Attachment A

Side Underrides TCRs Not In Target Population

Docket No. NHTSA–2023–0012
Side Underride Guards

Perry L. Ponder, P.E

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☒ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
4	4	16361164.3 /2018168342

Field Copy. Not From Custodial Records

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): 04/03/2018 | *Crash Time (24HRMM): 1451 | Case ID: | Local Use:

*County Name: MONTGOMERY | *City Name: | ☒ Outside City Limit

In your opinion, did this crash result in at least $1,000 damage to any one person's property? ☒ Yes ☐ No | Latitude (decimal degrees): 30.14019 | Longitude — (decimal degrees): 095.44613

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.: IH | *Hwy. Num.: 45 | 2 Rdwy. Part: 1 | Block Num.: | 3 Street Prefix: S | * Street Name: | 4 Street Suffix:

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | ☐ Toll Road/Toll Lane | Speed Limit: 65 | 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.: CR | Hwy. Num.: | 2. Rdwy. Part: 2 | Block Num.: | 3 Street Prefix: | Street Name: NURSERY | 4 Street Suffix: RD

Distance from Int. or Ref. Marker: 50 | ☒ 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.: GWT0992 | VIN: JNKCV64E58M120189

Veh. Year: 2008 | 6. Veh. Color: BLK | Veh. Make: INFINITI | Veh. Model: G37 | 7 Body Style: P2 | ☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type: 1 | DL/ID State: TX | DL/ID Num.: 36590935 | 9 DL Class: C | 10 CDL End.: 96 | 11 DL Rest.: 96 | DOB (MM/DD/YYYY): 06/29/1997

Address (Street, City, State, ZIP): 87 MONTERREY RD MONTGOMERY, TX 77356

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
1	1	1	ROBERTSON, CHRISTOPHER REED	N	20	W	1	1	1	5	97	N	2	0	2	2	97
2	2	3	ANTLEY, NICHOLAS SYLVESTER JACOB	N	21	W	1	1	1	5	97	N					

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

☒ Owner ☐ Lessee | Owner/Lessee Name & Address: ROBERTSON, CHRISTOPHER REED, 87 MONTERREY RD MONTGOMERY, TX 77356

Proof of Fin. Resp. ☒ Yes ☐ No ☐ Expired ☐ Exempt | 26 Fin. Resp. Type: 2 | Fin. Resp. Name: ELEPHANT INSURANCE SERVICES | Fin. Resp. Num.: 24400097701

Fin. Resp. Phone Num.: (877) 218-7865 | 27 Vehicle Damage Rating 1: 11-FL-1 | 27 Vehicle Damage Rating 2: | Vehicle Inventoried ☒ Yes ☐ No

Towed By: MILSTEAD WRECKER SERVICE 281-367-3535 | Towed To: 28075 W. HAWTHORNE, SPRING, TX 77386

Unit Num.: 2 | 5 Unit Desc.: 1 | ☐ Parked Vehicle | ☐ Hit and Run | LP State: TX | LP Num.: CJ1B267 | VIN: JH4CC2641NC014021

Veh. Year: 1992 | 6. Veh. Color: MAR | Veh. Make: ACURA | Veh. Model: VIGOR | 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.: 28869607 | 9 DL Class: C | 10 CDL End.: 96 | 11 DL Rest.: 96 | DOB (MM/DD/YYYY): 01/01/1970

Address (Street, City, State, ZIP): 106 CEDAR LAKE DR LEAGUE, TX 77573

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
1	1	1	MATA, WALDOMERO MARTIN	A	48	H	1	1	1	5	97	N	96		96	97	97

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

☒ Owner ☐ Lessee | Owner/Lessee Name & Address: MATA, WALDOMERO MARTIN, 4545 S PANTHER CREEK 933 DR SPRING, TX 77380

Proof of Fin. Resp. ☒ Yes ☐ No ☐ Expired ☐ Exempt | 26 Fin. Resp. Type: 2 | Fin. Resp. Name: PROGRESSIVE COUNTY MUTUAL INSURANCE COMP | Fin. Resp. Num.: 915202793

Fin. Resp. Phone Num.: 800-776-4737 | 27 Vehicle Damage Rating 1: 10-LP-4 | 27 Vehicle Damage Rating 2: 4-RP-2 | Vehicle Inventoried ☒ Yes ☐ No

Towed By: MILSTEAD WRECKER SERVICE 281-367-3535 | Towed To: 28075 W. HAWTHORNE, SPRING, TX 77386

DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
2	1	MEMORIAL HERMANN THE WOODLANDS TEXAS	MCHD		

CHARGES

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
1	1	FAIL TO CONTROL SPEED	TX55F90HFS3M

DAMAGE

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

CMV

Unit Num. | ☐ 10,001+ LBS. | ☐ TRANSPORTING HAZARDOUS MATERIAL | ☐ 9+ CAPACITY | CMV Disabling Damage? ☐ Yes ☐ 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 | ☐ RGVW ☐ GVWR | HazMat Released ☐ Yes ☐ No | 32 HazMat Class Num. | HazMat ID Num. | 32 HazMat Class Num. | HazMat ID Num. | 33 Cargo Body Type

Unit Num. | ☐ RGVW ☐ GVWR | 34 Trlr. Type | CMV Disabling Damage? ☐ Yes ☐ No | Unit Num. | ☐ RGVW ☐ GVWR | 34 Trlr. Type | CMV Disabling Damage? ☐ Yes ☐ No

Sequence Of Events | 35 Seq. 1 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit ☐ Yes ☐ No | Actual Gross Weight | Total Num. Axles

FACTORS & CONDITIONS

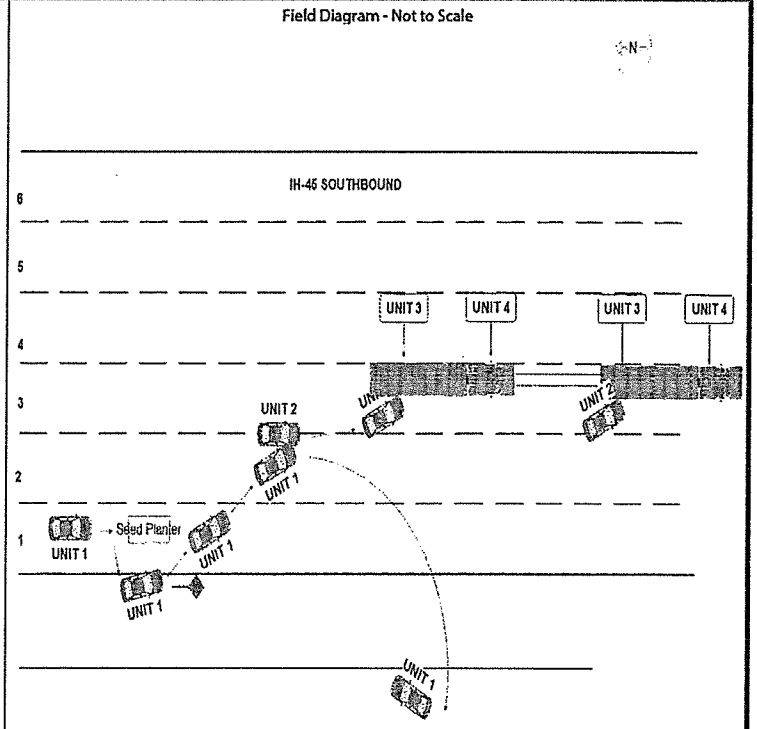
36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	22			41	61												
											1	1	97	3	1	1	17

NARRATIVE AND DIAGRAM

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

All Units were traveling south bound on Interstate 45 main lanes. Unit 1 was traveling in lane 1 at a speed above the posted speed limit according to the passenger and witness on scene. The driver of Unit 1 swerved to the right to avoid a weed feeder located in lane 1. The driver of Unit 1 swerved onto the right shoulder of the IH-45 and overcorrected when reentering the main lanes of IH-45 going into lane 2. Unit 2 was traveling south bound on IH-45 in lane 2 when Unit 1 struck the vehicle. Unit 1 front left struck Unit 2 right front. Unit 1 travelled across the main lanes of traffic into the grassy area off the right side of the freeway. Unit 3 towing Unit 4 was traveling south bound in lane 3. The impact from Unit 1 forced Unit 2 into lane 3 where Unit 4 was passing by. Unit 2's left side struck Unit 4 right back quarter. Unit 2 was stuck underneath Unit 4 tire and was dragged until Unit 3 was able to stop the vehicle.

Field Diagram - Not to Scale



INVESTIGATOR

Time Notified (24HR:MM) 1500 | How Notified DPS COMMUNICATIONS | Time Arrived (24HRMM) 1510 | Report Date (MM/DD/YYYY) 07/20/2018

Invest. Comp. ☒ Yes ☐ No | Investigator Name (Printed) FONTENEAUX, ARTHUR | ID Num. 15447

ORI Num. | *Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | Service/Region/DA HP2C10

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☒ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Field Copy. Not From Custodial Records

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
4	4	16361164.3 /2018168342

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): 04/03/2018
*Crash Time (24HRMM): 1451
Case ID:
Local Use:
*County Name: MONTGOMERY
*City Name:
☒ Outside City Limit
In your opinion, did this crash result in at least $1,000 damage to any one person's property? ☒ Yes ☐ No
Latitude (decimal degrees): 30.14019
Longitude — (decimal degrees): 095.44613

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.: IH
*Hwy. Num.: 45
2 Rdwy. Part: 1
Block Num.:
3 Street Prefix: S
* Street Name:
4 Street Suffix:
☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot
☐ Toll Road/Toll Lane
Speed Limit: 65
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.: CR
Hwy. Num.:
2. Rdwy. Part: 2
Block Num.:
3 Street Prefix:
Street Name: NURSERY
4 Street Suffix: RD
Distance from Int. or Ref. Marker: 50
☒ 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.: 1
☐ Parked Vehicle
☐ Hit and Run
LP State: TX
LP Num.: 1L63439
VIN: 1XKDD49X21J794966
Veh. Year: 2001
6. Veh. Color: GRN
Veh. Make: KENWORTH
Veh. Model: UNKNOWN
7 Body Style: TT
☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type: 2
DL/ID State: TX
DL/ID Num.: 39255806
9 DL Class: A
10 CDL End.: N,P,T
11 DL Rest.: 96
DOB (MM/DD/YYYY): 11/13/1971
Address (Street, City, State, ZIP): 14206 S TORREY CHASE CT HOUSTON, TX 77014

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
1	1	1	HERNANDEZ, LUIS	N	46	H	1	1	1	1	97	N	96		96	97	97

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

☒ Owner ☐ Lessee
Owner/Lessee Name & Address: LOZANO, EFRAIN VILLEDA, 1406 VINE RD CONROE, TX 77301
Proof of Fin. Resp. ☒ Yes ☐ No ☐ Expired ☐ Exempt
26 Fin. Resp. Type: 2
Fin. Resp. Name: PROGRESSIVE INSURANCE COMPANY
Fin. Resp. Num.: 06118292-0
Fin. Resp. Phone Num.: 800-876-5581
27 Vehicle Damage Rating 1:
27 Vehicle Damage Rating 2:
Vehicle Inventoried ☐ Yes ☒ No
Towed By:
Towed To:

VEHICLE, DRIVER, & PERSONS

Unit Num.: 4
5 Unit Desc.: 6
☐ Parked Vehicle
☐ Hit and Run
LP State: TX
LP Num.: 085B261
VIN: 1T91F382OW12476 24
Veh. Year: 1998
6. Veh. Color: SIL
Veh. Make: TRAVIS BODY & TRAILER
Veh. Model: NOT APPLICABLE
7 Body Style: TL
☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type:
DL/ID State:
DL/ID Num.:
9 DL Class:
10 CDL End.:
11 DL Rest.:
DOB (MM/DD/YYYY):
Address (Street, City, State, ZIP):

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.

☒ Owner ☐ Lessee
Owner/Lessee Name & Address: LOZANO, EFRAIN VILLEDA, 1406 VINE RD CONROE, TX 77301
Proof of Fin. Resp. ☒ Yes ☐ No ☐ Expired ☐ Exempt
26 Fin. Resp. Type: 2
Fin. Resp. Name: PROGRESSIVE INSURANCE COMPANY
Fin. Resp. Num.: 06118292-0
Fin. Resp. Phone Num.: 800-876-5581
27 Vehicle Damage Rating 1: 5-RBQ-1
27 Vehicle Damage Rating 2:
Vehicle Inventoried ☐ Yes ☒ No
Towed By:
Towed To:

Field Copy. Not For Customer Use

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

CMV

Unit Num. 3 | [X] 10,001+ LBS. | [ ] TRANSPORTING HAZARDOUS MATERIAL | [ ] 9+ CAPACITY | CMV Disabling Damage? [ ] Yes [X] No | 28 Veh. Oper. 1 | 29 Carrier ID Type 1 | Carrier ID Num. 02053365

Carrier's Corp. Name LOZANO TRUCKING | Carrier's Primary Addr. 1406 VINE RD CONROE, TX 77301 | 30 Veh. Type 9

31 Bus Type 0 | [X] RGVW [ ] GVWR 80000 | HazMat Released [ ] Yes [ ] No | 32 HazMat Class Num. | HazMat ID Num. | 32 HazMat Class Num. | HazMat ID Num. | 33 Cargo Body Type 6

Unit Num. 4 | [X] RGVW [ ] GVWR 9900 | 34 Trlr. Type 2 | CMV Disabling Damage? [ ] Yes [X] No | Unit Num. | [ ] RGVW [ ] GVWR | 34 Trlr. Type | CMV Disabling Damage? [ ] Yes [ ] No

Sequence Of Events | 35 Seq. 1 13 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit [ ] Yes [X] 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

NARRATIVE AND DIAGRAM

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

Field Diagram - Not to Scale

INVESTIGATOR

Time Notified (24HR:MM) 1500 | How Notified DPS COMMUNICATIONS | Time Arrived (24HRMM) 1510 | Report Date (MM/DD/YYYY) 07/20/2018

Invest. Comp. [X] Yes [ ] No | Investigator Name (Printed) FONTENEAUX, ARTHUR | ID Num. 15447

ORI Num. | *Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | Service/ Region/DA HP2C10

Law Enforcement and TxDOT Use ONLY

[X] FATAL [X] CMV [ ] SCHOOL BUS [ ] RAILROAD [ ] MAB [ ] SUPPLEMENT [ ] ACTIVE SCHOOL ZONE

Total Num. Units	4	Total Num. Prsns.	3	TxDOT Crash ID	16726857.1 /2018524661

Texas Department of Transportation

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)	*Crash Time (24HRMM)	Case ID	Local Use
11/01/2018	0610	18-118085	TD01

*County Name	*City Name	[ ] Outside City Limit
DALLAS	DALLAS	

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

Latitude (decimal degrees) ___ . ___ Longitude — (decimal degrees) ___ . ___

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
SL	12	1	10300	N	WALTON WALKER	BLVD

[ ] Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | [ ] Toll Road/ Toll Lane | Speed Limit 60 | Const. Zone [ ] Yes [X] No | Workers Present [ ] Yes [X] No | 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
[ ] Yes [X] No	LR		1		W	NORTHWEST	HWY

Distance from Int. or Ref. Marker	[ ] FT [X] MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
0.1	MI	S			

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 | 5 Unit Desc. 1 | [ ] Parked Vehicle | [ ] Hit and Run | LP State TX | LP Num. 1L19672 | VIN 1M1AN09Y4AN005298

Veh. Year 2010 | 6. Veh. Color WHI | Veh. Make MACK | Veh. Model UNKNOWN | 7 Body Style TT | [ ] Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 | DL/ID State TX | DL/ID Num. 36373146 | 9 DL Class A | 10 CDL End. N,H | 11 DL Rest. A,P27 | DOB (MM/DD/YYYY) 09/21/1979

Address (Street, City, State, ZIP) 8722 BAYSHORE LN ROWLETT, TX 75088

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
1	1	1	BURGMAN JR, AARON	N	39	B	1	1	1	1	97	N	96		96	97	97

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

[X] Owner [ ] Lessee | Owner/Lessee Name & Address BALCONES RECYCLING INC, 13921 SENLAC #200 DR FARMERS BRANCH, TX 75234

Proof of Fin. Resp. [X] Yes [ ] No [ ] Expired [ ] Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name PHILADELPHIA INDEMNITY INS CO | Fin. Resp. Num. PHPK1720877

Fin. Resp. Phone Num. 512-453-0031 | 27 Vehicle Damage Rating 1 ___ | 27 Vehicle Damage Rating 2 ___ | Vehicle Inventoried [X] Yes [ ] No

Towed By WALNUT HILL WRECKER | Towed To 11239 GOODNIGHT LN DALLAS TX

VEHICLE, DRIVER, & PERSONS

Unit Num. 2 | 5 Unit Desc. 6 | [ ] Parked Vehicle | [ ] Hit and Run | LP State AR | LP Num. PT140630 | VIN 1L01A532XY1144321

Veh. Year 2000 | 6. Veh. Color WHI | Veh. Make LUFKIN INDUSTRIES | Veh. Model NOT APPLICABLE | 7 Body Style TL | [ ] Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

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.

[X] Owner [ ] Lessee | Owner/Lessee Name & Address BALCONES RECYCLING INC, 4501 THIBAULT RD LITTLE ROCK, AR 72206

Proof of Fin. Resp. [X] Yes [ ] No [ ] Expired [ ] Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name PHILADELPHIA INDEMNITY INS CO | Fin. Resp. Num. PHPK1720877

Fin. Resp. Phone Num. 512-453-0031 | 27 Vehicle Damage Rating 1 ___ | 27 Vehicle Damage Rating 2 ___ | Vehicle Inventoried [X] Yes [ ] No

Towed By WALNUT HILL WRECKER | Towed To 11239 GOODNIGHT LN DALLAS TX

Copy from Official File

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

CMV

Unit Num. 1 | [X] 10,001+ LBS. | [ ] TRANSPORTING HAZARDOUS MATERIAL | [ ] 9+ CAPACITY | CMV Disabling Damage? [ ] Yes [X] No | 28 Veh. Oper. 1 | 29 Carrier ID Type 2 | Carrier ID Num. 005609724C

Carrier's Corp. Name BALCONES RECYCLING INC | Carrier's Primary Addr. 13921 SENLAC #200 DR FARMERS BRANCH, TX 75234 | 30 Veh. Type 9

31 Bus Type 0 | [ ] RGVW [X] GVWR 8000 | HazMat Released [ ] Yes [ ] No | 32 HazMat Class Num. | HazMat ID Num. | 32 HazMat Class Num. | HazMat ID Num. | 33 Cargo Body Type 3

Unit Num. 2 | [ ] RGVW [X] GVWR 17000 | 34 Trlr. Type 2 | CMV Disabling Damage? [X] Yes [ ] No | Unit Num. | [ ] RGVW [ ] GVWR | 34 Trlr. Type | CMV Disabling Damage? [ ] Yes [ ] No

Sequence Of Events | 35 Seq. 1 13 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit [ ] Yes [X] No | Actual Gross Weight | Total Num. Axles

FACTORS & CONDITIONS

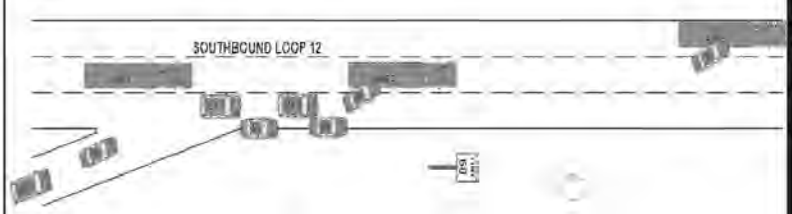
36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										1	4	3	3	1	1	17

NARRATIVE AND DIAGRAM

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

UNIT 1 TOWING UNIT 2 WAS TRAVELING SOUTHBOUND LOOP 12 SOUTH NORTHWEST HIGHWAY IN THE CENTER LANE. UNIT 3 AND UNIT 4 WERE TRAVELING ON THE ENTRANCE TO SOUTHBOUND LOOP 12 FROM NORTHWEST HIGHWAY. AS UNIT 3 ENTERED THE HIGHWAY THE DRIVER BEGAN TO PULL TO THE RIGHT AND SLOW DOWN. WHEN THE DRIVER OF UNIT 4 OBSERVED UNIT 3 PULLING TO THE RIGHT AND SLOWING DOWN HE ATTEMPTED TO PASS UNIT 3. AS UNIT 4 BEGAN TO PASS, UNIT 3 ACCELERATED VEERED TO THE LEFT STRIKING THE FRONT LEFT QUARTER OF UNIT 4. UNIT 3 CONTINUED INTO THE CENTER LANE STRIKING THE BACK RIGHT QUARTER OF UNIT 2. UNIT 1 TOWING 2 BEGAN TO DRAG UNIT 3 ABOUT A QUARTER OF A MILE BEFORE COMING TO A STOP, UNIT 3 THEN CAUGHT ON FIRE. A DECEASED PERSON REPORT WAS FILED SERVICE NUMBER 18-118166.ON 11/8/2018 DET. M. CHAVEZ #508 UPDATED THE DRIVER INFORMATION FOR UNIT 3.

Field Diagram - Not to Scale



INVESTIGATOR

Time Notified (24HR:MM) 0645 | How Notified RADIO DISPATCHED | Time Arrived (24HRMM) 0718 | Report Date (MM/DD/YYYY) 11/01/2018

Invest. Comp. [X] Yes [ ] No | Investigator Name (Printed) poole, jerry w | ID Num. 626

ORI Num. TX0570000 | *Agency DALLAS COUNTY SHERIFF'S OFFICE | Service/Region/DA V C U

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Law Enforcement and TxDOT Use ONLY

[X] FATAL [X] CMV [ ] SCHOOL BUS [ ] RAILROAD [ ] MAB [ ] SUPPLEMENT [ ] ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
4	3	16726857.1 /2018524661

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)	*Crash Time (24HRMM)	Case ID	Local Use
11/01/2018	0610	18-118085	TD01

*County Name	*City Name	[ ] Outside City Limit
DALLAS	DALLAS	

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

Latitude (decimal degrees) ___ . ___ Longitude — (decimal degrees) ___ . ___

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
SL	12	1	10300	N	WALTON WALKER	BLVD

[ ] Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | [ ] Toll Road/ Toll Lane | Speed Limit 60 | Const. Zone [ ] Yes [X] No | Workers Present [ ] Yes [X] No | 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
[ ] Yes [X] No	LR		1		W	NORTHWEST	HWY

Distance from Int. or Ref. Marker	[ ] FT [X] MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
0.1	MI	S			

VEHICLE, DRIVER, & PERSONS

Unit Num. 3 | 5 Unit Desc. 1 | [ ] Parked Vehicle | [ ] Hit and Run | LP State TX | LP Num. KWS1368 | VIN 1G1ZE5ST4HF175821

Veh. Year 2017 | 6. Veh. Color SIL | Veh. Make CHEVROLET | Veh. Model MALIBU | 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. 04621442 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 03/20/1957

Address (Street, City, State, ZIP) 805 AUBREY DR AUBREY, TX 76227

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
1	1	1	ALVIZO, MARIA DOLORES	K	61	W	2	1	99	99	97	N	96		96	97	97

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

[X] Owner [ ] Lessee | Owner/Lessee Name & Address ALVIZO, GERARDO JAVIER, 805 BECARD DR AUBREY, TX 76227

Proof of Fin. Resp. [X] Yes [ ] No [ ] Expired [ ] Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name PROGRESSIVE | Fin. Resp. Num. 916584370

Fin. Resp. Phone Num. 800-776-4737 | 27 Vehicle Damage Rating 1 -LD-5 | 27 Vehicle Damage Rating 2 -VB-7 | Vehicle Inventoried [X] Yes [ ] No

Towed By WALNUT HILL WRECKER | Towed To 11239 GOODNIGHT LN DALLAS TX

VEHICLE, DRIVER, & PERSONS

Unit Num. 4 | 5 Unit Desc. 1 | [ ] Parked Vehicle | [ ] Hit and Run | LP State TX | LP Num. JBW7419 | VIN 1GNSCGKC8HR170573

Veh. Year 2017 | 6. Veh. Color GRY | Veh. Make CHEVROLET | Veh. Model SUBURBAN | 7 Body Style SV | [ ] Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 13594707 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 09/17/1955

Address (Street, City, State, ZIP) 8910 SOUTHWESTERN #1234 BLVD DALLAS, TX 75214

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
1	1	1	ZAVALA, ROGELIO G	N	63	H	1	1	1	1	97	N	96		96	97	97

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

[X] Owner [ ] Lessee | Owner/Lessee Name & Address ZAVALA, ROGELIO G, 8910 SOUTHWESTERN #1234 BLVD DALLAS, TX 75214

Proof of Fin. Resp. [X] Yes [ ] No [ ] Expired [ ] Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name GEICO | Fin. Resp. Num. 4556422402

Fin. Resp. Phone Num. 800-841-3000 | 27 Vehicle Damage Rating 1 -1 | 27 Vehicle Damage Rating 2 - | Vehicle Inventoried [X] Yes [ ] No

Towed By WALNUT HILL WRECKER | Towed To 11239 GOODNIGHT LN 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)
3	1	2355 N. STEMMONS FRWY DALLAS TX	MEDICAL EXAMINER	11/01/2018	0630

CHARGES

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

DAMAGE

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

CMV

Unit Num. | ☐ 10,001+ LBS. | ☐ TRANSPORTING HAZARDOUS MATERIAL | ☐ 9+ CAPACITY | CMV Disabling Damage? ☐ Yes ☐ 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 ☐ RGVW ☐ GVWR | HazMat Released ☐ Yes ☐ No | 32 HazMat Class Num. | HazMat ID Num. | 32 HazMat Class Num. | HazMat ID Num. | 33 Cargo Body Type

Unit Num. ☐ RGVW ☐ GVWR | 34 Trlr. Type | CMV Disabling Damage? ☐ Yes ☐ No | Unit Num. ☐ RGVW ☐ GVWR | 34 Trlr. Type | CMV Disabling Damage? ☐ Yes ☐ No

Sequence Of Events | 35 Seq. 1 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Intermodal Shipping Container Permit ☐ Yes ☐ No | Actual Gross Weight | Total Num. Axles

FACTORS & CONDITIONS

36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
3	23																

NARRATIVE AND DIAGRAM

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

Field Diagram - Not to Scale

INVESTIGATOR

Time Notified (24HR:MM) 0645 | How Notified RADIO DISPATCHED | Time Arrived (24HRMM) 0718 | Report Date (MM/DD/YYYY) 11/01/2018

Invest. Comp. ☒ Yes ☐ No | Investigator Name (Printed) poole, jerry w | ID Num. 626

ORI Num. TX0570000 | *Agency DALLAS COUNTY SHERIFF'S OFFICE | Service/Region/DA V C U

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