

Law Enforcement and TxDOT Use Only

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 0 0 1 Total Num. Prsns. 0 0 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

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

Crash Date (MM/DD/YYYY) 01/01/2013, Crash Time (24HRMM) 0030, Case ID, Local Use 01-14-13, County Name Milam, 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

ROAD ON WHICH CRASH OCCURRED: 1 Rdwy. Sys. US, 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, Workers Present, Street Desc. North of Rockdale

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER: At Int. Yes/No, 1 Rdwy. Sys. CR, Hwy. Num., 2 Rdwy. Part, Block Num., 3 Street Prefix, Street Name Northwood, 4 Street Suffix DR, Distance from Int. or Ref. Marker 0.5, 3 Dir. From Int. or Ref. Marker S, Reference Marker, Street Desc., RRX Num.

Unit Num. 1, 5 Unit Desc. 1, Parked Vehicle, Hit and Run, LP State TX, LP Num. 512WRG, VIN 1C3AN65L95X057005, Veh. Year 2005, 6 Veh. Color GRY, Veh. Make Chrysler, Veh. Model Crossfire, 7 Body Style P2, Pol., Fire, EMS on Emergency, 8 DL/ID Type 1, DL/ID State TX, DL/ID Num. 05687937, 9 DL Class C, 10 CDL End. 96, 11 DL Rest. 96, DOB (MM/DD/YYYY) 07/14/1959, Address (Street, City, State, ZIP) 3213 N. HWY 77, Rockdale, Texas, 76567

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, Todd, Karen, Rochelle, N, 53, W, 2, 1, 1, 1, 97, N, 96, 96, 97, 97.

Owner/Lessee Name & Address: Todd, Karen, Rochelle, 3213 N. HWY 77, Rockdale, Texas, 76567, Proof of Fin. Resp. Yes, 26 Fin. Resp. Type 2, Fin. Resp. Name Southern County Mutual, Fin. Resp. Num. 59ETX200041, Fin. Resp. Phone Num. (800-677-5170), 27 Vehicle Damage Rating 1 1 2 F L 3, 27 Vehicle Damage Rating 2, Vehicle Inventoried No

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

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: Empty.

Owner/Lessee Name & Address, Proof of Fin. Resp., 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

Case ID

TxDOT Crash ID

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

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	Mail Box	Sue Widner	1667 US 77, Rockdale, TX, 76567
	Mail Box	John Jolly	1605 US 77, Rockdale, TX, 76567

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.
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	60		45					3	2	97	2	1	2	11

<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)</p> <p>Unit 1 was traveling south on US 77. The roadway was wet from rain. Unit 1 was traveling at a speed that was too fast for the roadway's conditions at that time. Unit 1 lost control and slid off the roadway into the west bar ditch. Unit 1 crashed into a mail box and continued south in the bar ditch. Unit 1 crashed into another mail box south of the first mail box. Unit 1 then left the scene without reporting the crash to authorities or the property owners. When the driver of Unit 1 was contacted about the crash she advised she did not call the authorities because she had been drinking and was afraid she would go to jail for DWI. The driver of Unit 1 admitted to crashing into the mail boxes and leaving the scene. Unit 1 sustained damage to its front left.</p>	<p>Field Diagram - Not to Scale</p> <p>The diagram shows a vertical road labeled 'US 77'. An arrow at the top points up and is labeled 'Indicate North'. Two boxes labeled 'Mail Box Private Drive' are shown on the left side of the road. A dashed line with arrows at both ends represents the path of 'Unit 1', starting from the top, moving south, crossing the first mail box, and then crossing the second mail box.</p>
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Time Notified (24HRMM)	1 4 4 0	How Notified	Dispatched	Time Arrived (24HRMM)	1 5 0 0	Report Date (MM/DD/YYYY)	0 1 / 0 2 / 2 0 1 3
Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) Trooper James Brooks			ID Num.	13545		
ORI Num.	*Agency Texas Department of Public Safety			District/Area	H P 6 A 0 6		