



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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) 03 / 29 / 2017 *Crash Time (24HRMM) 1 2 2 0 Case ID Local Use

*County Name UVALDE *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) 2 9 . 5 8 0 3 4 Longitude (decimal degrees) 0 9 9 . 7 5 2 1 1

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US *Hwy. Num. 83 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 70 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. Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 0.6 FT MI 3 Dir. from Int. or Ref. Marker N Reference Marker 554 Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. BZM0868 VIN 3 D 7 M X 4 8 C 7 7 G 7 3 4 6 4 8

Veh. Year 2 0 0 7 6. Veh. Color WHI Veh. Make DODGE Veh. Model RAM 3500 7 Body Style PK Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 36630471 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 0 8 / 3 1 / 1 9 9 6

Address (Street, City, State, ZIP) 98 N PENDLEY RD LEAKEY, TX 78873

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, YOUNG, JACK DILLON, A, 20, W, 1, 1, 96, 2, 97, N, 2, 2, 99, 99.

Owner Lessee Owner/Lessee Name & Address YOUNG, JOSEPH BENJAMIN, P.O. BOX 1909 LEAKEY, TX 78873

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name DAIRYLAND COUNTY MUTUAL Fin. Resp. Num. 435798663

Fin. Resp. Phone Num. 800-334-0090 27 Vehicle Damage Rating 1 1 2 - F L - 7 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

Towed By GILBERT'S BODY SHOP Towed To 1804 NORTH GETTY ST. UVALDE, TX 78801

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. U11873 VIN 1 F D W E 3 5 S 6 4 H A 0 8 4 6 7

Veh. Year 2 0 0 4 6. Veh. Color WHI Veh. Make FORD Veh. Model E SERIES 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. 16233474 9 DL Class AM 10 CDL End. P,S,T 11 DL Rest. A,P32 DOB (MM/DD/YYYY) 0 2 / 1 5 / 1 9 5 1

Address (Street, City, State, ZIP) 535 WALNUT HGTS BLVD NEW BRAUNFELS, TX 78130

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. Rows: 1: 1, 1, 1, BARRETT, MURRAY WILLIAM, K, 66, W, 1, 1, 1, 2, 97, N, 96, 96, 97, 97; 2: 2, 2, 3, ALLEN, HOWARD B, K, 81, W, 1, 1, 1, 2, 97, N; 3: 3, 2, 14, ALLEN, RHONDA B, K, 61, W, 2, 1, 3, 97, 97, N; 4: 4, 2, 14, BARBER, HAROLD B, K, 87, W, 1, 1, 3, 97, 97, N.

Owner Lessee Owner/Lessee Name & Address FIRST BAPTIST CHURCH, 733 CROSS ST NEW BRAUNFELS, TX 78130

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Church Mutual Insurance Name Company Fin. Resp. Num. 0243107-09-881646

Fin. Resp. Phone Num. 800-554-2642 27 Vehicle Damage Rating 1 1 2 - F L - 7 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

Towed By HERNANDEZ WRECKER Towed To 1894 NORTH GETTY STREET UVALDE, TX 78801

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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)
	1	1	UNIVERSITY HOSPITAL, SAN ANTONIO, TX	Air Life 4		
	2	1	220 S GETTY ST, UVALDE, TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 5
	2	2	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 6
	2	3	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 1
	2	4	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 4
	2	5	220 S GETTY ST UVALDE TX 78801	Rushing Estes Knowles Mortuary	03/29/2017	1 5 3 7

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

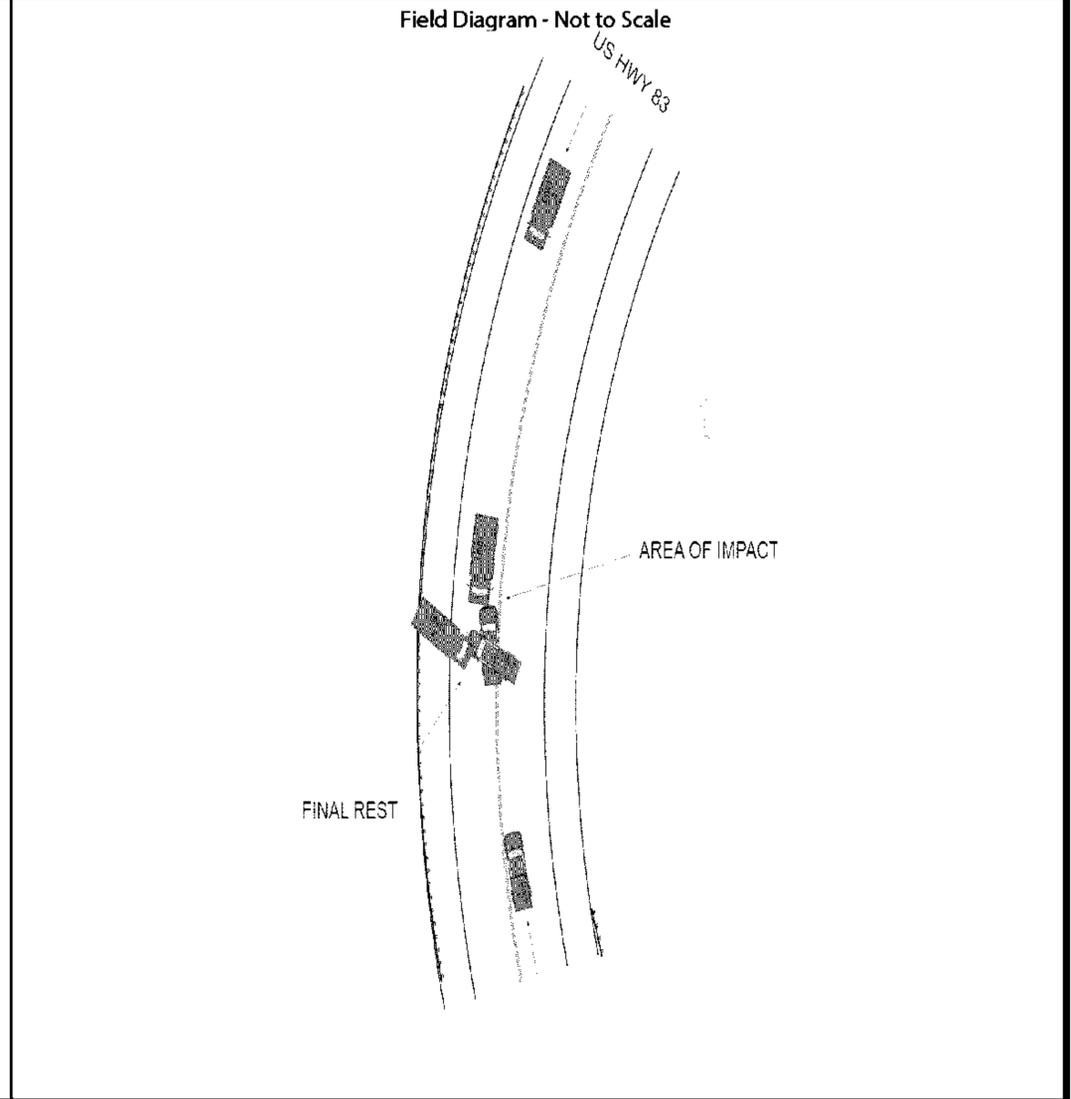
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	METAL GUARDRAIL	TEXAS DEPARTMENT OF TRANSPORTATION	2322 W US 90 UVALDE 78801

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. 5	29 Carrier ID Type 96	Carrier ID Num.
Carrier's Corp. Name FIRST BAPTIST CHURCH		Carrier's Primary Addr. 733 CROSS ST NEW BRAUNFELS, TX 78130			30 Veh. Type 3		
31 Bus Type 5	<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 Style 1
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 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
Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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	70		75	62					1	1	97	1	5	1	12

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

Unit No.1 northbound on US.83. Unit No.2 southbound on US 83. US 83 in this location is a two way roadway with a marked no passing zone. Unit No.1 crossed over the double yellow no passing zone lane markers into the oncoming lane of traffic and struck Unit No.2 in its lane of travel. Unit No.1 struck Unit No.2 front left to front left. After impact both Units rotated counter clockwise and came to rest across the southbound shoulder, southbound lane and partially in the northbound lane of US 83. Driver of Unit No.1 stated he had been taking medication and texting on his phone. This report will remain incomplete until all evidence has been analyzed.



Investigator	Time Notified (24HR:MM) 1 5 3 0	How Notified IN PERSON BY COC	Time Arrived (24HRMM) 2 0 3 0	Report Date (MM/DD/YYYY) 04/01/2017
Invest. Comp. <input checked="" type="checkbox"/> No	Investigator Name (Printed) Jones, James D.		ID Num. 08693	
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS			Service/Region/DA H P 8 C 0 1

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