

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
		1	1	JONES FUNERAL HOME	JONES FUNERAL HOME	0,9/1,7/2,0,1,2

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

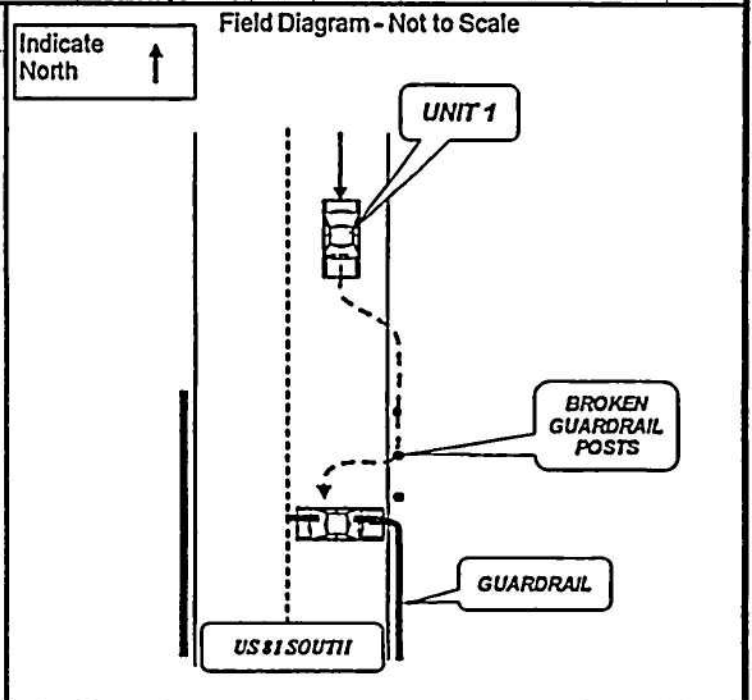
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
		GUARD RAIL	TXDOT

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. 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 Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit Num.	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	40				6	2	97	2	1	2	11

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

UNIT #1 SOUTHBOUND US 81. DRIVER OF UNIT #1 FATIGUED OR ASLEEP, VEERED LEFT AND STRUCK GUARDRAIL WITH FRONT DISTRIBUTED OF #1. UNIT #1 CONTINUED SOUTH CAUSING GUARDRAIL TO PENETRATE PASSENGER COMPARTMENT STRIKING AND KILLING DRIVER. UNIT #1 ROTATED AND CAME TO REST UPRIGHT ON ROADWAY FACING EAST.



INVESTIGATOR	Time Notified (24HRMM)	0,5,5,5	How Notified	DISPATCHED	Time Arrived (24HRMM)	0,6,2,6	Report Date (MM/DD/YYYY)	0,9/1,7/2,0,1,2
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	GREG REYERO	ID Num	11736		
ORI Num	0,0,0,K,K,E,2,4,1	*Agency	TEXAS DEPARTMENT OF PUBLIC SAFETY			District/Area	H, P, 1, C, 0, 7	

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num Units 1 Total Num Prgs 1 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
Mail to Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780
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) <u>0,9,1,7,2,0,1,2</u>		* Crash Time (24HRMM) <u>0,5,5,5</u>		Case ID		Local Use	
* County Name <u>Wise</u>				* City Name		<input checked="" 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) <u>3,3,3,7,0,1,3</u>		Longitude (decimal degrees) <u>-0,9,7,7,0,6,3,3</u>			
ROAD ON WHICH CRASH OCCURRED							
* 1 Rdw. Sys. <u>US</u>		* Hwy. Num. <u>81</u>		2 Rdw. Part <u>1</u>		3 Street Prefix	
* Street Name		4 Street Suffix		5 Block Num.		6 Street Name	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit <u>70</u>		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdw. Sys. <u>FM</u>		Hwy. Num. <u>2265</u>		2 Rdw. Part	
3 Street Prefix		Street Name		4 Street Suffix			
Distance from Int. or Ref. Marker <u>0.9</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker <u>N</u>		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. <u>1</u>		5 Unit Desc. <u>1</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State <u>TX</u>	
LP Num. <u>DK8V655</u>		VIN <u>1,G,1,P,G,5,S,C,9,C,7,2,6,0,9,1,7</u>					
Veh. Year <u>2,0,1,2</u>		6 Veh. Color <u>SIL</u>		Veh. Make <u>CHEVROLET</u>		Veh. Model <u>CRUZE</u>	
7 Body Style <u>P4</u>		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type <u>1</u>		DL/D State <u>TX</u>		DL/D Num. <u>12026461</u>		9 DL Class <u>C</u>	
10 CDL End. <u>96</u>		11 DL Rest. <u>96</u>		DOB (MM/DD/YYYY) <u>1,0,1,9,1,9,6,6</u>			
Address (Street, City, State, ZIP) <u>7404 STATE HWY 175 MONTAGUE, TX 76251</u>							
Person Num. <u>1</u>		12 Psn. Type <u>1</u>		13 Seat Position <u>1</u>		Name: Last, First, Middle	
14 Injury Severity <u>K</u>		Age <u>45</u>		15 Ethnicity <u>W</u>		16 Sex <u>1</u>	
17 Eject <u>1</u>		18 Restr. <u>1</u>		19 Airbag <u>5</u>		20 Helmet <u>97</u>	
21 Sol. <u>N</u>		22 Alc. Spec. <u>96</u>		Alc. Result		23 Drug Spec. <u>96</u>	
24 Drug Result <u>97</u>		25 Drug Category <u>97</u>		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address <u>EAN HOLDINGS, LLC 2111 S. HWY 287 DECATUR, TX 76234</u>					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>7</u>		Fin. Resp. Name <u>ENTERPRISE RENTAL</u>	
Fin. Resp. Phone Num. <u>972-456-5784</u>		27 Vehicle Damage Rating 1 <u>1,2,F,D,5</u>		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by <u>RICK'S WRECKER 940-683-3720</u>		Towed To <u>32875 HWY 101 BRIDGEPORT, TX 76425</u>					
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/D Type		DL/D State		DL/D Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Psn. 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		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 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					