



**Survival Factors Attachment – Initial Crash Report**

**Big Spring, TX**

**HWY22FH001**

(11 pages)

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 3 Total Num. Prsns. 7 3 TxDOT Crash ID [REDACTED]



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) 11/19/2021, \*Crash Time (24HRMM) 1601, Case ID [REDACTED], Local Use, \*County Name HOWARD, \*City Name BIG SPRING, \*Street Name [REDACTED], \*Street Suffix [REDACTED], \*1 Rdwy. Sys. IH, \*Hwy. Num. 20, 2 Rdwy. Part 1, Block Num. [REDACTED], 3 Street Prefix [REDACTED], 4 Street Suffix [REDACTED], \*Crash Occurred on a Private Drive or Road/Private Property/Parking Lot [REDACTED], Toll Road/Toll Lane [REDACTED], Speed Limit 75, Const. Zone [REDACTED], Workers Present [REDACTED], Street Desc. [REDACTED]. INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Int. [REDACTED], 1 Rdwy. Sys. [REDACTED], Hwy. Num. [REDACTED], 2 Rdwy. Part [REDACTED], Block Num. [REDACTED], 3 Street Prefix [REDACTED], Street Name [REDACTED], 4 Street Suffix [REDACTED], Distance from Int. or Ref. Marker 159, 3 Dir. from Int. or Ref. Marker W, Reference Marker 179, Street Desc. [REDACTED], RRX Num. [REDACTED]. VEHICLE, DRIVER, & PERSONS: Unit Num. 1, 5 Unit Desc. 1, Pktd. Vehicle [REDACTED], Hit and Run [REDACTED], LP State TX, LP Num. [REDACTED], VIN 1F8W3H65GE [REDACTED], Veh. Year 2016, 6 Veh. Color WHI, Veh. Make FORD, Veh. Model F350, 7 Body Style PK, Pol. Fire, EMS on Emergency [REDACTED], 8 DL/ID Type 1, DL/ID State TX, DL/ID Num. [REDACTED], 9 DL Class C, 10 CDL End. 96, 11 DL Rest. 96, DOB [REDACTED], Address (Street, City, State, ZIP) [REDACTED] Midland, TX 79701. Driver: Person Num. 1, 12 Prsn. Type 1, 13 Seat Position 1, Name: Last, First, Middle Haile, Nathan Paul, 14 Injury Severity K, Age 59, 15 Ethnicity W, 16 Sex 1, 17 Eject. 1, 18 Restr. 96, 19 Airbag 99, 20 Helmet 97, 21 Sol. N, 22 Alc. Spec. 2, Alc. Result 2, 23 Drug Spec. 99, 24 Drug Result 99, 25 Drug Category 99. Owner: [REDACTED] Owner/Lessee Name & Address Haile, Nathan Paul, [REDACTED] Midland, TX 79706. Proof of Fin. Resp. [REDACTED], 26 Fin. Resp. Type 2, Fin. Resp. Name Progressive, Fin. Resp. Num. [REDACTED], 27 Vehicle Damage Rating 1 [REDACTED], 27 Vehicle Damage Rating 2 [REDACTED], Vehicle Inventoried [REDACTED]. Towed By Paige Towing, Towed To 5305 North Service Road, Big Spring, TX. Unit Num. 2, 5 Unit Desc. 1, Pktd. Vehicle [REDACTED], Hit and Run [REDACTED], LP State TX, LP Num. 1328519, VIN 2M93JMPA25W063161, Veh. Year 2005, 6 Veh. Color WHI, Veh. Make MOTOR COACH INDUSTRIES, Veh. Model TRANSIT BUS, 7 Body Style BU, Pol. Fire, EMS on Emergency [REDACTED], 8 DL/ID Type 2, DL/ID State TX, DL/ID Num. [REDACTED], 9 DL Class B, 10 CDL End. P, 11 DL Rest. A, P20, DOB [REDACTED], Address (Street, City, State, ZIP) [REDACTED] ST ANDREWS, TX 79714. Driver: Person Num. 1, 12 Prsn. Type 1, 13 Seat Position 1, Name: Last, First, Middle BOSWELL, MARC ELBERT, 14 Injury Severity K, Age 69, 15 Ethnicity W, 16 Sex 1, 17 Eject. 1, 18 Restr. 97, 19 Airbag 97, 20 Helmet 97, 21 Sol. N, 22 Alc. Spec. 2, Alc. Result 2, 23 Drug Spec. 99, 24 Drug Result 99, 25 Drug Category 99. Person Num. 2, 12 Prsn. Type 2, 13 Seat Position 14, Name: Last, First, Middle JOHNS, DARIN KIMBROUGH, 14 Injury Severity K, Age 53, 15 Ethnicity W, 16 Sex 1, 17 Eject. 2, 18 Restr. 97, 19 Airbag 97, 20 Helmet 97, 21 Sol. N, 22 Alc. Spec. [REDACTED], Alc. Result [REDACTED], 23 Drug Spec. [REDACTED], 24 Drug Result [REDACTED], 25 Drug Category [REDACTED]. Person Num. 3, 12 Prsn. Type 2, 13 Seat Position 14, Name: Last, First, Middle JOHNS, KAREN LYN, 14 Injury Severity A, Age 53, 15 Ethnicity W, 16 Sex 2, 17 Eject. 1, 18 Restr. 97, 19 Airbag 97, 20 Helmet 97, 21 Sol. N, 22 Alc. Spec. [REDACTED], Alc. Result [REDACTED], 23 Drug Spec. [REDACTED], 24 Drug Result [REDACTED], 25 Drug Category [REDACTED]. Person Num. 4, 12 Prsn. Type 2, 13 Seat Position 14, Name: Last, First, Middle [REDACTED], 14 Injury Severity B, Age 14, 15 Ethnicity W, 16 Sex 1, 17 Eject. 1, 18 Restr. 97, 19 Airbag 97, 20 Helmet 97, 21 Sol. N, 22 Alc. Spec. [REDACTED], Alc. Result [REDACTED], 23 Drug Spec. [REDACTED], 24 Drug Result [REDACTED], 25 Drug Category [REDACTED]. Owner: [REDACTED] Owner/Lessee Name & Address ANDREWS ISD, 405 NW 3RD ST ANDREWS, TX 79714. Proof of Fin. Resp. [REDACTED], 26 Fin. Resp. Type 2, Fin. Resp. Name TRAVELERS, Fin. Resp. Num. [REDACTED], 27 Vehicle Damage Rating 1 [REDACTED], 27 Vehicle Damage Rating 2 [REDACTED], Vehicle Inventoried [REDACTED]. Towed By PAIGE TOWING, Towed To 5305 NORTH SERVICE ROAD, BIG SPRING, TX.

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	SOUTH PLAINS FORENSIC PATHOLOGY, LUBBOCK	MYERS AND SMITH FUNERAL HOME	11/19/2021	1   6   1   5
	2	1	UNIVERSITY MEDICAL CENTER, LUBBOCK, TX	NATIVE AIR-SNYDER	11/19/2021	2   2   5   0
	2	2	MYERS & SMITH, 301 E 24TH, BIG SPRING, TX	MYERS AND SMITH FUNERAL HOME	11/19/2021	1   6   1   5
	2	3	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING FIRE & EMS		
	2	4	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING ISD BUS		
	2	5	UNIVERSITY MEDICAL CENTER, LUBBOCK, TX	BIG SPRING AIR EVAC 54		

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

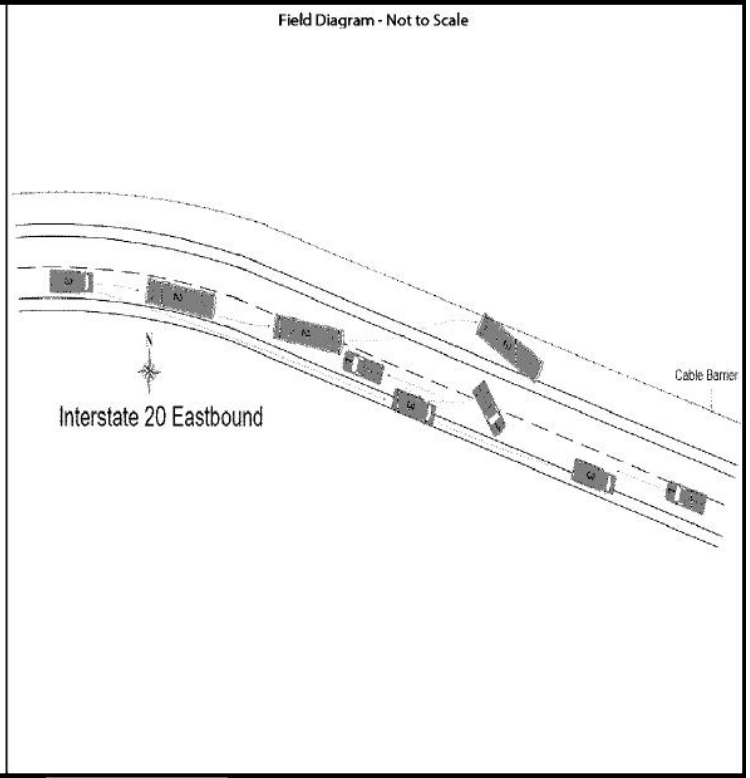
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	Cable Barrier	Texas Department of Transportation	1301 N SH 350 BIG SPRING, TX 79720

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 5	29 Carrier ID Type 96	Carrier ID Num.
Carrier's Corp. Name Nathan Paul Haile		Carrier's Primary Addr. [REDACTED] Midland, TX 79706		30 Veh. Type 5			
31 Bus Type 0	<input type="checkbox"/> RGVV <input checked="" 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 5
Unit Num.	<input type="checkbox"/> RGVV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1 10	35 Seq. 2 13	35 Seq. 3 13	35 Seq. 4 6	Intermodal Shipping Container Permit <input checked="" 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	71								1	1	97	3	5	1

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

Unit 1 was traveling westbound in the outside eastbound lanes of Interstate 20. The driver of Unit 1 was driving the wrong way on a one way road. Unit 2 was traveling eastbound in the outside lane of Interstate 20 while going around a curve and down a grade. Unit 3 was traveling directly behind Unit 2. Unit 2 approached Unit 1 and began braking and taking evasive action to the left. Unit 2 struck Unit 1 in the outside lane. Unit 1 began to rotate towards the south side of the roadway. Unit 3 took evasive action to the right and struck Unit 1 near the fog line. Unit 2 traveled to the center median and came to rest upright facing southeast against the cable barrier. Unit 1 came to rest upright facing southeast in the outside eastbound lane. Unit 3 came to rest upright on the shoulder facing east. Toxicology results are pending, as well as further investigation.



Time Notified (24HR:MM) 1   6   4   2	How Notified DISPATCHED	Time Arrived (24HRMM) 1   8   0   6	Report Date (MM/DD/YYYY) 11/24/2021
Invest. Comp. <input checked="" type="checkbox"/> No	Investigator Name (Printed) Henderson, Dustin L	ID Num. 13872	
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H   P   4   A   0   4

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 3 Total Num. Prsns. 7 3 TxDOT Crash ID



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

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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) 11/19/2021, \*Crash Time (24HRMM) 1601, Case ID, Local Use, \*County Name HOWARD, \*City Name BIG SPRING, \*Street Name, \*Street Prefix, \*Street Suffix, \*1 Rdwy. Sys. IH, \*Hwy. Num. 20, 2 Rdwy. Part 1, Block Num., 3 Street Prefix, \*Street Name, 4 Street Suffix, \*Crash Occurred on a Private Drive or Road/Private Property/Parking Lot, Toll Road/Toll Lane, Speed Limit 75, Const. Zone, Workers Present, Street Desc., INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER, At Int, 1 Rdwy. Sys., Hwy. Num., 2 Rdwy. Part, Block Num., 3 Street Prefix, Street Name, 4 Street Suffix, Distance from Int. or Ref. Marker 159, 3 Dir. from Int. or Ref. Marker W, Reference Marker 179, Street Desc., RRX Num., VEHICLE, DRIVER, & PERSONS: Unit Num. 3, 5 Unit Desc. 1, Pktd. Vehicle, Hit and Run, LP State TX, LP Num. 1328563, VIN 1FVACXFC9JHJV6972, Veh. Year 2018, 6. Veh. Color WHI, Veh. Make FREIGHTLINER, Veh. Model CHASSIS, 7 Body Style BU, Pol. Fire, EMS on Emergency (Explain in Narrative if checked), 8 DL/ID Type 2, DL/ID State TX, DL/ID Num., 9 DL Class B, 10 CDL End. P,S, 11 DL Rest. A, DOB, Address (Street, City, State, ZIP) ST ANDREWS, TX 79714, Name: Last, First, Middle, Enter Driver or Primary Person for this Unit on first line, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category, \*Owner, Owner/Lessee Name & Address ANDREWS ISD, 405 NW THIRD ST ANDREWS, TX 79714, Proof of Fin. Resp. Yes, Expired, 26 Fin. Resp. Type 2, Fin. Resp. Name TRAVELERS, Fin. Resp. Num., 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried, Towed By, Towed To, Unit Num., 5 Unit Desc., Pktd. 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, Address (Street, City, State, ZIP), Name: Last, First, Middle, Enter Driver or Primary Person for this Unit on first line, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category, \*Owner, Owner/Lessee Name & Address, Proof of Fin. Resp. Yes, Expired, 26 Fin. Resp. Type, Fin. Resp. Name, Fin. Resp. Num., 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried, Towed By, Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	3	1	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING POLICE CHIEF		
	3	2	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
	3	3	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
	3	4	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
	3	5	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
	3	6	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		

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

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

Unit Num. 2	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input checked="" type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 4	29 Carrier ID Type 96	Carrier ID Num.
Carrier's Corp. Name ANDREWS ISD		Carrier's Primary Addr. 405 NW 3RD ST ANDREWS, TX 79714				30 Veh. Type 4	
31 Bus Type 1	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	33 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 2
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 13	35 Seq. 2 1	35 Seq. 3 18	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

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

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

Time Notified (24HR:MM) 1 6 4 2	How Notified DISPATCHED	Time Arrived (24HRMM) 1 8 0 6	Report Date (MM/DD/YYYY) 11/24/2021
Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Henderson, Dustin L	ID Num. 13872	
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 4 A 0 4

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units	3	Total Num. Prsns.	7	TxDOT Crash ID	
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Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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

Refer to Attached Code Sheet for Numbered Fields

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

*Crash Date (MM/DD/YYYY) 11 / 19 / 2021		*Crash Time (24HRMM) 1   6   0   1		Case ID		Local Use		
*County Name HOWARD				*City Name BIG SPRING				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3   2   *   2   6   6   4   0		Longitude (decimal degrees) 1   0   1   *   4   6   6   0		
<b>ROAD ON WHICH CRASH OCCURRED</b>								
*1 Rdwy. Sys. IH		*Hwy. Num. 20		2 Rdwy. Part 1		Block Num.		
3 Street Prefix		* Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 75		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers Present <input checked="" type="checkbox"/> No		Street Desc.						
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part		
Block Num.		3 Street Prefix		Street Name		4 Street Suffix		
Distance from Int. or Ref. Marker 159		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker W		Reference Marker 179		
Street Desc.		RRX Num.						
<b>VEHICLE, DRIVER, &amp; PERSONS</b>								
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State		
LP Num.		VIN						
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model		
7 Body Style		<input type="checkbox"/> 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)								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line								
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address						
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By		Towed To						
<b>VEHICLE, DRIVER, &amp; PERSONS</b>								
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State		
LP Num.		VIN						
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model		
7 Body Style		<input type="checkbox"/> 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)								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line								
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address						
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By		Towed To						

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

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

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

Unit Num. 3	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input checked="" type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 4	29 Carrier ID Type 96	Carrier ID Num.
Carrier's Corp. Name ANDREWS ISD		Carrier's Primary Addr. 405 NW THIRD ST ANDREWS, TX 79714				30 Veh. Type 4	
31 Bus Type 1	<input type="checkbox"/> RGWW <input checked="" 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 2
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 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

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.	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

Time Notified (24HR:MM) 1 6 4 2	How Notified DISPATCHED	Time Arrived (24HRMM) 1 8 0 6	Report Date (MM/DD/YYYY) 11/24/2021
Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Henderson, Dustin L	ID Num. 13872	
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 4 A 0 4

\*Crash Date (MM/DD/YYYY) 11/19/2021 \*Crash Time (24HRMM) 1 6 0 1 \*County Name HOWARD  
 \*City Name BIG SPRING \*1 Rdwy. Sys. IH \*Hwy. Num. 20

\*Street Name  
 ORI Num. \*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS Service/Region/DA H P 4 A 0 4

ADDITIONAL PERSONS

Unit Num.	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.
2	5	2	14	[REDACTED]	A	14	H	1	2	97	97	97	N
2	6	2	14	[REDACTED]	B	15	W	1	2	97	97	97	N
2	7	2	14	[REDACTED]	B	14	H	1	2	97	97	97	N
2	8	2	14	[REDACTED]	B	15	H	1	1	97	97	97	N
2	9	2	14	[REDACTED]	B	17	H	1	1	97	97	97	N
2	10	2	14	[REDACTED]	B	14	H	1	1	97	97	97	N
2	11	2	14	[REDACTED]	B	15	H	1	1	97	97	97	N
2	12	2	14	[REDACTED]	B	17	H	1	1	97	97	97	N
2	13	2	14	[REDACTED]	B	15	H	1	97	97	97	97	N
2	14	2	14	[REDACTED]	B	15	H	1	1	97	97	97	N
2	15	2	14	VASQUEZ CRUZ, JOSE RAFAEL	B	18	H	1	1	97	97	97	N
2	16	2	14	[REDACTED]	B	14	W	1	2	97	97	97	N
2	17	2	14	[REDACTED]	B	16	H	1	1	97	97	97	N
2	18	2	14	[REDACTED]	B	15	W	1	1	97	97	97	N
2	19	2	14	[REDACTED]	B	14	H	2	1	97	97	97	N
2	20	2	14	[REDACTED]	B	15	H	1	1	97	97	97	N
2	21	2	14	GARCIA, NICHOLAS FELIPE	B	18	H	1	1	97	97	97	N
2	22	2	14	[REDACTED]	B	17	H	2	1	97	97	97	N
2	23	2	14	[REDACTED]	B	14	H	2	1	97	97	97	N
2	24	2	14	[REDACTED]	B	15	H	1	1	97	97	97	N
2	25	2	14	[REDACTED]	B	14	B	1	1	97	97	97	N
2	26	2	14	[REDACTED]	A	14	W	2	1	97	97	97	N
2	27	2	14	[REDACTED]	B	16	H	2	1	97	97	97	N
2	28	2	14	[REDACTED]	B	17	H	2	1	96	97	97	N
2	29	2	14	[REDACTED]	B	16	H	2	1	97	97	97	N
2	30	2	14	[REDACTED]	B	15	W	1	1	97	97	97	N
2	31	2	14	[REDACTED]	B	17	H	1	1	97	97	97	N
2	32	2	14	[REDACTED]	B	14	H	2	1	97	97	97	N
2	33	2	14	[REDACTED]	B	14	W	2	1	97	97	97	N
2	34	2	14	MINCHEY, TRISTAN LEANN	B	18	W	2	1	97	97	97	N
2	35	2	14	[REDACTED]	C	16	W	2	1	97	97	97	N
2	36	2	14	[REDACTED]	B	16	H	1	1	97	97	97	N
2	37	2	14	PAYEN, GABRIELA	B	18	H	2	1	97	97	97	N
2	38	2	14	[REDACTED]	B	17	W	1	1	97	97	97	N
2	39	2	14	[REDACTED]	B	15	H	2	1	97	97	97	N
2	40	2	14	[REDACTED]	B	17	H	2	1	97	97	97	N
3	5	2	14	[REDACTED]	C	14	H	1	1	96	97	97	N
3	6	2	14	[REDACTED]	C	15	H	2	1	96	97	97	N



\*Crash Date (MM/DD/YYYY) 11/19/2021 \*Crash Time (24HRMM) 1 6 0 1 \*County Name HOWARD  
 \*City Name BIG SPRING \*1 Rdwy. Sys. IH \*Hwy. Num. 20

\*Street Name  
 ORI Num. \*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS Service/Region/DA H P 4 A 0 4

ADDITIONAL PERSONS

Unit Num.	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.
3	7	2	14	[REDACTED]	B	14	H	2	1	96	97	97	N
3	8	2	14	STEPHENSON, EMORI BLAIR	B	18	W	2	1	96	97	97	N
3	9	2	14	[REDACTED]	B	15	H	2	1	96	97	97	N
3	10	2	14	[REDACTED]	B	16	H	2	1	96	97	97	N
3	11	2	14	[REDACTED]	B	16	H	2	1	96	97	97	N
3	12	2	14	[REDACTED]	B	16	H	2	1	96	97	97	N
3	13	2	14	[REDACTED]	B	14	H	1	1	96	97	97	N
3	14	2	14	[REDACTED]	C	14	H	1	1	96	97	97	N
3	15	2	14	[REDACTED]	C	15	H	2	1	96	97	97	N
3	16	2	14	[REDACTED]	B	15	W	1	1	96	97	97	N
3	17	2	14	[REDACTED]	C	16	H	1	1	96	97	97	N
3	18	2	14	[REDACTED]	C	15	H	2	1	96	97	97	N
3	19	2	14	[REDACTED]	C	14	H	1	1	96	97	97	N
3	20	2	14	[REDACTED]	B	16	H	1	1	96	97	97	N
3	21	2	14	VITELA, ISAIAH BOBBY	C	18	H	1	1	96	97	97	N
3	22	2	14	[REDACTED]	C	15	H	2	1	96	97	97	N
3	23	2	14	[REDACTED]	C	14	H	1	1	96	97	97	N
3	24	2	14	[REDACTED]	C	17	W	1	1	96	97	97	N
3	25	2	14	[REDACTED]	C	15	W	1	1	96	97	97	N
3	26	2	14	[REDACTED]	B	15	H	2	1	96	97	97	N
3	27	2	14	SALAZAR, HONESTIE RENEE	B	18	H	2	1	96	97	97	N
3	28	2	14	[REDACTED]	C	16	H	1	1	96	97	97	N
3	29	2	14	[REDACTED]	C	15	H	2	1	96	97	97	N
3	30	2	14	[REDACTED]	C	15	H	2	1	96	97	97	N
3	31	2	14	[REDACTED]	C	16	H	2	1	96	97	97	N
3	32	2	14	CASTILLO, BRANDON S	C	18	H	1	1	96	97	97	N

\*Crash Date (MM/DD/YYYY) 11 / 19 / 2021 \*Crash Time (24HRMM) 1 | 6 | 0 | 1 \*County Name HOWARD  
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\*Street Name  
 ORI Num. [REDACTED] \*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS Service/Region/DA H P 4 A 0 4

DISPOSITION OF ADDITIONAL INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
2	6	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING FIRE & EMS		
2	7	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING FIRE & EMS		
2	8	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	9	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	10	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING FIRE & EMS		
2	11	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	12	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING FIRE/EMS		
2	13	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	14	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	15	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	16	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	17	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	18	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	19	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING ISD BUS		
2	20	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	21	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING FIRE/EMS		
2	22	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	23	UNIVERSITY MEDICAL CENTER, LUBBOCK, TX	ODESSA AERO CARE		
2	24	BIG SPRING ISD ATHLETIC TRAINING	BIG SPRING ISD BUS		
2	25	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	26	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	MARTIN COUNTY EMS		
2	27	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING FIRE/EMS		
2	28	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	29	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	30	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	31	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	32	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	33	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	34	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	35	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	36	SCENIC MOUNTAIN HOSPITAL, BIG SPRING, TX	BIG SPRING ISD BUS		
2	37	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	38	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	39	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
2	40	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
3	7	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		
3	8	BIG SPRING ISD ATHLETIC TRAINING CENTER	BIG SPRING ISD BUS		

