

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)**

[REDACTED]

FARS# 450884



Date 12/17/03 Time 0015 County 10 Collision Location (Rt. # / Name) 5 RIVER RD/S-54 Collision Type: 1- Interstate 2- US Primary 3- SC Primary 4- Secondary 5- County 6- Connection 7- Business 8- Other 9- Spur Miles: 3 Dir. NE SW City or Town: CHARLESTON

Lane # / Dir. 1 SW Distance Offset 2 Direction NE Base Intersection (Rt. # / Name) BROWNSWOOD/S-1442 Second Intersection (Rt. # / Name) MAIN RD/S-20

Driver/Pedestrian's Full Name: R-128626 Driver/Pedestrian's Full Name: R-128627

Unit #	Sex	Race	Street/R.F.D.	Birth Date	City, State, & Zip
1	M	W	[REDACTED]	01/17/1981	KIAWAH ISLAND SC [REDACTED]
N/A			[REDACTED]		

State SC Driver's Lic [REDACTED] Insurance Company [REDACTED]

Year 2002 Body 4DR Vehicle Make JEEP VIN # 1J4GW58S12C [REDACTED]

State SC Year 2004 License Plate # [REDACTED] Owner's D.L. # [REDACTED]

Home Telephone (843) 768-8761 [REDACTED] Owners Full Name [REDACTED]

Bus. Telephone [REDACTED] Street/R.F.D. [REDACTED]

Contribute to Collision Yes No City, State, Zip KIAWAH ISLAND SC [REDACTED]

Estimated Speed	Speed Limit	C.D.L. Req: Yes/No	T/B 8 Reg: Yes/No	Alc/Drg Info (see back): Yes/No	Estimated Speed	Speed Limit	C.D.L. Req: Yes/No	T/B 8 Reg: Yes/No	Alc/Drg Info (see back): Yes/No
60	45	N/A					N/A		

Driver/Pedestrian's Full Name: R-128628

Unit #	Sex	Race	Street/R.F.D.	Birth Date	City, State, & Zip
N/A			[REDACTED]		

State Year License Plate # Owner's D.L. #

Home Telephone [REDACTED] Owners Full Name [REDACTED]

Bus. Telephone [REDACTED] Street/R.F.D. [REDACTED]

Contribute to Collision Yes No City, State, & Zip [REDACTED]

Dir. of Travel: Unit 1 - NSE (W) Unit 2 - NSE W Unit 3 - NSE W



SEE ATTACHED DIAGRAM

Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
\$ 20,000	\$	\$	\$	\$

Property Owner/Witness [REDACTED] Address [REDACTED]

State Zip Phone [REDACTED]

UNIT #1 WAS TRAVELING TO FAST FOR THE ROADWAY CONDITIONS AND VEERED OFF THE RIGHT SIDE OF THE ROADWAY. UNIT #1 OVER CORRECTED WHILE TRYING TO AVOID HITTING GARBAGE CANS AND TO GET BACK ON THE ROADWAY. UNIT #1 SHOT ACROSS THE ON COMING LANE TO THE LEFT SIDE OF THE ROADWAY. UNIT #1 GLANCED OFF THE LEFT SIDE EMBANKMENT AS WELL AS A TREE AND BEGAN TO FLIP AS IT CROSSED OVER THE ROADWAY AGAIN, COMING TO FINAL REST OVERTURNED IN A DITCH ON THE RIGHT SIDE OF THE ROADWAY. THE VEHICLE THEN BECAME ENGULFED IN FLAMES.. (REFER TO CCSO INCIDENT REPORT FOR FURTHER DETAILS)

T-412C

ORIGINAL

D.P.S. USE ONLY

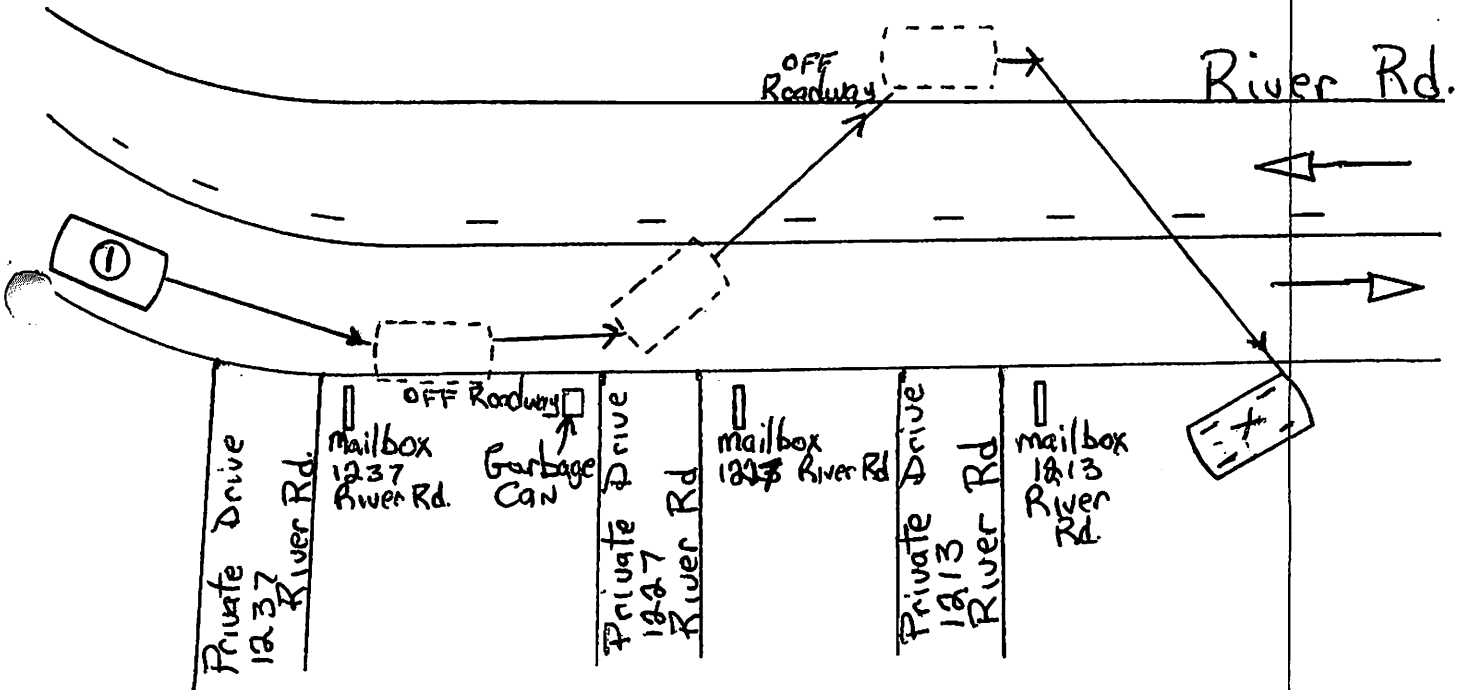
SOUTH CAROLINA UNIFORM COLLISION REPORT
DEPARTMENT of PUBLIC SAFETY
DIAGRAM SUPPLEMENT

PAGE 2 of 2 PAGES

Date	Time	County	1 - Interstate	④ Secondary	COLLISION LOCATION Route Number and Name if any RIVER ROAD/S-10-54	AUXILIARY	
12/17/2003	0015	10	2 - US Primary	5 - County		① Main	6 - Connection
			3 - SC Primary	6 - Other		2 - Alternate	7 - Business
						5 - Spur	

Direction of Travel

UNIT #1 N S E **W**
 UNIT #2 N S E W



Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code
EUBANKS/WELLS	DEP.	8839 9366	SC0100000	12/17/03	PUCKETT, O.K.	SGT.	2003-028925B

INCIDENT REPORT

3505 PINEHAVEN DRIVE - NORTH CHARLESTON, S.C. 29405-7789 - (843) 654-4700

U. A. Sheriff

SC0100000		DISPATCH NUMBER 2003-028925B		ORIG. CASE #		PAGE 1 OF 3 PAGES.		NCIC ENTRY N/A		ENT N/A	
INCIDENT TYPE 1. FATAL VEHICLE COLLISION				INCIDENT CODE		COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PREMISE TYPE ROADWAY	
2. TOWED VEHICLE						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ROADWAY	
N/A						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A	
INCIDENT LOCATION RIVER RD @ BROWNSWOOD RD JOHNS ISLAND SC						ZIP CODE 29455		WEAPON TYPE N/A			
BEGINNING INCIDENT DATE 12/17/2003		24 HR CLOCK 0015		ENDING INCIDENT DATE 12/17/2003		24 HR CLOCK 0020		DISP. DATE 12/17/2003		DISP TIME 0038	
								TIME ARRIVED 0118		DEPART TIME 0532	
NAME (LAST FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE	
N/A		N/A		N/A		J SOU		W F		40	
HEIGHT 502		WEIGHT 115		HAIR BLD BLUE		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC. NONE		DRIVERS LIC # D & STATE UNKNOWN	
ADDRESS		STREET NAME		CITY		STATE		ZIP CODE		DAYPHONE	
CORONER		CHARLESTON COUNTY		N.CHAS		SC				EVENING PHONE	
OCCUPATION		EMPLOYER		ALIAS		NIC #				SOCIAL SECURITY # UNKNOWN	
CORONER		CHARLESTON COUNTY		NONE							
NAME (LAST FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE	
N/A		N/A		N/A		J SOU		W F		45	
HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC # D & STATE	
										UNKNOWN	
ADDRESS		STREET NAME		CITY		STATE		ZIP CODE		DAY PHONE	
										EVENING PHONE	
<input type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON VISIBLE INJURIES:		USING ALCOHOL		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/BLASMT <input type="checkbox"/> ALONE	
				<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> UNK.		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
EXPLAIN		EMPLOYER		ALIAS		NIC #					
CORONER		CHARLESTON COUNTY		NONE							
NAME (LAST FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE	
N/A		FRIEND		N/A		J SOU		W M		22	
HEIGHT 510		WEIGHT 155		HAIR BRN		EYES BRN		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC. N/A		DRIVERS LIC # D & STATE	
										UNKNOWN	
ADDRESS		STREET NAME		CITY		STATE		ZIP CODE		DAYPHONE	
						SC				EVENING PHONE	
<input checked="" type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON VISIBLE INJURIES:		USING ALCOHOL		<input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/BLASMT <input type="checkbox"/> ALONE	
EXPLAIN. BURNED DISFIGURED		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
OCCUPATION		EMPLOYER		ALIAS		NIC #					
STUDENT		STUDENT		N/A						N/A	
NAME (LAST FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE	
N/A		N/A		N/A		J SOU		W M		22	
HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.		DRIVERS LIC # D & STATE	
510		155		BRN		BRN		N/A		UNKNOWN	
ADDRESS		STREET NAME		CITY		STATE		ZIP CODE		DAYPHONE	
						SC				EVENING PHONE	
<input checked="" type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON VISIBLE INJURIES:		USING ALCOHOL		<input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/BLASMT <input type="checkbox"/> ALONE	
EXPLAIN. BURNED DISFIGURED		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
OCCUPATION		EMPLOYER		ALIAS		NIC #					
STUDENT		STUDENT		N/A						N/A	
NAME (LAST FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE	
N/A		N/A		N/A		J SOU		W M		22	
HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.		DRIVERS LIC # D & STATE	
510		155		BRN		BRN		N/A		UNKNOWN	
ADDRESS		STREET NAME		CITY		STATE		ZIP CODE		DAYPHONE	
						SC				EVENING PHONE	
<input checked="" type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON VISIBLE INJURIES:		USING ALCOHOL		<input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/BLASMT <input type="checkbox"/> ALONE	
EXPLAIN. BURNED DISFIGURED		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
OCCUPATION		EMPLOYER		ALIAS		NIC #					
STUDENT		STUDENT		N/A						N/A	
NAME (LAST FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE	
N/A		N/A		N/A		J SOU		W M		22	
HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.		DRIVERS LIC # D & STATE	
510		155		BRN		BRN		N/A		UNKNOWN	
ADDRESS		STREET NAME		CITY		STATE		ZIP CODE		DAYPHONE	
						SC				EVENING PHONE	
<input checked="" type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON VISIBLE INJURIES:		USING ALCOHOL		<input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/BLASMT <input type="checkbox"/> ALONE	
EXPLAIN. BURNED DISFIGURED		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
OCCUPATION		EMPLOYER		ALIAS		NIC #					
STUDENT		STUDENT		N/A						N/A	

EV COMPLAINT VICTIM #1 SUSPECT WITNESS WANTED WARRANT ARREST RUNAWAY MISSING PERSON ARREST NARRATIVE PROPERTY EST. ADMINISTRATIVE

SUBJECT [REDACTED] APPEARED TO BE DRIVING THE LISTED SUSPECT VEHICLE. SUBJECT [REDACTED] APPEARED TO BE THE ONLY OTHER PASSENGER IN THE SUSPECT VEHICLE AND WAS SITTING IN THE PASSENGER SIDE FRONT SEAT. THE SUSPECT VEHICLE WAS TRAVELING WEST ON RIVER ROAD AWAY FROM MAYBANK HWY. THE ROADWAY WAS WET AND THE AREA IS NOT WELL LIT. THE SUSPECT VEHICLE APPEARED TO BE TRAVELING AT A HIGH RATE OF SPEED AND TOO FAST FOR CONDITIONS DUE TO THE PHYSICAL EVIDENCE FOUND ON SCENE. CORNER CHEWENING, WHO RESIDES IN THE PROXIMITY OF THE ACCIDENT SCENE, STATED THAT SHE HEARD THE VEHICLE AS IT DROVE DOWN RIVER ROAD AS WELL AS THE COLLISION.

TYPE (GROUP)		AUTOMOBILE		TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
STOLEN				20000		N/A	
DAMAGED		20000				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
BURNED						N/A	
RECOVERED							
SEIZED							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> EX CLEAR UNDER 18 <input type="checkbox"/> EX CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> OFFENDER DEATH 2 <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE NO CUSTODY		DATE		BADGE NUMBER		APPROVING OFFICER	
REPORTING OFFICER(S)		DATE		BADGE NUMBER		DATE	
EUBANKS		12/17/2003		8839		12-19-03	
WELLS, CA		12/17/2003		9366		7401	
				FOLLOW UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER	

PERSON SUPPLEMENT

CHARLESTON COUNTY SHERIFF'S OFFICE
3605 PINEHAVEN DRIVE - CHARLESTON HEIGHTS, S.C. 29405-7789 - (843) 554-4700

Sheriff

SC0100000 DISPATCH NUMBER 2003-028925B ORIGINAL CASE NUMBER PAGE 2 OF 3 PAGES NCIC ENTRY INO. N/A ENT. N/A

ORIGINAL REPORT SUPPLEMENTAL REPORT ADDITIONAL VICTIMS ADDITIONAL WITNESSES ADDITIONAL STOLEN PROPERTY
 MODIFIES ORIGINAL CASE STATUS CHANGE ADDITIONAL OFFENDERS ADDITIONAL SUBJECTS ADDITIONAL RECOVERED PROPERTY

COMPLAINANT: [REDACTED] RELATIONSHIP TO SUBJECT: #1 FRIEND #2 N/A #3 N/A RESIDENT: JSOU RACE: W SEX: M AGE: 23 ETH: N
 VICTIM # [REDACTED] HEIGHT: 600 WEIGHT: 220 HAIR: BRN EYES: BRN FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: N/A DRIVERS LIC./D. & STATE: UNKNOWN SOCIAL SECURITY #: UNKNOWN
 SUSPECT # 2 ADDRESS: [REDACTED] CITY: [REDACTED] STATE: SC ZIP CODE: [REDACTED] DAY PHONE: [REDACTED] EVENING PHONE: [REDACTED]
 WANTED: [REDACTED] WARRANT: [REDACTED] ARREST: [REDACTED] RUNAWAY: [REDACTED] MISSING PERSON: [REDACTED]
 VISIBLE INJURY: YES NO UNK. COMPLAINT OF NON-VISIBLE INJURIES: YES NO UNK. USING ALCOHOL: NO YES UNK. TWO-MAN VEHICLE: DETECTIVE/SPASMT: ALONE: ASSISTED:
 EXPLAIN: BURNED DISFIGURED EMPLOYER: FLORIDA STATE ALIAS: NONE NIC #: N/A
 OCCUPATION: STUDENT

(A) CHARGE: N/A (B) CHARGE: N/A (C) CHARGE: N/A (D) CHARGE: N/A

COMPLAINANT: N/A RELATIONSHIP TO SUBJECT: #1 JSOU #2 #3 RESIDENT: JSOU RACE: SEX: AGE: DOB: ETH:
 VICTIM # N/A HEIGHT: WEIGHT: HAIR: EYES: FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: DRIVERS LIC./D. & STATE: SOCIAL SECURITY #:
 SUSPECT # N/A ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] DAYPHONE: [REDACTED] EVENING PHONE: [REDACTED]
 WANTED: [REDACTED] WARRANT: [REDACTED] ARREST: [REDACTED] RUNAWAY: [REDACTED] MISSING PERSON: [REDACTED]
 VISIBLE INJURY: YES NO UNK. COMPLAINT OF NON-VISIBLE INJURIES: YES NO UNK. USING ALCOHOL: NO YES UNK. TWO-MAN VEHICLE: DETECTIVE/SPASMT: ALONE: ASSISTED:
 EXPLAIN: OCCUPATION: EMPLOYER: ALIAS: NIC #:

(A) CHARGE: N/A (B) CHARGE: N/A (C) CHARGE: N/A (D) CHARGE: N/A

COMPLAINANT: N/A RELATIONSHIP TO SUBJECT: #1 JSOU #2 #3 RESIDENT: JSOU RACE: SEX: AGE: DOB: ETH:
 VICTIM # N/A HEIGHT: WEIGHT: HAIR: EYES: FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: DRIVERS LIC./D. & STATE: SOCIAL SECURITY #:
 SUSPECT # N/A ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] DAYPHONE: [REDACTED] EVENING PHONE: [REDACTED]
 WANTED: [REDACTED] WARRANT: [REDACTED] ARREST: [REDACTED] RUNAWAY: [REDACTED] MISSING PERSON: [REDACTED]
 VISIBLE INJURY: YES NO UNK. COMPLAINT OF NON-VISIBLE INJURIES: YES NO UNK. USING ALCOHOL: NO YES UNK. TWO-MAN VEHICLE: DETECTIVE/SPASMT: ALONE: ASSISTED:
 EXPLAIN: OCCUPATION: EMPLOYER: ALIAS: NIC #:

(A) CHARGE: N/A (B) CHARGE: N/A (C) CHARGE: N/A (D) CHARGE: N/A

REMARKS: THE SUSPECT VEHICLES RIGHT PASSENGER SIDE TIRES RAN OFF THE RIGHT SIDE OF THE ROADWAY. THE SUSPECT VEHICLE THEN ABRUPTLY SWERVED LEFT IN THE ATTEMPTS OF AVOIDING A GARBAGE CAN CAUSING THE VEHICLE TO VEER INTO THE ONCOMING (EAST BOUND) LANE AND OFF THE LEFT SHOULDER OF THE ROADWAY. THE SUSPECT VEHICLE THEN GLANCED OFF AN EMBANKMENT AND TREE CAUSING IT TO CROSS BACK OVER THE ROADWAY, ROLL END OVER END, LAND UPSIDE DOWN IN A DITCH ON THE RIGHT SIDE OF THE ROADWAY. PASSENGER [REDACTED] WAS PARTIALLY EJECTED FROM THE REAR OF THE VEHICLE. THE VEHICLE BECAME FULLY ENGULFED IN FLAMES.

SUBJECT IDENTIFIED: NO YES SUBJECT LOCATED: NO YES ACTIVE: ADM CLOSED: UNFOUNDED: ARRESTED UNDER 18: ARRESTED 18 AND OVER: EX CLEAR UNDER 18: EX CLEAR 18 AND OVER: REASON FOR EXCEPTIONAL CLEARANCE: 1 OFFENDER DEATH 2 NO PROSECUTION 3 EXTRADITION DENIED 4 VICTIM DECLINES COOPERATION JUVENILE NO CUSTODY

REPORTING OFFICER(S): EUBANKS DATE: 12/17/2003 BADGE #: 8839 APPROVING OFFICER: [Signature] DATE: 12-19-03 BADGE #: 740

WELLS, CA DATE: 12/17/2003 BADGE #: 9366 FOLLOW UP INVESTIGATION: NO YES



2003 Fatality Analysis Reporting System ACCIDENT LEVEL

U.S. Department of Transportation
National Highway Traffic Safety
Administration

STATE (GSA Code) <input type="text" value="45"/>	CONSECUTIVE NUMBER <input type="text" value="884"/>	Number of Non-Motorist Forms Submitted <input type="text" value="0"/>	Number of Vehicle Forms Submitted <input type="text" value="1"/>	Number of Person Forms Submitted <input type="text" value="2"/>
COUNTY <input type="text" value="019"/>	CITY <input type="text" value="0000"/>	DATE <input type="text" value="12172003"/> Month, Day, Year	TIME <input type="text" value="0015"/> Military Time 9999-Unknown	
NATIONAL HIGHWAY SYSTEM <input type="text" value="0"/> LOOKUP NATIONAL HIGHWAY SYSTEM CODES		SPEED LIMIT <input type="text" value="45"/> Actual Miles Per Hour Except: 00-No Statutory Limit 99-Unknown		
ROADWAY FUNCTION CLASS <input type="text" value="14"/> RURAL URBAN 01-Principal Arterial - Interstate 02-Principal Arterial - Other (Freeways or Expressways) 03-Minor Arterial 04-Major Collector 05-Minor Collector 06-Local Road or Street 09-Unknown Rural 11-Principal Arterial - Interstate 12-Principal Arterial - Other (Freeways or Expressways) 13-Other Principal Arterial 14-Minor Arterial 15-Collector 16-Local Road or Street 19-Unknown Urban		ROADWAY ALIGNMENT <input type="text" value="1"/> 1-Straight 2-Curve 9-Unknown		
ROUTE SIGNING <input type="text" value="4"/> 1-Interstate 2-U.S. Highway 3-State Highway 4-County Road LOCAL STREET 5-Township 6-Municipality 7-Frontage Road 8-Other 9-Unknown		ROADWAY PROFILE <input type="text" value="1"/> 1-Level 2-Grade 3-Hillcrest 4-Sag 9-Unknown		
TRAFFIC IDENTIFIER Actual Posted Number, Assigned Number, or Common Name (If No Posted or Assigned Number) Except: Nine-Fill if Unknown <input type="text" value="SR-54"/>		ROADWAY SURFACE TYPE <input type="text" value="2"/> 1-Concrete 2-Blacktop, Bituminous, Asphalt 3-Brick or Block 4-Slag, Gravel or Stone 5-Dirt 8-Other 9-Unknown		
MILEPOINT <input type="text" value="12.45"/> Actual to Nearest .1 Mile (Assumed Decimal) Except: 00900-None 99999-Unknown		ROADWAY SURFACE CONDITIONS <input type="text" value="2"/> 1-Dry 2-Wet 3-Snow or Slush 4-Ice 5-Sand, Dirt, Oil 8-Other 9-Unknown		
GLOBAL POSITION Degrees Minutes Seconds LATITUDE: <input type="text" value="32"/> <input type="text" value="45"/> <input type="text" value="49.93"/> LONGITUDE: <input type="text" value="080"/> <input type="text" value="03"/> <input type="text" value="42.63"/>		CONSTRUCTION/MAINTENANCE ZONE <input type="text" value="0"/> 0-None 1-Construction 2-Maintenance 3-Utility 4-Work Zone, Type Unknown		
SPECIAL JURISDICTION <input type="text" value="0"/> LOOKUP SPECIAL JURISDICTION CODES		TRAFFIC CONTROL DEVICE <input type="text" value="00"/> LOOKUP TRAFFIC CONTROL DEVICE CODES		
FIRST HARMFUL EVENT <input type="text" value="37"/> LOOKUP FIRST HARMFUL EVENT CODES		TRAFFIC CONTROL DEVICE FUNCTIONING <input type="text" value="0"/> 0-No controls 1-Device Not Functioning 2-Device Functioning Improperly 3-Device Functioning Properly 9-Unknown		
MANNER OF COLLISION <input type="text" value="00"/> 00-Not Collision with Motor Vehicle in Transport 01-Front-to-Rear (includes Rear-End) 02-Front-to-Front (includes Head-On) 03-Front-to-Side, Same Direction 04-Front-to-Side, Opposite Direction 05-Front-to-Side, Right Angle (includes Broadside) 06-Front-to-Side/Angle-Direction Not Specified 07-Sideswipe-Same Direction 08-Sideswipe-Opposite Direction 09-Rear-to-Side 10-Rear-to-Rear 11-Other(End Swipes and Others) 99-Unknown		LIGHT CONDITION <input type="text" value="2"/> 1-Daylight 2-Dark 3-Dark but Lighted 4-Dawn 5-Dusk 9-Unknown		
RELATION TO JUNCTION <input type="text" value="01"/> NON-INTERCHANGE 01-Non-Junction 02-Intersection 03-Intersection Related 04-Driveway, Alley Access, etc. 05-Entrance/Exit Ramp Related 06-Rail Grade Crossing INTERCHANGE AREA 10-Intersection 11-Intersection Related 12-Driveway Access 13-Entrance/Exit Ramp Related 14-Crossover-Related 15-Other Location in Interchange		ATMOSPHERIC CONDITIONS <input type="text" value="2"/> 1-No Adverse Atmospheric Conditions 2-Rain 3-Sleet/Hail 4-Snow 5-Fog 6-Rain and Fog 7-Sleet and Fog 8-Other; Smog, Smoke, Blowing Sand or Dust 9-Unknown		
		HIT AND RUN <input type="text" value="0"/> 0-No Hit and Run 1-Hit Motor Vehicle in Transport 2-Hit Pedestrian, Non-Motorist 3-Hit Parked Vehicle or Object 4-Driver/Occupant Leaves Scene After Non-Collision Event		
		SCHOOL BUS RELATED <input type="text" value="0"/> 0-No 1-Yes		
		RAIL GRADE CROSSING IDENTIFIER <input type="text" value="000000"/>		
		NOTIFICATION TIME EMS <input type="text" value="9999"/> Military Time Except: 0000-Not Notified 9998-Unknown if Notified 9999-Unknown		
		ARRIVAL TIME EMS <input type="text" value="9999"/>		

07-Crossover-Related 08-Driveway Access Related 09-Unknown - Non-Interchange	19-Unknown, Interchange Area 99-Unknown	Military Time Except: 0000-Not Notified 9996-Unknown if Arrived 9997-Canceled 9999-Unknown
RELATION TO ROADWAY 04		EMS TIME AT HOSPITAL 9999
01-On Roadway 02-Shoulder 03-Median 04-Roadside 08-Gore 05-Outside Right-of-Way	06-Off Roadway - Location Unknown 07-In Parking Lane 10-Separator 11-Two-way Continuous Left-Turn Lane 99-Unknown	Military Time Except: 0000-Not Transported 9998-Unknown if Transported 9997-Canceled 9999-Unknown
TRAFFICWAY FLOW 1		RELATED FACTORS 0000
1-Not Physically Divided (Two-Way Trafficway) 2-Divided Highway, Median Strip (Without Traffic Barrier) 3-Divided Highway, Median Strip (With Traffic Barrier) 5-Not Physically Divided (With Two-Way Continuous Left-Turn Lane)	4-One-Way Trafficway 6-Entrance/Exit Ramp 9-Unknown	LOOKUP ACCIDENT RELATED FACTORS CODES
NUMBER OF TRAVEL LANES 2		ADDITIONAL STATE INFORMATION
Actual Value Except: 7-Seven or More Lanes 9-Unknown		03154259 HARTSEL/JONES



2003 Fatality Analysis Reporting System VEHICLE LEVEL

U.S. Department of Transportation
National Highway Traffic Safety
Administration

STATE NUMBER (GSA CODES) <input type="text" value="45"/>	CONSECUTIVE NUMBER <input type="text" value="884"/>	VEHICLE NUMBER <input type="text" value="1"/>	NUMBER OF OCCUPANTS <input type="text" value="2"/> <small>Actual Value if Total Known Except: 98-96 or More 99- 97-Unknown-Only Injured Unknown Reported</small>
DRIVER INFORMATION		IMPACT POINT - INITIAL <input type="text" value="01"/> IMPACT POINT - PRINCIPAL <input type="text" value="12"/>	
REGISTRATION STATE <input type="text" value="45"/> <small>GSA CODES Except: 00-Not Applicable 96-Military Vehicle 92-No Registration 97-Foreign Country 93-Multiple State Registration 98-Other Registration 95-U.S. Government Tags 99-Unknown</small>		VEHICLE ROLE <input type="text" value="1"/> <small>0-Non-Collision 2-Struck 9-Unknown 1-Striking 3-Both</small>	
REGISTERED VEHICLE OWNER <input type="text" value="1"/> <small>0-Not Applicable, Vehicle Not Registered 1-Driver (this crash) Registered Owner 2-Driver (this crash) Not Registered Owner (Other Private Owner Listed) 3-Vehicle Registered as Business/Company/Government Vehicle 4-Vehicle Registered as Rental Vehicle 5-Vehicle Stolen (Reported by Police) 6-Driverless Vehicle 9-Unknown</small>		UNDERRIDE/OVERRIDE <input type="text" value="0"/> <small>0-No Underride or Override WITH MOTOR VEHICLE IN TRANSPORT 1-Underride (Compartment Intrusion) 2-Underride (No Compartment Intrusion) 3-Underride (Compartment Intrusion Unknown) 7-Override, Motor Vehicle In-Transport 8-Override, Motor Vehicle Not In-Transport 9-Unknown if Underride or Override</small>	
VEHICLE MAKE <input type="text" value="02"/> <small>LOOKUP VEHICLE MAKE CODES</small>		EXTENT OF DEFORMATION <input type="text" value="6"/> <small>0-None 6-Disabling (Severe) 2-Other (Minor) 9-Unknown 4-Functional (Moderate)</small>	
VEHICLE MODEL <input type="text" value="404"/> <small>LOOKUP VEHICLE MODEL CODES</small>		MANNER OF LEAVING SCENE <input type="text" value="2"/> <small>1-Driven 3-Abandoned / Left at Scene 2-Towed Away 9-Unknown</small>	
BODY TYPE <input type="text" value="14"/> <small>LOOKUP BODY TYPE CODES</small>		MOTOR CARRIER IDENTIFICATION NUMBER <input type="text" value="0000000000"/>	
MODEL YEAR <input type="text" value="2002"/> <small>Actual Value Except: 9999-Unknown</small>		VEHICLE CONFIGURATION <input type="text" value="00"/> <small>00-Not Applicable, Not a Med/Heavy Truck, Bus or Vehicle Displaying Hazardous Material Placard 01-Single Unit Truck (Two Axles, 6 Tires) 02-Single Unit Truck (Three or More Axles) 03-Single Unit Truck (Unkn. No. of Axles, Tires) 04-Truck/Trailer(s) 05-Truck Tractor (Bobtail) 06-Tractor/Semi-Trailer (one trailer) 07-Tractor/Doubles (two trailers) 08-Tractor/Triples (three trailers) 19-Med/Heavy Truck, cannot classify 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 15 people, including driver) 70-Light Truck (van, mini van, panel, pickup, sport utility displaying a hazardous materials placard) 80-Passenger Car (only when displaying a hazardous materials placard) 99-Unknown if Light or Med/Heavy Truck/Bus</small>	
VEHICLE IDENTIFICATION NUMBER <input type="text" value="1J4GW58S12C1"/> <small>Actual Value Except: 0-Fill if No VIN 9-Fill if Unknown</small>		VEHICLE TRAILING <input type="text" value="0"/> <small>0-No 3-Yes, Three or More Trailing Units 1-Yes, One Trailing Unit 4-Yes, Number of Trailing Units Unknown 2-Yes, Two Trailing Units 9-Unknown</small>	
BUS USE <input type="text" value="0"/> <small>0-Not Used as a Bus 5-Used as a Tour Bus 1-Used as a Public School Bus 6-Used as a Commuter Bus 2-Used as a Private School Bus 7-Used as a Shuttle Bus 3-Used as a School Bus, Public or 8-Modified for Personal/Private Use 9-Private Unknown 4-Used as a Scheduled Service Bus Unknown Bus Use</small>		NUMBER OF AXLES <input type="text" value="00"/> <small>LOOKUP NUMBER OF AXLES CODES</small>	
SPECIAL USE <input type="text" value="0"/> <small>0-No Special Use 5-Police 1-Taxi 6-Ambulance 2-Vehicle Used as School Bus 7-Fire Truck 3-Vehicle Used as Other Bus 8-Unknown 4-Military</small>		GROSS VEHICLE WEIGHT RATING <input type="text" value="0"/> <small>0- Not Applicable 2- 10,001 - 26,000 lbs. 9-Unknown 1-10,000 lbs. or less 3- 26,001 lbs. or more</small>	
EMERGENCY USE <input type="text" value="0"/> <small>0-No 1-Yes</small>		CARGO BODY TYPE <input type="text" value="00"/> <small>00-Not Applicable, Not a Med/Heavy Truck/Bus 01-Van/Enclosed Box 02-Cargo Tank 08-Grain, Chips, Gravel 09-Pole 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 15 people, including</small>	
TRAVEL SPEED <input type="text" value="60"/> <small>Actual Miles Per Hour Except: 00-Stopped Vehicle 98- Not Reported 97-Ninety-seven MPH or Greater 99-Unknown</small>			
VEHICLE MANEUVER <input type="text" value="01"/> <small>01-Going Straight 12-Turning Right: RTOR Not Applicable or Not Known if Permitted 02-Slowing or Stopping in Traffic Lane 13-Turning Left 03-Starting in Traffic Lane 14-Making a U-Turn 04-Stopped in Traffic Lane 15-Backing Up (Not Parking) 05-Passing or Overtaking Another Vehicle 16-Changing Lanes or Merging 06-Leaving a Parked Position 17-Negotiating a Curve 98-Other</small>			

07-Parked 08-Entering a Parked Position 09-Maneuvering to Avoid** 10-Turning Right: RTOR** Permitted 11-Turning Right: RTOR Not Permitted	99-Unknown *See Instruction Manual for Detail **RTO R = "Right Turn on Red"	03-Flatbed 04-Dump 05-Concrete Mixer 06-Auto Transporter 07-Garbage / Refuse	driver) 96-No Cargo Body Type 97-Med/Heavy Truck or Bus, Other Cargo Body Type (not codes 01-09, 20-21) 98-Med/Heavy Truck or Bus, Unkn. Cargo Body Type 99-Unknown if Light or Med/Heavy Truck/Bus
CRASH AVOIDANCE MANEUVER <input type="text" value="0"/>	HAZARDOUS CARGO <input type="text" value="0"/>		
0-No Avoidance Maneuver Reported 1-Braking (skid marks evident) 2-Braking (no skid marks; driver stated) 3-Braking (other reported evidence) 4-Steering (evidence or stated)	5-Steering and Braking (evidence or stated) 6-Other Avoidance Maneuver 8-Not Reported / Inconclusive (by police)	0-No 1-Yes, Placarded 2-Yes, Not Placarded	3-Yes, Unknown if Placarded 9-Unknown
ROLLOVER <input type="text" value="2"/>	JACKKNIFE <input type="text" value="0"/>		
0-No Rollover 1-First Event 2-Subsequent Event	0-Not an Articulated Vehicle 1-No 2-First Event 3-Subsequent Event		
FIRE OCCURRENCE <input type="text" value="0"/>	MOST HARMFUL EVENT <input type="text" value="01"/>		
0-No Fire 1-Fire Occurred in Vehicle During Accident	LOOKUP MOST HARMFUL EVENT CODES		
	RELATED FACTORS <input type="text" value="00 00"/>		
	LOOKUP RELATED FACTORS-VEHICLE LEVEL CODES		

FARS# 480273



03-06-2006

11:47AM

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REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY	REPORT MADE BY REPORT MADE ON REPORT MADE AT REPORT MADE BY REPORT MADE BY
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1 DAMAGE TO VEHICLE YES NO VEHICLE REMOVED TO Cleburne, TX or Pointes Warehouse

PLATE NO.	REGISTRATION	EXPIRES	CLASSIFICATION	MAKE	MODEL	YEAR	TYPE	STATUS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

2 DAMAGE TO VEHICLE YES NO VEHICLE REMOVED TO 316 W. Kipling Ave Cleburne, TX 76033 BY Pointes Warehouse

PLATE NO.	REGISTRATION	EXPIRES	CLASSIFICATION	MAKE	MODEL	YEAR	TYPE	STATUS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

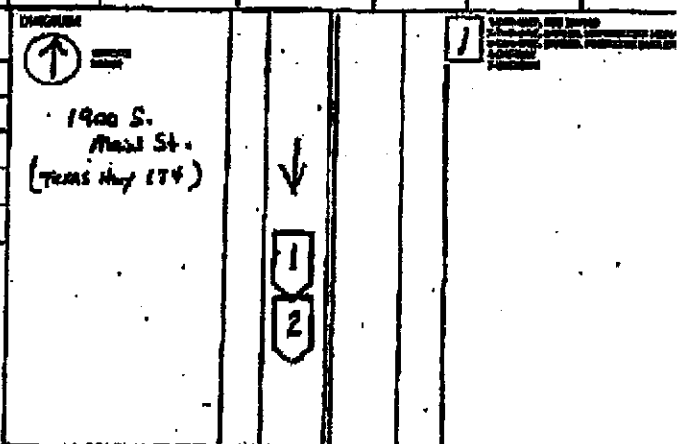
PLATE NO.	REGISTRATION	EXPIRES	CLASSIFICATION	MAKE	MODEL	YEAR	TYPE	STATUS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

DISPOSITION OF KILLED OR INJURED	IF AMBULANCE USED, SHOW
1	Cadette Genus Ambulance 1750 1802 2
7	Cadette Air Ambulance 1732 1751 3
8	Cadette Air Ambulance 1732 1752 3

COMPLETE THIS SECTION IF PERSON KILLED (If a person dies within 30 days of the crash, please complete this form and mail the supplement to the Crash Rewards Bureau)

DATE	ADDRESS	PHONE	RELATIONSHIP	TYPE OF LOSS	DATE OF LOSS	DATE OF REPORT	DATE OF LOSS
78	2-14-06	1000					

Unit #2 was southbound in the road on S. Main and had stopped to turn left onto RT 5. Main. Unit #1 was behind unit #2 and did not realize unit #2 had stopped. Unit #1 collided with the back of unit #2 with the front of unit #1.



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION
1 22 20

- VEHICLE DEFECTS
- VEHICLE SPEED
- VEHICLE WEIGHT
- VEHICLE CONDITION
- VEHICLE TYPE
- VEHICLE COLOR
- VEHICLE MAKE
- VEHICLE MODEL
- VEHICLE YEAR
- VEHICLE VIN
- VEHICLE LICENSE
- VEHICLE REGISTRATION
- VEHICLE TAXES
- VEHICLE INSURANCE
- VEHICLE DRIVER
- VEHICLE PASSENGERS
- VEHICLE OCCUPANTS
- VEHICLE WEIGHT
- VEHICLE CENTER OF GRAVITY
- VEHICLE STABILITY
- VEHICLE BRAKING
- VEHICLE STEERING
- VEHICLE SUSPENSION
- VEHICLE SHOCKS
- VEHICLE TIRES
- VEHICLE WHEELS
- VEHICLE AXLES
- VEHICLE CHASSIS
- VEHICLE BODY
- VEHICLE INTERIOR
- VEHICLE EXTERIOR
- VEHICLE LIGHTS
- VEHICLE MIRRORS
- VEHICLE BELLows
- VEHICLE HORN
- VEHICLE WIPERS
- VEHICLE WASHERS
- VEHICLE WAXES
- VEHICLE POLISHES
- VEHICLE CLEANERS
- VEHICLE PRESERVATIVES
- VEHICLE PROTECTANTS
- VEHICLE TREATMENTS
- VEHICLE FINISHES
- VEHICLE COATINGS
- VEHICLE PAINTS
- VEHICLE STAINERS
- VEHICLE REMOVERS
- VEHICLE RESTORERS
- VEHICLE REPAIRS
- VEHICLE MODIFICATIONS
- VEHICLE ADAPTATIONS
- VEHICLE ACCESSORIES
- VEHICLE EQUIPMENT
- VEHICLE TOOLS
- VEHICLE SUPPLIES
- VEHICLE PARTS
- VEHICLE COMPONENTS
- VEHICLE SUBASSEMBLIES
- VEHICLE ASSEMBLIES
- VEHICLE MANUFACTURERS
- VEHICLE DISTRIBUTORS
- VEHICLE RETAILERS
- VEHICLE DEALERS
- VEHICLE LEASERS
- VEHICLE FINANCERS
- VEHICLE LESSEES
- VEHICLE OWNERS
- VEHICLE OPERATORS
- VEHICLE MAINTENANCE
- VEHICLE REPAIRS
- VEHICLE INSPECTIONS
- VEHICLE TESTS
- VEHICLE CERTIFICATIONS
- VEHICLE APPROVALS
- VEHICLE REGISTRATIONS
- VEHICLE LICENSINGS
- VEHICLE INSURANCING
- VEHICLE FINANCING
- VEHICLE LEASING
- VEHICLE SELLING
- VEHICLE BUYING
- VEHICLE TRADING
- VEHICLE EXCHANGING
- VEHICLE DONATING
- VEHICLE GIFTING
- VEHICLE INHERITING
- VEHICLE BEQUESTING
- VEHICLE ESTATING
- VEHICLE PROBATING
- VEHICLE ADMINISTERING
- VEHICLE MANAGING
- VEHICLE CONTROLLING
- VEHICLE SUPERVISING
- VEHICLE DIRECTING
- VEHICLE COORDINATING
- VEHICLE ORGANIZING
- VEHICLE PLANNING
- VEHICLE SCHEDULING
- VEHICLE MONITORING
- VEHICLE EVALUATING
- VEHICLE MEASURING
- VEHICLE TESTING
- VEHICLE CHECKING
- VEHICLE VERIFYING
- VEHICLE CONFIRMING
- VEHICLE CORRECTING
- VEHICLE IMPROVING
- VEHICLE MAINTAINING
- VEHICLE PRESERVING
- VEHICLE PROTECTING
- VEHICLE RESTORING
- VEHICLE REPAIRING
- VEHICLE MODIFYING
- VEHICLE ADAPTING
- VEHICLE ACCESSORIZING
- VEHICLE EQUIPPING
- VEHICLE SUPPLYING
- VEHICLE PARTS
- VEHICLE COMPONENTS
- VEHICLE SUBASSEMBLIES
- VEHICLE ASSEMBLIES
- VEHICLE MANUFACTURERS
- VEHICLE DISTRIBUTORS
- VEHICLE RETAILERS
- VEHICLE DEALERS
- VEHICLE LEASERS
- VEHICLE FINANCERS
- VEHICLE LESSEES
- VEHICLE OWNERS
- VEHICLE OPERATORS
- VEHICLE MAINTENANCE
- VEHICLE REPAIRS
- VEHICLE INSPECTIONS
- VEHICLE TESTS
- VEHICLE CERTIFICATIONS
- VEHICLE APPROVALS
- VEHICLE REGISTRATIONS
- VEHICLE LICENSINGS
- VEHICLE INSURANCING
- VEHICLE FINANCING
- VEHICLE LEASING
- VEHICLE SELLING
- VEHICLE BUYING
- VEHICLE TRADING
- VEHICLE DONATING
- VEHICLE GIFTING
- VEHICLE INHERITING
- VEHICLE BEQUESTING
- VEHICLE ESTATING
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- VEHICLE ADMINISTERING
- VEHICLE MANAGING
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- VEHICLE VERIFYING
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- VEHICLE MAINTAINING
- VEHICLE PRESERVING
- VEHICLE PROTECTING
- VEHICLE RESTORING
- VEHICLE REPAIRING
- VEHICLE MODIFYING
- VEHICLE ADAPTING
- VEHICLE ACCESSORIZING
- VEHICLE EQUIPPING

TYPE OF ROAD SURFACE	WEATHER	DRIVEWAY CONDITION
1	1	1
2	1	1

FATAL CAR INVOLVED SCHOOL BUS RELATED RAILROAD RELATED MEDICAL ADVISORY BOARD INT AND ALB AMENDMENT/SUPPLEMENT

PLATE NUMBER CRASH OCCURRED: [REDACTED]
COUNTY Johnson CITY OR TOWN Cleburne
IF CRASH VMS OUTSIDE CITY LIMITS DISTANCE FROM NEAREST TOWN _____ MILES N S E W OF

ROAD ON WHICH CRASH OCCURRED: [REDACTED] BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____
CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT 60
INTERSECTING STREET OR RR TRAIL NUMBER: [REDACTED] BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____
CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT _____
NOT AT INTERSECTION 4/10 PK S E W of Texas Hwy 171 South LATITUDE _____ LONGITUDE _____

DATE OF CRASH: February 12 2006 DAY OF WEEK Sunday HOUR 1725 AM PM IF EXACTLY NOON - OR MIDNIGHT, SO STATE

VEHICLE 1: MOTOR VEHICLE PEDESTRIAN NON-CONTACT BICYCLE RAILROAD CONVEYANCE OTHER
VIN 2G1WL52J211 ALIENED VEHICLE HEIGHT YES NO
YEAR MODEL 2001 COLOR & MAKE White Chevrolet MODEL NAME Lumina BODY STYLE 4 Door LICENSE PLATE [REDACTED]
DRIVER'S NAME [REDACTED] CITY Cleburne, TX PHONE NUMBER [REDACTED]

DRIVER'S LICENSE: TX [REDACTED] C LICENSE STATUS 1 VALID SUSPENDED REVOKED EXPIRES
DRIVER'S EMERGENCY: YES NO DRIVER'S SEX MALE FEMALE OCCUPATION Unemployed POLICE, FIRE/FIGHTER, EMS, OR EMERGENCY FORMER PLATE/PLATE IN HAND
TYPE OF ALCOHOL SPECIMEN TAKEN: 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 4 TEST RESULTS [REDACTED] TYPE OF DRUG SPECIMEN TAKEN: 1-BLOOD 2-URINE 3-NONE 4-REFUSED 3 TEST RESULTS [REDACTED] DRUG CATEGORY _____
LEASER/OWNER: [REDACTED] Cleburne, Tx

LIABILITY INSURANCE: YES NO EXP. Old American County Mutual Expires 07-31-06 VEHICLE DAMAGE RATING 12-FD-4

VEHICLE 2: MOTOR VEHICLE PEDESTRIAN NON-CONTACT BICYCLE RAILROAD CONVEYANCE OTHER
VIN 1J4GZ5856P ALIENED VEHICLE HEIGHT YES NO
YEAR MODEL 1993 COLOR & MAKE Red Jeep MODEL NAME Grand Cherokee BODY STYLE Crossall LICENSE PLATE [REDACTED]
DRIVER'S NAME [REDACTED] CITY Cleburne, Tx PHONE NUMBER [REDACTED]

DRIVER'S LICENSE: TX [REDACTED] C LICENSE STATUS 5 VALID SUSPENDED REVOKED EXPIRES
DRIVER'S EMERGENCY: YES NO DRIVER'S SEX MALE FEMALE OCCUPATION Day Care POLICE, FIRE/FIGHTER, EMS, OR EMERGENCY FORMER PLATE/PLATE IN HAND
TYPE OF ALCOHOL SPECIMEN TAKEN: 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 4 TEST RESULTS [REDACTED] TYPE OF DRUG SPECIMEN TAKEN: 1-BLOOD 2-URINE 3-NONE 4-REFUSED 3 TEST RESULTS [REDACTED] DRUG CATEGORY _____
LEASER/OWNER: [REDACTED] Cleburne, Tx

LIABILITY INSURANCE: YES NO EXP. Old American County Mutual Expires 07-31-06 VEHICLE DAMAGE RATING 6-B3-5

DAMAGE TO PROPERTY OTHER THAN VEHICLES: _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED: _____ NAME _____ CHARGE _____ CITATION _____
NAME _____ CHARGE _____ CITATION _____

TIME NOTIFIED OF CRASH: 02-12-06 1725 Not Dispatch TIME ARRIVED AT SCENE: 02-12-06 0729 DATE OF REPORT: 02-12-06

TYPED OR PRINTED NAME OF INVESTIGATOR: Cpl. J.D. Summey NO. 213 AGENCY Cleburne P.D. DISTRICT _____ REPORT COMPLETE YES NO



CAUSE NO. 200600134

JENNIFER JARMON and,	§	IN THE DISTRICT COURT OF
CASSIUS JARMON, Individually And As	§	
Co-Administrators of THE ESTATE OF	§	
CASSIDY JARMON, Deceased, and as	§	
Next Friends to CALLIE JARMON,	§	
A Minor Child	§	
	§	
v.	§	JOHNSON COUNTY, TEXAS
	§	
DELBERT J. DAVIDSON,	§	
DAIMLER CHRYSLER CORPORATION,	§	
and DAIMLER CHRYSLER COMPANY LLC	§	413 TH JUDICIAL DISTRICT

PLAINTIFFS' SECOND AMENDED ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

COME NOW Plaintiffs, Jennifer Jarmon and Cassius Jarmon, Individually and as Co-Administrators of The Estate of Cassidy Jarmon, Deceased, and as Next Friends to Callie Jarmon, a minor child, in the above styled and numbered cause of action, and file this their Second Amended Original Petition, complaining of Defendant Delbert J. Davidson (hereafter "Davidson"), Daimler Chrysler Corporation and Daimler Chrysler Company LLC (hereafter collectively "DC"), and for cause therefore would respectfully show this honorable Court the following:

I.
LEVEL 3 DISCOVERY CONTROL PLAN BY COURT ORDER

1. Pursuant to Rule 190.1 TEX. R. CIV. P., Plaintiffs allege that this case is one which will require a discovery control plan tailored to the circumstances of the case. The Court has entered a discovery control plan pursuant to Level 3, Rule 190.4 TEX. R. CIV. P.

II.
PARTIES

2. Plaintiffs Jennifer and Cassius Jarmon are individuals residing in Cleburne, Johnson County, Texas.

3. Defendant Delbert J. Davidson is an individual residing in Johnson County, Texas, and has already made an appearance in this case. No service is necessary at this time.

4. Defendant Daimler Chrysler Corporation is a Michigan corporation, and is authorized to do business in the State of Texas. Process was previously served upon DCC, by serving its registered agent, CT Corporation Systems of Dallas, Texas. Defendant Daimler Chrysler Company LLC has entered an appearance in this case as the successor to Daimler Chrysler Corporation by conversion, effective March 31, 2007. Daimler Chrysler Corporation was the successor to Chrysler Corporation, by merger in 1998.

III.
JURISDICTION, VENUE AND STANDING

5. Jurisdiction is proper in the District Court as the amount in controversy greatly exceeds the minimal jurisdictional limits of this Court and is within the maximum jurisdictional limits of any other state court in Johnson County, Texas.

6. Venue is proper in Johnson County pursuant to §15.002(a)(1) and (2) TEX. CIV. PRAC. & REM. CODE in that the event giving rise to this case occurred in Johnson County, Texas, and Defendant Davidson resided in Johnson County, Texas at the time of the event complained of. Venue is proper as to the remaining Defendants pursuant to §15.005 TEX. CIV. PRAC. & REM. CODE.

IV.
STATUS OF DEFENDANTS

7. At all times material hereto, Defendant DC was engaged in the business of designing, manufacturing, marketing, and distributing automobiles, including the vehicle made the subject of this lawsuit, for sale to and for use by members of the general public.

V.
FACTS

8. On or about February 12, 2006, Jennifer Jarmon was operating her 1993 Jeep Grand Cherokee, Vehicle Identification Number 1J4GZ58S6DC640210 (the subject vehicle), manufactured by Defendant DC. Also in the vehicle were Jennifer and Cassius Jarmon's two children, Cassidy Jarmon and Callie Jarmon. At that time and on that occasion, the Jarmon vehicle was struck in the rear by a 2001 Chevrolet Lumina 4-door sedan being operated by Defendant Davidson. Following the impact, the Jarmon vehicle came to rest on the road way, and due to a leaking fuel system component, a fuel-fed fire immediately began at the rear of the Jeep Grand Cherokee. Although Cassidy Jarmon survived the impact, due to the fire that erupted because of a defective fuel tank in the Jeep vehicle, Cassidy was trapped in the second seat of the Jeep and could not be rescued from the vehicle. Flames from the post-collision fuel-fed fire entered into the passenger compartment of the Jeep, and caused injury to Jennifer Jarmon, Callie Jarmon, and caused smoke inhalation and thermal injuries to Cassidy Jarmon, resulting in her death.

9. Plaintiffs would show that at all times they have performed all conditions precedent to bringing this lawsuit, and to recover under the various causes of action stated herein.

10. At all material times, Plaintiffs would show that wherein it is alleged that Defendants did, did not, and/or failed to act, it may be shown that Defendants acted individually and/or by and through duly authorized employees, servants, agents, and/or officers. Plaintiffs would further show that at all times material hereto, these persons were expressly authorized to so act, or alternatively, were acting within the apparent authority and/or authority necessarily implied in order for the agents to perform and exercise the authority expressly granted. Plaintiffs further allege *respondeat superior* liability.

11. In the further alternative, and without waiver of the foregoing, if it be shown that persons purporting to act on Defendants' behalf as alleged were not so authorized, then Defendants have in all things ratified the actions or inactions of those persons, and have accepted the benefits thereof.

12. Further, in the design, marketing, and distribution of the Jeep Grand Cherokee, the Plaintiffs would show that decisions with regard to the placement of the fuel tank, failure to adequately guard or shield the fuel tank, and in testing and evaluating the function of the vehicle fuel tank, those agents and employees of Defendant DC were acting in their capacity as vice-principals.

VI. CAUSES OF ACTION

A. Negligence of Defendant Davidson

13. The injuries and damages suffered by the Plaintiffs, and the death of Cassidy Jarmon were proximately caused by the negligence of Defendant Davidson in operating the 2001 Chevrolet Lumina at the time of the occurrence in question in:

- a. failing to keep a proper lookout to avoid the collision in question;

- b. failing to turn his vehicle in a timely manner to avoid the collision in question;
and
- c. failing to timely and properly apply his brakes to avoid the collision in question;

B. Negligence of Defendant DC

14. The injuries and damages suffered by the Plaintiffs, and the death of Cassidy Jarmon were proximately caused by the negligence of Defendant DC in designing, testing, assembling, supplying, and distributing the 1993 Jeep Grand Cherokee sport utility vehicle including, but not limited to the following particulars:

- a. In failing to design the vehicle fuel supply system to be crashworthy;
- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;
- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;
- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;

- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In it design of the fuel supply system in an uncrashworthy manner;
- l. Failing to conduct adequate testing of the design of the fuel supply system for the subject vehicle;
- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;
- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;
- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
- r. In the design of the subject vehicle which failed to restrict foreseeable fires from rapidly entering into the occupant compartment of the vehicle thus limiting the timely rescue of accident victims;

- s. In failing to provide adequate warnings concerning the rear structural crash performance of the vehicle when fitted with a trailer two hitch;
- t. In failing to design the vehicle in such a manner that the rear structure was crashworthy when fitted with a trailer hitch;
- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and
- w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

C. Strict Liability of Defendant DC

15. Plaintiffs further allege that the 1993 Jeep Grand Cherokee sport utility vehicle was defective and unsafe for its intended purposes at the time of its design by Defendant DC and its sale and/or transfer into the stream of commerce, and that at the time Plaintiffs Jennifer Jarmon and Cassius Jarmon took possession of the vehicle. The 1993 Jeep Grand Cherokee sport utility vehicle was in substantially the same condition at the time of the collision involved in this suit as when it was manufactured and distributed by Defendant DC. The Plaintiffs would further show that there were safer alternative designs for the subject vehicle fuel containment system, pursuant to §82.005(a) and (b) TEX. CIV. PRAC. & REM. CODE. The product was defectively designed, and unreasonably dangerous to Plaintiffs in that the design of the vehicle made it unsafe for the following reasons:

- a. In failing to design the vehicle fuel supply system to be crashworthy;

- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;
- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;
- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;
- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In its design of the fuel supply system in an uncrashworthy manner;
- l. Failing to conduct adequate testing of the design of the fuel supply system for the subject vehicle;
- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these

Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;

- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;
- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
- r. In the design of the subject vehicle which failed to restrict foreseeable fires from rapidly entering into the occupant compartment of the vehicle thus limiting the timely rescue of accident victims;
- s. In failing to provide adequate warnings concerning the rear structural crash performance of the vehicle when fitted with a trailer two hitch;
- t. In failing to design the vehicle in such a manner that the rear structure was crashworthy when fitted with a trailer hitch;
- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and

w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

16. Plaintiffs further allege that such defects in the design of the vehicle were a producing cause of the death of Cassidy Jarmon, and the injuries and damages sustained by Plaintiffs.

D. Breach of Implied Warranty of Merchantability

17. The vehicle in question is a "good" for purposes of the TEX. BUS. & COMM. CODE, and Defendant DC was a "merchant" with respect to goods of that kind. Defendant DC breached the implied warranty of merchantability set forth in TEX. BUS. & COMM. CODE, §2.314, by selling the vehicle in question when it was defective; that is, not fit for the ordinary purposes for which such goods are used because of the and crashworthiness deficiencies described more fully herein. Such breach of warranty was a proximate cause of the injuries and damages to Plaintiffs.

E. Breach of Warranty of Fitness for Particular Purpose

18. Defendant DC impliedly warranted to the public generally and specifically to Plaintiffs that the 1993 Jeep Grand Cherokee was fit for the particular purpose for which the vehicle was intended. Defendant DC, at the time of the design, manufacture, and sale of the vehicle, had reason to know of the particular purpose for which the vehicle and its fuel supply system were required. The Plaintiffs relied upon Defendant DC's skill and judgment to select and furnish suitable goods and components. The vehicle in question was unfit for the purpose for which it was intended to be used, in one or more of the following particulars:

- a. In failing to design the vehicle fuel supply system to be crashworthy;
- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;

- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;
- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;
- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In its design of the fuel supply system in an uncrashworthy manner;
- l. Failing to conduct adequate testing of the design of the fuel supply system for the subject vehicle;
- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;

- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;
- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
- r. In the design of the subject vehicle which failed to restrict foreseeable fires from rapidly entering into the occupant compartment of the vehicle thus limiting the timely rescue of accident victims;
- s. In failing to provide adequate warnings concerning the rear structural crash performance of the vehicle when fitted with a trailer two hitch;
- t. In failing to design the vehicle in such a manner that the rear structure was crashworthy when fitted with a trailer hitch;
- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and
- w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

19. Plaintiffs suffered injuries and damages as set forth hereafter as a proximate result of the breach of this warranty.

F. Misrepresentation/Strict Liability of Defendant DC

20. Plaintiffs allege that Defendant DC was in the business of marketing and selling automobiles and made misrepresentations to the public of material facts concerning the character and/or quality of the vehicle that is the subject of this lawsuit. Purchasers of the vehicle justifiably relied upon these misrepresentations that induced and influenced them to purchase and transport others in the Jeep Grand Cherokee sport utility vehicle, including the vehicle in question. As a result, Plaintiffs sustained severe, traumatic, debilitating injuries during the incident, and Cassidy Jarmon lost her life. Plaintiffs, therefore, invoke the Doctrine of Strict Liability contained in Section 402B of the RESTATEMENT (2ND) OF TORTS. Furthermore, Plaintiffs allege that these misrepresentations of material fact were a producing cause of the injuries and damages sustained by Plaintiffs. Defendant DC misrepresented its product as being safe, in spite of the following defects:

- a. In failing to design the vehicle fuel supply system to be crashworthy;
- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;
- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;

- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;
- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In its design of the fuel supply system in an uncrashworthy manner;
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- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;
- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;

- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
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- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and
- w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

G. Joint and Several Liability

21. Plaintiffs would further show this honorable Court and jury that each and all of the foregoing acts and omissions taken singularly, or in combination with the other, were the proximate and/or producing cause of the death of Cassidy Jarmon and the injuries and damages suffered by Plaintiffs. Therefore, Plaintiffs complain of Defendants, jointly and severally.

VII.

SURVIVAL ACTION - §71.021 et seq. TEX. CIV. PRAC. & REM. CODE

22. Plaintiffs Jennifer Jarmon and Cassius Jarmon, Individually and as Co-Administrators of the Estate of Cassidy Jarmon, sue pursuant to §71.021 *et seq.* TEX. CIV. PRAC. & REM. CODE, for Defendants' negligence and strict liability in tort, misrepresentations and breach of warranty which were a proximate/producing cause of the injuries and damages sustained by Cassidy Jarmon prior to her death as well as for all other damages allowed by law, including the following elements, in an amount within the jurisdictional limits of this Court:

- a. The reasonable and customary expenses for autopsy, funeral, and burial for decedent;
- b. Reasonable and necessary hospital and medical expenses;
- c. Physical pain, agony, and suffering experienced by decedent; and
- d. Mental anguish and suffering, including the fear and distress associated with imminent death.

VIII.

WRONGFUL DEATH - § 71.001 et seq. TEX. CIV. PRAC. & REM. CODE

23. In addition to the other legal bases previously pleaded herein, this action is brought by Plaintiffs Jennifer Jarmon and Cassius Jarmon, Individually, as statutory beneficiaries of Cassidy Jarmon, pursuant to §71.001 *et seq.* of the TEX. CIV. PRAC. & REM. CODE, commonly referred to as the "Wrongful Death Act", on behalf of statutory beneficiaries of Cassidy Jarmon, pursuant to §71.004 TEX. CIV. PRAC. & REM. CODE, for damages sustained by Plaintiffs of which the negligence and strict liability in tort of Defendants was a producing/proximate cause.

Plaintiffs should be compensated in an amount in excess of the jurisdictional limits of this Court, considering the following elements of damages:

- a. Pecuniary loss, including loss of care, maintenance, support, services, advice, counsel, and reasonable contributions of a pecuniary value that Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, would in reasonable probability have received from the decedent, Cassidy Jarmon, had she lived;
- b. Loss of companionship and society, including the loss of the positive benefits flowing from the love, comfort, affection, companionship, and society that Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, would in reasonable probability have received from the decedent, Cassidy Jarmon, had she lived
- c. Mental depression and mental anguish; and
- d. Reasonable and necessary expenses associated with autopsy, funeral, and burial.

IX. DAMAGES

24. As a result of the injuries to and death of Cassidy Jarmon, Deceased, as herein set out, Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, are entitled to the recovery of survival and wrongful death damages including, but not limited to, the following:

- a. The reasonable and customary funeral and burial expenses for decedent;
- b. Physical pain, agony, and suffering; and

- c. Mental anguish and suffering, including the fear and distress associated with imminent death.

25. As a result of the injuries to and death of Cassidy Jarmon as herein set out, Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, are entitled to the recovery of survival and wrongful death damages including, but not limited to the following:

- a. Mental anguish, grief, sorrow, emotional pain, torment, and suffering experienced by Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, in the past associated with the loss of the decedent;
- b. Mental anguish, mental depression, grief, sorrow, emotional pain, torment, and suffering experienced by Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child which in all reasonable probability will continue in the future;
- c. Loss of consortium and society in the past;
- d. Loss of consortium and society which, in all reasonable probability, will continue in the future;
- e. Loss of pecuniary benefits in the past; and
- f. Loss of pecuniary benefits which, in all reasonable probability, will continue in the future.

X.
PERSONAL INJURY DAMAGES TO CALLIE JARMON

26. Plaintiffs Jennifer and Cassius Jarmon, as Next Friends of Callie Jarmon, a minor child, would show that as a proximate/producing result of the conduct of the Defendants, both in negligence and strict liability, Callie Jarmon sustained severe, permanent, disability and disfiguring injuries, which have caused her damage, and in reasonable probability will continue to cause her damages for the remainder of her natural life. As a result of those injuries, Plaintiffs should be compensated considering the following elements of damage:

- a. Pain, suffering and mental anguish in the past;
- b. Pain, suffering and mental anguish, which in reasonable probability she will sustain in the future;
- c. Past medical, hospital, surgical, and rehabilitative expenses;
- d. Medical, hospital, surgical, and rehabilitative expenses, which in reasonable probability she will sustain in the future;
- e. Disfigurement in the past;
- f. Disfigurement, which in reasonable probability she will sustain in the future;
- g. Physical impairment in the past;
- h. Physical impairment which is reasonably probable that she will suffer in the future;
- i. Lost earnings and earning capacity, which in reasonable probability she will sustain in the future, after her eighteenth birthday; and
- j. Reasonable and necessary costs for attendant care, which in reasonable probability she will require in the future.

XI.
DIRECT PERSONAL INJURY DAMAGES TO JENNIFER JARMON AND
BYSTANDER CLAIMS OF JENNIFER JARMON AND CASSIUS JARMON

27. As a direct and proximate result of the Defendants' negligence as above described, Plaintiff Jennifer Jarmon sustained severe personal injuries, which she will endure in the future. Additionally, Jennifer Jarmon and Cassius Jarmon suffered severe mental pain and suffering since the perception of the occurrence made the basis of this suit and of the injuries and harm sustained by their daughters Cassidy Jarmon and Callie Jarmon. In particular, Plaintiffs will show that immediately after the occurrence made the basis of this suit, they have experienced extreme nervousness, distractibility, physical illness, difficulty sleeping, difficulty concentrating, and fear. They have incurred and will continue to incur reasonable and necessary expenses for medical care and treatment of these conditions. Plaintiffs sue for a sum within the jurisdictional limits of this Court for these injuries

XII.
EXEMPLARY DAMAGES

28. In addition to and including the above, Plaintiffs would show this honorable Court and the jury that the acts, practices and omissions of Defendant DC constitute clear and convincing evidence, as defined by §41.001 of the Texas Civil Practice and Remedies Code, of gross negligence on the part of Defendant, in that such acts, practices and/or omissions: a) when viewed objectively from the standpoint of the Defendant at the time of its occurrence involved an extreme degree of risk, considering the probability and magnitude of the potential harm to others, and b) of which the Defendant had actual, subjective awareness of the risks involved, but nevertheless proceeded with conscious indifference to the rights, safety, or welfare of others, including Plaintiffs and Cassidy Jarmon, Deceased. It is from these specified circumstances, constituting gross negligence on the part of Defendant DC that the injuries and damages

complained of herein arose. Accordingly, Plaintiffs seek recovery of exemplary damages herein against Defendant DC in an amount equal to the *greater* of two times the amount of economic damages herein, plus an amount equal to any non-economic damages found by the jury, not to exceed \$750,000.00; or \$200,000.00.

XIII.
PREJUDGMENT INTEREST

29. The above and foregoing acts and/or omissions of Defendant DC have caused damages to Plaintiffs that entitle them to the recovery of prejudgment interest on the damages sustained.

PRAYER

WHEREFORE, PREMISES CONSIDERED, Plaintiffs pray that upon final trial hereof, Plaintiffs have judgment against Defendants jointly and severally, in an amount in excess of the jurisdictional limits of this Court together with their costs, pre-judgment and post-judgment interest as allowed by law, attorneys fees as allowed by law, exemplary damages as determined by the trier of fact, and that Plaintiffs be granted such other and further relief, at law or in equity, general or special, to which they may show themselves justly entitled.

Respectfully submitted,

WALTMAN & GRISHAM

Lynn A. Grisham
State Bar No. 08505500
Robert B. Waltman
State Bar No. 20822500
707 Texas Avenue, Suite 106D
College Station, Texas 77840
Telephone 979/694-0900
Facsimile 979/693-0840

THE COOKE WILSON LAW FIRM, P.C.
Christopher C. Cooke
State Bar No. 00795303
16 N. Mill Street
Cleburne TX 76033
Telephone 817/558-1811
Facsimile 817/558-1846

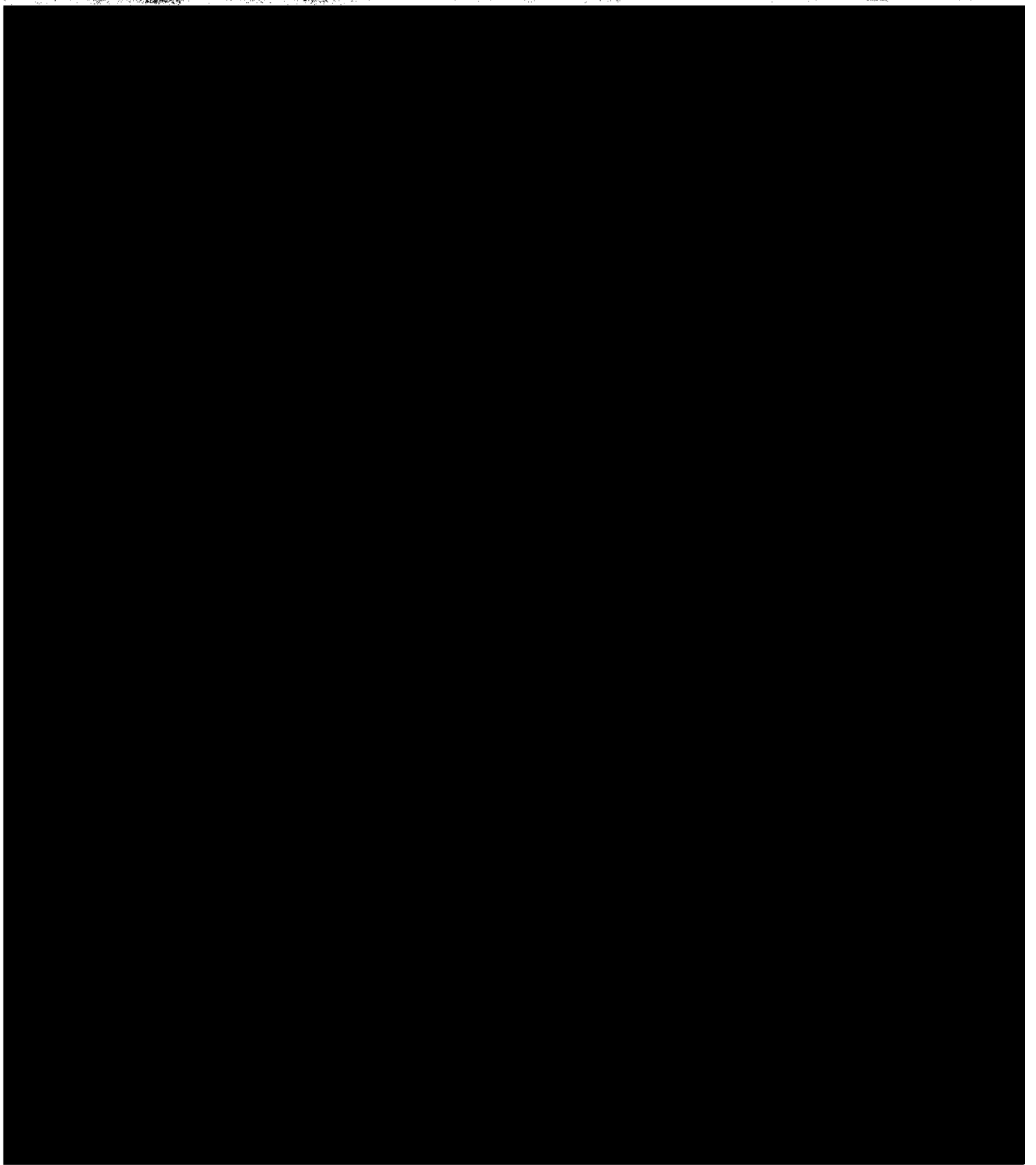
ATTORNEYS FOR PLAINTIFFS

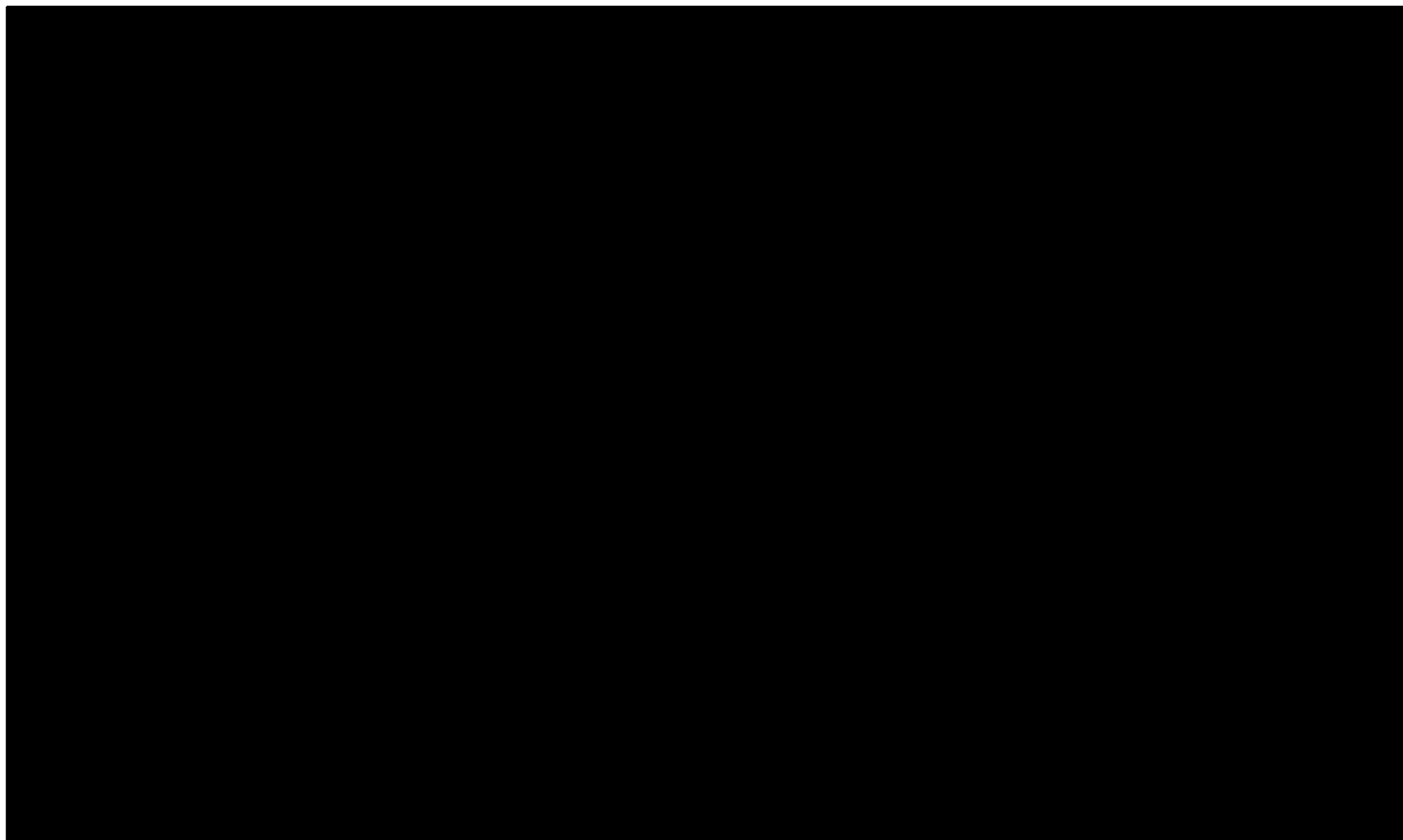
PLAINTIFFS REQUEST A TRIAL BY JURY.

CERTIFICATE OF SERVICE

I hereby certify that, pursuant to TEX. R. CIV. P. 21a, a true and correct copy of the foregoing has been forwarded via hand delivery, telephonic document transfer and/or overnight mail and/or U.S. Mail Certified, Return Receipt Requested, to all attorneys of record on this the _____ day of _____, 2007.

Lynn A. Grisham







2006 Fatality Analysis Reporting System ACCIDENT LEVEL

U.S. Department of Transportation
National Highway Traffic Safety
Administration

STATE (GSA Code) <input type="text" value="48"/>	CONSECUTIVE NUMBER <input type="text" value="273"/>	Number of Forms Submitted for Persons Not in Motor Vehicles <input type="text" value="0"/>	Number of Vehicle Forms Submitted <input type="text" value="2"/>	Number of Person Forms Submitted <input type="text" value="4"/>																		
COUNTY <input type="text" value="251"/>	CITY <input type="text" value="1370"/>	DATE <input type="text" value="02122006"/> Month, Day, Year		TIME <input type="text" value="1725"/> Military Time 9999-Unknown																		
NATIONAL HIGHWAY SYSTEM <input type="text" value="0"/> <small>LOOKUP NATIONAL HIGHWAY SYSTEM CODES</small>		SPEED LIMIT <input type="text" value="60"/> <small>Actual Miles Per Hour Except: 00-No Statutory Limit 99-Unknown</small>																				
ROADWAY FUNCTION CLASS <input type="text" value="14"/> <small>99-Unknown</small>		ROADWAY ALIGNMENT <input type="text" value="1"/> 1-Straight 2-Curve 9-Unknown																				
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08-Local Road or Street	19-Unknown Urban																					
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LONGITUDE: <input type="text" value="097"/>	<input type="text" value="22"/>	<input type="text" value="58.98"/>																				
SPECIAL JURISDICTION <input type="text" value="0"/> <small>LOOKUP SPECIAL JURISDICTION CODES</small>		LIGHT CONDITION <input type="text" value="1"/> 1-Daylight 2-Dark 3-Dark but Lighted 4-Dawn 5-Dusk 9-Unknown																				
FIRST HARMFUL EVENT <input type="text" value="12"/> <small>LOOKUP FIRST HARMFUL EVENT CODES</small>		ATMOSPHERIC CONDITIONS <input type="text" value="1"/> 1-No Adverse Atmospheric Conditions 2-Rain 3-Sleet/Hail 4-Snow 5-Fog 6-Rain and Fog 7-Sleet and Fog 8-Other; Smog, Smoke, Blowing Sand or Dust 9-Unknown																				
MANNER OF COLLISION <input type="text" value="01"/> 00-Not Collision with Motor Vehicle 01-Front-to-Rear (includes Rear-End) 02-Front-to-Front (includes Head-On) 03-Front-to-Side, Same Direction 04-Front-to-Side, Opposite Direction 05-Front-to-Side, Right Angle (includes Broadside) 06-Front-to-Side/Angle-Direction Not Specified 07-Sideswipe-Same Direction 08-Sideswipe-Opposite Direction 09-Rear-to-Side 10-Rear-to-Rear 11-Other(End Swipes and Others) 99-Unknown		HIT AND RUN <input type="text" value="0"/> 0-No Hit and Run DRIVER LEFT SCENE AFTER COLLISION WITH: 1-Motor Vehicle in Transport 2-Person Not in a Motor Vehicle 3-Parked/Stopped Off Roadway/ Working/ In Motion Outside Trafficway Motor Vehicle or Object 4-Driver Left Scene After Non-Collision Accident 5-Hit & Run - Other Involved Person Left Scene																				
RELATION TO JUNCTION <input type="text" value="01"/> NON-INTERCHANGE 01-Non-Junction 02-Intersection 03-Intersection Related 04-Driveway, Alley Access, etc. INTERCHANGE AREA 10-Intersection 11-Intersection Related 12-Driveway Access 13-Entrance/Exit Ramp Related		SCHOOL BUS RELATED <input type="text" value="0"/> 0-No 1-Yes																				
		RAIL GRADE CROSSING IDENTIFIER <input type="text" value="0000000"/>																				
		NOTIFICATION TIME EMS <input type="text" value="1732"/> <small>Military Time Except: 0000-Not Notified 9998-Unknown if Notified 9999-Unknown</small>																				

05-Entrance/Exit Ramp Related 06-Rail Grade Crossing 07-Crossover-Related 08-Driveway Access Related 09-Unknown - Non-Interchange	14-Crossover-Related 15-Other Location In Interchange 19-Unknown, Interchange Area 99-Unknown	ARRIVAL TIME EMS 1742 Military Time Except: 0000-Not Notified 9998-Unknown if Arrived 9997-Canceled 9999-Unknown
RELATION TO ROADWAY 01 01-On Roadway 02-Shoulder 03-Median 04-Roadside 08-Gore 05-Outside Trafficway/Outside Right-of-Way	06-Off Roadway - Location Unknown 07-In Parking Lane 10-Separator 11-Two-way Continuous Left-Turn Lane 99-Unknown	EMS TIME AT HOSPITAL 1835 Military Time Except: 0000-Not Transported 9998-Unknown if Transported 9997-Canceled 9999-Unknown
TRAFFICWAY FLOW 1 1-Not Physically Divided (Two-Way Trafficway) 5-Not Physically Divided (With Two-Way Continuous Left-Turn Lane) 2-Divided Highway, Median Strip (Without Traffic Barrier) 3-Divided Highway, Median Strip (With Traffic Barrier)	4-One-Way Trafficway 6-Entrance/Exit Ramp 9-Unknown	RELATED FACTORS 0 0 0 LOOKUP ACCIDENT RELATED FACTORS CODES
NUMBER OF TRAVEL LANES 2 Actual Value Except: 7-Seven or More Lanes 9-Unknown	ADDITIONAL STATE INFORMATION 48793 SK	



2006 Fatality Analysis Reporting System VEHICLE LEVEL

U.S. Department of Transportation
National Highway Traffic Safety
Administration

STATE NUMBER (GSA CODES) 48	CONSECUTIVE NUMBER 273	VEHICLE NUMBER 2	NUMBER OF OCCUPANTS 3 <small>Actual Value if Total Known Except: 96-98 or More 99- 97-Unknown-Only Injured Unknown Reported</small>
DRIVER INFORMATION		IMPACT POINT - INITIAL 06	IMPACT POINT - PRINCIPAL 06
UNIT TYPE 1 <small>1-Motor Vehicle in Transport 4-Working Motor Vehicle Highway 2-Motor Vehicle Not in - Construction, Maintenance, Utility Only Transport Within Trafficway 3-Motor Vehicle Not in - Transport Outside Trafficway</small>		00-Non-Collision 13-Top 01-12-Clock Points 14-Undercarriage	18-"Set-in-Motion" Condition 99-Unknown
REGISTRATION STATE 48 <small>GSA CODES Except: 00-Not Applicable 96-Military Vehicle 92-No Registration 97-Foreign Country 93-Multiple State Registration 98-Other Registration 95-U.S. Government Tags 99-Unknown</small>		VEHICLE ROLE 2 <small>0-Non-Collision 2-Struck 9-Unknown 1-Striking 3-Both</small>	
REGISTERED VEHICLE OWNER 2 <small>0-Not Applicable, Vehicle Not Registered 1-Driver (this crash) Registered Owner 2-Driver (this crash) Not Registered Owner (Other Private Owner Listed) 3-Vehicle Registered as Business/Company/Government Vehicle 4-Vehicle Registered as Rental Vehicle 5-Vehicle Stolen (Reported by Police) 6-Driverless/Motor Vehicle Parked/Stopped Off Roadway/In Motion Outside Trafficway 9-Unknown</small>		UNDERRIDE/OVERRIDE 0 <small>0-No Underride or Override UNDERRIDING A MOTOR VEHICLE IN-TRANSPORT UNDERRIDING A MOTOR VEHICLE NOT IN TRANSPORT 1-Underride (Compartment Intrusion) 4-Underride (Compartment Intrusion) 2-Underride (No Compartment Intrusion) 5-Underride (No Compartment Intrusion) 3-Underride Compartment Intrusion (Unknown) 6-Underride Compartment Intrusion (Unknown) 7-Overriding a Motor Vehicle In-Transport 8-Overriding a Motor Vehicle Not In-Transport 9-Unknown if Underride or Override</small>	
VEHICLE MAKE 02 <small>LOOKUP VEHICLE MAKE CODES</small>		EXTENT OF DEFORMATION 4 <small>0-None 6-Disabling (Severe) 2-Other 9-Unknown 4-Functional (Minor) (Moderate)</small>	
VEHICLE MODEL 404 <small>LOOKUP VEHICLE MODEL CODES</small>		MANNER OF LEAVING SCENE 2 <small>1-Driven 3-Abandoned / Left at Scene 2-Towed Away 9-Unknown</small>	
BODY TYPE 14 <small>LOOKUP BODY TYPE CODES</small>		MOTOR CARRIER IDENTIFICATION NUMBER 000000000000	
MODEL YEAR 1993 <small>Actual Value Except: 9999-Unknown</small>		VEHICLE CONFIGURATION 00 <small>00-Not Applicable, Not a Med/Heavy Truck, Bus or Vehicle Displaying Hazardous Material Placard 01-Single Unit Truck (Two Axles, 6 Tires) 02-Single Unit Truck (Three or More Axles) 03-Single Unit Truck (Unkn. No. of Axles, Tires) 04-Truck/Trailer(s) 05-Truck Tractor (Bobtail) 06-Tractor/Semi-Trailer (one trailer) 07-Tractor/Doubles (two trailers) 08-Tractor/Triples (three trailers) 19- Med/Heavy Truck, cannot classify 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 15 people, including driver) 70-Light Truck (van, mini van, panel, pickup, sport utility displaying a hazardous materials placard) 80-Passenger Car (only when displaying a hazardous materials placard) 99-Unknown If Light or Med/Heavy Truck/Bus</small>	
VEHICLE IDENTIFICATION NUMBER 1J4GZ58S6PC6		VEHICLE TRAILING 0 <small>0-No 4-Yes, Number of Trailers Unknown 1-Yes, One Trailer 5-Vehicle Towing Another Motor Vehicle 2-Yes, Two Trailers 9-Unknown 3-Yes, Three or More Trailers</small>	
BUS USE 0 <small>0-Not Used as a Bus 5-Used as a Tour Bus 1-Used as a Public School Bus 6-Used as a Commuter Bus 2-Used as a Private School Bus 7-Used as a Shuttle Bus 3-Used as a School Bus, Public or Private Unknown 8-Modified for Personal/Private Use 9-Unknown Bus Use 4-Used as a Scheduled Service Bus</small>		NUMBER OF AXLES 00 <small>LOOKUP NUMBER OF AXLES CODES</small>	
SPECIAL USE 0 <small>0-No Special Use 5-Police 1-Taxi 6-Ambulance 2-Vehicle Used as School Bus 7-Fire Truck 3-Vehicle Used as Other Bus 9-Unknown 4-Military</small>		GROSS VEHICLE WEIGHT RATING 0 <small>0- Not Applicable 2- 10,001 - 26,000 lbs. 9-Unknown 1-10,000 lbs. or less 3- 26,001 lbs. or more</small>	
EMERGENCY USE 0 <small>0-No 1-Yes</small>		CARGO BODY TYPE 00 <small>00-Not Applicable, Not a Med/Heavy Truck/Bus 01-Van/Enclosed Box 08-Grain, Chips, Gravel 09-Pole 20-Bus (seats 9-15 people, including driver)</small>	
TRAVEL SPEED 00 <small>Actual Miles Per Hour Except: 00-Stopped Motor Vehicle In-Transport 98- Not Reported 97-Ninety-seven MPH or Greater 99-Unknown</small>			
VEHICLE MANEUVER 04			

01-Going Straight 02-Slowing or Stopping in Traffic Lane 03-Starting in Traffic Lane 04-Stopped in Traffic Lane 05-Passing or Overtaking Another Vehicle 06-Leaving a Parked Position 07-Parked 08-Entering a Parked Position 09-Controlled Maneuvering to Avoid* 10-Turning Right: RTOR** Permitted 11-Turning Right: RTOR Not Permitted	12-Turning Right: RTOR Not Applicable or Not Known if Permitted 13-Turning Left 14-Making a U-Turn 15-Backing Up (Not Parking) 16-Changing Lanes or Merging 17-Negotiating a Curve 98-Other 99-Unknown *See instruction Manual for Detail **RTO R = "Right Turn on Red"	02-Cargo Tank 03-Flatbed 04-Dump 05-Concrete Mixer 06-Auto Transporter 07-Garbage / Refuse	21-Bus (seats more than 15 people, including driver) 96-No Cargo Body Type 97-Med/Heavy Truck or Bus, Other Cargo Body Type (not codes 01-09, 20-21) 98-Med/Heavy Truck or Bus, Unkn. Cargo Body Type 99-Unknown if Light or Med/Heavy Truck/Bus
CRASH AVOIDANCE MANEUVER <input type="text" value="0"/>		HAZARDOUS CARGO <input type="text" value="0"/>	
0-No Avoidance Maneuver Reported 1-Braking (skid marks evident) 2-Braking (no skid marks; driver stated) 3-Braking (other reported evidence) 4-Steering (evidence or stated) 5-Steering and Braking (evidence or stated) 6-Other Avoidance Maneuver 8-Not Reported / Inconclusive (by police)		0-No 1-Yes, Placarded 2-Yes, Not Placarded 3-Yes, Unknown if Placarded 9-Unknown	
ROLLOVER <input type="text" value="0"/>		SEQUENCE OF EVENTS <input type="text" value="12 00 00 00 00 00"/>	
0-No Rollover 1-First Event 2-Subsequent Event		LOOKUP SEQUENCE OF EVENTS CODES	
JACKKNIFE <input type="text" value="0"/>		MOST HARMFUL EVENT <input type="text" value="12"/>	
0-Not an Articulated Vehicle 1-No 2-First Event 3-Subsequent Event		LOOKUP MOST HARMFUL EVENT CODES	
		RELATED FACTORS <input type="text" value="00 00"/>	
		LOOKUP RELATED FACTORS - VEHICLE LEVEL CODES	
		FIRE OCCURRENCE <input type="text" value="0"/>	
		0-No Fire 1-Fire Occurred in Vehicle During Accident	

[REDACTED]
FARS # 481432



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



Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714. Questions? Call: 512/486-5780

PLACE WHERE CRASH OCCURRED
COUNTY TARRANT CITY OR TOWN FORT WORTH LOC # 09-076903
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES OF _____
ORI # _____
TxDOT # _____

ROAD ON WHICH CRASH OCCURRED 2350 NE LOOP 820 CONSTRUCTION ZONE YES NO SPEED LIMIT 65
BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT YES NO
INTERSECTING STREET OR RR X'ING NUMBER _____ CONSTRUCTION ZONE YES NO SPEED LIMIT _____
BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT YES NO
NOT AT INTERSECTION 100 FT. OF 5300 MARK IV PARKWAY MILEPOST _____ LATITUDE _____
 MI. N S E W _____ SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT _____ LONGITUDE _____

DATE OF CRASH JULY 10 2009 DAY OF WEEK FRIDAY HOUR 5:35 AM PM # EXACTLY MOON OR MIDNIGHT, SO STATE

UNIT # 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 1VH2B1E20Y6 ALTERED VEHICLE HEIGHT YES NO
2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER
3-PEDALCYCLIST 6-TOWED
YEAR MODEL 00 COLOR & MAKE WHITE - ORION MODEL NAME BUS BODY STYLE _____ LICENSE PLATE EXMP TX _____
DRIVER'S NAME _____ FTWORTH, TX _____ PHONE NUMBER _____

DRIVER'S LICENSE TX _____ B-CDL LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH

DRIVER'S ETHNICITY 3 1-WHITE 4-ASIAN DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION BUS DRIVER POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
2-HISPANIC 5-OTHER

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS _____ DRUG CATEGORY 1. _____ 2. _____
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED
 LESSEE OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____
FTW TX _____

LIABILITY INSURANCE YES NO EXP INSURANCE COMPANY _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING 12-VB-7-FD-3

UNIT # 2 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 1J4GX48S94C ALTERED VEHICLE HEIGHT YES NO
2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER
3-PEDALCYCLIST 6-TOWED
YEAR MODEL 04 COLOR & MAKE BLK / JEEP MODEL NAME GRAND CHEROKEE BODY STYLE SUV LICENSE PLATE 09 TX _____
DRIVER'S NAME _____ JUSTIN TX _____ PHONE NUMBER _____

DRIVER'S LICENSE TX _____ CM LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH

DRIVER'S ETHNICITY W 1-WHITE 4-ASIAN DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
2-HISPANIC 5-OTHER

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS _____ DRUG CATEGORY 1. _____ 2. _____
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED
 LESSEE OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____
SAME AS DRIVER

LIABILITY INSURANCE YES NO EXP INSURANCE COMPANY _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING 06-BD7-FD4-VB7

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____

OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE \$ _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED
NAME _____ CHARGE _____ CITATION # _____
NAME _____ CHARGE _____ CITATION # _____

TIME NOTIFIED OF CRASH 07/10/09 6:23PM HOW POLICE RADIO TIME ARRIVED AT SCENE 07/10/09 6:53PM DATE OF REPORT 07/11/09
DATE HOUR DATE HOUR DATE HOUR

TYPED OR PRINTED NAME OF INVESTIGATOR DETECTIVE TDP DAVIS ID # 1965 AGENCY FWPD DIST/AREA D13 REPORT COMPLETE YES NO

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

UNIT # **1** TOWED DUE TO YES NO **DISABLING DAMAGE** VEHICLE REMOVED TO **1600 E LANCASTER** BY **ABC 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.	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	SEE FRONT	N	1	1	2	4	38	M	B
2	3	FTW, TX.	N	1	9	1	4	45	M	C
3										
4										
5										

UNIT # **2** TOWED DUE TO YES NO **DISABLING DAMAGE** VEHICLE REMOVED TO **1301 E NORTHSIDE DR** BY **FORT WORTH 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.	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	SEE FRONT	N	1	1	6	4	36	M	K
7										
8										
9										
10										

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

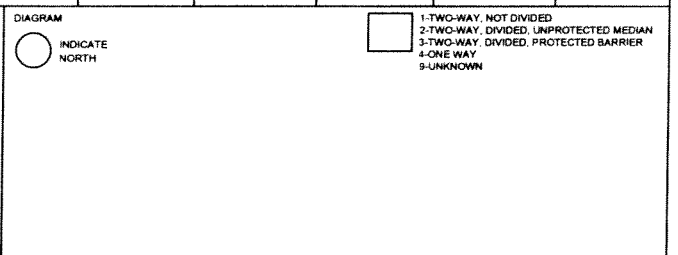
DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW			
ITEM #S	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT
1	HARRIS DOWNTOWN	MED-STAR 49	5:38P	5:43P	49	2	
6	TCME OFFICE	WL LAWSON FOUNDATIO	1930	2000		2	1

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 #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH
6	071009	1735									

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

Unit 1 was E/B 2350 NE Loop 820 in left lane. Driver 1 said unit 2 slammed on brakes. Unit 2 was struck by unit 1. Unit 2 then struck unit 3. Unit 5 states unit 4 who was behind him was driving fast and he tried to move out of the way and was then rear ended by unit 4. Driver unit 2 was deceased on the scene.



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	22			

- 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-DISREGARD 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-DRIVE WITHOUT HEADLIGHTS
- 22-FAILED TO CONTROL SPEED
- 23-FAILED TO DRIVE IN SINGLE LANE
- 24-FAILED TO GIVE HALF OF ROADWAY
- 25-FAILED TO NEED WARNING SIGN
- 26-FAILED TO PASS TO LEFT SAFELY
- 27-FAILED TO PASS TO RIGHT SAFELY
- 28-FAILED TO GIVE SIGNAL OR 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-IMPARED VISIBILITY (EXP. IN NARRATIVE)
- 49-IMPROPER START FROM PARKED POSITION
- 50-LOAD NOT SECURED
- 51-OPENED DOOR INTO TRAFFIC LANE
- 52-OVERSIZE 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-PEDAL/MOT. CON. FTYROW TO VEHICLE
- 60-SPEEDING-UNSAFE (UNDER LIMIT)
- 61-SPEEDING OVER LIMIT
- 62-TAKING MEDICATION (EXP. IN NARRATIVE)
- 63-TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64-TURNED IMPROPERLY - WIDE RIGHT
- 65-TURNED IMPROPERLY - WRONG LANE
- 66-TURNED WHEN UNSAFE
- 67-UNDER INFLUENCE - ALCOHOL
- 68-UNDER INFLUENCE - DRUG
- 69-WRONG SIDE APPROACH OR IN INTERSECTION
- 70-WRONG SIDE NOT PASSING
- 71-WRONG WAY - ONE WAY ROAD
- 72-CELLMOBILE PHONE USE
- 73-ROAD RAGE
- 74-OTHER FACTOR (WRITE ON LINE)

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

TRAFFIC CONTROL	ROADWAY RELATION
<ul style="list-style-type: none"> 1-NONE 2-NONOPERATIVE 3-FLASHER 4-FLASHER 5-SIGNAL LIGHT 6-FLASHING RED LIGHT 7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPED DIVIDER 12-NO PASSING ZONE 13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER 	<ul style="list-style-type: none"> 1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN
<ul style="list-style-type: none"> 1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-OUTDR 7-OTHER 	<ul style="list-style-type: none"> 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-STRAIGHT HILLCREST 4-CURVE LEVEL 5-CURVE GRADE 6-CURVE HILLCREST 7-OTHER 8-UNKNOWN
<ul style="list-style-type: none"> 1-CONCRETE 2-BLACKTOP 3-BROCK 4-GRAVEL 5-DIRT 6-OTHER 7-UNKNOWN 	<ul style="list-style-type: none"> 1-CLEAR/LOUDLY 2-RAIN 3-SLEET/RAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN
<ul style="list-style-type: none"> 1-DRY 2-WET 3-STANDING WATER/PUNK 4-SLUSH 5-SLUSH 6-ICE 7-SAND/MUD/DIRT 8-OTHER 	

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



Texas Peace Officer's Crash Report

Form CR-3
(Rev. 03/09)
Page 1 of 2

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Questions? Call: 512/486-5780

PLACE WHERE CRASH OCCURRED
COUNTY TARRANT CITY OR TOWN FORT WORTH
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES OF _____
LOC # 09-076903
ORI # _____
TxDOT # _____

ROAD ON WHICH CRASH OCCURRED 2350 NE LOOP 820 CONSTRUCTION ZONE YES NO SPEED LIMIT 65
BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT YES NO
INTERSECTING STREET OR RR X'ING NUMBER 100 FT. MI. N S E W OF 5300 MARK IV PARKWAY CONSTRUCTION ZONE YES NO SPEED LIMIT _____
WORKERS PRESENT YES NO
NOT AT INTERSECTION MILEPOST LATITUDE _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT LONGITUDE _____

DATE OF CRASH JULY 10 2009 DAY OF WEEK FRIDAY HOUR 5:35
MONTH DAY YEAR DAY OF WEEK HOUR
 AM # EXACTLY NOON PM OR MIDNIGHT, 50 STATE

UNIT # 3 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 2CNDL63F966 ALTERED VEHICLE HEIGHT YES NO
2-TRAIN 5-MOTORIZED CONVEYANCE 6-TOWED
YEAR MODEL 06 COLOR & MAKE MAROON - CHEVY MODEL NAME EQUINOX BODY STYLE SUV LICENSE PLATE 09 TX NUMBER _____
DRIVER NAME _____ LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____
DRIVER'S LICENSE TX _____ CM _____ LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH
DRIVER'S ETHNICITY 1 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS _____ DRUG CATEGORY 1. _____ 2. _____
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED
 LESSEE OWNER SAME AS DRIVER
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

UNIT # 4 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 1D7HA16K62J ALTERED VEHICLE HEIGHT YES NO
2-TRAIN 5-MOTORIZED CONVEYANCE 6-TOWED
YEAR MODEL 02 COLOR & MAKE BLUE - DODGE MODEL NAME 1500 BODY STYLE P/U LICENSE PLATE 09 TX NUMBER _____
DRIVER NAME _____ LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____
DRIVER'S LICENSE TX _____ C _____ LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH
DRIVER'S ETHNICITY 1 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS _____ DRUG CATEGORY 1. _____ 2. _____
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED
 LESSEE OWNER SAME AS DRIVER
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____
OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE \$ _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO
CHARGES FILED
NAME _____ CHARGE _____ CITATION # _____
NAME _____ CHARGE _____ CITATION # _____

TIME NOTIFIED OF CRASH 07/10/09 6:23P HOW POLICE RADIO TIME ARRIVED AT SCENE 07/10/09 6:53P DATE OF REPORT 07/11/09
DATE HOUR DATE HOUR DATE HOUR
TYPED OR PRINTED NAME OF INVESTIGATOR DETECTIVE TDP DAVIS ID # 1965 AGENCY FWOP DIST/AREA D13 REPORT COMPLETE YES NO

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

UNIT # **3** TOWED DUE TO YES NO DISABLING DAMAGE VEHICLE REMOVED TO **1301 E NORTHSIDE DR** BY **WESTLOOP TOWING**

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	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	SEE FRONT		N	1	1	6	4	44	M	B
2											
3											
4											
5											

UNIT # **4** TOWED DUE TO YES NO DISABLING DAMAGE VEHICLE REMOVED TO **1301 E NORTHSIDE DR** BY **ABC 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	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	SEE FRONT		N	1	1	2	4	23	F	B
7	3			N	1	1	2	4		F	B
8											
9											
10											

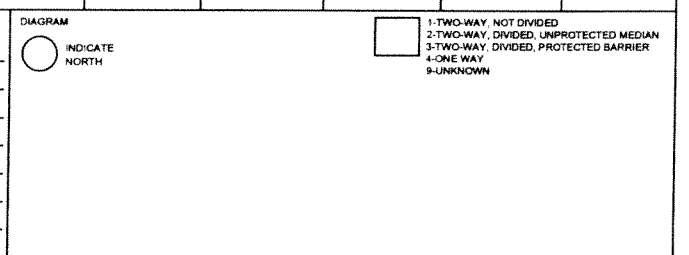
PED., PEDAL, MOT. CONVEY, ETC.	COMPLETED IF CASUALTIES NOT IN MOTOR VEHICLE	CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

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 PERSONS TRANSPORTED FOR TREATMENT	
1	HARRIS HOSPITAL	MED STAR	5:46P	5:52P	60	2	3	
6&7	PARKLAND MEM HOSP	MED STAR	5:45P	5:49P	43	2		

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

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



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	1	2	3	4
1	2	3	4	5

- 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-DISREGARD 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 W/OUT HEADLIGHTS
- 22-FAILED TO CONTROL SPEED
- 23-FAILED TO DRIVE IN SINGLE LANE
- 24-FAILED TO GIVE HALF OF ROADWAY
- 25-FAILED TO HEED WARNING SIGN
- 26-FAILED TO PASS TO LEFT SAFELY
- 27-FAILED TO PASS TO RIGHT SAFELY
- 28-FAILED TO GIVE SIGNAL OR 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 - 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 DRIVING
- 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
- 47-ILL (EXP. IN NARRATIVE)
- 48-IMPARED VISIBILITY (EXP. IN NARRATIVE)
- 49-IMPROPER START FROM PARKED POSITION
- 50-LOAD NOT SECURED
- 51-OPENED DOOR INTO TRAFFIC LANE
- 52-OVERSIZE 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-PEDESTAL MOT. CON. FTYROW TO VEHICLE
- 60-PEDESTAL MOT. CON. FTYROW TO VEHICLE
- 61-SPEEDING-UNSAFE (UNDER LIMIT)
- 62-TAKING MEDICATION (EXP. IN NARRATIVE)
- 63-TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64-TURNED IMPROPERLY - WIDE RIGHT
- 65-TURNED IMPROPERLY - WRONG LANE
- 66-TURNED WHEN UNSAFE
- 67-TURNED ON RIGHT SHOULDER
- 68-UNDER INFLUENCE - ALCOHOL
- 69-UNDER INFLUENCE - DRUG
- 70-WRONG SIDE APPROACH OR IN INTERSECTION
- 71-WRONG SIDE NOT PASSING
- 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	ROADWAY RELATION	
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 STRIPED DIVIDER 12-NO PASSING ZONE 13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER	1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN	
11	1	
PART OF ROADWAY	ROADWAY ALIGNMENT	LIGHT CONDITION
1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-TOUR 7-OTHER	1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST 7-OTHER 8-UNKNOWN	1-DARK LIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNLIGHTED 5-DAWN 6-DUSK 7-OTHER 8-UNKNOWN
1	3	1
TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION
1-CONCRETE 2-BLACKTOP 3-BRICK 4-GRAVEL 5-DIRT 6-OTHER 7-UNKNOWN	1-CLEAR/LOUDY 2-RAIN 3-SLEET/HAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN	1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLUSH 6-ICE 7-SAND/MUD/DIRT 8-OTHER 9-UNKNOWN
2	1	1

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



Texas Peace Officer's Crash Report

Form CR-3
(Rev. 03/09)
Page 1 of 2

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714. Questions? Call: 512/486-5780

PLACE WHERE CRASH OCCURRED
COUNTY TARRANT CITY OR TOWN FORT WORTH
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES N S E W OF _____
LOC # 09-076903
ORI # _____
TxDOT # _____

ROAD ON WHICH CRASH OCCURRED 2350 NE LOOP 820 CONSTRUCTION ZONE YES NO SPEED LIMIT 65
BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT YES NO
INTERSECTING STREET OR RR X'ING NUMBER _____ CONSTRUCTION ZONE YES NO SPEED LIMIT _____
BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT YES NO
NOT AT INTERSECTION 100 FT. MI. N S E W OF 5300 MARK IV PARKWAY MILEPOST _____ LATITUDE _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT LONGITUDE _____

DATE OF CRASH JULY 10 2009 DAY OF WEEK FRIDAY HOUR 5:35
MONTH DAY YEAR WEEK
 AM IF EXACTLY NOON PM OR MIDNIGHT, 50 STATE

UNIT # 5 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 2C3LA63H26H ALTERED VEHICLE HEIGHT YES NO
2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER
3-PEDALCYCLIST 6-TOWED
YEAR MODEL 06 COLOR & MAKE BLACK CHRY MODEL NAME 300 C BODY STYLE 4DR LICENSE PLATE 10 TX _____
STATE NUMBER

DRIVER NAME _____ LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP) FORT WORTH, TX _____ PHONE NUMBER _____
DRIVER'S LICENSE TX _____ C _____ LICENSE STATUS 1 1-VALID 4-CANCELLED/DENIED
STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH STATUS 2-NOT VALID 5-EXPIRED
3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY 2 1-WHITE 4-ASIAN DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
2-HISPANIC 5-OTHER

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

LESSEE OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) FT WORTH, TX _____
LIABILITY INSURANCE YES NO FARMERS TX COUNTY MUTUAL _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING 06,BD-2
 EXP INSURANCE COMPANY

UNIT # _____ 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # _____ ALTERED VEHICLE HEIGHT YES NO
2-TRAIN 5-MOTORIZED CONVEYANCE
3-PEDALCYCLIST 6-TOWED
YEAR MODEL _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____ YEAR STATE NUMBER

DRIVER'S NAME _____ LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____
DRIVER'S LICENSE _____ _____ _____ _____ LICENSE STATUS _____ 1-VALID 4-CANCELLED/DENIED
STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH STATUS 2-NOT VALID 5-EXPIRED
3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY _____ 1-WHITE 4-ASIAN DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
2-HISPANIC 5-OTHER

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

LESSEE OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____
LIABILITY INSURANCE YES NO _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____
 EXP INSURANCE COMPANY

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____
OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ \$ _____ DAMAGE ESTIMATE _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED
NAME _____ CHARGE _____ CITATION # _____
NAME _____ CHARGE _____ CITATION # _____

TIME NOTIFIED OF CRASH 07/10/09 6:23P HOW POLICE RADIO TIME ARRIVED AT SCENE 07/10/09 6:53P DATE OF REPORT 07/11/09
DATE HOUR DATE HOUR
TYPED OR PRINTED NAME OF INVESTIGATOR DETECTIVE TDP DAVIS ID # 1965 AGENCY FWPD DIST/AREA D13 REPORT COMPLETE YES NO



Commercial Motor Vehicle Enforcement Supplement to the Texas Peace Officer's Crash Report

Questions? Call: 512/486-5780

10,001 LBS OR MORE HAZARDOUS MATERIAL 9 OR MORE PASSENGER CAPACITY (DRIVER INCLUDED)

CRASH INFORMATION		LOC # <u>09-076903</u>
1. COUNTY <u>TARRANT</u>	2. CITY OR TOWN <u>FORT WORTH</u>	ORI # _____
3. ROAD ON WHICH CRASH OCCURRED <u>2350</u>	<u>NE LOOP 820</u>	TxDOT # _____
BLOCK # _____ STREET OR ROAD NAME _____ ROUTE # _____		
4. DATE OF CRASH <u>07/10/2009</u>	5. HOUR <u>5:35</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		ROADWAY ACCESS
		<input type="checkbox"/> 1-FULL ACCESS CONTROL
		<input type="checkbox"/> 2-PARTIAL ACCESS CONTROL
		<input checked="" type="checkbox"/> 3-NO ACCESS CONTROL

DRIVER INFORMATION	6. NAME <u>WARE, RONNIE</u>	7. DRIVER'S LICENSE CLASS <input type="checkbox"/> 1-A <input type="checkbox"/> 4-M <input type="checkbox"/> 7-BM
		<input type="checkbox"/> 2-B <input type="checkbox"/> 5-UNK <input type="checkbox"/> 8-CM
		<input type="checkbox"/> 3-C <input type="checkbox"/> 6-AM

CARRIER INFORMATION	8. VEHICLE OPERATION <input type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE <input type="checkbox"/> NOT IN COMMERCE <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> PERSONAL
9. CARRIER'S CORPORATE NAME _____	
10. CARRIER'S PRIMARY ADDRESS _____	<u>E LANCASTER</u> <u>FT WORTH</u> <u>TX</u>
NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP _____	
11. CARRIER ID TYPE <input type="checkbox"/> ICC <input type="checkbox"/> US DOT <input type="checkbox"/> TxDOT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	12. CARRIER ID NUMBER _____

MOTOR VEHICLE INFORMATION	13. UNIT NUMBER ON CR-3 <input type="checkbox"/> 1	14. LICENSE PLATE _____	15. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/>
		YEAR _____ STATE _____ NUMBER _____	REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input checked="" type="checkbox"/> <u>26000</u>

16. VEHICLE TYPE	<input type="checkbox"/> 1-PASSENGER CAR (ONLY IF VEHICLE DISPLAYS HM PLACARDS)	<input type="checkbox"/> 7-TRUCK TRAILER
<input type="checkbox"/> 2-LIGHT TRUCK (ONLY IF VEHICLE DISPLAYS HM PLACARDS)	<input type="checkbox"/> 8-TRUCK TRACTOR (BOB TAIL)	<input type="checkbox"/> 9-TRACTOR/SEMITRAILER
<input type="checkbox"/> 3-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER)	<input type="checkbox"/> 10-TRACTOR/DOUBLE TRAILER	<input type="checkbox"/> 11-TRACTOR/TRIPLE TRAILER
<input type="checkbox"/> 4-BUS (SEATS FOR > 15 PEOPLE, INCLUDING DRIVER)	<input type="checkbox"/> 99-UNKNOWN HEAVY TRUCK OVER 10,000 LBS (CANNOT CLASSIFY)	
<input type="checkbox"/> 5-SINGLE UNIT TRUCK (2 AXLES, 6 TIRES)		
<input type="checkbox"/> 6-SINGLE UNIT TRUCK (3 OR MORE AXLES)		

17. CARGO BODY STYLE	<input type="checkbox"/> 1-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER)	<input type="checkbox"/> 7-CONCRETE MIXER	<input type="checkbox"/> 98-OTHER _____
<input type="checkbox"/> 2-BUS (SEATS FOR > 15 PEOPLE, INCLUDING DRIVER)	<input type="checkbox"/> 3-VAN/ENCLOSED BOX	<input type="checkbox"/> 8-AUTO TRANSPORTER	
<input type="checkbox"/> 4-CARGO TANK	<input type="checkbox"/> 5-FLATBED	<input type="checkbox"/> 9-GARBAGE/REFUSE	
<input type="checkbox"/> 6-DUMP		<input type="checkbox"/> 10-GRAIN, CHIPS, GRAVEL	
		<input type="checkbox"/> 11-POLE	
		<input type="checkbox"/> 12-NOT APPLICABLE	

18. HAZARDOUS MATERIAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TRANSPORTING PLACARDABLE HAZARDOUS MATERIAL	HAZARDOUS MATERIALS RELEASED OR SPILLED	(DO NOT INCLUDE FUEL FROM THE VEHICLE FUEL TANK)
1 DIGIT CLASS # <input type="checkbox"/> 4 DIGIT ID # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 DIGIT CLASS # <input type="checkbox"/> 4 DIGIT ID # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

TRAILER NUMBER 1 INFORMATION	19. LICENSE PLATE _____	20. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/>	TRAILER TYPE
	YEAR _____ STATE _____ NUMBER _____	REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input type="checkbox"/>	<input type="checkbox"/> 1-FULL TRAILER
			<input type="checkbox"/> 2-SEMI TRAILER
			<input type="checkbox"/> 3-POLE TRAILER

TRAILER NUMBER 2 INFORMATION	21. LICENSE PLATE _____	22. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/>	TRAILER TYPE
	YEAR _____ STATE _____ NUMBER _____	REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input type="checkbox"/>	<input type="checkbox"/> 1-FULL TRAILER
			<input type="checkbox"/> 2-SEMI TRAILER
			<input type="checkbox"/> 3-POLE TRAILER

23. SEQUENCE OF EVENTS - UNIT <u>1</u>	24. TOTAL NUMBER OF AXLES <input type="checkbox"/> <u>2</u>
SEQ 1 <input type="checkbox"/> <u>13</u> SEQ 2 <input type="checkbox"/> SEQ 3 <input type="checkbox"/> SEQ 4 <input type="checkbox"/>	25. TOTAL NUMBER OF TIRES <input type="checkbox"/> <u>4</u>
1-NONCOLLISION RAN OFF ROAD	12-COLLISION INVOLVING PEDESTRIAN
2-NONCOLLISION JACKKNIFE	13-COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
3-NONCOLLISION OVERTURN (ROLLOVER)	14-COLLISION INVOLVING PARKED MOTOR VEHICLE
4-NONCOLLISION DOWNHILL RUNAWAY	15-COLLISION INVOLVING TRAIN
5-NONCOLLISION CARGO LOSS OR SHIFT	16-COLLISION INVOLVING PEDALCYCLE
6-NONCOLLISION EXPLOSION OR FIRE	17-COLLISION INVOLVING ANIMAL
7-NONCOLLISION SEPARATION OF UNITS	18-COLLISION INVOLVING FIXED OBJECT
8-NONCOLLISION CROSS MEDIAN/CENTERLINE	19-COLLISION WITH WORK ZONE MAINTENANCE EQUIPMENT
9-NONCOLLISION EQUIPMENT FAILURE	20-COLLISION WITH OTHER MOVABLE OBJECT
10-NONCOLLISION OTHER	21-COLLISION WITH UNKNOWN MOVABLE OBJECT
11-NONCOLLISION UNKNOWN	98-OTHER _____

26. OFFICER'S PRINTED NAME <u>DETECTIVE TDP DAVIS 1965</u>	DEPT. <u>FT WORTH PD</u>	DATE <u>07/11/2009</u>
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GENERAL

A separate commercial supplement is to be completed on **each** commercial motor vehicle involved in a motor vehicle crash. This supplement(s) must be attached to the basic peace officer's crash report. A commercial motor vehicle for supplemental reporting is defined as:

1. Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles where the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.
 - 1.1 GVWR and RGVW are both defined as the weight of the fully equipped vehicle plus its net carrying capacity. The GCWR is the combined weight rating of a motor vehicle and a towed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this form must be completed.
 - 1.2 The GVWR of a motor vehicle normally can be found on an information plate on the driver's door or door post. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not have an information plate or it is illegible, use RGVW. For combination or token trailers, see 1.6 below.
 - 1.3 On vehicles registered in Texas, the RGVW is shown on the registration receipt under "gross weight." Commercial motor vehicles are required to carry the registration receipt.
 - 1.4 In the event the registration receipt is not available, RGVW can normally be obtained by a **complete** registration check. Exception: If the vehicle has exempt license plates (i.e. owned by a government entity) no RGVW will be shown. In those instances, GVWR must be used.
 - 1.5 If GVWR is used to determine the need to complete this supplement, GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate blank(s).
 - 1.6 If RGVW is used to determine the need to complete this supplement, the RGVW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a **combination/token** vehicle or as an **apportioned** vehicle. In those situations the license plates will indicate combination/token or apportioned. If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s).
 - 1.7 RGVW for out-of-state vehicles and trailer(s) may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards or other documents or as in 1.4 above.
2. Any bus, which shall include every motor vehicle with a seating capacity of nine (9) or more passengers (**including the driver**) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.
3. Any motor vehicle hauling hazardous materials which is required to be placarded under the Hazardous Materials Transportation Act.

INSTRUCTIONS FOR COMPLETION OF FORM CR-3C

Detailed instructions for completion of this supplement are included in the Instructions to Police for Reporting Crashes.

Check Boxes (Top of Report)

Check appropriate box indicating if the vehicle was over 10,001 pounds, Hazardous Material(s), or 9 or more passenger capacity (driver included). More than one box may be checked.

Roadway Access - Code the access control characteristics which best describes the roadway which the vehicle was traveling on at the time of the crash.

Full Access Control is an expressway or freeway where the only means of entry to or exit from the roadway is by ramps connecting to other streets or highways.

No Access Control is a street or highway where driveways provide access to and egress from adjacent properties and where cross streets intersect at a grade. Partial Access Control is a street or highway which does not clearly fit the above definitions.

CRASH INFORMATION (Items 1-5)

Complete the information in this section exactly as shown on the basic report (CR-3).

DRIVER INFORMATION (Items 6-7)

Complete items 6 and 7 exactly as shown on the basic report (CR-3).

CARRIER INFORMATION (Items 8-12)

Indicate whether the operation of the commercial motor vehicle at the time of this crash is defined as an interstate, intrastate, government or personal operation.

An interstate operation is one where the transportation of the property originated in one state or country and passed through or terminated in another state or country. An intrastate operation is one where the transportation of the property did not cross a state or international boundary. The bill of lading origin and destination information may be one source available to make this determination. Government and Personal use will be determined through investigation.

Indicate the Carrier's corporate name and primary business address in items 9 and 10. The Carrier is defined as the entity responsible for the operation of the vehicle at the time of the crash. This may be the actual owner of the vehicle or the lessee. The information should match Owner/Lessee shown on the CR-3. Show the type of carrier identification by checking the appropriate box in item 11. Show the ID number in item 12, if applicable.

MOTOR VEHICLE INFORMATION (Items 13-18)

Enter the unit number from the CR-3 for this motor vehicle in item 13. Show the registration year, state and number in item 14. Enter the GVWR and RGVW as applicable in item 15. Indicate which, GVWR or RGVW, by checking the appropriate box.

Indicate the appropriate number in the box for Vehicle Type in item 16.

Indicate the appropriate number in the box for Cargo Body Style in item 17.

Indicate by checking the appropriate box in item 18 whether this vehicle is hauling hazardous material(s). If yes, enter the class and ID numbers of the hazardous material(s) being transported. Indicate by checking the appropriate box whether hazardous materials were released (spilled, discharged, etc.) The class and ID numbers should be obtained from the bill of lading or shipping papers. If unavailable, the class and ID numbers may be taken from the placard. The class may be located in the lower corner of the diamond shaped placard. The ID numbers may be located on the placard or on an orange label near the placard. (REFER TO DETAILED INSTRUCTIONS.)

TRAILER NUMBER 1 & 2 INFORMATION (Item 19-22)

If the commercial motor vehicle reported on this supplement is towing one trailer, complete trailer number 1 section only. If towing 2 trailers, complete both trailer number 1 and 2 sections.

Indicate the registration year, state, and number in item 19, and if applicable item 21. Show the GVWR or RGVW in item 20 and, if applicable, item 22.

Indicate which, GVWR or RGVW by checking the appropriate box.

Indicate the appropriate number in the box for Trailer Type (item 20, and if applicable, item 22).

Indicate Sequence of Events (Item 23). Indicate the order and type of crash events which occurred involving this vehicle.

Indicate the Total Number of Axles (Item 24). Indicate the total number of axles on the motor vehicle.

Indicate the Total Number of Tires (Item 25). Indicate the total number of tires on the motor vehicle.

The person completing this supplement should print name, show department and the date this supplement was prepared in item 26.

Case No.:

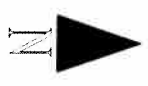
09076903

Address 1:

2350 NE Loop 820 E/B

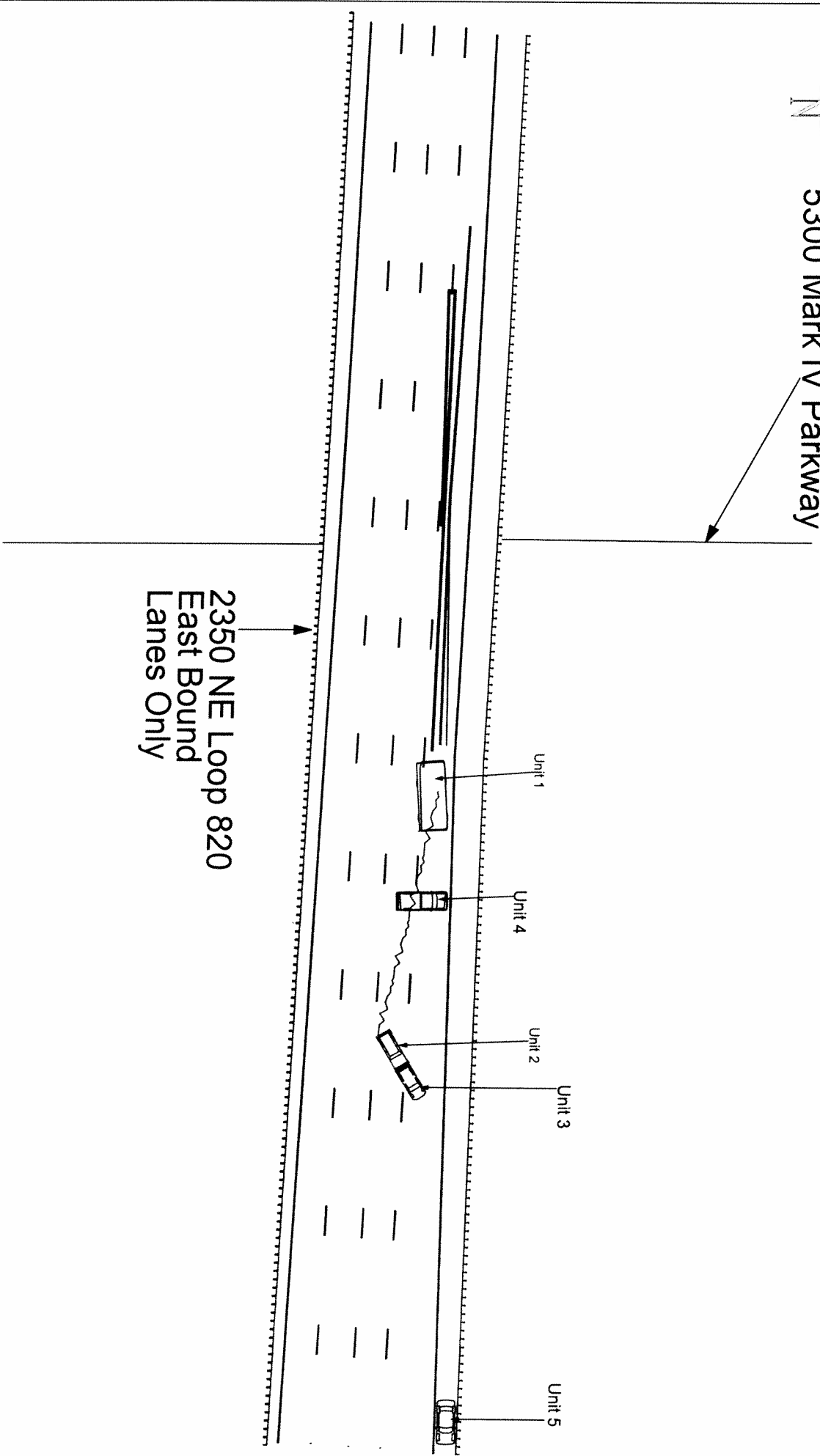
County:

Tarrant



5300 Mark IV Parkway

2350 NE Loop 820
East Bound
Lanes Only



Officer:

Detective TDP Davis 1965

FWPD

Date:

071009

Time:

5:35 pm

██████████ FARS # 481432

EWR Summary, 2010 Quarter 1 Chrysler Submissions

Make: JEEP

Deaths: 1

Model: GRAND CHEROKEE

Injuries: 0

Model Year: 2004

VIN: 1J4GX48S94C...

State/Foreign Country: TX

Incident Date: 07/10/2009

Sequence ID: 28

Reported Components:

A. Fire Related

B. Fuel System



2009 Fatality Analysis Reporting System CRASH LEVEL

U.S. Department of Transportation
National Highway Traffic Safety
Administration

STATE (GSA Code) <input type="text" value="48"/>	CONSECUTIVE NUMBER <input type="text" value="1432"/>	Number of Forms Submitted for Persons Not in Motor Vehicles <input type="text" value="0"/>	Number of Vehicle Forms Submitted <input type="text" value="5"/>	Number of Person Forms Submitted <input type="text" value="7"/>									
COUNTY <input type="text" value="439"/>	CITY <input type="text" value="2450"/>	DATE <input type="text" value="07102009"/> Month, Day, Year	TIME <input type="text" value="1735"/> Military Time 9999-Unknown										
NATIONAL HIGHWAY SYSTEM <input type="text" value="1"/> <small>LOOKUP NATIONAL HIGHWAY SYSTEM CODES</small>		SPEED LIMIT <input type="text" value="65"/> <small>Actual Miles Per Hour Except: 00-No Statutory Limit 99-Unknown</small>											
ROADWAY FUNCTION CLASS <input type="text" value="11"/> <small>RURAL URBAN 99-Unknown</small> 01-Principal Arterial - Interstate 02-Principal Arterial - Other 03-Minor Arterial 04-Major Collector 05-Minor Collector 06-Local Road or Street 09-Unknown Rural 11-Principal Arterial - Interstate 12-Principal Arterial - Other (Freeways or Expressways) 13-Other Principal Arterial 14-Minor Arterial 15-Collector 18-Local Road or Street 19-Unknown Urban		ROADWAY ALIGNMENT <input type="text" value="1"/> 1-Straight 2-Curve 9-Unknown											
ROUTE SIGNING <input type="text" value="8"/> 1-Interstate 2-U.S. Highway 3-State Highway 4-County Road LOCAL STREET 5-Township 6-Municipality 7-Frontage Road 8-Other 9-Unknown		ROADWAY PROFILE <input type="text" value="3"/> 1-Level 2-Grade 3-Hillcrest 4-Sag 9-Unknown											
TRAFFIC IDENTIFIER <small>Actual Posted Number, Assigned Number, or Common Name (If No Posted or Assigned Number) Except: Nine-Fill if Unknown</small> <input type="text" value="SL820"/>		ROADWAY SURFACE TYPE <input type="text" value="2"/> 1-Concrete 2-Blacktop, Bituminous, Asphalt 3-Brick or Block 4-Slag, Gravel or Stone 5-Dirt 6-Other 9-Unknown											
MILEPOINT <input type="text" value="00174"/> <small>Actual to Nearest .1 Mile (Assumed Decimal) Except: 00000-None 99999-Unknown</small>		ROADWAY SURFACE CONDITIONS <input type="text" value="1"/> 1-Dry 2-Wet 3-Snow or Slush 4-Ice/Frost 5-Sand, Dirt, Mud, Gravel 6-Water (standing or moving) 7-Oil 8-Other 9-Unknown											
GLOBAL POSITION <table style="width: 100%;"><tr><td>Degrees</td><td>Minutes</td><td>Seconds</td></tr><tr><td>LATITUDE: <input type="text" value="32"/></td><td><input type="text" value="50"/></td><td><input type="text" value="22.09"/></td></tr><tr><td>LONGITUDE: <input type="text" value="097"/></td><td><input type="text" value="19"/></td><td><input type="text" value="14.61"/></td></tr></table>		Degrees	Minutes	Seconds	LATITUDE: <input type="text" value="32"/>	<input type="text" value="50"/>	<input type="text" value="22.09"/>	LONGITUDE: <input type="text" value="097"/>	<input type="text" value="19"/>	<input type="text" value="14.61"/>	WORK ZONE <input type="text" value="0"/> 0-None 1-Construction 2-Maintenance 3-Utility 4-Work Zone, Type Unknown		
Degrees	Minutes	Seconds											
LATITUDE: <input type="text" value="32"/>	<input type="text" value="50"/>	<input type="text" value="22.09"/>											
LONGITUDE: <input type="text" value="097"/>	<input type="text" value="19"/>	<input type="text" value="14.61"/>											
SPECIAL JURISDICTION <input type="text" value="0"/> <small>LOOKUP SPECIAL JURISDICTION CODES</small>		TRAFFIC CONTROL DEVICE <input type="text" value="0"/> <small>LOOKUP TRAFFIC CONTROL DEVICE CODES</small>											
FIRST HARMFUL EVENT <input type="text" value="12"/> <small>LOOKUP FIRST HARMFUL EVENT CODES</small>		TRAFFIC CONTROL DEVICE FUNCTIONING <input type="text" value="0"/> 0-No controls 1-Device Not Functioning 2-Device Functioning - Functioning Improperly 3-Device Functioning Properly 9-Unknown											
MANNER OF COLLISION <input type="text" value="01"/> 00-Not Collision with Motor Vehicle 01-Front-to-Rear (includes Rear-End) 02-Front-to-Front (includes Head-On) 03-Front-to-Side, Same Direction 04-Front-to-Side, Opposite Direction 05-Front-to-Side, Right Angle (includes Broadside) 06-Front-to-Side/Angle-Direction Not Specified 07-Sideswipe-Same Direction 08-Sideswipe-Opposite Direction 09-Rear-to-Side 10-Rear-to-Rear 11-Other(End Swipes and Others) 99-Unknown		LIGHT CONDITION <input type="text" value="1"/> 1-Daylight 2-Dark-Not Lighted 3-Dark but Lighted 4-Dawn 5-Dusk 6-Dark-Unknown Lighting 7-Other 9-Unknown											
RELATION TO JUNCTION <input type="text" value="01"/> NON-INTERCHANGE 01-Non-Junction 02-Intersection 03-Intersection Related 04-Driveway, Alley Access, etc. INTERCHANGE AREA 10-Intersection 11-Intersection Related 12-Driveway Access 13-Entrance/Exit Ramp Related		ATMOSPHERIC CONDITIONS <input type="text" value="110"/> 0-No Additional Atmospheric Conditions 1-Clear/Cloudy (No Adverse Conditions) 2-Rain 3-Sleet(Hail) 4-Snow or Blowing Snow 5-Fog, Smog, Smoke 6-Severe Crosswinds 7-Blowing Sand, Soil, Dirt 8-Other 9-Unknown											
SCHOOL BUS RELATED <input type="text" value="0"/> 0-No 1-Yes		SCHOOL BUS RELATED <input type="text" value="0"/>											
RAIL GRADE CROSSING IDENTIFIER <input type="text" value="0000000"/>		RAIL GRADE CROSSING IDENTIFIER <input type="text" value="0000000"/>											
NOTIFICATION TIME EMS <input type="text" value="1738"/> <small>Military Time Except: 8888-Not Applicable (Not Notified) 9998-Unknown if Notified 9999-Unknown</small>		NOTIFICATION TIME EMS <input type="text" value="1738"/>											
ARRIVAL TIME EMS <input type="text" value="1743"/> <small>Military Time Except: 8888-Not Applicable (Not Notified) 9998-Unknown if Arrived 9997-Officially Canceled 9999-Unknown</small>		ARRIVAL TIME EMS <input type="text" value="1743"/>											
EMS TIME AT HOSPITAL <input type="text" value="1829"/>		EMS TIME AT HOSPITAL <input type="text" value="1829"/>											

05-Entrance/Exit Ramp Related 06-Rail Grade Crossing 07-Crossover-Related 08-Driveway Access Related 09-Unknown - Non-Interchange	14-Crossover-Related 15-Other Location in Interchange 19-Unknown, Interchange Area 99-Unknown	Military Time Except: 8888-Not Applicable (Not Transported) 9998-Unknown if Transported 8897-Officially Canceled 9999-Unknown EMS Hospital Arrival Time
RELATION TO TRAFFICWAY <input type="text" value="01"/>		RELATED FACTORS <input type="text" value="01010"/>
01-On Roadway 02-Shoulder 03-Median 04-Roadside 08-Gore 05-Outside Trafficway/Outside Right-of-Way		06-Off Roadway - Location Unknown 07-In Parking Lane/Zone 10-Separator 11-Two-way Continuous Left-Turn Lane 99-Unknown
TRAFFICWAY FLOW <input type="text" value="3"/>		LOOKUP ACCIDENT RELATED FACTORS CODES
1-Not Physically Divided (Two-Way Trafficway) 5-Not Physically Divided (With Two-Way Continuous Left-Turn Lane) 2-Divided Highway, Median Strip (Without Traffic Barrier) 3-Divided Highway, Median Strip (With Traffic Barrier)		4-One-Way Trafficway 8-Entrance/Exit Ramp 9-Unknown
NUMBER OF TRAVEL LANES <input type="text" value="4"/>		ADDITIONAL STATE INFORMATION
Actual Value Except: 7-Seven or More Lanes 9-Unknown		1593 MB



2009 Fatality Analysis Reporting System VEHICLE LEVEL

U.S. Department of Transportation
National Highway Traffic Safety
Administration

STATE NUMBER (GSA CODES) <input type="text" value="48"/>	CONSECUTIVE NUMBER <input type="text" value="1432"/>	VEHICLE NUMBER <input type="text" value="2"/>	NUMBER OF OCCUPANTS <input type="text" value="1"/> <small>Actual Value if Total Known Except: 98-Ninety-Six or More 99-Unknown</small>
DRIVER INFORMATION		IMPACT POINT - INITIAL <input type="text" value="06"/>	IMPACT POINT - PRINCIPAL <input type="text" value="06"/>
UNIT TYPE <input type="text" value="1"/> <small>1-Motor Vehicle In-Transport (Inside or Outside the Trafficway) 2-Motor Vehicle Not In-Transport Within Trafficway 3-Motor Vehicle Not In-Transport Outside Trafficway 4-Working Motor Vehicle (Highway Construction, Maintenance, Utility Only)</small>		<small>00-Non-Collision 01-12-Clock Points 13-Top 14-Undercarriage 18-"Set-in-Motion" Condition 99-Unknown</small>	
REGISTRATION STATE <input type="text" value="48"/> <small>GSA CODES Except: 00-Not Applicable 92-No Registration 93-Multiple State Registration 94-U.S. Government Tags (includes military) 95-Canada 96-Mexico 97-Other Foreign Country 98-Other Registration (incl. Native American Indian Nations) 99-Unknown</small>		VEHICLE ROLE <input type="text" value="2"/> <small>0-Non-Collision 1-Striking 2-Struck 3-Both 9-Unknown</small>	
REGISTERED VEHICLE OWNER <input type="text" value="1"/> <small>0-Not Applicable, Vehicle Not Registered 1-Driver (this crash) Registered Owner 2-Driver (this crash) Not Registered Owner (Other Private Owner Listed) 3-Vehicle Registered as Business/Company/Government Vehicle 4-Vehicle Registered as Rental Vehicle 5-Vehicle Stolen (Reported by Police) 6-Driverless/Motor Vehicle Parked/Stopped Off Roadway 9-Unknown</small>		UNDERRIDE/OVERRIDE <input type="text" value="0"/> <small>0-No Underride or Override UNDERRIDING A MOTOR VEHICLE IN-TRANSPORT 1-Underride (Compartment Intrusion) 2-Underride (No Compartment Intrusion) 3-Underride Compartment Intrusion (Unknown) 7-Overriding a Motor Vehicle In-Transport 8-Overriding a Motor Vehicle Not In-Transport 9-Unknown if Underride or Override UNDERRIDING A MOTOR VEHICLE NOT IN-TRANSPORT 4-Underride (Compartment Intrusion) 5-Underride (No Compartment Intrusion) 6-Underride Compartment Intrusion (Unknown)</small>	
VEHICLE MAKE <input type="text" value="02"/> <small>LOOKUP VEHICLE MAKE CODES</small>		EXTENT OF DAMAGE <input type="text" value="6"/> <small>0-No Damage 2-Minor Damage 4-Functional Damage 6-Disabling Damage 9-Unknown</small>	
VEHICLE MODEL <input type="text" value="404"/> <small>LOOKUP VEHICLE MODEL CODES</small>		VEHICLE REMOVAL <input type="text" value="2"/> <small>1-Driven Away 2-Towed Due to Disabling Damage 3-Towed Not Due to Disabling Damage 4-Abandoned / Left at Scene 9-Unknown if Towed</small>	
BODY TYPE <input type="text" value="14"/> <small>LOOKUP BODY TYPE CODES</small>		MOTOR CARRIER IDENTIFICATION NUMBER <input type="text" value="0000000000"/>	
MODEL YEAR <input type="text" value="2004"/> <small>Actual Value Except: 9999-Unknown</small>		VEHICLE CONFIGURATION <input type="text" value="00"/> <small>00-Not Applicable, Not a Med/Heavy Truck, Bus or Vehicle Displaying Hazardous Material Placard 01-Single Unit Truck (Two Axles, 6 Tires) 02-Single Unit Truck (Three or More Axles) 03-Single Unit Truck (Unkn. No. of Axles, Tires) 04-Truck/Trailer(s) 05-Truck Tractor (Bobtail) 06-Tractor/Semi-Trailer (One Trailer) 07-Tractor/Doubles (Two Trailers) 08-Tractor/Triples (Three Trailers) 19-Med/Heavy Truck, cannot classify 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 16 people, including driver) 70-Light Truck (van, mini van, panel, pickup, sport utility displaying a hazardous materials placard) 80-Passenger Car (only when displaying a hazardous materials placard) 99-Unknown If Light or Med/Heavy Truck/Bus</small>	
VEHICLE IDENTIFICATION NUMBER <input type="text" value="1J4GX48S94C2"/>		VEHICLE TRAILING <input type="text" value="0"/> <small>0-No Trailing Units 1-Yes, One Trailing Unit 2-Yes, Two Trailing Units 3-Yes, Three or More Trailing Units 4-Yes, Number of Trailers Unknown 5-Vehicle Towing Another Motor Vehicle - Fixed Linkage 6 - Vehicle Towing Another Motor Vehicle - Non-Fixed Linkage 9-Unknown</small>	
BUS USE <input type="text" value="0"/> <small>0-Not Used as a Bus 1-Used as a Public School Bus 2-Used as a Private School Bus 3-Used as a School Bus, Public or Private Unknown 4-Used as a Scheduled Service Bus 5-Used as a Tour Bus 6-Used as a Commuter Bus 7-Used as a Shuttle Bus 8-Modified for Personal/Private Use 9-Unknown Bus Use</small>		GROSS VEHICLE WEIGHT RATING <input type="text" value="0"/> GROSS COMBINATION WEIGHT RATING <input type="text" value="0"/> <small>0- Not Applicable 1-10,000 lbs. or less 2- 10,001 - 26,000 lbs. 3- 26,001 lbs. or more 9-Unknown</small>	
SPECIAL USE <input type="text" value="0"/> <small>0-No Special Use 1-Taxi 2-Vehicle Used as School Bus 3-Vehicle Used as Other Bus 4-Military 5-Police 6-Ambulance 7-Fire Truck 8-Emergency Services Vehicle 9-Unknown</small>		CARGO BODY TYPE <input type="text" value="00"/>	
EMERGENCY USE <input type="text" value="0"/> <small>0-No 9-Unknown 1-Yes</small>			
TRAVEL SPEED <input type="text" value="998"/> <small>Actual Miles Per Hour Except: 000-Stopped Motor Vehicle In-Transport 001-151 Reported Speed up to 151 MPH 997-Greater than 151 MPH 998- Not Reported 999-Unknown</small>			

<p>VEHICLE MANEUVER 01</p> <p>01-Going Straight 02-Slowing or Stopping in Traffic Lane 03-Starting in Traffic Lane 04-Stopped in Traffic Lane 05-Passing or Overtaking Another Vehicle 06-Leaving a Parked Position 07-Parked 08-Entering a Parked Position 09-Controlled Maneuvering to Avoid** 10-Turning Right: RTOR** Permitted 11-Turning Right: RTOR Not Permitted</p> <p>12-Turning Right: RTOR Not Applicable or Not Known if Permitted 13-Turning Left 14-Making a U-Turn 15-Backing Up (Not Parking) 16-Changing Lanes or Merging 17-Negotiating a Curve 98-Other 99-Unknown</p> <p>*See Instruction Manual for Detail **RTO R = "Right Turn on Red"</p>	<p>00-Not Applicable 01-Van/Enclosed Box 02-Cargo Tank 03-Flatbed 04-Dump 05-Concrete Mixer 06-Auto Transporter 07-Garbage / Refuse 08-Grain, Chips, Gravel 09-Pole - Trailer 10-Log 11-Intermodal Container Chassis 12-Vehicle Towing Another Motor Vehicle 21-Bus (seats 16 or more people, including driver) 22-Bus 96-No Cargo Body Type 97-Other 98-Unknown Cargo Body Type 99-Unknown</p>																														
<p>CRASH AVOIDANCE MANEUVER 8</p> <p>0-No Avoidance Maneuver Reported 1-Braking (skid marks evident) 2-Braking (no skid marks; driver stated) 3-Braking (other reported evidence) 4-Steering (evidence or stated)</p> <p>5-Steering and Braking (evidence or stated) 6-Other Avoidance Maneuver 8-Not Reported / Inconclusive (by police)</p>	<p style="text-align:center">HAZARDOUS MATERIAL INVOLVEMENT/PLACARD</p> <p style="text-align:center">1 0 0000 0 0</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>HM1 (Involvement)</th> <th>HM2 (Placard)</th> <th>HM3 (Identification Number)</th> <th>HM4(Class Number)</th> <th>HM5 (Released)</th> </tr> </thead> <tbody> <tr> <td>Blank</td> <td>Blank</td> <td>Blanks</td> <td>Blank</td> <td>Blank</td> </tr> <tr> <td>1-No</td> <td>0-Not Applicable</td> <td>0000-Not Applicable</td> <td>00-Not Applicable</td> <td>0-Not Applicable</td> </tr> <tr> <td>2-Yes</td> <td>1-Yes</td> <td>Actual 4-digit Number</td> <td>Actual 1-digit Number(with leading zero)</td> <td>1-No</td> </tr> <tr> <td></td> <td>2-Yes</td> <td>8888-Not Reported</td> <td>88-Not Reported</td> <td>2-Yes</td> </tr> <tr> <td></td> <td>8-Not Reported</td> <td>Reported</td> <td>Reported</td> <td>8-Not Reported</td> </tr> </tbody> </table>	HM1 (Involvement)	HM2 (Placard)	HM3 (Identification Number)	HM4(Class Number)	HM5 (Released)	Blank	Blank	Blanks	Blank	Blank	1-No	0-Not Applicable	0000-Not Applicable	00-Not Applicable	0-Not Applicable	2-Yes	1-Yes	Actual 4-digit Number	Actual 1-digit Number(with leading zero)	1-No		2-Yes	8888-Not Reported	88-Not Reported	2-Yes		8-Not Reported	Reported	Reported	8-Not Reported
HM1 (Involvement)	HM2 (Placard)	HM3 (Identification Number)	HM4(Class Number)	HM5 (Released)																											
Blank	Blank	Blanks	Blank	Blank																											
1-No	0-Not Applicable	0000-Not Applicable	00-Not Applicable	0-Not Applicable																											
2-Yes	1-Yes	Actual 4-digit Number	Actual 1-digit Number(with leading zero)	1-No																											
	2-Yes	8888-Not Reported	88-Not Reported	2-Yes																											
	8-Not Reported	Reported	Reported	8-Not Reported																											
<p>ROLLOVER 0</p> <p>1 - Rollover, Tripped by Object/Vehicle 2 - Rollover, Untripped 9 - Rollover, Unknown Type</p>	<p>SEQUENCE OF EVENTS 12 00 00 00 00 00</p> <p>LOOKUP SEQUENCE OF EVENTS CODES</p>																														
<p>LOCATION OF ROLLOVER 0</p> <p>0 - No Rollover 1 - On Roadway 2 - On Shoulder 3 - On Median/Separator 4 - In Roadside Gore 5 - On Roadside 6 - Outside of Traffic way 9 - Unknown</p>	<p>MOST HARMFUL EVENT 12</p> <p>LOOKUP MOST HARMFUL EVENT CODES</p>																														
<p>JACKKNIFE 0</p> <p>0-Not an Articulated Vehicle 1-No 2-Yes, First Event 3-Yes, Subsequent Event</p>	<p>RELATED FACTORS 00 00</p> <p>LOOKUP RELATED FACTORS - VEHICLE LEVEL CODES</p>																														
<p>FIRE OCCURRENCE 0</p> <p>0-No Fire 1-Fire Occurred in Vehicle During Accident</p>	<p>HIT AND RUN 0</p> <p>0-No 1-Yes 9-Unknown</p>																														