U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

2007 JAN 19 AM 9:40

FOR AGENCY USE ONLY 100148

Date Received	Repository
13-NOV-2006	Reference No. 10173407

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City ROMA **State** TX **Zip Code** [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date [redacted] 11/21/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FMRU15L81L[redacted]	FORD	EXPEDITION	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-FEB-01				No: Cylinders 8	Gas
Original Owner [X]	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	4 WHEEL DRIVE	140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
25-OCT-2006	46000	40

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	[ ] Original Equipment [ ] Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies))

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
[X] Yes [ ] No	[ ] Yes [X] No	2		Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED THE VEHICLE WAS IN AN ACCIDENT IN AN INTERSECTION WHILE TRAVELING 40 MPH AND THE AIRBAGS DID NOT DEPLOY. THE VEHICLE WAS TAKEN TO THE SERVICE DEALER BUT THE REASON WHY THE AIRBAG DID NOT DEPLOY HAS NOT BEEN DETERMINED. A POLICE REPORT WAS FILED. THE INSURANCE COMPANY DEEMED THE VEHICLE TOTALLED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

TEXAS PEACE OFFICER'S CRASH REPORT CRB-3(Rev. 1/06) Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically via XML or mailed to the TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0350. Please see the DPS Instructions to Police for more details regrading these submission methods or look on the CRIS Website at http://www.txdps.state.tx.us/crisproject/index.htm

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT/SUPPLEMENT

PLACE WHERE CRASH OCCURRED

COUNTY: STARR | CITY OR TOWN: ROMA (SHOW ONLY IF IN CITY LIMITS)

IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE FROM NEAREST TOWN: _____ MILES ☐N ☐S ☐E ☐W OF _____ (CITY OR TOWN)

LOC #: 60164

ORI #: TX2140300

DPS #: _____

ROAD ON WHICH CRASH OCCURRED: _____ (BLOCK NUMBER) HWY 83 (STREET OR ROAD NAME) _____ (ROUTE NUMBER OR STREET CODE)

CONSTRUCTION ZONE WORKERS PRESENT: ☐YES ☑NO | ☐YES ☑NO — SPEED LIMIT: 30

INTERSECTING STREET OR RR X'ING NUMBER: _____ (BLOCK NUMBER) ATHENS AVENUE (STREET OR ROAD NAME) _____ (ROUTE NUMBER OR STREET CODE)

CONSTRUCTION ZONE WORKERS PRESENT: ☐YES ☑NO | ☐YES ☑NO — SPEED LIMIT: 25

NOT AT INTERSECTION _____ ☐FT. ☐MI. ☐N ☐S ☐E ☐W OF _____ (SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT)

MILEPOST: _____ LATITUDE: _____ LONGITUDE: _____

DATE OF CRASH: OCTOBER (MONTH) 25 (DATE) 2006 (YEAR) | DAY OF WEEK: WEDNESDAY | HOUR: 6:11 ☐A.M. ☑P.M. (IF EXACTLY NOON OR MIDNIGHT, SO STATE)

UNIT# 1

1 (1-MOTOR VEHICLE, 2-TRAIN, 3-PEDALCYCLIST, 4-PEDESTRIAN, 5-MOTORIZED CONVEYANCE, 6-TOWED, 7-NON-CONTACT, 8-OTHER)

VIN#: 1FMRU15L81[redacted] | ALTERED VEHICLE HEIGHT: ☐YES ☑NO

YEAR MODEL: 2001 | COLOR & MAKE: Green FORD | MODEL NAME: EXPEDITION | BODY STYLE: CARRY-ALL | LICENSE PLATE: 2006 (YEAR) TX (STATE) [redacted] (NUMBER)

DRIVER'S NAME: [redacted] (LAST FIRST MIDDLE) | [redacted] OMA TX [redacted] (ADDRESS (STREET, CITY, STATE, ZIP)) | PHONE NUMBER: [redacted]

DRIVER'S LICENSE: TX (STATE) [redacted] (NUMBER) C (CLASS/TYPE) _____ (ENDORSEMENTS) _____ (RESTRICTIONS) [redacted] (DATE OF BIRTH)

LICENSE STATUS: ☐ (1-VALID, 2-NOT VALID, 3-SUSPENDED/REVOKED, 4-CANCELLED/DENIED, 5-EXPIRED, 6-UNKNOWN)

DRIVER'S ETHNICITY: ☐ (1-WHITE, 2-HISPANIC, 3-BLACK, 4-ASIAN, 5-OTHER) | DRIVER'S SEX: ☐MALE ☑FEMALE | DRIVER'S OCCUPATION: _____

POLICE, FIREFIGHTER, EMS ON EMERGENCY: ☐ IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN (1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED): 4 | TEST RESULTS: _____ | TYPE OF DRUG SPECIMEN TAKEN (1-BLOOD 2-URINE 3-NONE 4-REFUSED): 3 | TEST RESULTS: _____ | DRUG CATEGORY 1. _____ 2. _____

LESSEE ☐ OWNER ☑ | [redacted] (NAME (ALWAYS SHOW, LESSEE IF LEASED, OTHERWISE SHOW OWNER)) | [redacted] ROMA TX [redacted] (ADDRESS (STREET, CITY, STATE, ZIP))

LIABILITY INSURANCE: YES ☑ NO ☐ EXP ☐ | FARM BUREAU INSURANCE (INSURANCE COMPANY NAME) | 21[redacted] (POLICY NUMBER) | VEHICLE DAMAGE RATING: FC-2

UNIT# 2

1 (1-MOTOR VEHICLE, 2-TRAIN, 3-PEDALCYCLIST, 4-PEDESTRIAN, 5-MOTORIZED CONVEYANCE, 6-TOWED, 7-NON-CONTACT, 8-OTHER)

VIN#: 2FMZA51411[redacted] | ALTERED VEHICLE HEIGHT: ☐YES ☑NO

YEAR MODEL: 2001 | COLOR & MAKE: Gold FORD | MODEL NAME: WINDSTAR | BODY STYLE: _____ | LICENSE PLATE: 2007 (YEAR) TX (STATE) [redacted] (NUMBER)

DRIVER'S NAME: [redacted] (LAST FIRST MIDDLE) | [redacted] RIO GRANDE CITY TX [redacted] (ADDRESS (STREET, CITY, STATE, ZIP)) | PHONE NUMBER: [redacted]

DRIVER'S LICENSE: TX (STATE) [redacted] (NUMBER) C (CLASS/TYPE) _____ (ENDORSEMENTS) _____ (RESTRICTIONS) [redacted] (DATE OF BIRTH)

LICENSE STATUS: ☐ (1-VALID, 2-NOT VALID, 3-SUSPENDED/REVOKED, 4-CANCELLED/DENIED, 5-EXPIRED, 6-UNKNOWN)

DRIVER'S ETHNICITY: ☐ (1-WHITE, 2-HISPANIC, 3-BLACK, 4-ASIAN, 5-OTHER) | DRIVER'S SEX: ☑MALE ☐FEMALE | DRIVER'S OCCUPATION: _____

POLICE, FIREFIGHTER, EMS ON EMERGENCY: ☐ IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN (1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED): 4 | TEST RESULTS: _____ | TYPE OF DRUG SPECIMEN TAKEN (1-BLOOD 2-URINE 3-NONE 4-REFUSED): 3 | TEST RESULTS: _____ | DRUG CATEGORY 1. _____ 2. _____

LESSEE ☐ OWNER ☑ | [redacted] (NAME (ALWAYS SHOW, LESSEE IF LEASED, OTHERWISE SHOW OWNER)) | [redacted] RIO GRANDE CITY TX [redacted] (ADDRESS (STREET, CITY, STATE, ZIP))

LIABILITY INSURANCE: YES ☑ NO ☐ EXP ☐ | PROGRESSIVE COUNTY MUTUAL INS. (INSURANCE COMPANY NAME) | [redacted] (POLICY NUMBER) | VEHICLE DAMAGE RATING: LP-2

DAMAGE TO PROPERTY OTHER THAN VEHICLES

None (OBJECT) | (NAME AND ADDRESS OF OWNER) | (FEET FROM CURB DAMAGE ESTIMATE)

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST $1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☑ YES ☐ NO

CHARGES FILED

NAME: None | CHARGE: _____ | CITATION#: _____

NAME: _____ | CHARGE: _____ | CITATION#: _____

TIME NOTIFIED OF CRASH: 10/25/2006 (DATE) 6:11 PM (HOUR) | HOW: DISPATCHER | TIME ARRIVED AT SCENE OF CRASH: 10/25/2006 (DATE) 6:12 PM (HOUR) | DATE OF REPORT: 10/25/2006

TYPED OR PRINTED NAME OF INVESTIGATOR: [redacted] | ID#: 938 | AGENCY: ROMA POLICE DEPARTMENT | DIST./AREA: _____ | REPORT COMPLETE ☑ YES ☐ NO

SEAT POSITION	SOLICITATION	EJECTED	RESTRAINT USED	AIRBAG	HELMET	INJURY SEVERITY
1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT 7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THRID SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y = SOLICT N = NO SOLICIT)	1-NO 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNK 7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN	1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 8-UNKNOWN	1- WORN, DAMAGED 2-WORN, NOT DAMAGED 3- WORN, UNK. DAMAGE 4- NOT WORN 5-UNKNOWN IF WORN	K-KILLED A-INCAPACITATING INJURY B- NON INCAPACITATING C-POSSIBLE INJURY N-NOT INJURED U-UNKNOWN

UNIT # 1 — TOWED DUE TO DISABLING DAMAGE: ☐ YES ☑ NO — VEHICLE REMOVED TO: PENA WRECKER — BY: PENA WRECKER

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	[redacted]	ROMA, TX [redacted]	N	4	1	3	4	35	F	C
2	3	[redacted]		N	4	1	3	4	16	F	C
3											
4											
5											

UNIT # 2 — TOWED DUE TO DISABLING DAMAGE: ☐ YES ☑ NO — VEHICLE REMOVED TO: PENA WRECKER — BY: PENA WRECKER

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	[redacted]	RIO GRANDE CITY, TX [redacted]	N	4	1	1	4	27	M	C
7											
8											
9											
10											

PED., PEDAL., MOT. CONVEY, ETC.	COMPLETE IF CASULTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
11											
12											

DISPOSITION OF KILLED OR INJURED — IF AMBULANCE USED, SHOW

ITEM #'S	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT#	# OF ATTENDANTS INCLUDING DRIVER	# OF OCCUPANTS TRANSPORTED FOR TREATMENT
1	STARR COUNTY HOSPITAL	AMBULANCE	06:12 PM	06:20 PM	2	3	3
2	STARR COUNTY HOSPITAL	AMBULANCE	06:12 PM	06:20 PM	2	3	
6	STARR COUNTY HOSPITAL	AMBULANCE	06:12 PM	06:20 PM	2	3	

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Unit #1 was traveling West bound on Hwy 83 on the inside lane by Athens Street. Unit #2 failed to yield right of way in an open intersecting and Unit #1 struck Unit #2's on it left side door with Unit #1's front center causing Unit #2 to flip on its side

DIAGRAM

INDICATE NORTH

1 - TWO-WAY, NOT DIVIDED
2 - TWO-WAY, DIVIDED, UNPROTECTED MEDIAN
3 - TWO-WAY, DIVIDED, PROTECTED BARRIER
4 - ONE WAY
9 - UNKNOWN

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT #	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS,CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED
1				
2	33			

1-ANIMAL ON ROAD - DOMESTIC
2-ANIMAL ON ROAD - WILD
3-BACKED WITHOUT SAFETY
4-CHANGED LANE WHEN UNSAFE
5-13 SEE VEHICLE DEFECTS
14-DISABLED IN TRAFFIC LANE
15-DISREAGRD STOP AND GO SIGNAL
16-DISREGARD STOP SIGN OR LIGHT
17-DISREGARD TURN MARKS AT INTERSECTION
18-DISREGARD WARNING SIGN AT CONSTRUCTION
19-DISTRACTION IN VEHICLE
20-DRIVER INATTENTION
21-DROVE WITHOUT HEADLIGHTS
22-FAILED TO CONTROL SPEED
23-FAILED TO DRIVE IN SINGLE LANE
24-FAILED TO GIVE HALF OF RAODWAY
25-FAILED TO HEED WARNING SIGN
26-FAILED TO PASS TO LEFT SAFETY
27-FAILED TO PASS RIGHT SAFETY
28-FAILED TO GIVE SIGNAL OR GAVE WRONG SIGNAL
29-FAILED TO STOP AT PROPER PLACE
30-FAILED TO STOP FOR SCHOOL BUS
31-FAILED TO STOP FOR TRAIN
32-FAILED TO YIELD ROW - EMERGENCY VEHICLE
33-FAILED TO YIELD ROW - OPEN INTERSECTION
34-FAILED TO YIELD ROW - PRIVATE DRIVE
35-FAILED TO YIELD ROW - STOP SIGN
36-FAILED TO YIELD ROW - TO PEDESTRIAN
37-FAILED TO YIELD ROW - TURNING LEFT
38-FAILED TO YIELD ROW - TURN ON RED
39-FAILED TO YIELD ROW - YIELD SIGN
40-FATIGUED OR ASLEEP
41-FAULTY EVASIVE ACTION
42-FIRE IN VEHICLE
43-FLEEING OR EVADING POLICE
44-FOLLOWED TOO CLOSELY
45-HAD BEEN DRINKING
46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
47-ILL (EXP. IN NARRATIVE)
48-IMPAIRED VISIBILTY (EXP. IN NARRATIVE)
49-IMPROPER START FROM PARKED POSITION
50-LOAD NOT SECURED
51-OPENED DOOR INTO TRAFFIC LANE
52-OVERSIZED VEHICLE OR LOAD
53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54-PARKED AND FAILED TO SET BRAKES
55-PARKED IN TRAFFIC LANE
56-PARKED WITHOUT LIGHTS
57-PASSED IN NO PASSING ZONE
58-PASSED ON RIGHT SHOULDER
59-PED/PEDALCYC/MOT.CON.FTY ROW TO VEHICLE
60-SPEEDING - UNSAFE (UNDER LIMIT)
61-SPEEDING OVER LIMIT
62-TAKING MEDICATION (EXP. IN NARRATIVE)
63-TURNED IMPROPERLY - CUT CORNER ON LEFT
65-TURNED IMPROPERLY - WIDE RIGHT
66-TURNED IMPROPERLY - WRONG LANE
66-TURNED WHEN UNSAFE
67-UNDER INFLUENCE - ALCOHOL
69-UNDER INFLUENCE - DRUG
69-WRONG SIDE - APPROACH OR IN INTERSECTION
70-WRONG SIDE - NOT PASSING
71-WRONG WAY - ONE WAY ROAD
72-CELL/MOBILE PHONE USE
73-ROAD RAGE
74-OTHER FACTOR (WRITE ON LINE)

VEHICLE DEFECTS
5-DEFECTIVE OR NO HEADLAMPS
6-DEFECTIVE OR NO STOP LAMPS
7-DEFECTIVE OR NO TAIL LAMPS
8-DEFECTIVE OR NO TURN SIG. LAMPS
9-DEFECTIVE OR NO TRAILER BRAKES
10-DEFECTIVE OR NO VEHICLE BRAKES
11-DEFECTIVE OR NO STEERING MECH.
12-DEFECTIVE OR SLICK TIRES
13-DEFECTIVE TRAILER HITCH

TRAFFIC CONTROL: 1-NONE; 2-INOPERATIVE; 3-OFFICER; 4-FLAGMAN; 5-SIGNAL LIGHT; 6-FLASHING RED LIGHT; 7-FLASHING YELLOW LIGHT; 8-STOP SIGN; 9-YIELD SIGN; 10-WARNING SIGN; 11-CENTER STRIPE/DIVIDER; 12-NO PASSING ZONE; 13-RR GATE/SIGNAL; 14-SCHOOL ZONE; 15-CROSSWALK; 16-BIKE LANE; 17-OTHER — **8**

ROADWAY RELATION: 1-ON ROADWAY; 2-OFF ROADWAY; 3-SHOULDER; 4-MEDIAN — **1**

PART OF ROADWAY: 1-MAIN LANE; 2-SERVICE ROAD; 3-ENTRANCE RAMP; 4-EXIT RAMP; 5-CONNECTOR; 6-DETOUR; 7-OTHER — **1**

ROADWAY ALIGNMENT: 1-STRAIGHT, LEVEL; 2-STRAIGHT, GRADE; 3-STRAIGHT, HILLCREST; 4-CURVE, LEVEL; 5-CURVE, GRADE; 6-CURVE, HILLCREST; 7-OTHER; 8-UNKNOWN — **1**

LIGHT CONDITION: 1-DAYLIGHT; 2-DARK, NOT LIGHTED; 3-DARK, LIGHTED; 4-DARK, UNK LIGHTING; 5-DAWN; 6-DUSK; 8-OTHER; 9-UNKNOWN — **1**

TYPE OF ROAD SURFACE: 1-CONCRETE; 2-BLACKTOP; 3-BRICK; 4-GRAVEL; 5-DIRT; 6-OTHER; 7-UNKNOWN — **2**

WEATHER: 1-CLEAR/CLOUDY; 2-RAIN; 3-SLEET/HAIL; 4-SNOW; 5-FOG; 6-BLOWING SAND/SNOW; 7-SEVERE; 8-OTHER; 9-UNKNOWN — **1**

SURFACE CONDITION: 1-DRY; 2-WET; 3-STANDING WATER; 4-SNOW; 5-SLUSH; 6-ICE; 7-SAND, MUD, DIRT; 8-OTHER; 9-UNK — **1**

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☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT/ SUPPLEMENT

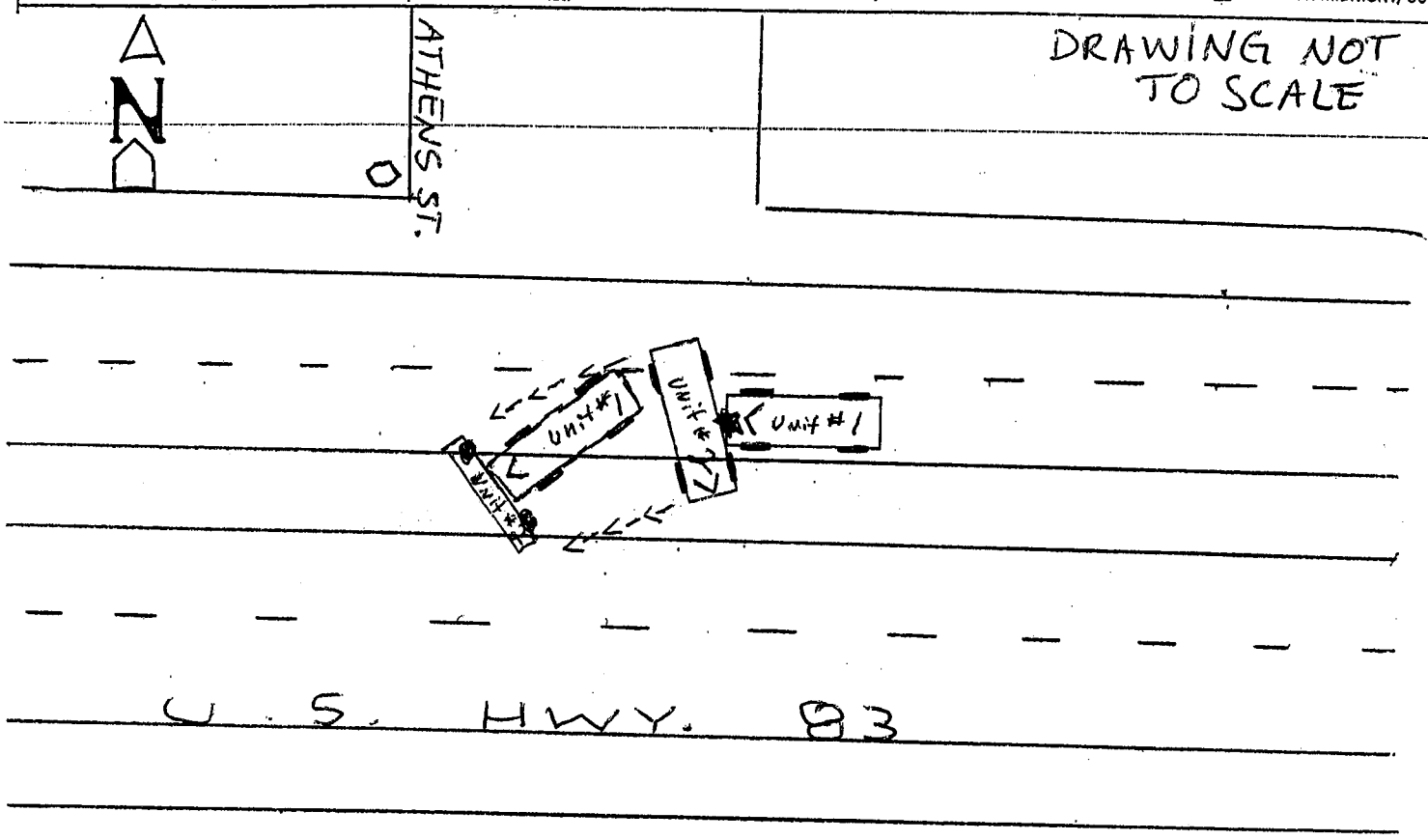
PLACE WHERE CRASH OCCURRED
COUNTY: STARR CITY OR TOWN: Roma
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN: ____ MILES ☐N ☐S ☐E ☐W OF ____
LOC #: 601164
ORI #:
DPS #:

ROAD ON WHICH CRASH OCCURRED: ____ Hwy 83 ____ (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTRUCTION ZONE WORKERS PRESENT ☐ YES ☒ NO / ☐ YES ☐ NO — SPEED LIMIT ____

INTERSECTING STREET OR RR X'ING NUMBER: ____ Athens St ____ (BLOCK NUMBER / STREET OR ROAD NAME / ROUTE NUMBER OR STREET CODE)
CONSTRUCTION ZONE WORKERS PRESENT ☐ YES ☐ NO / ☐ YES ☐ NO — SPEED LIMIT ____

NOT AT INTERSECTION ____ ☐ FT. ☐ MI. ☐N ☐S ☐E ☐W OF ____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT
MILEPOST
LATITUDE ____
LONGITUDE ____

DATE OF CRASH: October (MONTH) 25 (DATE) 2006 (YEAR) DAY OF WEEK: Wednesday HOUR: 6:11 ☐ AM ☒ PM IF EXACTLY NOON OR MIDNIGHT, SO STATE



CHARGES FILED

NAME ____ CHARGE ____ CITATION# ____
NAME ____ CHARGE ____ CITATION# ____

TIME NOTIFIED OF CRASH: 10-25-06 (DATE) 6:11 PM (HOUR) HOW: DISPATCHER
TIME ARRIVED AT SCENE: 10-25-06 (DATE) 6:12 PM (HOUR)
DATE OF REPORT: 10-25-06

TYPED OR PRINTED NAME OF INVESTIGATOR: ____ ID#: 938 AGENCY: RPD DIST/AREA: ____
REPORT COMPLETE ☒ YES ☐ NO