



**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.).

IDENTIFICATION & LOCATION

★Crash Date (MM/DD/YYYY) 1 2 / 1 4 / 2 0 1 4 ★Crash Time (24HRMM) 0 6 4 9 Case ID Local Use

★County Name HARRIS ★City Name PASADENA INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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) Longitude (decimal degrees)

**ROAD ON WHICH CRASH OCCURRED**  
 ★1 Rdwy. Sys. LR ★Hwy. Num. 2 Rdwy. Part 1 Block Num. 7400 3 Street Prefix ★Street Name FAIRMONT 4 Street Suffix PKWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 45 Const.  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. LR Hwy. Num. 2 Rdwy. Part Block Num. 5800 3 Street Prefix Street Name 4 Street Suffix ST

Distance from Int. or Ref. Marker 0.1  FT  MI 3 Dir. from Int. or Ref. Marker W 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. VIN K N A F X 4 A 6 4 F 5

Veh. Year 2 0 1 5 6 Veh. Color WHI Veh. Make KIA Veh. Model OPTIMA 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. 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) PASADENA, TX

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		K		W	1	2	96	1	97	N	98	0.07	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 PV HOLDING CORP., 17307 PINE CUT HOUSTON, TX 77032

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 7 Fin. Resp. Name AVIS SELF INSURED Fin. Resp. Num.

Fin. Resp. Phone Num. 800-533-9056 27 Vehicle Damage Rating 1 " L & T " 7 27 Vehicle Damage Rating 2 " " " " Vehicle Inventoried  Yes  No

Towed By Morin Wrecker Service Towed To 2913 Shaver, Pasadena

VEHICLE, DRIVER, & PERSONS

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 (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
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Proof of Fin. Resp.  Yes  No  Expired  Exempt 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  Yes  No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1	Medical Examiner's Office	Medical Examiner	[REDACTED]	[REDACTED]
					/ /	
					/ /	
					/ /	
					/ /	

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

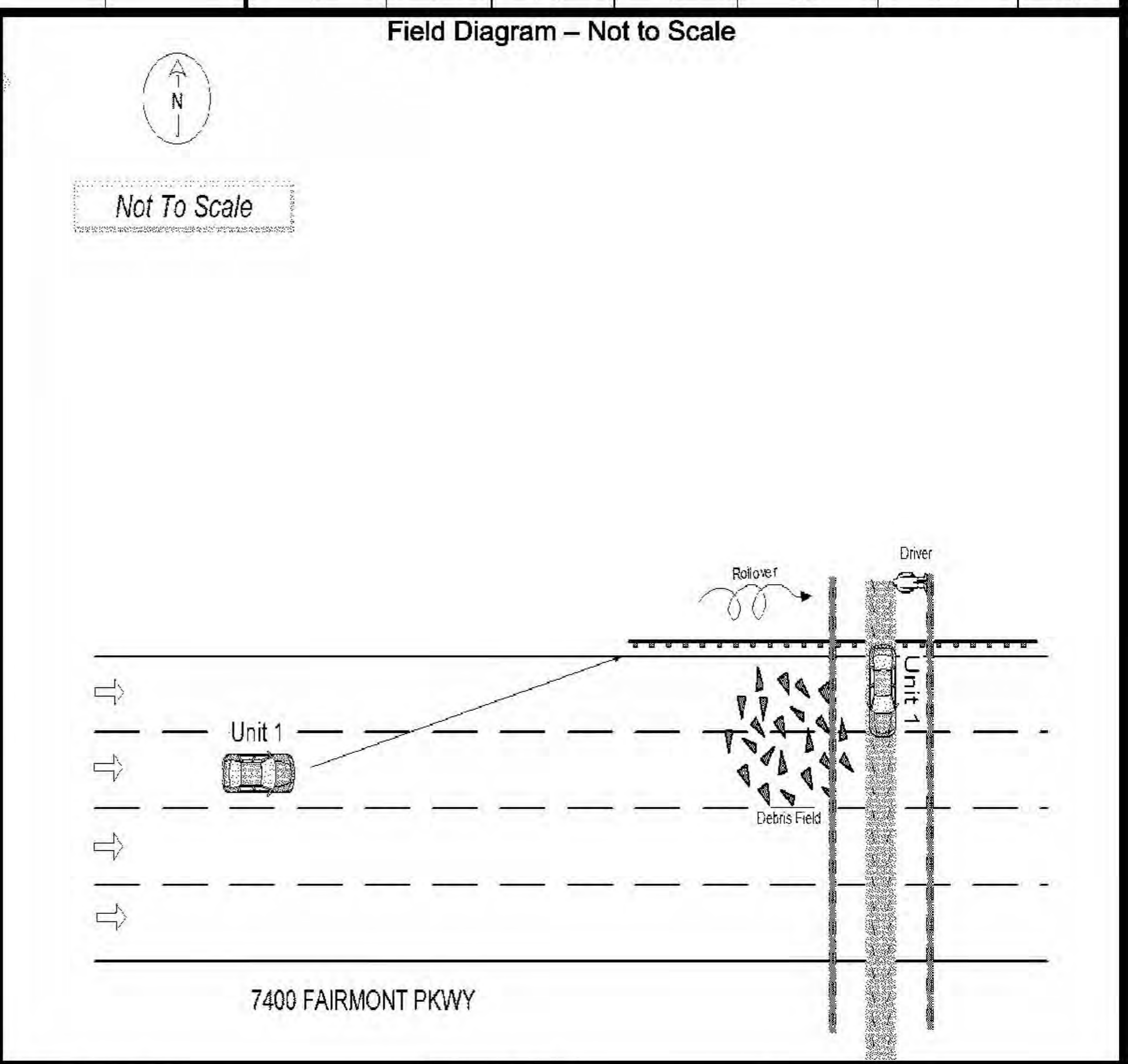
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

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"/> RGWV <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"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <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	23	67					1	2	97	3	1	1	96	

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

Unit 1 was traveling E/B in the 7500 block of Fairmont Pkwy towards the intersection of [REDACTED]. The driver of Unit 1 lost control of his vehicle for an unknown reason causing it to flip several times. Unit 1 began to flip while still in the roadway and over a protective guardrail situated along the north curb line. The guardrail is there to protect vehicle's from a ditch line that runs perpendicular to the roadway. Unit 1 continued flipping E/B in to the ditch. The driver of Unit 1 was not wearing his seat belt and was ejected from the vehicle. He sustained a severe head injury. ETMC Medic #1 (Kelly/Smith) responded to the scene and pronounced the driver deceased. Investigating Officers contacted a witness who observed the crash. He claimed that Unit 1 was possibly speeding and that there weren't any traffic/roadway conditions that would have caused the driver to lose control of his vehicle. According to the Harris County Medical Examiner's autopsy report, the driver of Unit 1 had alcohol present in his system at the time of death. The following results: Blood 0.07, Urine 0.192, Vitreous Humor 0.145 See Fatality Case # [REDACTED]



Time Notified (24HRMM)	0 6 5 1	How Notified Dispatched	Time Arrived (24HR:MM)	0 6 5 4	Report Date (MM/DD/YYYY)	0 1 / 2 8 / 2 0 1 5
Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) SLIGHT, N A			ID Num. 6022		
ORI Num. T X 1 0 1 1 5 0 0	★Agency PASADENA POLICE DEPARTMENT			District/Area O T		



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★County Name HARRIS ★City Name PASADENA  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) Longitude (decimal degrees)

**ROAD ON WHICH CRASH OCCURRED**

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Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 45 Const.  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. LR Hwy. Num. 2 Rdwy. Part Block Num. 5800 3 Street Prefix Street Name 4 Street Suffix ST

Distance from Int. or Ref. Marker 0.1  FT  MI 3 Dir. from Int. or Ref. Marker 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. DWM5167 VIN K N A F X 4 A 6 4 F 5

Veh. Year 2 0 1 5 6 Veh. Color WHI Veh. Make KIA Veh. Model OPTIMA 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. 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

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Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 " L & T " 7 27 Vehicle Damage Rating 2 " " " " Vehicle Inventoried  Yes  No

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	1	1	Medical Examiner's Office	Medical Examiner	[REDACTED]	0702
					/ /	
					/ /	
					/ /	
					/ /	

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

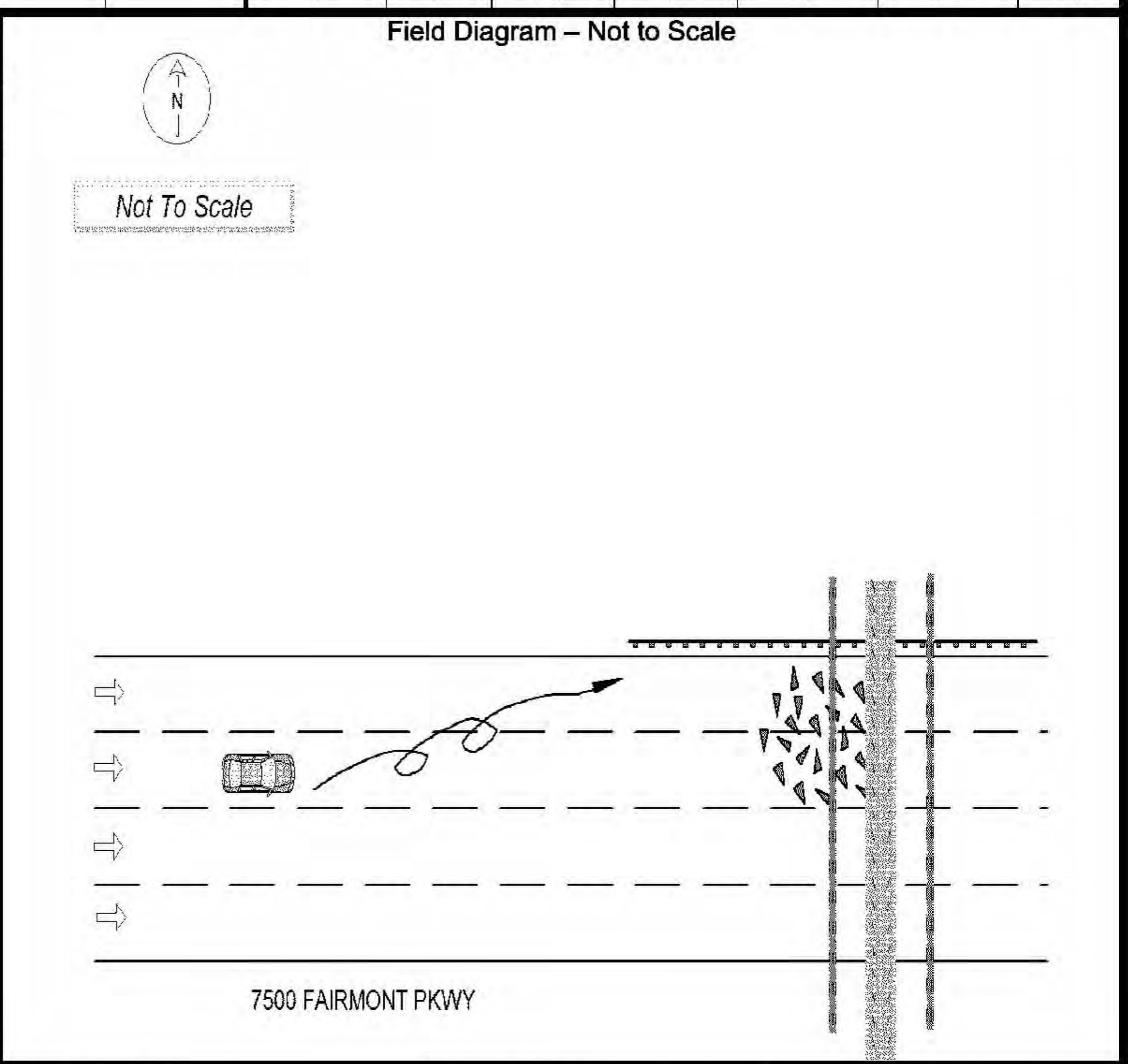
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Time Notified (24HRMM)	0651	How Notified Dispatched	Time Arrived (24HR:MM)	0654	Report Date (MM/DD/YYYY)	12/17/2014
Invest. <input type="checkbox"/> Yes Comp. <input checked="" type="checkbox"/> No	Investigator Name (Printed)	SLIGHT, N A		ID Num.	6022	
ORI Num.	TX1011500			★Agency	PASADENA POLICE DEPARTMENT	
				District/Area	OT	