #25114-2021). UNIT 1 WAS TRAVELING AT AN UNSAFE SPEED FOR THE ROAD CONDITIONS AND COLLIDED FRONT DISTRIBUTED WITH UNIT 2 BACK DISTRIBUTED, CAUSING UNIT 2 TO COLLIDE LEFT PASSENGER WITH THE PEDESTRIAN. UNIT 2 WAS PUSHED FORWARD AND COLLIDED RIGHT DISTRIBUTED WITH UNIT 4 LEFT DISTRIBUTED. THE PEDESTRIAN WAS DRAGGED ALONG THE CONCRETE BARRIER WALL AND BECAME PINNED BETWEEN THE WALL AND UNIT 1. UNIT 5 WAS TRAVELING SOUTH ON THE ENTRANCE RAMP AT AN UNSAFE SPEED FOR THE ROAD CONDITIONS. THE DRIVER OF UNIT 5 STATED THAT HE APPLIED HIS BRAKES AND ATTEMPTED TO STOP BUT HE BEGAN SLIDING DUE TO THE ICY ROAD CONDITIONS. UNIT 5 COLLIDED FRONT DISTRIBUTED WITH UNIT 1 BACK DISTRIBUTED. UNIT 6 WAS TRAVELING SOUTH ON THE ENTRANCE RAMP AND ALSO ATTEMPTED TO STOP AND BEGAN SLIDING DUE TO THE ROAD CONDITIONS. UNIT 6 WAS TRAVELING AT AN UNSAFE SPEED FOR THE ROAD CONDITIONS AND COLLIDED FRONT LEFT WITH UNIT 1 RIGHT BACK QUARTER. UNIT 7 WAS TRAVELING SOUTH AND WAS SLOWING DOWN AS IT APPROACHED THE SCENE. UNIT 7 SUCCESSFULLY CAME TO A STOP IN THE LANE OF TRAVEL. UNIT 8 WAS TRAVELING SOUTH BEHIND UNIT 7 AT AN UNSAFE SPEED FOR THE ROAD CONDITIONS. UNIT 8 BEGAN SLIDING ON THE ICE AND COLLIDED LEFT DISTRIBUTED WITH UNIT 7 RIGHT DISTRIBUTED. UNIT 8 ALSO COLLIDED RIGHT DISTRIBUTED WITH THE CONCRETE BARRIER WALL ON THE WEST SIDE OF THE ROADWAY. UNIT 8 BEGAN A COUNTER CLOCKWISE ROTATION AND CAUSED UNIT 7 TO ALSO BEGIN A COUNTER CLOCKWISE ROTATION. UNIT 9 WAS TRAVELING<###>



Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM)	2 3 3 2	How Notified	DISPATCHED	Time Arrived (24HRMM)	0 0 2 0	Report Date (MM/DD/YYYY)	03 / 24 / 2021
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	SMITH, JEREMY	ID Num.	9219		
	ORI Num.	T X 0 0 0 0 0 6	*Agency	DALLAS POLICE DEPARTMENT	Service/Region/DA	1 0		



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*County Name DALLAS *City Name DALLAS Outside City Limit

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*1 Rdwy. Sys. IH *Hwy. Num. 45 2 Rdwy. Part 3 Block Num. 3900 3 Street Prefix *Street Name JULIUS SCHEPPS 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 Const. Zone Yes No Workers Present Yes No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 3800 3 Street Prefix S Street Name LAMAR 4 Street Suffix ST

Distance from Int. or Ref. Marker 434 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 3 5 Unit Desc. 4 Parked Vehicle Hit and Run LP State LP Num. VIN

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

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 4, 16, JACKSON, LEROY JUNIOR, K, 51, B, 1, 97, 97, 97, 97, N, 2, 0.000, 2, 2, 97. Note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address

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

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

Towed By Towed To

Unit Num. 4 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 3 | C | 4 | P | D | D | B | G | 0 | H | T

Veh. Year 2 | 0 | 1 | 7 6. Veh. Color BLK Veh. Make DODGE Veh. Model JOURNEY 7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

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

Owner Lessee Owner/Lessee Name & Address SNEED, DORISSA LASHAY

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

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - | L | D | - | 3 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

Copy from Custodial File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	3	1	DALLAS COUNTY MEDICAL EXAMINER'S OFFICE	MEDICAL EXAMINER TRANSPORT	02/10/2021	2 3 1 9

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

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

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

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

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

Copy from Custodial File

Time Notified (24HR:MM)	2 3 3 2	How Notified	DISPATCHED	Time Arrived (24HRMM)	0 0 2 0	Report Date (MM/DD/YYYY)	03/24/2021
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	SMITH, JEREMY	ID Num.	9219		
ORI Num.	T X 0 0 0 0 0 6	*Agency	DALLAS POLICE DEPARTMENT	Service/Region/DA	1 0		



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 02 / 10 / 2021 *Crash Time (24HRMM) 2 | 3 | 1 | 5 Case ID 25115-2021 Local Use FATALITY #29

*County Name DALLAS *City Name DALLAS Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude Longitude

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. IH *Hwy. Num. 45 2 Rdwy. Part 3 Block Num. 3900 3 Street Prefix * Street Name JULIUS SCHEPPS 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 Const. Zone Yes No Workers Present Yes No Street Desc.

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At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 3800 3 Street Prefix S Street Name LAMAR 4 Street Suffix ST

Distance from Int. or Ref. Marker 434 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 5 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1 F A H P 2 F 8 8 H G

Veh. Year 2 0 1 7 6. Veh. Color RED Veh. Make FORD Veh. Model TAURUS 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, AUSTIN, CARL WANE, C, 70, B, 1, 1, 1, 2, 97, N, 96, 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address AUSTIN, CARL WANE, [Redacted]

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name REDPOINT COUNTY MUTUAL Fin. Resp. Num. [Redacted]

Fin. Resp. Phone Num. 800-234-8242 27 Vehicle Damage Rating 1 - F D - 3 27 Vehicle Damage Rating 2 - Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

Unit Num. 6 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1 F T P W 1 2 V 5 7 K

Veh. Year 2 0 0 7 6. Veh. Color WHI Veh. Make FORD Veh. Model F150 7 Body Style PK Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

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

Owner Lessee Owner/Lessee Name & Address IBARRA RIVERA, JOSE TOMAS, [Redacted]

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name INFINITY COUNTY MUTUAL Fin. Resp. Num. [Redacted]

Fin. Resp. Phone Num. 800-334-1661 27 Vehicle Damage Rating 1 - B L - 3 27 Vehicle Damage Rating 2 - F L - 2 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

Copy from Quotidian File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	5	1	REFUSED MEDICAL TREATMENT	N/A		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	5	1	VIOLATION DL RESTRICTION CODE B (LOFS AGE 21 OR OVER)	E00-333112
	6	1	NO VALID TEXAS DRIVER LICENSE	E00-333113

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
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Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions							
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	5	60	98															
6	60	98																

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									
	<p style="text-align: center; font-size: 2em; opacity: 0.5;">Copy from Custodial File</p>																			

Time Notified (24HR:MM)	2	3	3	2	How Notified	DISPATCHED	Time Arrived (24HRMM)	0	0	2	0	Report Date (MM/DD/YYYY)	0	3	/	2	4	/	2	0	2	1				
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) SMITH, JEREMY										ID Num.	9219													
ORI Num.	T	X	0	0	0	0	0	0	0	6	*Agency	DALLAS POLICE DEPARTMENT										Service/Region/DA	1	0		



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Unit Num. 7 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 3 G N E C 1 6 T 8 1 G

Veh. Year 2 0 0 1 6. Veh. Color WHI Veh. Make CHEVROLET Veh. Model SUBURBAN 7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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Owner Lessee Owner/Lessee Name & Address HENRY JR, REGINALD

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

Fin. Resp. Phone Num. 800-841-3000 27 Vehicle Damage Rating 1 - R D - 2 27 Vehicle Damage Rating 2 - F D - 2 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

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

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Owner Lessee Owner/Lessee Name & Address SAYLOR, SUMMER DAWN

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

Fin. Resp. Phone Num. 800-234-8242 27 Vehicle Damage Rating 1 - R B Q - 4 27 Vehicle Damage Rating 2 - L D - 2 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	7	1	REFUSED MEDICAL TREATMENT	N/A		
	7	2	REFUSED MEDICAL TREATMENT	N/A		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	8	1	NO VALID TEXAS DRIVER LICENSE	E00-333114

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

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

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	8	60	98											

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale				
	<p style="text-align: center; font-size: 2em; opacity: 0.5;">Copy from Custodial File</p>									

Time Notified (24HR:MM)	2	3	3	2	How Notified	DISPATCHED	Time Arrived (24HRMM)	0	0	2	0	Report Date (MM/DD/YYYY)	0	3	/	2	4	/	2	0	2	1	
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) SMITH, JEREMY										ID Num.	9219										
ORI Num.	T	X	0	0	0	0	0	0	0	6	*Agency	DALLAS POLICE DEPARTMENT					Service/Region/DA	1	0				



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457 Refer to Attached Code Sheet for Numbered Fields

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

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 02 / 10 / 2021 *Crash Time (24HRMM) 2 | 3 | 1 | 5 Case ID 25115-2021 Local Use FATALITY #29

*County Name DALLAS *City Name DALLAS Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude Longitude

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. IH *Hwy. Num. 45 2 Rdwy. Part 3 Block Num. 3900 3 Street Prefix * Street Name JULIUS SCHEPPS 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 Const. Zone Yes No Workers Present Yes No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 3800 3 Street Prefix S Street Name LAMAR 4 Street Suffix ST

Distance from Int. or Ref. Marker 434 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 9 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN JT8BF22G5V0

Veh. Year 1997 6. Veh. Color TAN Veh. Make LEXUS Veh. Model ES 300 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, UNKNOWN, UNKNOWN, 99, 99, 99, 1, 99, 2, 97, N, 96, 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address GORLITZ, DAWN MICHELLE, [Redacted]

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name HOME STATE COUNTY MUTUAL Fin. Resp. Num. [Redacted]

Fin. Resp. Phone Num. 877-214-3970 27 Vehicle Damage Rating 1 - F D - 3 27 Vehicle Damage Rating 2 - B D - 3 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

Unit Num. 10 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 1G4GB5G33GF

Veh. Year 2016 6. Veh. Color SIL Veh. Make BUICK Veh. Model LACROSSE 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WHITE, KIAMISHI M, N, 39, B, 2, 1, 1, 1, 97, N, 96, 96, 97, 97. Row 2: 2, 2, 3, BRYANT, KORA, N, 25, B, 2, 1, 1, 1, 97, N, Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address WHERRY, JAZEN, [Redacted]

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name STONEBRIDGE CASUALTY INSURANCE Fin. Resp. Num. [Redacted]

Fin. Resp. Phone Num. (800) 527-5517 27 Vehicle Damage Rating 1 - F D - 1 27 Vehicle Damage Rating 2 - L F Q - 1 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	10	1	EXPIRED TEXAS DRIVER LICENSE	E00-333115

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

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

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions								
	Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	9	60																	
10	41	98																	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

Copy from Custodial File

Time Notified (24HR:MM)	2 3 3 2	How Notified	DISPATCHED	Time Arrived (24HRMM)	0 0 2 0	Report Date (MM/DD/YYYY)	03 / 24 / 2021
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	SMITH, JEREMY	ID Num.	9219	Service/Region/DA	1 0
ORI Num.	T X 0 0 0 0 0 6	*Agency	DALLAS POLICE DEPARTMENT				



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457 Refer to Attached Code Sheet for Numbered Fields

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

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 02 / 10 / 2021 *Crash Time (24HRMM) 2 3 1 5 Case ID 25115-2021 Local Use FATALITY #29

*County Name DALLAS *City Name DALLAS Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude Longitude

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. IH *Hwy. Num. 45 2 Rdwy. Part 3 Block Num. 3900 3 Street Prefix * Street Name JULIUS SCHEPPS 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 Const. Zone Yes No Workers Present Yes No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 3800 3 Street Prefix S Street Name LAMAR 4 Street Suffix ST

Distance from Int. or Ref. Marker 434 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 11 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN 2 H G F B 2 F 5 4 C H

Veh. Year 2012 6. Veh. Color BLU Veh. Make HONDA Veh. Model CIVIC 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, WASHINGTON, MICHAEL WAYNE, B, 55, B, 1, 1, 1, 2, 97, N, 96, 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address WASHINGTON, MICHAEL WAYNE,

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

Fin. Resp. Phone Num. 800-234-8242 27 Vehicle Damage Rating 1 F D - 3 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By CONTRACT WRECKER SERVICE Towed To 1955 VILBIG RD DALLAS, TX

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

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

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

Address (Street, City, State, ZIP)

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

Owner Lessee Owner/Lessee Name & Address

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

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

Towed By Towed To

Copy from Custodial File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	11	1	BAYLOR UNIVERSITY MEDICAL CENTER DALLAS	DALLAS FIRE / RESCUE		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	11	1	NO VALID TEXAS DRIVER LICENSE	E00-333116

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

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

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	11	60	98													

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									
	<p style="text-align: center; font-size: 2em; opacity: 0.5;">Copy from Custodial File</p>																			

Time Notified (24HR:MM)	2	3	3	2	How Notified	DISPATCHED	Time Arrived (24HRMM)	0	0	2	0	Report Date (MM/DD/YYYY)	0	3	/	2	4	/	2	0	2	1				
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) SMITH, JEREMY										ID Num.	9219													
ORI Num.	T	X	0	0	0	0	0	0	0	6	*Agency	DALLAS POLICE DEPARTMENT										Service/Region/DA	1	0		

SOUTH ON THE ENTRANCE RAMP AT AN UNSAFE SPEED FOR THE ROAD CONDITIONS AND PASSED UNIT 7. AS UNIT 8 WAS ROTATING, UNIT 9 COLLIDED FRONT DISTRIBUTED WITH UNIT 8 RIGHT BACK QUARTER. UNIT 8 THEN BEGAN ROTATING CLOCKWISE AND COLLIDED LEFT BACK QUARTER WITH UNIT 6 BACK LEFT. UNIT 10 WAS TRAVELING SOUTH ON THE ENTRANCE RAMP. THE DRIVER OF UNIT 10 STATED THAT SHE SWERVED TO THE RIGHT IN AN ATTEMPT TO AVOID THE OTHER UNITS ON THE ROADWAY. UNIT 10 TOOK FAULTY EVASIVE ACTION AND COLLIDED FRONT DISTRIBUTED WITH THE WEST CONCRETE BARRIER WALL AND LEFT FRONT QUARTER WITH UNIT 7 FRONT DISTRIBUTED. UNIT 11 WAS TRAVELING SOUTH AT AND UNSAFE SPEED FOR THE ROAD CONDITIONS. UNIT 11 VEERED ONTO THE LEFT SHOULDER AND COLLIDED FRONT DISTRIBUTED WITH UNIT 9 BACK DISTRIBUTED. DALLAS FIRE/RESCUE RESPONDED TO THE SCENE AND FOUND UNIT 3, A PEDESTRIAN, TO HAVE NO SIGNS OF LIFE ON 02/10/2021 AT 11:19 PM. THE DALLAS COUNTY MEDICAL EXAMINER'S OFFICE RESPONDED TO THE SCENE. A VEHICLE CRIMES UNIT DETECTIVE WAS NOTIFIED BY PHONE. INVESTIGATING OFFICER TOOK DIGITAL PHOTOGRAPHS OF THE SCENE AND UPLOADED THEM TO AXON CAPTURE. ANOTHER ACCIDENT INVESTIGATOR ASSISTING WITH THE INVESTIGATION TOOK DIGITAL PHOTOGRAPHS OF THE SCENE AND THEY WERE UPLOADED TO THE J DRIVE. THE DRIVER OF UNIT 9 LEFT THE SCENE ON FOOT BEFORE INVESTIGATING OFFICER ARRIVED. UNIT 1, UNIT 6, UNIT 8, AND UNIT 11: FACTOR 98 - OTHER; THE DRIVERS OF UNIT 1, UNIT 6, UNIT 8, AND UNIT 11 WERE UNLICENSED AND SHOULD NOT HAVE BEEN DRIVING A VEHICLE ON THE ROADWAY. UNIT 5 FACTOR 98 - OTHER; THE DRIVER OF UNIT 5 HAS A B RESTRICTION ON HIS DRIVER LICENSE AND DID NOT HAVE A LICENSED OPERATOR 21 OR OLDER IN THE FRONT SEAT. THE DRIVER OF UNIT 5 SHOULD NOT HAVE BEEN DRIVING A VEHICLE ON THE ROADWAY. UNIT 10 FACTOR 98 - OTHER; THE DRIVER OF UNIT 10 HAD AN EXPIRED DRIVER LICENSE AND SHOULD NOT HAVE BEEN DRIVING A VEHICLE ON THE ROADWAY. THIS REPORT IS INCOMPLETE PENDING THE IDENTIFICATION OF THE DRIVER OF UNIT 9 AND THE BLOOD TOXICOLOGY RESULTS FOR UNIT 3. ** 03/09/2021 - THIS SUPPLEMENT IS TO ADD ADDITIONAL DAMAGE THAT OCCURED TO UNIT 9 AND UNIT 10. AFTER UNIT 9 WAS STRUCK BY UNIT 11, UNIT 9 COLLIDED FRONT RIGHT WITH UNIT 10 BACK DISTRIBUTED. THE DIAGRAM WAS ALSO CHANGED TO SHOW THE DAMAGE COLLISION OF UNIT 9 AND UNIT 10. THIS REPORT IS INCOMPLETE PENDING THE BLOOD TOXICOLOGY RESULTS FOR UNIT 3. ** 03/24/2021 - THIS SUPPLEMENT IS TO ADD THE BLOOD TOXICOLOGY RESULTS FOR UNIT 3. ALCOHOL: NEGATIVE - DRUGS: NEGATIVE. THIS REPORT IS INCOMPLETE PENDING THE IDENTIFICATION OF THE DRIVER OF UNIT 9.

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