

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1463759-WE - 1 - Texas

Department of Transportation -

Crash Records L&R



IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
OF the Estate of WYNDELL GREENE, SR., et al

vs.

TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH  
AMERICA, et al

CIVIL ACTION NO. 3-11CV0207-N

**AFFIDAVIT**  
**TEXAS DEPARTMENT OF TRANSPORTATION – CRASH RECORDS SECTION**

RECORDS/PHOTOGRAPHS PERTAINING TO: DATE OF CRASH 05/28/2010 IN KAUFAMAN  
COUNTY.

Before me, the undersigned authority personally appeared Tony Small who by me, being duly  
sworn, deposed as follows:

"My name is Tony Small, I am over 18 years of age, of sound mind, capable of making  
this affidavit, and personally acquainted with the facts stated herein.

I am the CUSTODIAN OF RECORDS FOR: Texas Department of Transportation - Austin - Crash Records  
– P.O. Box 12879, Austin, Texas 78711.

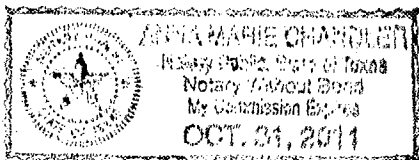
Attached hereto are 12 pages of records. These records are true and correct copies of the accident report  
authorized by law to be recorded with the Department of Transportation and actually filed and recorded with the  
Department of Transportation.

Tony Small  
Affiant (CUSTODIAN OF RECORDS)

SUBSCRIBED AND SWORN TO BEFORE ME on this the 8 day of August, 20 11.

Anna Marie Chandler  
NOTARY PUBLIC IN AND FOR THE  
STATE OF Texas

My Commission expires 10/31/2011



STATE OF TEXAS      §

This is to certify that I, Tony Small, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of May 28, 2010, which occurred in Kaufman County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.



Tony Small  
Director, Crash Records Section  
P.O. Box 149349  
Austin, Texas 78714  
(512) 486-5780



**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al**  
vs.

**TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et al**

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§  
§  
§  
§  
§

CIVIL ACTION NO. 3-11CV0207-N

**NOTICE OF INTENTION FOR PRODUCTION OF DOCUMENTS**

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, the custodian of records for:

**TEXAS DEPARTMENT OF TRANSPORTATION - CRASH RECORDS (Accident Records)  
P.O. BOX 12879 AUSTIN, TX 78711**

Shall receive a Subpoena to produce documents on or before 08/08/2011, or any other agreed upon time and/or place, before a Notary Public for:

**Written Deposition Service, LLC  
1750 Valley View Lane Suite 210  
Dallas, TX 75234**

or its designated agent, to be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 34 & 45, Federal Rules of Civil Procedure, that the authorized officer shall issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached Exhibit(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the authorized officer so that photographic reproductions of the same may be made and attached.

Order No. 01-46099

Respectfully Submitted,



David P. Stone

SBA # 00785061

(78)

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (214) 824-3098

Attorney for Defendant

### CERTIFICATE OF SERVICE

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention For the Production of Documents was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED \_\_\_\_\_

HAND DELIVERY \_\_\_\_\_


TELECOPY \_\_\_\_\_ ✓

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATED: 7/20/11

BY: \_\_\_\_\_



SERVED TO ALL PARTIES LISTED BELOW:

*Ollie Greene, et al vs. Toyota Motor Corporation, et al*

**ATTORNEYS OF RECORD**

Aubrey Pittman  
The Pittman Law Firm  
100 Crescent Court, Suite 700  
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912  
Attorney for Plaintiff

Daryl K. Washington  
Law Office of Daryl K. Washington  
325 St. Paul, Suite 1975  
Dallas, TX 75201 (214) 880-4883 Fax (214) 880-4885  
Attorney for Plaintiff

## **ATTACHMENT**

ANY AND ALL RECORDS INCLUDING BUT NOT LIMITED TO ACCIDENT REPORTS, CITATIONS, INVESTIGATIVE FILES, PHOTOGRAPHS, OFFICERS' NOTES, WITNESS STATEMENTS, PAPERS, FILES AND ANY OTHER THINGS IN WRITING PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

**United States District Court****FOR THE WESTERN DISTRICT OF TEXAS****AUSTIN DIVISION**

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al  
vs.  
TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et  
al**

**SUBPOENA IN A CIVIL CASE****Civil Action Number:<sup>1</sup> 3-11CV0207-N**

\*Pending in the U.S. District Court for the Northern District of Texas, Dallas Division

**TO:** Custodian of Records for: **TEXAS DEPARTMENT OF TRANSPORTATION - CRASH RECORDS  
P.O. BOX 12879  
AUSTIN, TX 78711 (512) 486-5780**

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME
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☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL RECORDS INCLUDING BUT NOT LIMITED TO ACCIDENT REPORTS, CITATIONS, INVESTIGATIVE FILES, PHOTOGRAPHS, OFFICERS' NOTES, WITNESS STATEMENTS, PAPERS, FILES AND ANY OTHER THINGS IN WRITING PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

PLACE  The office of the custodian: <b>P.O. BOX 12879 AUSTIN, TX 78711</b>	DATE AND TIME  <b>AT 10:00 A.M. ON 08/08/2011</b>
--	---

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME
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Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)   <b>Attorney for Defendant</b>	DATE  <b>7/20/11</b>
--	----------------------------

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

**David P. Stone  
Bowman & Brooke, LLP  
2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700**

**PROOF OF SERVICE**

<b>SERVED</b>	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006:

## (c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

## (d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2)(A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).



AUG 02 2010

COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☒ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONETotal  
Num. Units 6Total  
Num. Prsns. 9TxDOT  
Crash ID 11536097-1  
/2010188661

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780

Refer to Attached Code Sheet for Numbered Fields

Page 1 of 6

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

*Crash Date (MM/DD/YYYY) 05/28/2010		*Crash Time (24HRMM) 1825		Case ID		Local Use	
*County Name Kaufman				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.40130		Longitude (decimal degrees) -96.08890	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. IH		*Hwy. Num. 20		2 Rdwy. Part 1		Block Num.	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 65		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker 0.4		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker E		Reference Marker 509	
Street Desc.		RRX Num.					
Unit Num. 1 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State MS LP Num. A170956 VIN 4V4NC9GH88N							
Veh. Year 2008		6 Veh. Color WHI		Veh. Make VOLVO		Veh. Model TR	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 2		DL/ID State MS		DL/ID Num.		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) COLUMBIA MS							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B	
Age 40		15 Ethnicity B		16 Sex 1		17 Eject. 1	
18 Restr. 1		19 Airbag 97		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name GREAT WEST CASUALTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		1, 2, F, D, 5		27 Vehicle Damage Rating 2	
Towed by Buster's		Towed To 303 W. Broad Forney TX (972) 564-1020					
Unit Num. 2 5 Unit Desc. 6 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State MS LP Num. VIN 1UYFS24848A							
Veh. Year 2008		6 Veh. Color BLK		Veh. Make UTILITY		Veh. Model FST	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject.	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name GREAT WEST CASUALTY	
Fin. Resp. Phone Num. (601) 544-8703		27 Vehicle Damage Rating 1		V, B, 1		27 Vehicle Damage Rating 2	
Towed by Buster's		Towed To Forney					

# COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID

TxDOT Crash ID

Page 2 of 6

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1	Renaissance Hospital Terrell	ETMC		

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

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

CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.		
	Carrier's Corp. Name						Carrier's Primary Addr.	COLUMBIA MS				
	30 Rdwy. Access	1	31 Veh. Type	9	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	8,000	HazMat Released	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	32 HazMat Class Num.	
	33 Cargo Body Style	5	Trailer 1 Unit Num.	2	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	3,600	34 Trlr. Type	2	Trailer 2 Unit Num.		
	Sequence Of Events	35 Seq. 1	13	35 Seq. 2	18	35 Seq. 3		35 Seq. 4		Total Num. Axles	5	
										Total Num. Tires	18	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				38 Environmental and Roadway Conditions							
	Unit Num.	Contributing		May Have Contrib.	Unit Num.	Contributing		May Have Contrib.	38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	22		72					1	1	97	2	1	1	11	
	2															

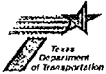
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)		Field Diagram - Not to Scale	
	<p>Unit #1 and towed unit (#2) were traveling east bound on IH 20 in the right lane. Unit #3 was traveling east bound on IH 20 in the right lane directly in front of Unit #1. Unit #4 was also traveling east bound IH 20 in front of Unit #3. Unit #5 and towed unit (#6) were traveling east bound on IH 20 in the right lane in front of Unit #4. Due to the holiday weekend, there was an extremely heavy volume of traffic on IH 20, the traffic had begun to slow in the area of mile marker 509. Units 3,4,5-6 had slowed to a near stop. The driver of Unit #1 stated that he was not paying attention to traffic and there is evidence that he was talking on a cellular phone at the time of the crash. Unit #1 failed to control speed and struck Unit #3 in the rear, smashing in the rear end. It appears that Unit #3 was pushed for a distance by Unit #1. Unit #3 then struck Unit #4 in the rear end smashing the rear end with enough force to crush it. Unit #4's rear end came around clock wise and Unit #4 skidded across the inside lane to the inside shoulder.</p>		<div style="text-align: center;"> <p>Indicate North ↑</p> </div>	

INVESTIGATOR	Time Notified (24HRMM)	1,8,2,7	How Notified	DPS Dispatch	Time Arrived (24HRMM)	1,8,4,0	Report Date (MM/DD/YYYY)	0,6,1,2,9,1,2,0,1,0
	Invest. <input checked="" type="checkbox"/> Yes	Investigator Name (Printed)						ID Num.
	Comp. <input type="checkbox"/> No	DEXTER BARKLEY						11097
	ORI Num.	TX DPS						District/ Area

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☒ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. Units 6 Total Num. Persns. 9 TxDOT Crash ID

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields
Page 3 of 6

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

* Crash Date (MM/DD/YYYY) <u>05/28/2010</u>		* Crash Time (24HRMM) <u>1825</u>		Case ID		Local Use																																																																																											
* County Name <u>Kaufman</u>				* City Name		<input checked="" type="checkbox"/> Outside City Limit																																																																																											
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) <u>32.40130</u>		Longitude (decimal degrees) <u>-96.08890</u>																																																																																											
ROAD ON WHICH CRASH OCCURRED																																																																																																	
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3 Street Prefix		* Street Name		4 Street Suffix																																																																																													
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At Int. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part																																																																																											
Block Num.		3 Street Prefix		Street Name		4 Street Suffix																																																																																											
Distance from Int. or Ref. Marker <u>0.4</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker <u>E</u>		Reference Marker <u>509</u>																																																																																											
Street Desc.		RRX Num.																																																																																															
Unit Num. <u>3</u> 5 Unit Desc. <u>1</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>TX</u> LP Num. <u>[REDACTED]</u> VIN <u>JTEZU5JR9A5</u>																																																																																																	
Veh. Year <u>2010</u>		6 Veh. Color <u>SIL</u>		Veh. Make <u>TOYOTA</u>		Veh. Model <u>4-RUNNER</u>																																																																																											
7 Body Style <u>SV</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																															
8 DLID Type <u>1</u>		DLID State <u>TX</u>		DLID Num. <u>[REDACTED]</u>		9 DL Class <u>C</u>																																																																																											
10 CDL End. <u>96</u>		11 DL Rest. <u>A</u>		DOB (MM/DD/YYYY) <u>[REDACTED]</u>																																																																																													
Address (Street, City, State, ZIP) <u>[REDACTED] FRISCO, TX [REDACTED]</u>																																																																																																	
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type <u>2</u> Fin. Resp. Name <u>FARMERS CO MUTUAL</u> Fin. Resp. Num. <u>[REDACTED]</u>																																																																																																	
Fin. Resp. Phone Num. <u>1800-435-7764</u>				27 Vehicle Damage Rating 1 <u>6</u>		27 Vehicle Damage Rating 2 <u>B D 1</u>																																																																																											
Towed by <u>B&amp;V</u>				Towed To <u>900 E. Moore Ave Terrell TX 75160 (972) 563-3232</u>																																																																																													
Unit Num. <u>4</u> 5 Unit Desc. <u>1</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>TX</u> LP Num. <u>[REDACTED]</u> VIN <u>1NXBR30E06Z</u>																																																																																																	
Veh. Year <u>2006</u>		6 Veh. Color <u>BLK</u>		Veh. Make <u>TOYOTA</u>		Veh. Model <u>COROLLA</u>																																																																																											
7 Body Style <u>P4</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																															
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Towed by <u>FULLERS</u>				Towed To <u>1402 Hwy 34 Terrell TX 75160 (888) 712-3822</u>																																																																																													

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID

TXDOT Crash ID

Page 4 of 6

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	3	1	PARKLAND DALLAS	AIR-EVAC GREENVILLE		
	3	2	ME OFFICE DALLAS	ANDERSON-CLAYTON	05/28/2010	1900
	3	3	ME OFFICE DALLAS	ANDERSON-CLAYTON	05/28/2010	1900
	3	4	ME OFFICE DALLAS	ANDERSON-CLAYTON	05/28/2010	1900
	4	1	BAYLOR DALLAS	ETMC		
4	2	BAYLOR DALLAS	ETMC			

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

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


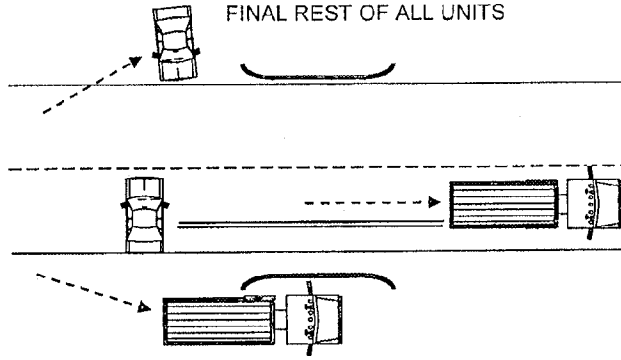
  

CMV		Carrier's Corp. Name		Carrier's Primary Addr.		Carrier ID Num.	
Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	29 Carrier ID Type				
30 Rdwy. Access	31 Veh. Type <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class	HazMat ID Num.	
33 Cargo Body Style	Trailer 1 Unit Num. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

FACTORS & CONDITIONS				Environmental and Roadway Conditions			
36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type
Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
3							
4							

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)		Field Diagram - Not to Scale	
	<p>Unit #4 came to a final rest facing mostly south in the center median. Unit #1 then turned to the right in the direction of the outside shoulder, Pushing Unit #3 counter clockwise. There was a storage box on the left side of Unit #2, that storage box caught on to the rear of Unit #3 and pulled metal from the rear of Unit #3. That impact spun Unit #3 nearly 90 degrees to the north. Unit #3 was now facing north. The front seat passenger in Unit #3 was partly ejected at some point during the impacts leading up to Unit #3 striking Unit #6. When Unit #3 impacted Unit #6, the front right passenger slammed against the rear of Unit #6. Unit #3 then began to fold under Unit #6 causing the roof of Unit #3 to peel up and to the left. Unit #3 then exploded. The front seat passenger had come to a final rest twisted on the right side of the hood of Unit #3. Unit #5 skidded to a stop. There was no damage to Unit #5. Unit #6 sustained damage to the rear of the trailer.</p>		<p>Indicate North </p> <p>FINAL REST OF ALL UNITS</p> 	

INVESTIGATOR	Time Notified (24HRMM)		How Notified	Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
	1827		DPS Dispatch	1840		06/29/2010	
	Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.		11097	
ORI Num.	TXDPS8600		TX DPS		District/Area H P 1 A 0 6		

# COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☒ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units 6 Total Num. P/sns. 9 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
Refer to Attached Code Sheet for Numbered Fields  
\* These fields are required on all additional sheets submitted for this crash (ex., additional vehicles, occupants, injured, etc.).

Page 5 of 6

IDENTIFICATION AND LOCATION		* Crash Date (MM/DD/YYYY) <u>05/28/2010</u>		* Crash Time (24HRMM) <u>1825</u>		Case ID		Local Use			
		* County Name <u>Kaufman</u>				* City Name <u></u>				<input checked="" type="checkbox"/> Outside City Limit	
		In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) <u>32.40130</u>		Longitude (decimal degrees) <u>-96.08890</u>					
		ROAD ON WHICH CRASH OCCURRED									
		* 1 Rdwy. Sys. <u>IH</u>		* Hwy. Num. <u>20</u>		2 Rdwy. Part <u>1</u>		3 Street Prefix <u></u>			
		* Street Name <u></u>		4 Street Suffix <u></u>							
		<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit <u>65</u>		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc. <u></u>							
		INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER									
		At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. <u></u>		Hwy. Num. <u></u>		2 Rdwy. Part <u></u>		Block Num. <u></u>	
		3 Street Prefix <u></u>		Street Name <u></u>		4 Street Suffix <u></u>					
		Distance from Int. or Ref. Marker <u>0.4</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker <u>E</u>		Reference Marker <u>509</u>		Street Desc. <u></u>	
		Unit Num. <u>5</u>		5 Unit Desc. <u>1</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State <u>MS</u>		LP Num. <u>A164904</u>	
		VIN <u>1FUJA6CV35D</u>									
		Veh. Year <u>2005</u>		6 Veh. Color <u>WHI</u>		Veh. Make <u>FREIGHTLINER</u>		Veh. Model <u>TT</u>		7 Body Style <u>TT</u>	
		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
		8 DLID Type <u>2</u>		DLID State <u>AL</u>		DLID Num. <u></u>		9 DL Class <u>98</u>		10 CDL End. <u>98 T N</u>	
		11 DL Rest. <u>98</u>		DOB (MM/DD/YYYY) <u></u>							
		Address (Street, City, State, ZIP) <u>THEODORE AL</u>									
		Person Num. <u>1</u>		12 Psn. Type <u>1</u>		13 Seat Position <u>1</u>		14 Injury Severity <u>N</u>		Age <u>46</u>	
		15 Ethnicity <u>W</u>		16 Sex <u>1</u>		17 Eject. <u>1</u>		18 Restr. <u>1</u>		19 Airbag <u>97</u>	
		20 Helmet <u>97</u>		21 Sol. <u>N</u>		22 Alc. Spec. <u>96</u>		Alc. Result <u></u>		23 Drug Spec. <u>96</u>	
		24 Drug Result <u>97</u>		25 Drug Category <u>97</u>							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID

TxDOT Crash ID

Page 6 of 6

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

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

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


  

CMV	Unit Num.	5	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	1043597	
	Carrier's Corp. Name						Carrier's Primary Addr.	GULFPORT MS				
	30 Rdwy. Access	1	31 Veh. Type	9	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5,200,00	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	
	33 Cargo Body Style	3	Trailer 1	Unit Num.	6	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	6,500,00	34 Trlr. Type	2	Trailer 2	Unit Num.
Sequence Of Events	35 Seq. 1	13	35 Seq. 2		35 Seq. 3		35 Seq. 4		Total Num. Axles	5	Total Num. Tires	18

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
	5															
6																

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)		Field Diagram - Not to Scale	
	<p>The impact broke off the ICC bar from the bottom of the trailer. Part of the bar was lodged in the right door of Unit #6. The other part was in the roadway on the west side of Unit #3. There were dark skid marks from the right tandem axle of Unit #1 and Unit #2. The area of first impact between Unit #1 and #3 was very visible. Also very visible was the impact of Unit #3 into Unit #4. The path that Unit #4 was also clearly visible. The area that Unit #3 turned and later impacted Unit #6 was also clearly visible as were the skid marks of Unit #6. Medical treatment was given to all survivors of the crash. The skid marks on the roadway from Unit #6 indicate that traffic was not stopped at the time of the crash. The types of injuries sustained and hospitals the injured were taken to are outlined in the report. Unit #1,2 came to a final rest facing south east on the south side of the roadway. Unit #3 came to a final rest facing north in the traffic lane. Unit #5,6 came to a final rest facing east in the outside traffic lane.</p>		<p>Indicate North </p> <p>DIAGRAM ON PAGE 2 AND PAGE 4</p>	

INVESTIGATOR	Time Notified (24HRMM)	1,8,2,7	How Notified	DPS Dispatch	Time Arrived (24HRMM)	1,8,4,0	Report Date (MM/DD/YYYY)	0,6,2,9,2,0,1,0
	Invest. <input checked="" type="checkbox"/> Yes	Investigator Name (Print)						
	Comp. <input type="checkbox"/> No	ORI Num.	T, X, D, P, S, 8, 6, 0, 0	*Agency	TX DPS	ID Num.	11097	District/ Area

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. Units 6 Total Num. Prsns. 9 TxDOT Crash ID


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields
Page 1 of 6

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

*Crash Date (MM/DD/YYYY) <u>05/28/2010</u>		*Crash Time (24HRMM) <u>1825</u>		Case ID		Local Use	
*County Name <u>Kaufman</u>				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) <u>32.40130</u>		Longitude (decimal degrees) <u>-96.08890</u>	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. <u>IH</u>		*Hwy. Num. <u>20</u>		2 Rdwy. Part <u>1</u>		Block Num.	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit <u>65</u>	
Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker <u>0.4</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker <u>E</u>		Reference Marker <u>509</u>	
Street Desc.		RRX Num.					
Unit Num. <u>1</u> 5 Unit Desc. <u>1</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>MS</u> LP Num. <u>A170956</u> VIN <u>4V4NC9GH88N</u>							
Veh. Year <u>2008</u>		6 Veh. Color <u>WHI</u>		Veh. Make <u>VOLVO</u>		Veh. Model <u>TR</u>	
7 Body Style <u>TL</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>2</u>		DL/ID State <u>MS</u>		DL/ID Num.		9 DL Class <u>98</u>	
10 CDL End. <u>98</u>		11 DL Rest. <u>98</u>		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) <u>COLUMBIA MS</u>							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Frn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Result		26 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name	
27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Towed by <u>Buster's</u>		Towed To <u>303 W. Broad Forney TX (972) 564-1020</u>					
Unit Num. <u>2</u> 5 Unit Desc. <u>6</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>MS</u> LP Num.							
Veh. Year <u>2008</u>		6 Veh. Color <u>BLK</u>		Veh. Make <u>UTILITY</u>		Veh. Model <u>FST</u>	
7 Body Style <u>TL</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Frn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Result		26 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name	
27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Towed by <u>Buster's</u>		Towed To <u>Forney</u>					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24-HRMM)										
	1	1	Renaissance Hospital Terrell	ETMC												
CHARGES	Unit Num.	Prsn Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.													
	30 Rdwy. Access	1	31 Veh. Type	9	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	8,000,000	HazMat Released	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class		HazMat ID Num.	
	33 Cargo Body Style	5	Trailer 1	Unit Num.	2	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	3,630,000	34 Trlr. Type	2	Trailer 2	Unit Num.		<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR		34 Trlr. Type	
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	13	35 Seq. 2	18	35 Seq. 3		35 Seq. 4		Total Num. Axles	5	Total Tires	18			
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	Contributing	May Have Contrib.		Unit Num.	Contributing	May Have Contrib.		38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	22	72						1	1	97	2	1	1	11	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)															
	<p>Unit #1 and towed unit (#2) were traveling east bound on IH 20 in the right lane. Unit #3 was traveling east bound on IH 20 in the right lane directly in front of Unit #1. Unit #4 was also traveling east bound IH 20 in front of Unit #3. Unit #5 and towed unit (#6) were traveling east bound on IH 20 in the right lane in front of Unit #4. Due to the holiday weekend, there was an extremely heavy volume of traffic on IH 20, the traffic had begun to slow in the area of mile marker 509. Units 3,4,5-6 had slowed to a near stop. The driver of Unit #1 stated that he was not paying attention to traffic and there is evidence that he was talking on a cellular phone at the time of the crash. Unit #1 failed to control speed and struck Unit #3 in the rear, smashing in the rear end. It appears that Unit #3 was pushed for a distance by Unit #1. Unit #3 then struck Unit #4 in the rear end smashing the rear end with enough force to crush it. Unit #4's rear end came around clock wise and Unit #4 skidded across the inside lane to the inside shoulder.</p>															
Field Diagram - Not to Scale																
<p>Indicate North</p> <p>Unit #1 and #2</p> <p>Unit #3</p> <p>Unit #4</p> <p>Unit #6</p> <p>DIGRAM CONTINUED ON PAGE 4</p>																
INVESTIGATOR	Time Notified (24-HRMM)	1,8,2,7	How Notified	DPS Dispatch			Time Arrived (24-HRMM)	1,8,4,0	Report Date (MM/DD/YYYY)	0,5, / 2,8, / 2,0,1,0,						
	Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				ID Num.	11097									
	ORI Num.	T, X, D, P, S, 8, 6, 0, 0			*Agency	TX DPS			District/ Area	H, P, 1, A, 0, 6						



Law Enforcement and DOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. Units 6 Total Num. Prsns. 9 TxDOT Crash ID


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields
Page 3 of 6

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

*Crash Date (MM/DD/YYYY) <u>05/28/2010</u>		*Crash Time (24HRMM) <u>1825</u>		Case ID		Local Use	
*County Name <u>Kaufman</u>				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) <u>32.40130</u>		Longitude (decimal degrees) <u>-96.08890</u>	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. <u>IH</u>		*Hwy. Num. <u>20</u>		2 Rdwy. Part <u>1</u>		Block Num.	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit <u>65</u>	
Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int or Ref. Marker <u>0.4</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int or Ref. Marker <u>E</u>		Reference Marker <u>509</u>	
Street Desc.		RRX Num.					
Unit Num. <u>3</u> 5 Unit Desc. <u>1</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>TX</u> LP Num. <u>[REDACTED]</u> VIN <u>JTEZU5JR9A5</u>							
Veh. Year <u>2010</u>		6 Veh. Color <u>SIL</u>		Veh. Make <u>TOYOTA</u>		Veh. Model <u>4-RUNNER</u>	
7 Body Style <u>SV</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>1</u>		DL/ID State <u>TX</u>		DL/ID Num. <u>[REDACTED]</u>		9 DL Class <u>C</u>	
10 CDL End. <u>96</u>		11 DL Rest. <u>A</u>		DOB (MM/DD/YYYY) <u>[REDACTED]</u>			
Address (Street, City, State, ZIP) <u>[REDACTED] RISCO, TX [REDACTED]</u>							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject
1	1	1	A	34	B	1	1
2	2	3	K	35	B	2	2
3	2	6	K	2	B	1	1
4	2	4	K	5	B	2	1
18 Restr. 19 Airbag 20 Helmet 21 Sol. 22 Alc. Spec. 23 Drug Spec. 24 Drug Result 25 Drug Category 99 97 N 96 96 97 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address <u>[REDACTED]</u>							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>FARMERS CO MUTUAL</u>	
Fin. Resp. Phone Num. <u>1800-435-7764</u>		27 Vehicle Damage Rating 1 <u>6</u>		27 Vehicle Damage Rating 2 <u>B, D, 1</u>		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed by <u>B&amp;V</u>		Towed To <u>900 E. Moore Ave Terrell TX 75160 (972) 563-3232</u>					
Unit Num. <u>4</u> 5 Unit Desc. <u>1</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>TX</u> LP Num. <u>368KKR</u> VIN <u>1NXBR30E06Z</u>							
Veh. Year <u>2006</u>		6 Veh. Color <u>BLK</u>		Veh. Make <u>TOYOTA</u>		Veh. Model <u>COROLLA</u>	
7 Body Style <u>P4</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>1</u>		DL/ID State <u>TX</u>		DL/ID Num. <u>[REDACTED]</u>		9 DL Class <u>C</u>	
10 CDL End. <u>96</u>		11 DL Rest. <u>A</u>		DOB (MM/DD/YYYY) <u>[REDACTED]</u>			
Address (Street, City, State, ZIP) <u>[REDACTED]</u>							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject
1	1	1	B	45	W	1	1
2	2	3	B	17	W	2	1
3	2	6	B	12	W	2	1
18 Restr. 19 Airbag 20 Helmet 21 Sol. 22 Alc. Spec. 23 Drug Spec. 24 Drug Result 25 Drug Category 97 97 N 96 96 97 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address <u>[REDACTED]</u>							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>STATE FARM</u>	
Fin. Resp. Phone Num. <u>(817) 478-9877</u>		27 Vehicle Damage Rating 1 <u>6</u>		27 Vehicle Damage Rating 2 <u>B, D, 5</u>		Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by <u>FULLERS</u>		Towed To <u>1402 Hwy 34 Terrell TX 75160 (888) 712-3822</u>					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 1/1/2010

Case ID

TxDOT Crash ID

Page 4 of 6

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	3	1		PARKLAND DALLAS	AIR-EVAC GREENVILLE	
3	2		ME OFFICE DALLAS	ANDERSON-CLAYTON	05/28/2010	1900
3	3		ME OFFICE DALLAS	ANDERSON-CLAYTON	05/28/2010	1900
3	4		ME OFFICE DALLAS	ANDERSON-CLAYTON	05/28/2010	1900
4	1		BAYLOR DALLAS	ETMC		
4	2		BAYLOR DALLAS	ETMC		

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

DAMAGE		Owner's Name		Owner's Address	

CIVIL		Carrier's Corp. Name		Carrier's Primary Addr.	
Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
30 Rdwy. Access	31 Veh. Type <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class
33 Cargo Body Style	Trailer 1 Unit Num. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles
					Total Tires

FACTORS & CONDITIONS		36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
3													
4													

NARRATIVE AND DIAGRAM	
<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)</p> <p>Unit #4 came to a final rest facing mostly south in the center median. Unit #1 then turned to the right in the direction of the outside shoulder, Pushing Unit #3 counter clockwise. There was a storage box on the left side of Unit #2, that storage box caught on to the rear of Unit #3 and pulled metal from the rear of Unit #3. That impact spun Unit #3 nearly 90 degrees to the north. Unit #3 was now facing north. The front seat passenger in Unit #3 was partly ejected at some point during the impacts leading up to Unit #3 striking Unit #6. When Unit #3 impacted Unit #6, the front right passenger slammed against the rear of Unit #6. Unit #3 then began to fold under Unit #6 causing the roof of Unit #3 to peel up and to the left. Unit #3 then exploded. The front seat passenger had come to a final rest twisted on the right side of the hood of Unit #3. Unit #5 skidded to a stop. There was no damage to Unit #5. Unit #6 sustained damage to the rear of the trailer.</p>	<p>Field Diagram - Not to Scale</p> <p>Indicate North ↑</p> <p>FINAL REST OF ALL UNITS</p>

INVESTIGATOR		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
Time Notified (24HRMM)	1827	How Notified	DPS Dispatch	Time Arrived (24HRMM)	1840
Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	DEXTER BARKLEY		Report Date (MM/DD/YYYY)	05/28/2010
ORI Num.	T X D P S 8 6 0 0	*Agency	TX DPS	ID Num.	11097
				District/Area	H P 1 A 0 6

## COPY FROM CUSTODIAL FILE

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 6 Total Num. Prns. 9 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
 Refer to Attached Code Sheet for Numbered Fields
Page 5 of 6

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

* Crash Date (MM/DD/YYYY) <u>05/28/2010</u>		* Crash Time (24HRMM) <u>1825</u>		Case ID		Local Use	
* County Name <u>Kaufman</u>				* City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) <u>32.40130</u>		Longitude (decimal degrees) <u>-96.08890</u>	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. <u>IH</u>		*Hwy. Num. <u>20</u>		2 Rdwy. Part <u>1</u>		Block Num.	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit <u>65</u>	
Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker <u>0.4</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker <u>E</u>		Reference Marker <u>509</u>	
Street Desc.		RRX Num.					
Unit Num. <u>5</u> 5 Unit Desc. <u>1</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>MS</u> LP Num. <u>[REDACTED]</u> VIN <u>1FUJA6CV35DU</u>							
Veh. Year <u>2005</u>		6 Veh. Color <u>WHI</u>		Veh. Make <u>FREIGHTLINER</u>		Veh. Model <u>TT</u>	
7 Body Style <u>TT</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>2</u>		DL/ID State <u>AL</u>		DL/ID Num. <u>[REDACTED]</u>		9 DL Class <u>98</u>	
10 CDL End. <u>98</u>		11 DL Rest. <u>98</u>		DOB (MM/DD/YYYY) <u>[REDACTED]</u>			
Address (Street, City, State, ZIP) <u>[REDACTED]</u>							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
15 Age		16 Sex		17 Eject		18 Restr.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		N	
46		W		1		1	
97		97		N		96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address <u>[REDACTED]</u>							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>VANLINER INS CO</u>	
Fin. Resp. Phone Num. <u>(228) 863-5362</u>		27 Vehicle Damage Rating 1 <u>[REDACTED]</u>		27 Vehicle Damage Rating 2 <u>[REDACTED]</u>		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed by <u>N/A</u>		Towed To <u>N/A</u>					
Unit Num. <u>6</u> 5 Unit Desc. <u>6</u> <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State <u>TN</u> LP Num. <u>[REDACTED]</u> VIN <u>1S12E95324E</u>							
Veh. Year <u>2004</u>		6 Veh. Color <u>WHI</u>		Veh. Make <u>STR</u>		Veh. Model <u>TR</u>	
7 Body Style <u>TL</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>[REDACTED]</u>		DL/ID State <u>[REDACTED]</u>		DL/ID Num. <u>[REDACTED]</u>		9 DL Class <u>[REDACTED]</u>	
10 CDL End. <u>[REDACTED]</u>		11 DL Rest. <u>[REDACTED]</u>		DOB (MM/DD/YYYY) <u>[REDACTED]</u>			
Address (Street, City, State, ZIP) <u>[REDACTED]</u>							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
15 Age		16 Sex		17 Eject		18 Restr.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		N	
46		W		1		1	
97		97		N		96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address <u>[REDACTED]</u>							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>VANLINER INS CO</u>	
Fin. Resp. Phone Num. <u>(228) 863-5362</u>		27 Vehicle Damage Rating 1 <u>6</u>		27 Vehicle Damage Rating 2 <u>B D 3</u>		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed by <u>N/A</u>		Towed To <u>N/A</u>					

**Texas Department of Transportation - Crash Records-00012**

# Texas Peace Officer's Crash Report – Code Sheet

Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Page 1 of 2  
Law Enforcement and TxDOT Use ONLY.  
Form CR-3CS 1/1/2010

IDENTIFICATION AND LOCATION	<b>1. Roadway System</b> IH = Interstate US = US Highway SH = State Highway FM = Farm to Market RR = Ranch Road RM = Ranch to Market BI = Business Interstate BU = Business US BS = Business State BF = Business FM SL = State Loop TL = Toll Road		<b>2. Roadway Part</b> 1 = Main/Proper Lane 2 = Service/Frontage Road 3 = Entrance/On Ramp 4 = Exit/Off Ramp 5 = Connector/Flyover 98 = Other (Explain in Narrative)		<b>3. Street Prefix, Direction from Int. or Ref. Marker</b> N = North NE = Northeast E = East SE = Southeast S = South SW = Southwest W = West NW = Northwest		<b>4. Street Suffix</b> RD = Road ST = Street DR = Drive AVE = Avenue BLVD = Boulevard PKWY = Parkway LN = Lane FWY = Freeway HWY = Highway WAY = Way TRL = Trail LOOP = Loop		EXPY = Expressway CT = Court CIR = Circle PL = Place PARK = Park CV = Cove				
	<b>5. Unit Description</b> 1 = Motor Vehicle 2 = Train 3 = Pedalcyclist 4 = Pedestrian 5 = Motorized Conveyance 6 = Towed/Trailer 7 = Non-Contact 98 = Other (Explain in Narrative)		<b>6. Vehicle Color</b> BGE = Beige BLK = Black BLU = Blue BRZ = Bronze BRO = Brown CAM = Camouflage CPR = Copper GLD = Gold GRY = Gray GRN = Green MAR = Maroon MUL = Multicolored ONG = Orange PNK = Pink PLE = Purple RED = Red SIL = Silver TAN = Tan TEA = Teal (green) TRQ = Turquoise (blue) WHI = White YEL = Yellow 98 = Other (Explain in Narrative) 99 = Unknown		<b>7. Body Style</b> P2 = Passenger Car, 2-Door P4 = Passenger Car, 4-Door PK = Pickup AM = Ambulance BU = Bus SB = Yellow School Bus FE = Farm Equipment FT = Fire Truck MC = Motorcycle SV = Sport Utility Vehicle PC = Police Car/Truck PM = Police Motorcycle TL = Trailer, Semi-Trailer, or Pole Trailer TR = Truck TT = Truck Tractor VN = Van 98 = Other (Explain in Narrative) 99 = Unknown		<b>8. Driver License/ID Type</b> 1 = Driver License 2 = Commercial Driver Lic. 3 = Occupational 4 = ID Card 5 = Unlicensed 98 = Other 99 = Unknown						
<b>9. Driver License Class</b> A = Class A AM = Class A and M B = Class B BM = Class B and M C = Class C CM = Class C and M M = Class M 5 = Unlicensed 98 = Other/Out of State 99 = Unknown		<b>10. Commercial Driver License Endorsements</b> H = Hazardous Materials N = Tank Vehicles P = Passengers S = School Bus T = Double/Triple Trailer X = Tank Vehicle with HazMat 5 = Unlicensed 96 = None 98 = Other/Out of State 99 = Unknown		<b>11. Driver License Restrictions</b> A = With Corrective Lenses B = LOFS Age 21 or Over C = Daytime Only D = Not to Exceed 45 MPH E = No Expressway Driving F = Must Hold Valid Learner Lic. to MM/DD/YY G = TRC 545.424 Applies until MM/DD/YY H = Vehicle Not to Exceed 26,000 lbs GVWR I = Motorcycle Not to Exceed 250 CC J = Licensed Motorcycle Operator Age 21 or Over in Sight K = Moped L = Vehicle w/o Air Brakes – Applies to Vehicles Requiring CDL M = CDL Intrastate Commerce Only N = Ignition Interlock Required O = Occ./Essent. Need DL-No CMV-See Court Order P = Stated on License Q = LOFS 21 or Over Vehicle Above Class B R = LOFS 21 or Over Vehicle Above Class C S = Outside Rear View Mirror or Hearing Aid T = Automatic Transmission U = Applicable Prosthetic Devices V = Applicable Vehicle Devices W = Power Steering X = Vehicle Not to Exceed Class C Y = Valid TX Vision or Limb Waiver Req'd. Z = Valid Fed. Vision or Limb Waiver Req'd. 5 = Unlicensed 96 = None 98 = Other/Out of State 99 = Unknown									
VEHICLE, DRIVER, AND PERSONS		<b>12. Person Type</b> 1 = Driver 2 = Passenger/Occupant 3 = Pedalcyclist 4 = Pedestrian 5 = Driver of Motorcycle Type Vehicle 6 = Passenger/Occupant on Motorcycle Type Vehicle 98 = Other (Explain in Narrative) 99 = Unknown		<b>13. Seat Position</b> 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 13 = Other in Vehicle 14 = Passenger in Bus 16 = Pedestrian, Pedalcyclist, or Motorized Conveyance 98 = Other (Explain in Narrative) 99 = Unknown		<b>14. Injury Severity</b> A = Incapacitating Injury B = Non-Incapacitating Injury C = Possible Injury K = Killed N = Not Injured 99 = Unknown		<b>15. Ethnicity</b> W = White B = Black H = Hispanic A = Asian I = Amer. Indian/ Alaskan Native 98 = Other 99 = Unknown		<b>16. Sex</b> 1 = Male 2 = Female 99 = Unknown		<b>17. Ejected</b> 1 = No 2 = Yes 3 = Yes, Partial 97 = Not Applicable 99 = Unknown	
		<b>18. Restraint Used</b> 1 = Shoulder and 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 = Child Booster Seat 96 = None 97 = Not Applicable 98 = Other (Explain in Narrative) 99 = Unknown		<b>19. Airbag</b> 1 = Not Deployed 2 = Deployed, Front 3 = Deployed, Side 4 = Deployed, Rear 5 = Deployed, Multiple 97 = Not Applicable 99 = Unknown		<b>27. Vehicle Damage Rating</b> In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7).  In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)							
<b>20. Helmet Use</b> 1 = Not Worn 2 = Worn, Damaged 3 = Worn, Not Damaged 4 = Worn, Unk. Damage 97 = Not Applicable 99 = Unknown if Worn		<b>21. Solicitation</b> Y = Solicit N = No Solicit		<b>22. Alcohol Specimen Type</b> 1 = Breath 2 = Blood 3 = Urine 4 = Refused 96 = None 98 = Other (Explain in Narrative)									
<b>23. Drug Specimen Type</b> 2 = Blood 3 = Urine 4 = Refused 96 = None 98 = Other (Explain in Narrative)		<b>25. Drug Category</b> 2 = CNS Depressants 3 = CNS Stimulants 4 = Hallucinogens 6 = Narcotic Analgesics 7 = Inhalants 8 = Cannabis 10 = Disassociative Anesthetics 11 = Multiple Drugs (Explain in Narrative) 97 = Not Applicable 98 = Other Drugs (Explain in Narrative) 99 = Unknown		<b>24. Drug Test Result</b> 1 = Positive 2 = Negative 97 = Not Applicable 99 = Unknown									
<b>26. Financial Responsibility Type</b> 1 = Liability Insurance Policy 2 = Proof of Liability Insurance 3 = Insurance Binder 4 = Surety Bond 5 = Certificate of Deposit with Comptroller 6 = Certificate of Deposit with County Judge 7 = Certificate of Self-Insurance													

Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Law Enforcement and TxDOT Use ONLY.  
Form CR-3CS 1/1/2010

COMMERCIAL MOTOR VEHICLE	<b>28. Vehicle Operation</b> 1 = Interstate Commerce 2 = Intrastate Commerce 3 = Not in Commerce 4 = Government 5 = Personal	<b>29. Carrier ID Type</b> 1 = US DOT 2 = TxDOT 3 = ICC/MC 96 = None 98 = Other (Explain in Narrative)	<b>30. Roadway Access</b> 1 = Full Access Control 2 = Partial Access Control 3 = No Access Control	<b>31. Vehicle Type</b> 1 = Passenger Car 2 = Light Truck 3 = Bus (9-15) 4 = Bus (>15) 5 = Single Unit Truck 2 Axles 6 Tires 6 = Single Unit Truck 3 or More Axles 7 = Truck Trailer 8 = Truck Tractor (Bobtail) 9 = Tractor/Semi Trailer 10 = Tractor/Double Trailer 11 = Tractor/Triple Trailer 98 = Other (Explain in Narrative) 99 = Unknown Heavy Truck	<b>32. Hazardous Material Class Number</b> 1 = Explosives 2 = Gases 3 = Flammable Liquids 4 = Flammable Solids 5 = Oxidizers and Organic Peroxides 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods
	<b>33. Cargo Body Style</b> 1 = Bus (9-15) 2 = Bus (>15) 3 = Van/Enclosed Box 4 = Cargo Tank 5 = Flatbed 6 = Dump 7 = Concrete Mixer	8 = Auto Transporter 9 = Garbage Refuse 10 = Grain Chips Gravel 11 = Pole 13 = Intermodal 14 = Logging	15 = Vehicle Towing Another Vehicle 97 = Not Applicable 98 = Other (Explain in Narrative)	<b>34. Trailer Type</b> 1 = Full Trailer 2 = Semi-Trailer 3 = Pole Trailer	
FACTORS AND CONDITIONS	<b>35. Sequence of Events</b> 1 = Non-Collision: Ran Off Road 2 = Non-Collision: Jackknife 3 = Non-Collision: Overtown Rollover 4 = Non-Collision: Downhill Runaway 5 = Non-Collision: Cargo Loss Or Shift 6 = Non-Collision: Explosion Or Fire 7 = Non-Collision: Separation of Units 8 = Non-Collision: Cross Median/Centerline 9 = Non-Collision: Equipment Failure 10 = Non-Collision: Other 11 = Non-Collision: Unknown 12 = Collision Involving Pedestrian 13 = Collision Involving Motor Vehicle in Transport 14 = Collision Involving Parked Motor Vehicle 15 = Collision Involving Train 16 = Collision Involving Pedalcycle 17 = Collision Involving Animal 18 = Collision Involving Fixed Object 19 = Collision With Work Zone Maintenance Equipment 20 = Collision With Other Movable Object 21 = Collision With Unknown Movable Object 98 = Other (Explain in Narrative)				
	<b>36. Factors and Conditions</b> 1 = Animal on Road - Domestic 2 = Animal on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Unsafe 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 Without 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 Signal or Gave Wrong Signal 29 = Failed to Stop at Proper Place 30 = Failed to Stop for School Bus 31 = Failed to Stop for Train 32 = Failed to Yield ROW - Emergency Vehicle 33 = Failed to Yield ROW - Open Intersection 34 = Failed to Yield ROW - Private Drive 35 = Failed to Yield ROW - Stop Sign 36 = Failed to Yield ROW - To Pedestrian 37 = Failed to Yield ROW - Turning Left 38 = Failed to Yield ROW - Turn on Red 39 = Failed to Yield ROW - Yield Sign 40 = Fatigued or Asleep 41 = Faulty Evasive Action 42 = Fire in Vehicle 43 = Fleeing or Evading Police 44 = Followed Too Closely 45 = Had Been Drinking 46 = Handicapped Driver (Explain in Narrative) 47 = Ill (Explain in Narrative) 48 = Impaired Visibility (Explain in Narrative) 49 = Improper Start from Parked Position 50 = Load Not Secured 51 = Opened Door Into Traffic Lane 52 = Oversized Vehicle or Load 53 = Overtake and Pass Insufficient Clearance 54 = Parked and Failed to Set Brakes 55 = Parked in Traffic Lane 56 = Parked without Lights 57 = Passed in No Passing Lane 58 = Passed on Right Shoulder 59 = Pedestrian FTYROW to Vehicle 60 = Unsafe Speed 61 = Speeding - (Over Limit) 62 = Taking Medication (Explain 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 Intersection 70 = Wrong Side - Not Passing 71 = Wrong Way - One Way Road 72 = Cell/Mobile Phone Use 73 = Road Rage 98 = Other (Explain in Narrative)				
FACTORS AND CONDITIONS	<b>37. Vehicle Defects</b> 5 = Defective or No Headlamps 6 = Defective or No Stop Lamps 7 = Defective or No Tail Lamps 8 = Defective or No Turn Signal Lamps 9 = Defective or No Trailer Brakes 10 = Defective or No Vehicle Brakes 11 = Defective Steering Mechanism 12 = Defective or Slick Tires 13 = Defective Trailer Hitch 98 = Other (Explain in Narrative)	<b>38. Weather Condition</b> 1 = Clear 2 = Cloudy 3 = Rain 4 = Sleet/Hail 5 = Snow 6 = Fog 7 = Blowing Sand/Snow 8 = Severe Crosswinds 98 = Other (Explain in Narrative) 99 = Unknown	<b>39. Light Condition</b> 1 = Daylight 2 = Dark, Not Lighted 3 = Dark, Lighted 4 = Dark, Unknown Lighting 5 = Dawn 6 = Dusk 98 = Other (Explain in Narrative) 99 = Unknown	<b>40. Entering Roads</b> 2 = Three Entering Roads - T 3 = Three Entering Roads - Y 4 = Four Entering Roads 5 = Five Entering Roads 6 = Six Entering Roads 7 = Traffic Circle 8 = Cloverleaf 97 = Not Applicable 98 = Other (Explain in Narrative)	
	<b>41. Roadway Type</b> 1 = Two-Way, Not Divided 2 = Two-Way, Divided, Unprotected Median 3 = Two-Way, Divided, Protected Median 4 = One-Way 98 = Other (Explain in Narrative)	<b>42. Roadway Alignment</b> 1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 98 = Other (Explain in Narrative) 99 = Unknown	<b>43. Surface Condition</b> 1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Slush 6 = Ice 7 = Sand, Mud, Dirt 98 = Other (Explain in Narrative) 99 = Unknown	<b>44. Traffic Control</b> 2 = Inoperative (Explain in Narrative) 3 = Officer 4 = Flagman 5 = Signal Light 6 = Flashing Red Light 7 = Flashing Yellow Light 8 = Stop Sign 9 = Yield Sign 10 = Warning Sign	11 = Center Stripe/Divider 12 = No Passing Zone 13 = RR Gate/Signal 15 = Crosswalk 16 = Bike Lane 17 = Marked Lanes 18 = Signal Light With Red Light Running Camera 96 = None 98 = Other (Explain in Narrative)

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1466081-WE - 1 - Texas

Department of Public Safety -

Highway Patrol L&R

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al  
vs.  
TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et al

§  
§  
§  
§  
§  
§  
§

CIVIL ACTION NO. 3-11CV0207-N

AFFIDAVIT

BEFORE ME, the undersigned authority personally appeared Brandon Negri  
who, being by me duly sworn, deposed as follows:

My name is BRANDON NEGRI I am over 18 years of age, of sound mind, capable  
of making this affidavit, and personally acquainted with the facts therein stated and they are true and correct.

I am the custodian of records/tangible items of: **TEXAS DEPARTMENT OF PUBLIC SAFETY -  
HIGHWAY PATROL**

The attached records and/or tangible items are part of this affidavit. These said records and/or tangible  
items are kept in the regular course of business, and it was the regular course of business of **TEXAS  
DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL**, for an employee or representative of **TEXAS  
DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL**, with personal knowledge of the act, event,  
condition, opinion or diagnosis recorded to make the memorandum or record or to transmit information thereof to be  
included in such memorandum or record; and the records and/or tangible items were made at or near the time of the  
act, event or condition recorded or reasonably soon thereafter.

The records and/or tangible items attached hereto are the originals or exact copies of the originals or are  
true copies of the microfiche on which the image of the original documents and/or tangible items have been  
transferred and nothing has been removed from the original file before making these copies.

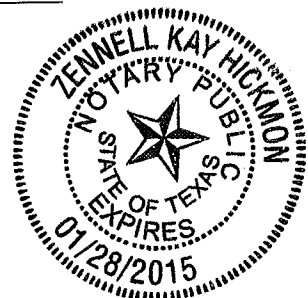
THE RECORDS/TANGIBLE ITEMS ATTACHED HERETO ARE TRUE, CORRECT AND  
COMPLETE.

[Signature]  
CUSTODIAN OF RECORD

SWORN TO AND SUBSCRIBED before me on the 8 day of August, 2011.

[Signature]  
SIGNATURE OF NOTARY PUBLIC IN AND FOR THE STATE OF TX  
My Commission expires 1/28/2015

Order No. 01-46099-002





**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**OLLIE GREENE, Individually and as the** §  
**Surviving parent of WYNDELL GREENE, SR.,** §  
**WILLIAM GREENE, as the Administrator** §  
**Of the Estate of WYNDELL GREENE, SR., et al** §  
**vs.** §  
**TOYOTA MOTOR CORPORATION, TOYOTA** §  
**MOTOR MANUFACTURING NORTH AMERICA, et al** §

CIVIL ACTION NO. 3-11CV0207-N

**NOTICE OF INTENTION FOR PRODUCTION OF DOCUMENTS**

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, the custodian of records for:

**TEXAS DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL (Investigative Files)**  
**111 TEJAS DRIVE TERRELL, TX 75160-6567**

**KAUFMAN COUNTY SHERIFF'S OFFICE (Investigative Files)**  
**KAUFMAN COUNTY DETENTION CENTER 1900 E. US HWY 175 KAUFMAN, TX 75142**

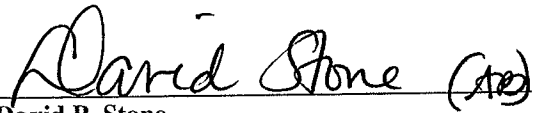
Shall receive a Subpoena to produce documents on or before 08/08/2011, or any other agreed upon time and/or place, before a Notary Public for:

**Written Deposition Service, LLC**  
**1750 Valley View Lane Suite 210**  
**Dallas, TX 75234**

or its designated agent, to be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 34 & 45, Federal Rules of Civil Procedure, that the authorized officer shall issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached Exhibit(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the authorized officer so that photographic reproductions of the same may be made and attached.

Order No. 01-46099

Respectfully Submitted,

A handwritten signature in cursive script that reads "David Stone" followed by a circled "A" in parentheses.

David P. Stone

SBA # 00785061

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (214) 824-3098

Attorney for Defendant

### CERTIFICATE OF SERVICE

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention For the Production of Documents was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED \_\_\_\_\_

HAND DELIVERY \_\_\_\_\_

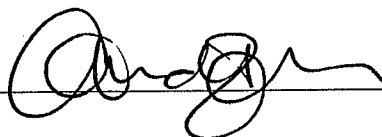
TELECOPY \_\_\_\_\_

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATED: 7/20/11

BY: \_\_\_\_\_



SERVED TO ALL PARTIES LISTED BELOW:

*Ollie Greene, et al vs. Toyota Motor Corporation, et al*

**ATTORNEYS OF RECORD**

Aubrey Pittman  
The Pittman Law Firm  
100 Crescent Court, Suite 700  
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912  
Attorney for Plaintiff

Daryl K. Washington  
Law Office of Daryl K. Washington  
325 St. Paul, Suite 1975  
Dallas, TX 75201 (214) 880-4883 Fax (214) 880-4885  
Attorney for Plaintiff

## **ATTACHMENT**

ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO, REPORTS OF CRIMINAL CHARGES, THE INVESTIGATIVE FILES, POLICE REPORTS, ACCIDENT REPORTS, INCIDENT REPORTS, ALL LOGS, LISTS AND CONTRACTS FOR ALL PERSONNEL ON THE SCENE OF THE ACCIDENT, DISPATCH LOGS, WITNESS STATEMENTS (WRITTEN OR ORAL), ANY AND ALL ACTUAL PRINT PHOTOGRAPHS AND ACTUAL NEGATIVES OF SUCH PHOTOGRAPHS (OR MAKE THE NEGATIVES AVAILABLE FOR SCANNING BY A REPRESENTATIVE OF THE FIRM, BOWMAN & BROOKE, LLP), VIDEOTAPES (INCLUDING IN-DASH VIDEOS FROM MOTOR VEHICLES), 911 TRANSCRIPT AND TAPE, DRAWINGS, MEASUREMENTS, INTERVIEWS, SUPPLEMENTAL REPORTS, OFFICER FIELD NOTES, E-MAIL TRANSMISSIONS, INCIDENT RECONSTRUCTIONS, INCLUDING BUT NOT LIMITED TO INCIDENT SCENE DIAGRAMS, CHARTS, MEASUREMENTS, COORDINATES, AND/OR DRAWINGS, COMPLETED BY ANY OFFICER WHETHER AT THE SCENE OR IN A SUBSEQUENT INVESTIGATION OF THE INCIDENT, NOTES, PAPERS, FILES, MEMORANDA, ALL DOCUMENTS EXISTING IN ELECTRONIC OR MAGNETIC FORM, INCLUDING CORRESPONDENCE AND DIGITAL PHOTOGRAPHS AND ALL TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY HAVE ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

# United States District Court

## FOR THE NORTHERN DISTRICT OF TEXAS

### DALLAS DIVISION

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al**  
vs.  
**TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et  
al**

## SUBPOENA IN A CIVIL CASE

Civil Action Number:<sup>1</sup> 3-11CV0207-N

**TO:** Custodian of Records for: **TEXAS DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL  
111 TEJAS DRIVE  
TERRELL, TX 75160-6567 (972) 551-6010**

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

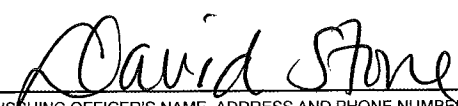
☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO, REPORTS OF CRIMINAL CHARGES, THE INVESTIGATIVE FILES, POLICE REPORTS, ACCIDENT REPORTS, INCIDENT REPORTS, ALL LOGS, LISTS AND CONTRACTS FOR ALL PERSONNEL ON THE SCENE OF THE ACCIDENT, DISPATCH LOGS, WITNESS STATEMENTS (WRITTEN OR ORAL), ANY AND ALL ACTUAL PRINT PHOTOGRAPHS AND ACTUAL NEGATIVES OF SUCH PHOTOGRAPHS OR MAKE THE NEGATIVES AVAILABLE FOR SCANNING BY A REPRESENTATIVE OF THE FIRM, BOWMAN & BROOKE, LLP, VIDEOTAPES (INCLUDING IN-DASH VIDEOS FROM MOTOR VEHICLES), 911 TRANSCRIPT AND TAPE, DRAWINGS, MEASUREMENTS, INTERVIEWS, SUPPLEMENTAL REPORTS, OFFICER FIELD NOTES, E-MAIL TRANSMISSIONS, INCIDENT RECONSTRUCTIONS, INCLUDING BUT NOT LIMITED TO INCIDENT SCENE DIAGRAMS, CHARTS, MEASUREMENTS, COORDINATES, AND/OR DRAWINGS, COMPLETED BY ANY OFFICER WHETHER AT THE SCENE OR IN A SUBSEQUENT INVESTIGATION OF THE INCIDENT, NOTES, PAPERS, FILES, MEMORANDA, ALL DOCUMENTS EXISTING IN ELECTRONIC OR MAGNETIC FORM, INCLUDING CORRESPONDENCE AND DIGITAL PHOTOGRAPHS AND ALL TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY HAVE ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE ACCIDENT ON 5/28/10,

PLACE	DATE AND TIME
The office of the custodian: <b>111 TEJAS DRIVE TERRELL, TX 75160-6567</b>	<b>AT 10:00 A.M. ON 08/08/2011</b>

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
 <b>Attorney for Defendant</b>	7/20/11

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

**David P. Stone**  
**Bowman & Brooke, LLP**   
**2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700**

**PROOF OF SERVICE**

<b>SERVED</b>	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006:

**(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.**

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

**(B) If a subpoena**

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

**(d) DUTIES IN RESPONDING TO SUBPOENA.**

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units 6 Total Num. Persns. 9 TxDOT Crash ID


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
Refer to Attached Code Sheet for Numbered Fields
Page 1 of 6

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

*Crash Date (MM/DD/YYYY) <u>05/28/2010</u>		*Crash Time (24HRMM) <u>1825</u>		Case ID		Local Use	
*County Name <u>Kaufman</u>				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) <u>32.40130</u>		Longitude (decimal degrees) <u>-96.08890</u>	
<b>ROAD ON WHICH CRASH OCCURRED</b>							
*1 Rwy. Sys. <u>IH</u>		*Hwy. Num. <u>20</u>		2 Rwy. Part <u>1</u>		3 Street Prefix	
*Street Name		4 Street Suffix					
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit <u>65</u>	
Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER</b>							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rwy. Sys.		Hwy. Num.		2 Rwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker <u>0.4</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker <u>E</u>		Reference Marker <u>509</u>	
Street Desc.		RRX Num.					
<b>VEHICLE, DRIVER, &amp; PERSONS</b>							
Unit Num. <u>1</u>		5 Unit Desc. <u>1</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State <u>MS</u>	
LP Num.		VIN <u>4V4NC9G88N</u>					
Veh. Year <u>2008</u>		6 Veh. Color <u>WHI</u>		Veh. Make <u>VOLVO</u>		Veh. Model <u>TR</u>	
7 Body Style <u>TL</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type <u>2</u>		DL/ID State <u>MS</u>		DL/ID Num.		9 DL Class <u>98</u>	
10 CDL End. <u>98</u>		11 DL Rest. <u>98</u>		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) <u>COLUMBIA MS</u>							
Person Num. <u>1</u>		12 Psn. Type <u>1</u>		13 Seat Position <u>1</u>		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity <u>B</u>		Age <u>40</u>		15 Ethnicity <u>B</u>		16 Sex <u>1</u>	
17 Eject <u>1</u>		18 Restr. <u>1</u>		19 Airbag <u>97</u>		20 Helmet <u>97</u>	
21 Sol. <u>N</u>		22 Alc. Spec. <u>96</u>		Alc. Result		23 Drug Spec. <u>96</u>	
24 Drug Result <u>97</u>		25 Drug Category <u>97</u>		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>GREAT WEST CASUALTY</u>	
Fin. Resp. Phone Num. <u>(601) 544-8703</u>		27 Vehicle Damage Rating 1 <u>1, 2, F, D, 5</u>		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by <u>Buster's</u>		Towed To <u>303 W. Broad Forney TX (972) 564-1020</u>					
<b>VEHICLE, DRIVER, &amp; PERSONS</b>							
Unit Num. <u>2</u>		5 Unit Desc. <u>6</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State <u>MS</u>	
LP Num.		VIN <u>1UYFS24848</u>					
Veh. Year <u>2008</u>		8 Veh. Color <u>BLK</u>		Veh. Make <u>UTILITY</u>		Veh. Model <u>FST</u>	
7 Body Style <u>TL</u>		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>GREAT WEST CASUALTY</u>	
Fin. Resp. Phone Num. <u>(601) 544-8703</u>		27 Vehicle Damage Rating 1 <u>V, B, 1</u>		27 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by <u>Buster's</u>		Towed To <u>Forney</u>					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1		Renaissance Hospital Terrell	ETMC	____/____/____
					____/____/____	____:____
					____/____/____	____:____
					____/____/____	____:____
					____/____/____	____:____
					____/____/____	____:____

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

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

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 0087823
Carrier's Corp. Name _____			Carrier's Primary Addr. _____			
30 Rdwy. Access 1	31 Veh. Type 9	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR 8,000,000	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num. _____	HazMat ID Num. _____	32 HazMat Class _____
33 Cargo Body Style 5	Trailer 1	Unit Num. 2	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR 3,630,000	34 Trlr. Type 2	Trailer 2	Unit Num. _____
Sequence Of Events	35 Seq. 1 13	35 Seq. 2 18	35 Seq. 3	35 Seq. 4	Total Num. Axles 5	Total Num. Tires 18

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	22		72					1	1	97	2	1	1	11
2														

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	<p>Unit #1 and towed unit (#2) were traveling east bound on IH 20 in the right lane. Unit #3 was traveling east bound on IH 20 in the right lane directly in front of Unit #1. Unit #4 was also traveling east bound IH 20 in front of Unit #3. Unit #5 and towed unit (#6) were traveling east bound on IH 20 in the right lane in front of Unit #4. Due to the holiday weekend, there was an extremely heavy volume of traffic on IH 20, the traffic had begun to slow in the area of mile marker 509. Units 3,4,5-6 had slowed to a near stop. The driver of Unit #1 stated that he was not paying attention to traffic and there is evidence that he was talking on a cellular phone at the time of the crash. Unit #1 failed to control speed and struck Unit #3 in the rear, smashing in the rear end. It appears that Unit #3 was pushed for a distance by Unit #1. Unit #3 then struck Unit #4 in the rear end smashing the rear end with enough force to crush it. Unit #4's rear end came around clockwise and Unit #4 skidded across the inside lane to the inside shoulder.</p>	<p>Indicate North ↑</p> <p>DIGRAM CONTINUED ON PAGE 4</p>

INVESTIGATOR	Time Notified (24-HRMM) 1,8,2,7	How Notified DPS Dispatch	Time Arrived (24-HRMM) 1,8,4,0	Report Date (MM/DD/YYYY) 0,5,2,8,2,0,1,0
	Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) DEXTER BARKLEY	ID Num. 11097	
	ORI Num. T, X, D, P, S, 8, 6, 0, 0	*Agency TX DPS	District/ Area H, P, 1, A, 0, 6	



Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Num. Units 6 Total  
Num. Prns 9 TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780

Refer to Attached Code Sheet for Numbered Fields

Page 3 of 6

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

*Crash Date (MM/DD/YYYY) 05/28/2010		*Crash Time (24HRMM) 1825		Case ID		Local Use																											
*County Name Kaufman				*City Name				<input checked="" type="checkbox"/> Outside City Limit																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.40130		Longitude (decimal degrees) -96.08890																											
ROAD ON WHICH CRASH OCCURRED																																	
*1 Rdwy. Sys. IH		*Hwy. Num. 20		2 Rdwy. Part 1		3 Street Prefix		*Street Name		4 Street Suffix																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 65		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER																																	
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part		Block Num.		3 Street Prefix		Street Name		4 Street Suffix																			
Distance from Int. or Ref. Marker 0.4		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker E		Reference Marker 509		Street Desc.		RRX Num.																							
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num.		VIN JTEZU5JR9A5																					
Veh. Year 2010		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model 4-RUNNER		7 Body Style SV		<input type="checkbox"/> Emergency (Explain in Narrative if checked)																							
8 DL/D Type 1		DL/D State TX		DL/D Num.		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY)																					
Address (Street, City, State, ZIP)																																	
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																	
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		A		34		B		1		1		1		99		97		N		96				96		97		97	
2		2		3		K		35		B		2		2		99		99		97		N											
3		2		6		K		2		B		1		1		99		97		97		N											
4		2		4		K		5		B		2		1		99		97		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name FARMERS CO MUTUAL		Fin. Resp. Num.																									
Fin. Resp. Phone Num. 1800-435-7764		27 Vehicle Damage Rating 1		6		B, D, 1		27 Vehicle Damage Rating 2		V, B, 1		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
Towed by B&V		Towed To 900 E. Moore Ave Terrell TX 75160 (972) 563-3232																															
Unit Num. 4		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 368KKR		VIN 1N1XBR30E06Z																					
Veh. Year 2006		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA		7 Body Style P4		<input type="checkbox"/> Emergency (Explain in Narrative if checked)																							
8 DL/D Type 1		DL/D State TX		DL/D Num.		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY)																					
Address (Street, City, State, ZIP)																																	
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																	
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		B		45		W		1		1		1		3		97		N		96				96		97		97	
2		2		3		B		17		W		2		1		1		3		97		N											
3		2		6		B		12		W		2		1		1		3		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name STATE FARM		Fin. Resp. Num.																									
Fin. Resp. Phone Num. (817) 478-9877		27 Vehicle Damage Rating 1		6		B, D, 5		27 Vehicle Damage Rating 2				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
Towed by FULLERS		Towed To 1402 Hwy 34 Terrell TX 75160 (888) 712-3822																															

<b>DISPOSITION OF INJURED/KILLED</b>	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	3	1	PARKLAND DALLAS	AIR-EVAC GREENVILLE	____/____/____	____:____
	3	2	ME OFFICE DALLAS	ANDERSON-CLAYTON	0 5 / 2 8 / 2 0 1 0	1 9 0 0
	3	3	ME OFFICE DALLAS	ANDERSON-CLAYTON	0 5 / 2 8 / 2 0 1 0	1 9 0 0
	3	4	ME OFFICE DALLAS	ANDERSON-CLAYTON	0 5 / 2 8 / 2 0 1 0	1 9 0 0
	4	1	BAYLOR DALLAS	ETMC	____/____/____	____:____
	4	2	BAYLOR DALLAS	ETMC	____/____/____	____:____

<b>CHARGES</b>	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

<b>DAMAGE</b>	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

<b>CMV</b>	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name _____ Carrier's Primary Addr. _____							
	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class	HazMat ID Num.
	33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Tires	Num.

<b>FACTORS &amp; CONDITIONS</b>	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
	3															
4																

<b>NARRATIVE AND DIAGRAM</b>	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)		Field Diagram - Not to Scale	
	<p>Unit #4 came to a final rest facing mostly south in the center median. Unit #1 then turned to the right in the direction of the outside shoulder, Pushing Unit #3 counter clockwise. There was a storage box on the left side of Unit #2, that storage box caught on to the rear of Unit #3 and pulled metal from the rear of Unit #3. That impact spun Unit #3 nearly 90 degrees to the north. Unit #3 was now facing north. The front seat passenger in Unit #3 was partly ejected at some point during the impacts leading up to Unit #3 striking Unit #6. When Unit #3 impacted Unit #6, the front right passenger slammed against the rear of Unit #6. Unit #3 then began to fold under Unit #6 causing the roof of Unit #3 to peel up and to the left. Unit #3 then exploded. The front seat passenger had come to a final rest twisted on the right side of the hood of Unit #3. Unit #5 skidded to a stop. There was no damage to Unit #5. Unit #6 sustained damage to the rear of the trailer.</p>		<div style="text-align: center;"> <p>Indicate North ↑</p> <p>FINAL REST OF ALL UNITS</p> </div>	

<b>INVESTIGATOR</b>	Time Notified (24HRMM)	<u>1 8 2 7</u>	How Notified	DPS Dispatch	Time Arrived (24HRMM)	<u>1 8 4 0</u>	Report Date (MM/DD/YYYY)	<u>0 5 / 2 8 / 2 0 1 0</u>
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	DEXTER BARKLEY	ID Num.	11097		
	ORI Num.	<u>T X D P S 8 6 0 0</u>			*Agency	TX DPS		
	District/Area	<u>H P 1 A 0 6</u>						

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

Total Num. Units	6	Total Num. Prns.	9	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
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Page 5 of 6

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

* Crash Date (MM/DD/YYYY) 05/28/2010		* Crash Time (24HRMM) 1825		Case ID		Local Use																																																													
* County Name Kaufman				* City Name		<input checked="" type="checkbox"/> Outside City Limit																																																													
in your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.40130		Longitude (decimal degrees) -96.08890																																																													
ROAD ON WHICH CRASH OCCURRED																																																																			
* 1 Rdwy. Sys. IH		* Hwy. Num. 20		2 Rdwy. Part 1		Block Num.																																																													
3 Street Prefix		* Street Name		4 Street Suffix																																																															
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 65		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																																	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER																																																																			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part																																																													
Block Num.		3 Street Prefix		Street Name		4 Street Suffix																																																													
Distance from Int. or Ref. Marker 0.4		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int. or Ref. Marker E		Reference Marker 509																																																													
Street Desc.		RRX Num.																																																																	
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Case ID

TxDOT Crash ID

Page 6 of 6


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

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

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

Unit Num.	5	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	1043597	
Carrier's Corp. Name					Carrier's Primary Addr.						
30 Rdwy. Access	1	31 Veh. Type	9	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5, 2, 0, 0, 0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		32 HazMat ID Num.	
33 Cargo Body Style	3	Trailer 1	Unit Num.	6	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6, 5, 0, 0, 0	34 Trlr. Type	2	Trailer 2	Unit Num.	
Sequence Of Events	35 Seq. 1	13	35 Seq. 2		35 Seq. 3		35 Seq. 4		Total Num. Axles	5	
									Total Num. Tires	18	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	5															
6																

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Field Diagram - Not to Scale
	<p>The impact broke off the ICC bar from the bottom of the trailer. Part of the bar was lodged in the right door of Unit #6. The other part was in the roadway on the west side of Unit #3. There were dark skid marks from the right tandem axel of Unit #1 and Unit #2. The area of first impact between Unit #1 and #3 was very visible. Also very visible was the impact of Unit #3 into Unit #4. The path that Unit #4 was also clearly visible. The area that Unit #3 turned and later impacted Unit #6 was also clearly visible as were the skid marks of Unit #6. Medical treatment was given to all survivors of the crash. The skid marks on the roadway from Unit #6 indicate that traffic was not stopped at the time of the crash. The types of injuries sustained and hospitals the injured were taken to are outlined in the report. Unit #1,2 came to a final rest facing south east on the south side of the roadway. Unit #3 came to a final rest facing north in the traffic lane. Unit #5,6 came to a final rest facing east in the outside traffic lane.</p>	<p>Indicate North</p>  <p>DIAGRAM ON PAGE 2 AND PAGE</p>

INVESTIGATOR	Time Notified (24HRMM)	1, 8, 2, 7	How Notified	DPS Dispatch	Time Arrived (24HRMM)	1, 8, 4, 0	Report Date (MM/DD/YYYY)	0, 5, / 2, 8, / 2, 0, 1, 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	DEXTER BARKLEY	ID Num.	11097		
	ORI Num.	T, X, D, P, S, 8, 6, 0, 0	*Agency	TX DPS	District/ Area	H, P, 1, A, 0, 6		

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1473988-WE - 1 - Elmo

Volunteer Fire Department -

CRS Legals and Records

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al  
vs.

TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et al

§  
§  
§  
§  
§  
§  
§

CIVIL ACTION NO. 3-11CV0207-N

AFFIDAVIT

BEFORE ME, the undersigned authority personally appeared Bill Wynn  
who, being by me duly sworn, deposed as follows:

My name is Bill Wynn Asst. Chief I am over 18 years of age, of sound mind, capable  
of making this affidavit, and personally acquainted with the facts therein stated and they are true and correct.

I am the custodian of records/tangible items of: **ELMO VOLUNTEER FIRE DEPARTMENT**

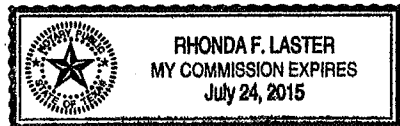
The attached records and/or tangible items are part of this affidavit. These said records and/or tangible  
items are kept in the regular course of business, and it was the regular course of business of **ELMO VOLUNTEER  
FIRE DEPARTMENT**, for an employee or representative of **ELMO VOLUNTEER FIRE DEPARTMENT**,  
with personal knowledge of the act, event, condition, opinion or diagnosis recorded to make the memorandum or  
record or to transmit information thereof to be included in such memorandum or record; and the records and/or  
tangible items were made at or near the time of the act, event or condition recorded or reasonably soon thereafter.

The records and/or tangible items attached hereto are the originals or exact copies of the originals or are  
true copies of the microfiche on which the image of the original documents and/or tangible items have been  
transferred and nothing has been removed from the original file before making these copies.

THE RECORDS/TANGIBLE ITEMS ATTACHED HERETO ARE TRUE, CORRECT AND  
COMPLETE.

B. Wynn  
CUSTODIAN OF RECORD

SWORN TO AND SUBSCRIBED before me on the 18 day of August, 2011.



Rhonda F. Laster  
SIGNATURE OF NOTARY PUBLIC IN AND FOR THE STATE OF TX  
My Commission expires 7-24-2015

Order No. 01-46099-007

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**OLLIE GREENE, Individually and as the** §  
**Surviving parent of WYNDELL GREENE, SR.,** §  
**WILLIAM GREENE, as the Administrator** §  
**Of the Estate of WYNDELL GREENE, SR., et al** §  
**vs.** §  
**TOYOTA MOTOR CORPORATION, TOYOTA** §  
**MOTOR MANUFACTURING NORTH AMERICA, et al** §

CIVIL ACTION NO. 3-11CV0207-N

**NOTICE OF INTENTION FOR PRODUCTION OF DOCUMENTS**

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, the custodian of records for:

**ELMO VOLUNTEER FIRE DEPARTMENT (Client Record Scope)**

**12777 FM 2728 TERRELL, TX 75161**

**ABLE SPRINGS VOLUNTEER FIRE DEPARTMENT (Client Record Scope)**

**30108 FM 429 TERRELL, TX 75161**

Shall receive a Subpoena to produce documents on or before 08/08/2011, or any other agreed upon time and/or place, before a Notary Public for:

**Written Deposition Service, LLC  
1750 Valley View Lane Suite 210  
Dallas, TX 75234**

or its designated agent, to be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 34 & 45, Federal Rules of Civil Procedure, that the authorized officer shall issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached Exhibit(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the authorized officer so that photographic reproductions of the same may be made and attached.

Order No. 01-46099

Respectfully Submitted,



David P. Stone

SBA # 00785061

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (214) 824-3098

Attorney for Defendant

(AB)



### CERTIFICATE OF SERVICE

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention For the Production of Documents was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

\_\_\_\_\_

HAND DELIVERY

\_\_\_\_\_

TELECOPY

\_\_\_\_\_

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS

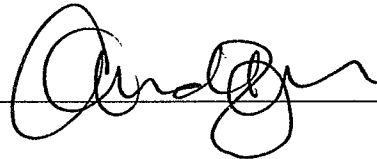
\_\_\_\_\_

E-MAIL

\_\_\_\_\_

DATED: 7/20/11

BY: \_\_\_\_\_



SERVED TO ALL PARTIES LISTED BELOW:

*Ollie Greene, et al vs. Toyota Motor Corporation, et al*

**ATTORNEYS OF RECORD**

Aubrey Pittman  
The Pittman Law Firm  
100 Crescent Court, Suite 700  
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912  
Attorney for Plaintiff

Daryl K. Washington  
Law Office of Daryl K. Washington  
325 St. Paul, Suite 1975  
Dallas, TX 75201 (214) 880-4883 Fax (214) 880-4885  
Attorney for Plaintiff

## **ATTACHMENT**

ANY AND ALL AMBULANCE/TRANSPORT RECORDS (EXCLUDING BILLING RECORDS), INCLUDING BUT NOT LIMITED TO, ACTIVITY REPORTS, FIRST RESPONDER RECORDS, DISPATCH REPORTS, RUN SHEETS, PATIENT INFORMATION SHEETS, AIR AMBULANCE REPORTS, MEDICAL FILES, PSYCHIATRIC AND PSYCHOLOGICAL RECORDS, INSURANCE CLAIMS FILED, TREATMENT NOTES, PHOTOGRAPHS, VIDEOS, PRESCRIPTIONS, X-RAY AND LABORATORY REPORTS, NARRATIVE REPORTS, DOCUMENTS, NOTES, CHARTS, MEMORANDUMS, SUPPLEMENTAL REPORTS, EMERGENCY RECORDS, CORRESPONDENCE, REPORTS, CALL SHEETS, EVERY SUCH RECORD INCLUDING THOSE EXISTING IN ELECTRONIC OR MAGNETIC FORM AND ALL OTHER DOCUMENTS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS PERTAINING TO AN ACCIDENT ON 5/28/10 INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

# United States District Court

## FOR THE NORTHERN DISTRICT OF TEXAS

### DALLAS DIVISION

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al**  
vs.  
**TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et  
al**

## SUBPOENA IN A CIVIL CASE

Civil Action Number:<sup>1</sup> 3-11CV0207-N

**TO:** Custodian of Records for: **ELMO VOLUNTEER FIRE DEPARTMENT  
12777 FM 2728  
TERRELL, TX 75161 (972) 563-2344**

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME
---------------------	---------------


☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL AMBULANCE/TRANSPORT RECORDS (EXCLUDING BILLING RECORDS), INCLUDING BUT NOT LIMITED TO, ACTIVITY REPORTS, FIRST RESPONDER RECORDS, DISPATCH REPORTS, RUN SHEETS, PATIENT INFORMATION SHEETS, AIR AMBULANCE REPORTS, MEDICAL FILES, PSYCHIATRIC AND PSYCHOLOGICAL RECORDS, INSURANCE CLAIMS FILED, TREATMENT NOTES, PHOTOGRAPHS, VIDEOS, PRESCRIPTIONS, X-RAY AND LABORATORY REPORTS, NARRATIVE REPORTS, DOCUMENTS, NOTES, CHARTS, MEMORANDUMS, SUPPLEMENTAL REPORTS, EMERGENCY RECORDS, CORRESPONDENCE, REPORTS, CALL SHEETS, EVERY SUCH RECORD INCLUDING THOSE EXISTING IN ELECTRONIC OR MAGNETIC FORM AND ALL OTHER DOCUMENTS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS PERTAINING TO AN ACCIDENT ON 5/28/10 INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

PLACE  The office of the custodian: <b>12777 FM 2728 TERRELL, TX 75161</b>	DATE AND TIME  <b>AT 10:00 A.M. ON 08/08/2011</b>
--	---

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME
----------	---------------

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)   <b>Attorney for Defendant</b>	DATE  <b>7/20/11</b>
--	----------------------------

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

**David P. Stone**  
**Bowman & Brooke, LLP**  
**2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700**

**PROOF OF SERVICE**

<b>SERVED</b>	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006:

**(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.**

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

**(d) DUTIES IN RESPONDING TO SUBPOENA.**

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2)(A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

## **ATTACHMENT**

ANY AND ALL AMBULANCE/TRANSPORT RECORDS (EXCLUDING BILLING RECORDS), INCLUDING BUT NOT LIMITED TO, ACTIVITY REPORTS, FIRST RESPONDER RECORDS, DISPATCH REPORTS, RUN SHEETS, PATIENT INFORMATION SHEETS, AIR AMBULANCE REPORTS, MEDICAL FILES, PSYCHIATRIC AND PSYCHOLOGICAL RECORDS, INSURANCE CLAIMS FILED, TREATMENT NOTES, PHOTOGRAPHS, VIDEOS, PRESCRIPTIONS, X-RAY AND LABORATORY REPORTS, NARRATIVE REPORTS, DOCUMENTS, NOTES, CHARTS, MEMORANDUMS, SUPPLEMENTAL REPORTS, EMERGENCY RECORDS, CORRESPONDENCE, REPORTS, CALL SHEETS, EVERY SUCH RECORD INCLUDING THOSE EXISTING IN ELECTRONIC OR MAGNETIC FORM AND ALL OTHER DOCUMENTS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS PERTAINING TO AN ACCIDENT ON 5/28/10 INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

<b>A</b>		MM DD YYYY 05 28 2010	Station 001	Incident Number 10-0000132	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
FDID * NT404		State * TX		Incident Date *			

<b>B Location*</b>		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.	
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input checked="" type="checkbox"/> Directions		Number/Milepost Prefix Street or Highway City Elmo State TX Zip Code 75118 I-20 eastbound @ 509	

<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>		<b>E2 Shift &amp; Alarms</b>	
322 Motor vehicle accident with		Check boxes if dates are the same as Alarm Date. Alarm * 05 28 2010 18:26:00 Arrival * 05 28 2010 18:28:00 Controlled Last Unit Cleared 05 29 2010 00:59:00		Midnight is 0000 Local Option Shift or Alarms District Platoon	
<b>D Aid Given or Received*</b>		<b>E3 Special Studies</b>			
1 <input checked="" type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None		Special Study ID# Special Study Value			

<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>	
32 Provide basic life Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS 0003 0006 Other Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000	

<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>		<b>I Mixed Use Property</b>	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 30 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	

<b>J Property Use* Structures</b>		<b>341-359</b>		<b>600-699</b>	
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse	
<b>Outside</b>		<b>900-999</b>		<b>Lookup and enter a Property Use code only if you have NOT checked a Property Use box:</b>	
124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input checked="" type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway		981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Property Use 961 Highway or divided highway	

NFIRS-1 Revision 03/11/99

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**

☐ Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

**L Remarks**

Local Option

Four vehicle major MVA with three deaths, and four injuries one of which is critical. Semi truck rear ended passenger car knocking it out of the way, car had three passengers all transported to baylor. The semi then hit a second car and knocked it into a second semi, causing the car to explode on impact, that car had four passengers. The front seat passenger was ejected from the vehicle and on fire, she was DOA on arrival, the two children in the back seat were dead and burned when we arrived, the driver was pulled from the wreckage with burns to the upper body by witness on scene. The driver of the first semi was also taken to area hospital to be checked out had minor injuries. Driver of the second semi had no injuries. We put the fire out and removed the bodies from the wreckage.

**L Authorization**

007

Officer in charge ID

Crues, Roger

Signature

CP

Position or rank

Assignment

05

29

2010

Month

Day

Year

Check Box if same as Officer in charge.

007

Member making report ID

Unknown Staff Member

Signature

CP

Position or rank

Assignment

05

29

2010

Month

Day

Year

NT404	TX	MM	DD	YYYY	001	10-0000132	000	Complete Narrative
FDID *	State *	5	28	2010	Station	Incident Number *	Exposure *	

**Narrative:**

Four vehicle major MVA with three deaths, and four injuries one of witch is critical. Semi truck rear ended passenger car knocking it out of the way, car had three passengers all transported to baylor. The semi then hit a second car and knocked it into a second semi, causing the car to explode on impact, that car had four pass angers. The front seat passenger was ejected from the vehicle and on fire, she was DOA on are arrival, the two children in the back seat were dead and burned when we arrived, the driver was pulled from the wreckage with burns to the upper body by witness on scene. The driver of the first semi was also taking to area hospital to be checked out had minor injuries. Driver of the second semi had no injuries. We put the fire out and removed the bodies from the wreckage.



<b>A</b>		MM DD YYYY		FDID		State		Incident Date		Station		Incident Number		Exposure		Delete		Change		NFIRS - 9 Apparatus or Resources					
		NT404		TX		5 28 2010		001		10-0000132		000													
<b>B</b>		Apparatus or Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min						Sent <input checked="" type="checkbox"/>		Number of People * 6		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		Actions Taken									
1		ID 1	Type 11	Dispatch	<input checked="" type="checkbox"/>	5	28	2010	18:26	Arrival	<input checked="" type="checkbox"/>	5	28	2010	18:28	Clear	<input type="checkbox"/>	5	29	2010	00:59	<input checked="" type="checkbox"/>	6	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2		ID 3	Type 14	Dispatch	<input checked="" type="checkbox"/>	5	28	2010	18:26	Arrival	<input checked="" type="checkbox"/>	5	28	2010	18:28	Clear	<input type="checkbox"/>	5	29	2010	00:59	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3		ID 8	Type 16	Dispatch	<input checked="" type="checkbox"/>	5	28	2010	18:26	Arrival	<input checked="" type="checkbox"/>	5	28	2010	18:28	Clear	<input type="checkbox"/>	5	29	2010	00:59	<input checked="" type="checkbox"/>	0	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4		ID	Type	Dispatch	<input type="checkbox"/>					Arrival	<input type="checkbox"/>					Clear	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5		ID	Type	Dispatch	<input type="checkbox"/>					Arrival	<input type="checkbox"/>					Clear	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6		ID	Type	Dispatch	<input type="checkbox"/>					Arrival	<input type="checkbox"/>					Clear	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7		ID	Type	Dispatch	<input type="checkbox"/>					Arrival	<input type="checkbox"/>					Clear	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8		ID	Type	Dispatch	<input type="checkbox"/>					Arrival	<input type="checkbox"/>					Clear	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9		ID	Type	Dispatch	<input type="checkbox"/>					Arrival	<input type="checkbox"/>					Clear	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Type of Apparatus or Resources</b> <table style="width:100%;"> <tr> <td style="vertical-align: top;"> <b>Ground Fire Suppression</b>            11 Engine            12 Truck or aerial            13 Quint            14 Tanker &amp; pumper combination            16 Brush truck            17 ARF (Aircraft Rescue and Firefighting)            10 Ground fire suppression, other  <b>Heavy Ground Equipment</b>            21 Dozer or plow            22 Tractor            24 Tanker or tender            20 Heavy equipment, other  <b>Aircraft</b>            41 Aircraft: fixed wing tanker            42 Helitanker            43 Helicopter            40 Aircraft, other         </td> <td style="vertical-align: top;"> <b>Marine Equipment</b>            51 Fire boat with pump            52 Boat, no pump            50 Marine apparatus, other  <b>Support Equipment</b>            61 Breathing apparatus support            62 Light and air unit            60 Support apparatus, other  <b>Medical &amp; Rescue</b>            71 Rescue unit            72 Urban Search &amp; rescue unit            73 High angle rescue unit            75 BLS unit            76 ALS unit            70 Medical and rescue unit, other         </td> <td style="vertical-align: top;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>More Apparatus? Use Additional Sheets</b> </div> <b>Other</b>            91 Mobile command post            92 Chief officer car            93 HazMat unit            94 Type 1 hand crew            95 Type 2 hand crew            99 Privately owned vehicle            00 Other apparatus/resource            NN None            UU Undetermined         </td> </tr> </table>																							<b>Ground Fire Suppression</b> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <b>Aircraft</b> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	<b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <b>Medical &amp; Rescue</b> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>More Apparatus? Use Additional Sheets</b> </div> <b>Other</b> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined
<b>Ground Fire Suppression</b> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <b>Aircraft</b> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	<b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <b>Medical &amp; Rescue</b> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>More Apparatus? Use Additional Sheets</b> </div> <b>Other</b> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined																							
NFIRS-9 Revision 11/17/98																									

<b>A</b>	FDID <b>NT404</b> *	State <b>TX</b> *	Incident Date <b>5/28/2010</b> *	Station <b>001</b>	Incident Number <b>10-0000132</b> *	Exposure <b>000</b> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 10 Personnel</b>
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B Apparatus or Resource <small>Use codes listed below</small>	Date and Times <small>Check if same as alarm date</small> Month Day Year Hours/mins	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<b>1</b> ID <b>1</b> Type <b>11</b>	Dispatch <input checked="" type="checkbox"/> <b>5/28/2010 18:26</b> Arrival <input checked="" type="checkbox"/> <b>5/28/2010 18:28</b> Clear <input type="checkbox"/> <b>5/29/2010 00:59</b>	<input checked="" type="checkbox"/>	<b>6</b>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
006	Hunter, Mickey	FF	X				
007	Crues, Roger	CP	X				
012	Brumbelow, Randy	FC	X				
017	Oswald, David	LT	X				
037	RUSHING, GREG		X				
046	Oldaker, Charlie	PR	X				

<b>2</b> ID <b>3</b> Type <b>14</b>	Dispatch <input checked="" type="checkbox"/> <b>5/28/2010 18:26</b> Arrival <input checked="" type="checkbox"/> <b>5/28/2010 18:28</b> Clear <input type="checkbox"/> <b>5/29/2010 00:59</b>	<input checked="" type="checkbox"/>	<b>0</b>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

<b>3</b> ID <b>8</b> Type <b>16</b>	Dispatch <input checked="" type="checkbox"/> <b>5/28/2010 18:26</b> Arrival <input checked="" type="checkbox"/> <b>5/28/2010 18:28</b> Clear <input type="checkbox"/> <b>5/29/2010 00:59</b>	<input checked="" type="checkbox"/>	<b>0</b>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>
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Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken

NT404 FDID	TX State	5 Incident Date	28 Incident Date	2010 Incident Date	001 Station	10-0000132 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
1 E-1	18:26:00	18:26:00	18:28:00	00:59:00

Staff ID\Staff Name	Activity	Rank	Position	Role
006 Hunter, Mickey	motor vechicle a	Firefighter		
007 Crues, Roger	motor vechicle a	Captain		
012 Brumbelow, Randy D	motor vechicle a	Fire Chief		
017 Oswald, David E	motor vechicle a	Lieutenant		
037 RUSHING, GREG	motor vechicle a			
046 Oldaker, Charlie	motor vechicle a	Probationar		

3 E-2	18:26:00	18:26:00	18:28:00	00:59:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
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8 BRUSH 1	18:26:00	18:26:00	18:28:00	00:59:00
-----------	----------	----------	----------	----------

Staff ID\Staff Name	Activity	Rank	Position	Role
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NT404	TX	MM 5	DD 28	YYYY 2010	001	10-0000132	000	Responding Personnel
FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
006 Hunter, Mickey	1	MVA motor vechicle		FF		6.55	6.55	0.00
007 Crues, Roger	1	MVA motor vechicle		CP		6.55	6.55	0.00
012 Brumbelow, Randy D	1	MVA motor vechicle		FC		6.55	6.55	0.00
017 Oswald, David E	1	MVA motor vechicle		LT		6.55	6.55	0.00
037 RUSHING, GREG	1	MVA motor vechicle				6.55	6.55	0.00
046 Oldaker, Charlie	1	MVA motor vechicle		PR		6.55	6.55	0.00

Total Participants: 6

Total Personnel Hours: 39.30

An 'X' next to the unit denotes driver.

Elmo Vol Fire Dept

NT404 05/28/2010 10-0000132

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1473992-WE - 1 - Kaufman  
County Sheriff's Office -  
Investigative Legals and  
Records

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al

vs.

TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et al

§  
§  
§  
§  
§  
§  
§

CIVIL ACTION NO. 3-11CV0207-N

AFFIDAVIT

BEFORE ME, the undersigned authority personally appeared Robin King  
who, being by me duly sworn, deposed as follows:

My name is Robin King I am over 18 years of age, of sound mind, capable  
of making this affidavit, and personally acquainted with the facts therein stated and they are true and correct.

I am the custodian of records/tangible items of: **KAUFMAN COUNTY SHERIFF'S OFFICE**

The attached records and/or tangible items are part of this affidavit. These said records and/or tangible  
items are kept in the regular course of business, and it was the regular course of business of **KAUFMAN COUNTY  
SHERIFF'S OFFICE**, for an employee or representative of **KAUFMAN COUNTY SHERIFF'S OFFICE**, with  
personal knowledge of the act, event, condition, opinion or diagnosis recorded to make the memorandum or record  
or to transmit information thereof to be included in such memorandum or record; and the records and/or tangible  
items were made at or near the time of the act, event or condition recorded or reasonably soon thereafter.

The records and/or tangible items attached hereto are the originals or exact copies of the originals or are  
true copies of the microfiche on which the image of the original documents and/or tangible items have been  
transferred and nothing has been removed from the original file before making these copies.

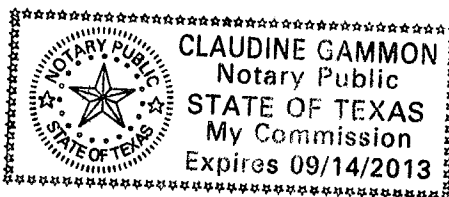
THE RECORDS/TANGIBLE ITEMS ATTACHED HERETO ARE TRUE, CORRECT AND  
COMPLETE.

Robin King  
CUSTODIAN OF RECORD

SWORN TO AND SUBSCRIBED before me on the 2<sup>nd</sup> day of August, 20 11.

Claudine Gammon  
SIGNATURE OF NOTARY PUBLIC IN AND FOR THE STATE OF TX  
My Commission expires 9/14/2013

Order No. 01-46099-005



**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**OLLIE GREENE, Individually and as the** §  
**Surviving parent of WYNDELL GREENE, SR.,** §  
**WILLIAM GREENE, as the Administrator** §  
**Of the Estate of WYNDELL GREENE, SR., et al** §  
**vs.** §  
**TOYOTA MOTOR CORPORATION, TOYOTA** §  
**MOTOR MANUFACTURING NORTH AMERICA, et al** §

CIVIL ACTION NO. 3-11CV0207-N

**NOTICE OF INTENTION FOR PRODUCTION OF DOCUMENTS**

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, the custodian of records for:

**TEXAS DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL (Investigative Files)**

**111 TEJAS DRIVE TERRELL, TX 75160-6567**

**KAUFMAN COUNTY SHERIFF'S OFFICE (Investigative Files)**

**KAUFMAN COUNTY DETENTION CENTER 1900 E. US HWY 175 KAUFMAN, TX 75142**

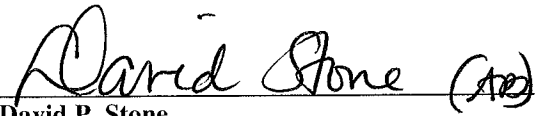
Shall receive a Subpoena to produce documents on or before 08/08/2011, or any other agreed upon time and/or place, before a Notary Public for:

**Written Deposition Service, LLC  
1750 Valley View Lane Suite 210  
Dallas, TX 75234**

or its designated agent, to be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 34 & 45, Federal Rules of Civil Procedure, that the authorized officer shall issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached Exhibit(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the authorized officer so that photographic reproductions of the same may be made and attached.

Order No. 01-46099

Respectfully Submitted,

A handwritten signature in cursive script that reads "David Stone" followed by a circled number "12".

David P. Stone

SBA # 00785061

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (214) 824-3098

Attorney for Defendant



### CERTIFICATE OF SERVICE

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention For the Production of Documents was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED \_\_\_\_\_

HAND DELIVERY \_\_\_\_\_

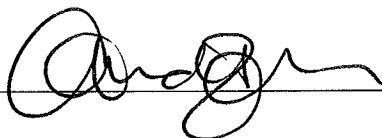
TELECOPY \_\_\_\_\_

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATED: 7/20/11

BY: \_\_\_\_\_



SERVED TO ALL PARTIES LISTED BELOW:

*Ollie Greene, et al vs. Toyota Motor Corporation, et al*

**ATTORNEYS OF RECORD**

Aubrey Pittman  
The Pittman Law Firm  
100 Crescent Court, Suite 700  
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912  
Attorney for Plaintiff

Daryl K. Washington  
Law Office of Daryl K. Washington  
325 St. Paul, Suite 1975  
Dallas, TX 75201 (214) 880-4883 Fax (214) 880-4885  
Attorney for Plaintiff

# United States District Court

## FOR THE NORTHERN DISTRICT OF TEXAS

### DALLAS DIVISION

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al  
vs.  
TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et  
al**

### SUBPOENA IN A CIVIL CASE

Civil Action Number:<sup>1</sup> 3-11CV0207-N

**TO:** Custodian of Records for: **KAUFMAN COUNTY SHERIFF'S OFFICE  
KAUFMAN COUNTY DETENTION CENTER 1900 E. US HWY 175  
KAUFMAN, TX 75142 (972) 932-3094**

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME


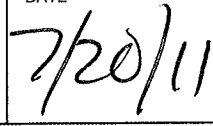
☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO, REPORTS OF CRIMINAL CHARGES, THE INVESTIGATIVE FILES, POLICE REPORTS, ACCIDENT REPORTS, INCIDENT REPORTS, ALL LOGS, LISTS AND CONTRACTS FOR ALL PERSONNEL ON THE SCENE OF THE ACCIDENT, DISPATCH LOGS, WITNESS STATEMENTS (WRITTEN OR ORAL), ANY AND ALL ACTUAL PRINT PHOTOGRAPHS AND ACTUAL NEGATIVES OF SUCH PHOTOGRAPHS (OR MAKE THE NEGATIVES AVAILABLE FOR SCANNING BY A REPRESENTATIVE OF THE FIRM, BOWMAN & BROOKE, LLP), VIDEOTAPES (INCLUDING IN-DASH VIDEOS FROM MOTOR VEHICLES), 911 TRANSCRIPT AND TAPE, DRAWINGS, MEASUREMENTS, INTERVIEWS, SUPPLEMENTAL REPORTS, OFFICER FIELD NOTES, E-MAIL TRANSMISSIONS, INCIDENT RECONSTRUCTIONS, INCLUDING BUT NOT LIMITED TO INCIDENT SCENE DIAGRAMS, CHARTS, MEASUREMENTS, COORDINATES, AND/OR DRAWINGS, COMPLETED BY ANY OFFICER WHETHER AT THE SCENE OR IN A SUBSEQUENT INVESTIGATION OF THE INCIDENT, NOTES, PAPERS, FILES, MEMORANDA, ALL DOCUMENTS EXISTING IN ELECTRONIC OR MAGNETIC FORM, INCLUDING CORRESPONDENCE AND DIGITAL PHOTOGRAPHS AND ALL TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY HAVE ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

PLACE	DATE AND TIME
The office of the custodian: <b>1900 E. US HWY 175 KAUFMAN, TX 75142</b>	<b>AT 10:00 A.M. ON 08/08/2011</b>

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
 <b>David P. Stone</b> <b>Bowman &amp; Brooke, LLP</b> <b>2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700</b>	<b>Attorney for Defendant</b> 

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

**David P. Stone**  
**Bowman & Brooke, LLP**  
**2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700**

## PROOF OF SERVICE

SERVED	DATE	PLACE
	7-25-11	Kaufman Co Sheriff's Office 1900 E. US Hwy 175 Kaufman, TX 75142
SERVED ON (PRINT NAME)	MANNER OF SERVICE	
[REDACTED]	HAND Delivery	
SERVED BY (PRINT NAME)	TITLE	
Tom P. Epton	process server	

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

7-25-11

DATE

ADDRESS OF SERVER

SACHSE, TX

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006:

## (c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

## (d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

## **ATTACHMENT**

ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO, REPORTS OF CRIMINAL CHARGES, THE INVESTIGATIVE FILES, POLICE REPORTS, ACCIDENT REPORTS, INCIDENT REPORTS, ALL LOGS, LISTS AND CONTRACTS FOR ALL PERSONNEL ON THE SCENE OF THE ACCIDENT, DISPATCH LOGS, WITNESS STATEMENTS (WRITTEN OR ORAL), ANY AND ALL ACTUAL PRINT PHOTOGRAPHS AND ACTUAL NEGATIVES OF SUCH PHOTOGRAPHS (OR MAKE THE NEGATIVES AVAILABLE FOR SCANNING BY A REPRESENTATIVE OF THE FIRM, BOWMAN & BROOKE, LLP), VIDEOTAPES (INCLUDING IN-DASH VIDEOS FROM MOTOR VEHICLES), 911 TRANSCRIPT AND TAPE, DRAWINGS, MEASUREMENTS, INTERVIEWS, SUPPLEMENTAL REPORTS, OFFICER FIELD NOTES, E-MAIL TRANSMISSIONS, INCIDENT RECONSTRUCTIONS, INCLUDING BUT NOT LIMITED TO INCIDENT SCENE DIAGRAMS, CHARTS, MEASUREMENTS, COORDINATES, AND/OR DRAWINGS, COMPLETED BY ANY OFFICER WHETHER AT THE SCENE OR IN A SUBSEQUENT INVESTIGATION OF THE INCIDENT, NOTES, PAPERS, FILES, MEMORANDA, ALL DOCUMENTS EXISTING IN ELECTRONIC OR MAGNETIC FORM, INCLUDING CORRESPONDENCE AND DIGITAL PHOTOGRAPHS AND ALL TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY HAVE ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

**Kaufman County Sheriff's Office**  
**1900 E Hwy 175 Kaufman , TX 75142**

Call Taker KMATHE-3894	CFS Report CFS # - 10-37173
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**Base Information**

Call When 05/28/2010 18:25:05    Create When 05/28/2010 18:25:38    Disposition CLEAR

**Location of Occurrence**

Address	EB I20 @ 509, KAUFMAN COUNTY	Route	
Landmark	ESN	Map Grid	Primary 5500

**Location of Caller**

Address			
Caller Name	T-MOBILE USA, INC.	Caller Phone	How Received 911

Cross Street High	Cross Street Low	InProgress <input type="checkbox"/>
From-To Directions		Priority
EMS	Fire	Law
Law Tract	Area	District
Grid		Work Area
EMS Dispatch Level	Fire Dispatch Level	Law Dispatch Level
Call Disciplines E,F,L,	Assigned Disciplines E,F,L,O,	Assigned Disciplines NP E,F,L,O,

**Dispositions**

Disposition	Assigned When	User
CLEAR	05/29/2010 03:00	LBOOZER

**Call Types**

Call Type	Assigned When	User	InActive
ACCIDENT	05/28/2010 18:27	LMILLIGAN	<input type="checkbox"/>

**Unit Times**

Unit	Department	When	Status   Notes	User
5500	EFD	05/28/2010 18:26:50	DISPATCHED	KMATHE
122	KCSO	05/28/2010 18:27:23	DISPATCHED	LMILLIGAN
122	KCSO	05/28/2010 18:27:27	ENROUTE	LMILLIGAN
175	KCSO	05/28/2010 18:28:01	DISPATCHED	LMILLIGAN
175	KCSO	05/28/2010 18:28:07	ENROUTE	LMILLIGAN
5500	EFD	05/28/2010 18:28:14	ENROUTE	KMATHE
1161	DPS	05/28/2010 18:29:20	DISPATCHED	LMILLIGAN
6100	CMFD	05/28/2010 18:29:42	DISPATCHED	KMATHE
5500	EFD	05/28/2010 18:29:49	ON SCENE	KMATHE
177	KCSO	05/28/2010 18:30:35	DISPATCHED	LMILLIGAN
177	KCSO	05/28/2010 18:30:39	ENROUTE	LMILLIGAN
175	KCSO	05/28/2010 18:31:24	ADD OFFICER NOTE   AUTH PER 23	LMILLIGAN
122	KCSO	05/28/2010 18:32:02	ADD OFFICER NOTE   AUTH PER 23	LMILLIGAN
930	EMS	05/28/2010 18:33:14	DISPATCHED	KMATHE
930	EMS	05/28/2010 18:33:18	ENROUTE	KMATHE
6100	CMFD	05/28/2010 18:33:20	ENROUTE	KMATHE
1161	DPS	05/28/2010 18:33:47	ENROUTE	LMILLIGAN
170	KCSO	05/28/2010 18:34:08	DISPATCHED	LMILLIGAN

Call Taker	CFS Report			
KMATHE-3894	CFS # - 10-37173			

170	KCSO	05/28/2010 18:34:11	ENROUTE	LMILLIGAN
170	KCSO	05/28/2010 18:36:00	ADD OFFICER NOTE   EMERGENCY TRAFFIC	LMILLIGAN
122	KCSO	05/28/2010 18:36:11	ON SCENE	LMILLIGAN
5500	EFD	05/28/2010 18:36:44	ADD OFFICER NOTE   ENGINE 1 ON SCENE	KMATHE
1161	DPS	05/28/2010 18:37:17	ON SCENE	LMILLIGAN
123	KCSO	05/28/2010 18:37:58	DISPATCHED	LMILLIGAN
123	KCSO	05/28/2010 18:38:01	ENROUTE	LMILLIGAN
175	KCSO	05/28/2010 18:38:16	ON SCENE	LMILLIGAN
50	KCSO	05/28/2010 18:39:29	DISPATCHED	LMILLIGAN
50	KCSO	05/28/2010 18:39:32	ENROUTE	LMILLIGAN
1161	DPS	05/28/2010 18:42:11	ADD OFFICER NOTE   CONTACT WILLS POINT EMS FOR MORE UNITS	LMILLIGAN
175	KCSO	05/28/2010 18:42:22	ENROUTE	LMILLIGAN
177	KCSO	05/28/2010 18:44:37	ON SCENE	LMILLIGAN
1161	DPS	05/28/2010 18:45:24	ADD OFFICER NOTE   NOTIFY JP	LMILLIGAN
6100	CMFD	05/28/2010 18:46:02	ADD OFFICER NOTE   ENGINE 2	KMATHE
50	KCSO	05/28/2010 18:46:26	ON SCENE   OUT W 122	LMILLIGAN
177	KCSO	05/28/2010 18:47:12	ADD OFFICER NOTE   SHUTTING DOWN HIRAM EXIT	LMILLIGAN
170	KCSO	05/28/2010 18:51:00	ADD OFFICER NOTE   OPEN CHANNEL PER 23	LMILLIGAN
175	KCSO	05/28/2010 18:52:32	ON SCENE	LMILLIGAN
170	KCSO	05/28/2010 18:52:35	ON SCENE	LMILLIGAN
6100	CMFD	05/28/2010 19:01:46	ON SCENE	KMATHE
123	KCSO	05/28/2010 19:02:20	ON SCENE   429 AT 20	LMILLIGAN
6100	CMFD	05/28/2010 19:06:12	ADD OFFICER NOTE   ENGINE 2 ON SCENE 1838	KMATHE
1161	DPS	05/28/2010 19:13:23	ADD OFFICER NOTE   PER 1161 DO NOT SEND 18 WHEELERS WITH LOW BEDS TOWARD 80 AND THE RAIL ROAD TRUSSELS	LMILLIGAN
6100	CMFD	05/28/2010 19:14:25	ADD OFFICER NOTE   COLLEGE MOUND UNITS ON SCENE 1828	KMATHE
1161	DPS	05/28/2010 19:15:53	ADD OFFICER NOTE   ONLINE WITH JP	LMILLIGAN
5500	EFD	05/28/2010 19:20:50	ADD OFFICER NOTE   BRUSH 1 ENRTE FOR FIRE REHAB	KMATHE
23	KCSO	05/28/2010 19:33:47	DISPATCHED	LMILLIGAN
23	KCSO	05/28/2010 19:33:50	ON SCENE	LMILLIGAN
122	KCSO	05/28/2010 19:35:36	ADD OFFICER NOTE   OUT W/ 50	LMILLIGAN
23	KCSO	05/28/2010 19:36:19	ADD OFFICER NOTE   ALL UNITS AT 429, OPEN 20 EXIT THE TRAFFIC AT HIRAM BLOCK EB ON RAMP AT 20	LMILLIGAN
170	KCSO	05/28/2010 19:50:21	CLEAR	LMILLIGAN
122	KCSO	05/28/2010 19:50:24	CLEAR	LMILLIGAN
23	KCSO	05/28/2010 19:51:58	ADD OFFICER NOTE   NEED A FREE DEP TO HIRAM AT CR 125 TO DIVERT TRAFFIC	LMILLIGAN
50	KCSO	05/28/2010 19:52:27	ADD OFFICER NOTE   GOING TO CR 125	LMILLIGAN
1025	DPS	05/28/2010 20:22:02	DISPATCHED	LMILLIGAN
1025	DPS	05/28/2010 20:22:07	ON SCENE	LMILLIGAN
1025	DPS	05/28/2010 20:22:24	ADD OFFICER NOTE   NOTIFY TX DOT 20 WILL BE SHUT FOR A MIN OF 3 HRS	LMILLIGAN
122	KCSO	05/28/2010 20:28:06	DISPATCHED	LMILLIGAN
170	KCSO	05/28/2010 20:28:10	DISPATCHED	LMILLIGAN
170	KCSO	05/28/2010 20:28:14	ON SCENE	LMILLIGAN

<b>Call Taker</b> KMATHE-3894	<b>CFS Report</b> <b>CFS # - 10-37173</b>
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122	KCSO	05/28/2010 20:28:22	ON SCENE	LMILLIGAN
50	KCSO	05/28/2010 20:34:40	CLEAR	LMILLIGAN
177	KCSO	05/28/2010 20:45:42	CLEAR	LMILLIGAN
170	KCSO	05/28/2010 21:26:04	CLEAR	LMILLIGAN
1025	DPS	05/28/2010 22:39:27	ADD OFFICER NOTE   GET NEXT 10-51	LBOOZER
930	EMS	05/28/2010 23:17:42	CLEAR	KMATHE
170	KCSO	05/29/2010 00:16:01	DISPATCHED	LBOOZER
123	KCSO	05/29/2010 00:17:59	CLEAR	LBOOZER
171	KCSO	05/29/2010 00:36:26	DISPATCHED	LBOOZER
171	KCSO	05/29/2010 00:36:30	CLEAR	LBOOZER
6100	CMFD	05/29/2010 00:59:01	CLEAR	KMATHE
5500	EFD	05/29/2010 00:59:31	CLEAR	KMATHE
23	KCSO	05/29/2010 02:25:40	CLEAR	KMATHE
170	KCSO	05/29/2010 02:26:28	CLEAR	KMATHE
122	KCSO	05/29/2010 02:26:33	CLEAR	KMATHE
175	KCSO	05/29/2010 02:26:37	CLEAR	KMATHE
1025	DPS	05/29/2010 03:00:22	CLEAR	LBOOZER
1161	DPS	05/29/2010 03:00:22	CLEAR	LBOOZER

<b>Incident Locations</b>
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Address: I20 @, KAUFMAN	User: KMATHE
XCoord (Longitude):	When: 05/28/2010 18:25:38
YCoord (Latitude):	
Address: EB I20 @ 509, KAUFMAN	User: LMILLIGAN
XCoord (Longitude):	When: 05/28/2010 18:26:25
YCoord (Latitude):	
Address: EB I20 @ 509, KAUFMAN COUNTY	User: LMILLIGAN
XCoord (Longitude):	When: 05/28/2010 18:26:33
YCoord (Latitude):	

<b>Vehicle Information</b>
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Name:	OLN:	State: TX	Sex:	Race:	DOB:
Person Description:		Type:		Unit:	
Tag: 83438T	Tag State: MS	Tag Year:	Tag Type: TL	Searched <input type="checkbox"/>	Consented <input type="checkbox"/> When: 05/28/2010 22:39
Make/Model/Year/Color/VIN/Desc: / / / / /					
Name:	OLN:	State: TX	Sex:	Race:	DOB:
Person Description:		Type:		Unit:	
Tag: BM7K816	Tag State: TX	Tag Year:	Tag Type:	Searched <input type="checkbox"/>	Consented <input type="checkbox"/> When: 05/29/2010 00:38
Make/Model/Year/Color/VIN/Desc: TOYT / 4RUNNER / / / /					
Name:	OLN:	State: TX	Sex:	Race:	DOB:
Person Description:		Type:		Unit:	
Tag: 368KKR	Tag State: TX	Tag Year:	Tag Type:	Searched <input type="checkbox"/>	Consented <input type="checkbox"/> When: 05/29/2010 00:38
Make/Model/Year/Color/VIN/Desc: / / / / /					

<b>Notes</b>
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LMILLIGAN 05/28/2010 18:27:51  
 DPS NOTIFIED

KMATHE 05/28/2010 18:33:44  
 NEED HIGHWAY SHUT DOWN FM 429 AT I20

KMATHE 05/28/2010 18:35:13

Call Taker KMATHES-3894	CFS Report CFS # - 10-37173
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NOTIFIED 5503 THAT TWO CHILDREN TRAPPED IN VEH ON FIRE  
 KMATHES 05/28/2010 18:35:23  
 COMBINE ENRTE TOO  
 LBOOZER 05/28/2010 18:35:47  
 1 EJECTED 1 JUST OUT OF THE BURNING 1 BURNED AND ONE IN THE VEHICLE 3 DEATHS 2 CHILDREN IN THE BURNING VEHICLE  
 KMATHES 05/28/2010 18:35:56  
 TOLD 6101 TO CALL DISPATCH  
 KMATHES 05/28/2010 18:37:18  
 5503 STATED WE HAVE 3 FATALITIES 3 CRITICAL 3  
 KMATHES 05/28/2010 18:38:33  
 AIR EVAC ENRTE, TX DOT NOTIFIED  
 AHOSIER 05/28/2010 18:40:33  
 ASHLEY OLIVER W/FOX 4 NEWS 214-720-3155  
 AHOSIER 05/28/2010 18:45:34  
 STEPHAN W/CHANNEL 5 817-654-6314  
 AHOSIER 05/28/2010 18:45:50  
 PAT LANEY CONTACTED  
 KMATHES 05/28/2010 18:46:43  
 CLOSING DOWN WEST SIDE OF I20 TO LAND HELICOPTER  
 LBOOZER 05/28/2010 18:47:44  
 JUDGE ADAMS NOTIFIED  
 AHOSIER 05/28/2010 18:58:16  
 GARY W/CHANNEL 8 214-977-6213  
 KMATHES 05/28/2010 19:03:13  
 TONYA EISERER WITH DALLAS MORNING NEWS 817 228 3514  
 KMATHES 05/28/2010 19:06:01  
 ENGINE 2 ON SCENE AT 1838  
 KMATHES 05/28/2010 19:13:15  
 COLLEGE MOUND ON SCENE 1828  
 AHOSIER 05/28/2010 19:15:15  
 PETER W/KRLD 214-525-7460  
 AHOSIER 05/28/2010 19:23:06  
 GAVE PAT TROOPER BARKLEY'S CELL NUMBER 469-853-6378  
 KMATHES 05/28/2010 19:29:03  
 AIR EVAC ON WAY TO PMH  
 AHOSIER 05/28/2010 20:28:42  
 CHAPLIN TO BE CONTACTED IF TROOPER BARKLEY NEEDS HIM FOR FAMILY 214-632-9663  
 LBOOZER 05/28/2010 20:35:42  
 JENN NAV TECH TRAFFIC 214-631-7601  
 LBOOZER 05/28/2010 20:39:19  
 KIMBERLY WITH METRO 214-596-2320  
 KMATHES 05/28/2010 20:51:06  
 STEVE JACKSON WITH CBS 19 OUT OF TYLER 903 581 2211  
 LBOOZER 05/28/2010 20:54:13  
 ALEX CLEAR CHANNEL 214-866-8888

<b>Wrecker(s)</b>		
Date/Time: 05/28/2010 22:39	User: LMILLIGAN	Company Name: BUSTERS WRECKER
Tag: 83438T	Description: 2008 UTL FS2 TL	
Notes:		
Date/Time: 05/29/2010 00:40	User: KMATHES	Company Name: B & V TOWING
Tag:	Description: TOYATA 4 RUNNER	
Notes:		
Date/Time: 05/29/2010 00:42	User: KMATHES	Company Name: FULLERS WRECKER
Tag: 368KKR	Description: 2006 TOYOTA UCS 4DR	
Notes:		



EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1549467-WE - 1 - Texas

Department of Public Safety

(updated) - Highway Patrol

Legals & Records

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al  
vs.  
TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et al**

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**CIVIL ACTION NO. 3-11CV0207-N**

**AFFIDAVIT**

BEFORE ME, the undersigned authority personally appeared Zennell Hickmon  
who, being by me duly sworn, deposed as follows:

My name is Zennell Hickmon I am over 18 years of age, of sound mind, capable  
of making this affidavit, and personally acquainted with the facts therein stated and they are true and correct.

I am the custodian of records/tangible items of: **TEXAS DEPARTMENT OF PUBLIC SAFETY -  
HIGHWAY PATROL**

The attached records and/or tangible items are part of this affidavit. These said records and/or tangible  
items are kept in the regular course of business, and it was the regular course of business of **TEXAS  
DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL**, for an employee or representative of **TEXAS  
DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL**, with personal knowledge of the act, event,  
condition, opinion or diagnosis recorded to make the memorandum or record or to transmit information thereof to be  
included in such memorandum or record; and the records and/or tangible items were made at or near the time of the  
act, event or condition recorded or reasonably soon thereafter.

The records and/or tangible items attached hereto are the originals or exact copies of the originals or are  
true copies of the microfiche on which the image of the original documents and/or tangible items have been  
transferred and nothing has been removed from the original file before making these copies.

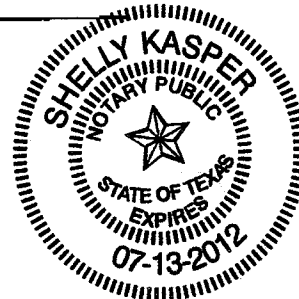
THE RECORDS/TANGIBLE ITEMS ATTACHED HERETO ARE TRUE, CORRECT AND  
COMPLETE.

Z. Hickmon  
CUSTODIAN OF RECORD

SWORN TO AND SUBSCRIBED before me on the 31 day of October, 2011.

SIGNATURE OF NOTARY PUBLIC IN AND FOR THE STATE OF TX  
My Commission expires 7/13/12

Order No. 01-46099-002



**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al**  
vs.

**TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et al**

§  
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CIVIL ACTION NO. 3-11CV0207-N

**NOTICE OF INTENTION FOR PRODUCTION OF DOCUMENTS**

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, the custodian of records for:

**TEXAS DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL (Investigative Files)**

**111 TEJAS DRIVE TERRELL, TX 75160-6567**

**KAUFMAN COUNTY SHERIFF'S OFFICE (Investigative Files)**

**KAUFMAN COUNTY DETENTION CENTER 1900 E. US HWY 175 KAUFMAN, TX 75142**

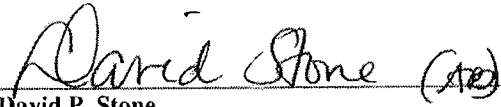
Shall receive a Subpoena to produce documents on or before 08/08/2011, or any other agreed upon time and/or place, before a Notary Public for:

**Written Deposition Service, LLC  
1750 Valley View Lane Suite 210  
Dallas, TX 75234**

or its designated agent, to be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 34 & 45, Federal Rules of Civil Procedure, that the authorized officer shall issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached Exhibit(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the authorized officer so that photographic reproductions of the same may be made and attached.

Order No. 01-46099

Respectfully Submitted,

 (12)

David P. Stone

SBA # 00785061

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (214) 824-3098

Attorney for Defendant

**CERTIFICATE OF SERVICE**

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention For the Production of Documents was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED \_\_\_\_\_

HAND DELIVERY \_\_\_\_\_

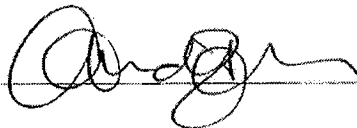
TELECOPY \_\_\_\_\_

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATED: 7/20/11

BY: \_\_\_\_\_



SERVED TO ALL PARTIES LISTED BELOW:

*Ollie Greene, et al vs. Toyota Motor Corporation, et al*

**ATTORNEYS OF RECORD**

Aubrey Pittman  
The Pittman Law Firm  
100 Crescent Court, Suite 700  
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912  
Attorney for Plaintiff

Daryl K. Washington  
Law Office of Daryl K. Washington  
325 St. Paul, Suite 1975  
Dallas, TX 75201 (214) 880-4883 Fax (214) 880-4885  
Attorney for Plaintiff

## **ATTACHMENT**

ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO, REPORTS OF CRIMINAL CHARGES, THE INVESTIGATIVE FILES, POLICE REPORTS, ACCIDENT REPORTS, INCIDENT REPORTS, ALL LOGS, LISTS AND CONTRACTS FOR ALL PERSONNEL ON THE SCENE OF THE ACCIDENT, DISPATCH LOGS, WITNESS STATEMENTS (WRITTEN OR ORAL), ANY AND ALL ACTUAL PRINT PHOTOGRAPHS AND ACTUAL NEGATIVES OF SUCH PHOTOGRAPHS (OR MAKE THE NEGATIVES AVAILABLE FOR SCANNING BY A REPRESENTATIVE OF THE FIRM, BOWMAN & BROOKE, LLP), VIDEOTAPES (INCLUDING IN-DASH VIDEOS FROM MOTOR VEHICLES), 911 TRANSCRIPT AND TAPE, DRAWINGS, MEASUREMENTS, INTERVIEWS, SUPPLEMENTAL REPORTS, OFFICER FIELD NOTES, E-MAIL TRANSMISSIONS, INCIDENT RECONSTRUCTIONS, INCLUDING BUT NOT LIMITED TO INCIDENT SCENE DIAGRAMS, CHARTS, MEASUREMENTS, COORDINATES, AND/OR DRAWINGS, COMPLETED BY ANY OFFICER WHETHER AT THE SCENE OR IN A SUBSEQUENT INVESTIGATION OF THE INCIDENT, NOTES, PAPERS, FILES, MEMORANDA, ALL DOCUMENTS EXISTING IN ELECTRONIC OR MAGNETIC FORM, INCLUDING CORRESPONDENCE AND DIGITAL PHOTOGRAPHS AND ALL TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY HAVE ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

# United States District Court

## FOR THE NORTHERN DISTRICT OF TEXAS

### DALLAS DIVISION

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al  
vs.  
TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et  
al**

### SUBPOENA IN A CIVIL CASE

Civil Action Number:<sup>1</sup> 3-11CV0207-N

**TO: Custodian of Records for: TEXAS DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL  
111 TEJAS DRIVE  
TERRELL, TX 75160-6567 (972) 551-6010**

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

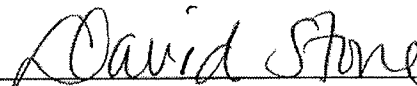
☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO, REPORTS OF CRIMINAL CHARGES, THE INVESTIGATIVE FILES, POLICE REPORTS, ACCIDENT REPORTS, INCIDENT REPORTS, ALL LOGS, LISTS AND CONTRACTS FOR ALL PERSONNEL ON THE SCENE OF THE ACCIDENT, DISPATCH LOGS, WITNESS STATEMENTS (WRITTEN OR ORAL), ANY AND ALL ACTUAL PRINT PHOTOGRAPHS AND ACTUAL NEGATIVES OF SUCH PHOTOGRAPHS OR MAKE THE NEGATIVES AVAILABLE FOR SCANNING BY A REPRESENTATIVE OF THE FIRM, BOWMAN & BROOKE, LLP, VIDEOTAPES (INCLUDING IN-DASH VIDEOS FROM MOTOR VEHICLES), 911 TRANSCRIPT AND TAPE, DRAWINGS, MEASUREMENTS, INTERVIEWS, SUPPLEMENTAL REPORTS, OFFICER FIELD NOTES, E-MAIL TRANSMISSIONS, INCIDENT RECONSTRUCTIONS, INCLUDING BUT NOT LIMITED TO INCIDENT SCENE DIAGRAMS, CHARTS, MEASUREMENTS, COORDINATES, AND/OR DRAWINGS, COMPLETED BY ANY OFFICER WHETHER AT THE SCENE OR IN A SUBSEQUENT INVESTIGATION OF THE INCIDENT, NOTES, PAPERS, FILES, MEMORANDA, ALL DOCUMENTS EXISTING IN ELECTRONIC OR MAGNETIC FORM, INCLUDING CORRESPONDENCE AND DIGITAL PHOTOGRAPHS AND ALL TANGIBLE THINGS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS AND EVERY SUCH RECORDS TO WHICH THE WITNESS MAY HAVE ACCESS PERTAINING TO AN ACCIDENT WHICH OCCURRED ON 5/28/10 IN KAUFMAN COUNTY INVOLVING WYNDELL GREENE, SR., LAKEYSHIA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE ACCIDENT ON 5/28/10.

PLACE	DATE AND TIME
The office of the custodian: <b>111 TEJAS DRIVE TERRELL, TX 75160-6567</b>	<b>AT 10:00 A.M. ON 08/08/2011</b>

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
 <b>Attorney for Defendant</b>	<b>7/20/11</b>

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER  
**David P. Stone**  
**Bowman & Brooke, LLP** (AB)  
**2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700**

**PROOF OF SERVICE**

<b>SERVED</b>	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006.

**(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.**

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

**(B) If a subpoena**

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

**(d) DUTIES IN RESPONDING TO SUBPOENA.**

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2)(A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) **CONTEMPT.** Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).



DATE 5-28-10 19\_\_ TIME 6:20 PM PLACE 1-20 Mile 204

I, [REDACTED] live at \_\_\_\_\_

I am giving this statement to \_\_\_\_\_ I.D. \_\_\_\_\_, who has identified

himself as a \_\_\_\_\_ and he has duly warned me that I have the following rights: that I have the right to remain silent and not make any statement at all; that any statement I make may be used against me at my trial; that any statement I make may be used as evidence against me in court; that I have the right to have a lawyer present to advise me prior to and during any questioning; that if I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning and that I have the right to terminate the interview at any time.

Prior to and during the making of the statement, I have and do hereby knowingly, intelligently, and voluntarily waive the above explained rights and I do make the following voluntary statement to the aforementioned person of my own free will and without any promises or offers of leniency or favors, and without compulsion or persuasion by any person or persons whomsoever:

TRAFFIC heading EAST came to a stop on 1-20, I pulled over to the right hand side shoulder looked in REAR view mirrors & side mirrors & SAW A SMALL BLACK CAR sliding off on the shoulder & went BACK out of sight SAW A LARGE BALL of FIRE & A Flat Bed TRACTOR in flames driving off on the right shoulder & GRASS. I call on STAR from my GRAC truck then ran pass two TRACTOR TRAILERS to see A Toyota SUV sandwiched & in flames. Myself & other men ran looking into the SUV for anyone AS FIRE EXHAUSER WERE HAND TO US. We found A SURVIVOR in the front SEAT & helped him out after many men tried to pull him out AFTER pulling him out, we cover up A LADY Laying on the Highway

I have read this statement consisting of \_\_\_\_\_ page(s), each page of which bears my signature, and I do affirm that all facts and statements contained herein are true and correct

Signature of person making voluntary statement

The above warnings were given by and this voluntary statement was taken by

(This must be one and the same person as named above)

Witness

DATE May 28 2010 TIME 6:25 PM PLACE Int 20 mile 509

I am giving this statement to Dexter Barkley I.D. 11097, who has identified

himself as a Trooper / Peace Officer

and he has duly warned me that I have the following rights: that I have the right to remain silent and not make any statement at all; that any statement I make may be used against me at my trial; that any statement I make may be used as evidence against me in court; that I have the right to have a lawyer present to advise me prior to and during any questioning; that if I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning and that I have the right to terminate the interview at any time.

Prior to and during the making of the statement, I have and do hereby knowingly, intelligently, and voluntarily waive the above explained rights and I do make the following voluntary statement to the aforementioned person of my own free will and without any promises or offers of leniency or favors, and without compulsion or persuasion by any person or persons whomsoever:

As I was traveling West Bound on Int 20 I observed a Small Black Car SKID from the passing lane on the East Bound Side of Int 20 at apx. the 509 Mile Marker into the Center Median, facing West Bound and then the Black Car Came to a stop. I then noticed the rear of a eighteen wheeler and/or Semi truck that was dramatically Slowed from high speed. It in the air. I then noticed a Ball of fire in the Slow lane that appeared to be a vehicle. I then noticed a eighteen wheeler and/or Semi facing east parked in the Slow lane side east Bound Run ditch. I then Called 911 and informed proper authorities to the Scene of the ~~accident~~ accident.

I have read this statement consisting of \_\_\_\_\_ page(s), each page of which bears my signature, and I do affirm that all facts and statements contained herein are true and correct.

The above warnings were given by and this voluntary statement was taken by

Witness

(This must be one and the same person as named above)

DATE 5-28-70 19 TIME 6:20 M. PLACE

I am giving this statement to \_\_\_\_\_ I.D. \_\_\_\_\_, who has identified

himself as a \_\_\_\_\_ and he has duly warned me that I have the following rights: that I have the right to remain silent and not make any statement at all; that any statement I make may be used against me at my trial; that any statement I make may be used as evidence against me in court; that I have the right to have a lawyer present to advise me prior to and during any questioning; that if I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning and that I have the right to terminate the interview at any time.

Prior to and during the making of the statement, I have and do hereby knowingly, intelligently, and voluntarily waive the above explained rights and I do make the following voluntary statement to the aforementioned person of my own free will and without any promises or offers of leniency or favors, and without compulsion or persuasion by any person or persons whomsoever:

I was on 20E following a eighteen wheeler. I seen the suv explode in the middle of the Interstate an immediately hit brakes. The Truck driver who was in the right hand lane jammed his ~~the~~ brakes and pulled to the right shoulder. My wife ~~and~~ pulled to the right shoulder and put our 4 ways flashers on. We gave other helpers our blanket to help put the fire out. One of the guys who was pulled out of the ~~the~~ car was trying to get up. We advised him to stay still & wait on help.

I have read this statement consisting of \_\_\_\_\_ page(s), each page of which bears my signature, and I facts and statements contained here

The above warnings were given by and this voluntary statement was taken by

Witness

(This must be one and the same person as named above)

DATE 05/28/10, 19\_\_ TIME \_\_ M. PLACE [REDACTED]  
[REDACTED], am 37 years old and I live at [REDACTED]

I am giving this statement to \_\_\_\_\_ I.D. \_\_\_\_\_, who has identified himself as a \_\_\_\_\_ and he has duly warned me that I have the following rights: that I have the right to remain silent and not make any statement at all; that any statement I make may be used against me at my trial; that any statement I make may be used as evidence against me in court; that I have the right to have a lawyer present to advise me prior to and during any questioning; that if I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning and that I have the right to terminate the interview at any time.

Prior to and during the making of the statement, I have and do hereby knowingly, intelligently, and voluntarily waive the above explained rights and I do make the following voluntary statement to the aforementioned person of my own free will and without any promises or offers of leniency or favors, and without compulsion or persuasion by any person or persons whomsoever:

WAS BOUND ON I-20 WHEN I SAW A FLASH  
IN FRONT OF ME AND HEARD A SMASH  
ALL OTHER CARS STOP PULLED OFF THE ROAD  
IT LOOKED TO ME AS THE GREEN CARROU) 18 WHEELER  
HIT THE #4 DOOR ~~SUB~~ SUV AND IT HIT ANOTHER VEHICLE  
WE (ME AND 3 OTHERS IN OUR GROUP) RAN UP TO THE  
BURNING CAR AND TRIED TO GET EVERYONE OUT  
WITH HELP FROM EVERYONE AROUND WE PULLED  
OUT 2 PEOPLE FROM THE BURNING CAR  
THEN I WENT GETTING PEOPLE PASSING BY TO  
GIVE UP THEIR EXISTISTS,

I have read this statement consisting of \_\_\_\_\_ page(s), each page of which bears my signature, and I do affirm that all facts and statements contained herein are true  
[REDACTED]  
Signature of person making voluntary statement

The above warnings were given by and this voluntary statement was taken by

Witness \_\_\_\_\_ (This must be one and the same person as named above)

DATE 5-28-2010 TIME 6:20 PM PLACE [REDACTED]

I am giving this statement to \_\_\_\_\_ I.D. \_\_\_\_\_, who has identified himself as a \_\_\_\_\_ and he has duly warned me that I have the following rights: that I have the right to remain silent and not make any statement at all; that any statement I make may be used against me at my trial; that any statement I make may be used as evidence against me in court; that I have the right to have a lawyer present to advise me prior to and during any questioning; that if I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning and that I have the right to terminate the interview at any time.

Prior to and during the making of the statement, I have and do hereby knowingly, intelligently, and voluntarily waive the above explained rights and I do make the following voluntary statement to the aforementioned person of my own free will and without any promises or offers of leniency or favors, and without compulsion or persuasion by any person or persons whomsoever:

*I was 4th ~~truck~~ truck ahead of accident. We had just stopped for prior accident. Looked in mirror to make sure everyone was stopping. Then heard explosion. That truck hit some van in which exploded and hit car in front of it. Ran to help people in car.*

I have read this statement consisting of \_\_\_\_\_ page(s), each page of which bears my signature, and I do affirm that all facts and statements contained herein are true and correct.

[REDACTED]  
Signature of person making voluntary statement

The above warnings were given by and  
this voluntary statement was taken by

Witness \_\_\_\_\_

(This must be one and the same person as named above)

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

1604417-WE - 1 - College

Mound Volunteer Fire

Department Legals and Records

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al  
vs.

TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et al

§  
§  
§  
§  
§  
§  
§

CIVIL ACTION NO. 3-11CV0207-N

**AFFIDAVIT**

BEFORE ME, the undersigned authority personally appeared Joshua L Phillips  
who, being by me duly sworn, deposed as follows:

My name is Joshua L Phillips I am over 18 years of age, of sound mind, capable  
of making this affidavit, and personally acquainted with the facts therein stated and they are true and correct.

I am the custodian of records/tangible items of: **COLLEGE MOUND VOLUNTEER FIRE  
DEPARTMENT**

The attached records and/or tangible items are part of this affidavit. These said records and/or tangible  
items are kept in the regular course of business, and it was the regular course of business of **COLLEGE MOUND  
VOLUNTEER FIRE DEPARTMENT**, for an employee or representative of **COLLEGE MOUND  
VOLUNTEER FIRE DEPARTMENT**, with personal knowledge of the act, event, condition, opinion or diagnosis  
recorded to make the memorandum or record or to transmit information thereof to be included in such memorandum  
or record; and the records and/or tangible items were made at or near the time of the act, event or condition recorded  
or reasonably soon thereafter.

The records and/or tangible items attached hereto are the originals or exact copies of the originals or are  
true copies of the microfiche on which the image of the original documents and/or tangible items have been  
transferred and nothing has been removed from the original file before making these copies.

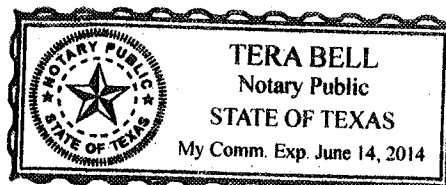
THE RECORDS/TANGIBLE ITEMS ATTACHED HERETO ARE TRUE, CORRECT AND  
COMPLETE.

Joshua L Phillips  
CUSTODIAN OF RECORD

SWORN TO AND SUBSCRIBED before me on the 27th day of December, 2011.

Tera Bell  
SIGNATURE OF NOTARY PUBLIC IN AND FOR THE STATE OF TX  
My Commission expires 6-14-14

Order No. 01-46099-010





**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**OLLIE GREENE, Individually and as the** §  
**Surviving parent of WYNDELL GREENE, SR.,** §  
**WILLIAM GREENE, as the Administrator** §  
**Of the Estate of WYNDELL GREENE, SR., et al** §  
**vs.** §  
**TOYOTA MOTOR CORPORATION, TOYOTA** §  
**MOTOR MANUFACTURING NORTH AMERICA, et al** §

CIVIL ACTION NO. 3-11CV0207-N

**NOTICE OF INTENTION FOR PRODUCTION OF DOCUMENTS**

TO: ALL PARTIES BY AND THROUGH THEIR ATTORNEY(S) OF RECORD AS PROVIDED IN THE ATTACHED SERVICE LIST.

You will take notice that fourteen (14) days after the service hereof, the custodian of records for:

**COLLEGE MOUND VOLUNTEER FIRE DEPARTMENT (Client Record Scope)**  
**11119 CR 133 TERRELL, TX 75160**

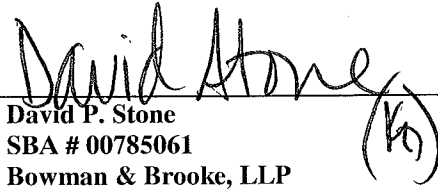
Shall receive a Subpoena to produce documents on or before 12/27/2011, or any other agreed upon time and/or place, before a Notary Public for:

**Written Deposition Service, LLC**  
**1750 Valley View Lane Suite 210**  
**Dallas, TX 75234**

or its designated agent, to be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rules 34 & 45, Federal Rules of Civil Procedure, that the authorized officer shall issue a Subpoena Duces Tecum and cause it to be served on the witness to produce any and all records as described on the attached Exhibit(s) and/or Subpoena(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, and to turn all such records over to the authorized officer so that photographic reproductions of the same may be made and attached.

Order No. 01-46099

Respectfully Submitted,

A handwritten signature in cursive script that reads "David P. Stone". The signature is written over a horizontal line. To the right of the signature, there is a circled letter "K".

David P. Stone

SBA # 00785061

Bowman & Brooke, LLP

2711 N. Haskell Avenue, Ste 650

Dallas, TX 75204

(972) 616-1700 Fax (972) 616-1701

Attorney for Defendant

### CERTIFICATE OF SERVICE

I certify, as authorized agent for the attorney of record, David P. Stone, that a true and exact copy of foregoing Notice of Intention For the Production of Documents was served to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:

CERTIFIED MAIL/RETURN RECEIPT REQUESTED \_\_\_\_\_

HAND DELIVERY \_\_\_\_\_

TELECOPY \_\_\_\_\_ ☒

OVERNIGHT/NEXT DAY DELIVERY VIA LONE STAR OR UPS \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATED: 12/8/11

BY: 

SERVED TO ALL PARTIES LISTED BELOW:

*Ollie Greene, et al vs. Toyota Motor Corporation, et al*

#### ATTORNEYS OF RECORD

Patrick J. Fitzgerald  
Howry Breen & Herman, L.L.P.  
1900 Pearl Street  
Austin, TX 78705 (512) 474-7300 Fax (512) 474-8557  
Attorney for Defendant

John S. Kenefick  
MacDonald Devin, P.C.  
1201 Elm Street, Suite 3800  
Dallas, TX 75270 (214) 744-3300 Fax (214) 747-0942  
Attorney for Defendant

S. Todd Parks  
Walters, Balido & Crain, L.L.P.  
900 Jackson Street, Ste. 600  
Dallas, TX 75202 (214) 749-4805 Fax (214) 760-1670  
Attorney for Defendant

Aubrey Pittman  
The Pittman Law Firm  
100 Crescent Court, Suite 700  
Dallas, TX 75201 (214) 459-3454 Fax (214) 853-5912  
Attorney for Plaintiff

Michael P. Sharp  
Fee, Smith, Sharp & Vitullo, L.L.P.  
13155 Noel Road, Suite 1000  
Dallas, TX 75240 (972) 934-9100 Fax (972) 934-9200  
Attorney for Defendant

Daryl K. Washington  
Law Office of Daryl K. Washington  
325 St. Paul, Suite 1975  
Dallas, TX 75201 (214) 880-4883 Fax (469) 718-0380  
Attorney for Plaintiff

# United States District Court

## FOR THE NORTHERN DISTRICT OF TEXAS

### DALLAS DIVISION

**OLLIE GREENE, Individually and as the  
Surviving parent of WYNDELL GREENE, SR.,  
WILLIAM GREENE, as the Administrator  
Of the Estate of WYNDELL GREENE, SR., et al**  
vs.  
**TOYOTA MOTOR CORPORATION, TOYOTA  
MOTOR MANUFACTURING NORTH AMERICA, et  
al**

### SUBPOENA IN A CIVIL CASE

Civil Action Number:<sup>1</sup> 3-11CV0207-N

**TO:** Custodian of Records for: **COLLEGE MOUND VOLUNTEER FIRE DEPARTMENT  
11119 CR 133  
TERRELL, TX 75160 (972) 551-1401**

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): ANY AND ALL RECORDS, INCLUDING BUT NOT LIMITED TO, ACTIVITY REPORTS, FIRST RESPONDER RECORDS, DISPATCH REPORTS, RUN SHEETS, INCIDENT REPORTS, AIR AMBULANCE REPORTS, CLAIMS FILED, TREATMENT NOTES, PHOTOGRAPHS, VIDEOS, DOCUMENTS, NOTES, CHARTS, MEMORANDUMS, SUPPLEMENTAL REPORTS, CORRESPONDENCE REPORTS, CALL SHEETS, EVERY SUCH RECORD INCLUDING THOSE EXISTING IN ELECTRONIC OR MAGNETIC FORM AND ALL OTHER DOCUMENTS IN THE POSSESSION, CUSTODY OR CONTROL OF THE SAID WITNESS PERTAINING TO AN ACCIDENT ON 5/28/10 INVOLVING WYNDELL GREENE, SR., LAKEYSHA GREENE, WYNDELL GREENE, II AND WESLEIGH GREENE

PLACE

DATE AND TIME

The office of the custodian: **11119 CR 133  
TERRELL, TX 75160**

**AT 10:00 A.M.  
ON 12/27/2011**

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

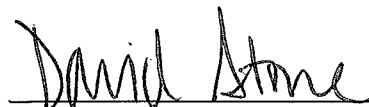
PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE



Attorney for Defendant

12/8/11

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

**David P. Stone**  
**Bowman & Brooke, LLP**  
**2711 N. Haskell Avenue, Ste 650, Dallas, TX 75204 (972) 616-1700**

**PROOF OF SERVICE**

<b>SERVED</b>	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on \_\_\_\_\_

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d) and (e), as amended on December 1, 2006:

## (c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises – or to produce electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person,

except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in

whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

## (d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

# COLLEGE MOUND FIRE/RESCUE

## INCIDENT REPORT FORM

RUN #

95

REPORT DATE

5/21/2010

INCIDENT DATE

5/28/10

### TIME INFORMATION

(24 hour time)

PAGED  
18:28

ENROUTE  
18:31

ON LOCATION  
18:37

CLEARED  
20:21

TOTAL  
1 HR 53 MIN

RESPONDING UNIT NUMBERS :

SQUAD-1 (pick from list)

ENGINE-2 (pick from list)

RESCUE-1 (pick from list)

FIRE DISTRICT # THREE

(pick from list)

ESTIMATED WATER USAGE

0

GALLONS

LOCATION OF INCIDENT : E/B IH 20 @ 509 M.M.

SUBJECT(S) NAME :

TYPE OF EMERGENCY : M.V.A.

(pick from list)

DESCRIPTION OF FIRE : VEHICLE FIRE

MATERIAL BURNED : VEHICLE

SUSP. POINT OF ORIGIN : N/A

PROP. DAMAGE LOSS : N/A

ASSISTING AGENCIES : ELMO FD, EAST TEXAS EMS, KSO & DPS

NARRATIVE :

On Friday, 052810 at approximately 1828 hours, CMFD was paged to assist Elmo FD on a multi-vehicle accident involving two vehicles and two eighteen wheeler style trucks. KSO Dispatch advised that one of the vehicles was reported to be on fire with two children trapped inside. Elmo FD arrived and requested the assistance of CMFD. CMFD E-2 and R-1 responded to the scene at approximately 1831 hours and arrived at approximately 1837, at which time E-2 crew assisted Elmo FD in fighting the fire and clearing the scene of any hazards. Two small children were located deceased within the vehicle and one adult female was found deceased outside of the burned vehicle. CMFD assisted Elmo FD in extricating the two children for the Medical Examiners Office. All CMFD units cleared the scene at approximately 20:21 hours, without any further incident.

#6104  
92 M.

### UNIT #1

YEAR MAKE MODEL LICENSE # VIN # N/A

OWNERS NAME : PHONE #

ADDRESS :

INS. CO. NAME : POLICY # PHONE # N/A

### UNIT #2

YEAR MAKE MODEL LICENSE # VIN #

OWNERS NAME : PHONE #

ADDRESS :

INS. CO. NAME : POLICY # PHONE #

### RESPONDING PERSONNEL

- ☒ 6101 JOSH PHILLIPS
- ☒ 6104 JOE MADDOX
- ☒ 6105 DAVID STANFIELD
- ☐ 6106 JASON LENGACHER
- ☐ 6115 GRANT BERNDT
- ☐ 6116 TERRY VANSICKLE
- ☐ 6118 HAYLEE PHILLIPS
- ☐ 6119 CLINT MATTHEWS

- ☐ 6121 JOHN AUTHERS
- ☒ 6122 SHANE LECROY
- ☒ 6124 TREY STORY
- ☐ 6131 ANDREW HAMRICK
- ☐ 6125 GEORGE TARBELL

NUMBER OF RESPONDERS :

5

ENTERED INTO  
FIRE PROGRAMS  
BY (signature) DATE 3/16/10

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

29-Hazardous Materials

Incident Report





The Leader in Nationwide 24-Hour Emergency Management  
For Emergency Only: **1-800-579-2872**

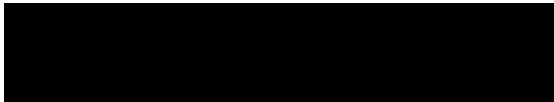
ENVIRONMENTAL

Sent Certified Mail No. 7008 0500 0001 2607 2703

June 10, 2010

Texas Commission on Environmental Quality  
2309 Gravel Drive  
Ft. Worth, Texas 76118-6951

**RE: DIESEL FUEL AND MOTOR OIL RELEASE- INITIAL REPORT**



**WILLS POINT, TEXAS**

**CES PROJECT NO.**


**EM100356S3**

**TX DEQ CONFIRMATION NO.:**

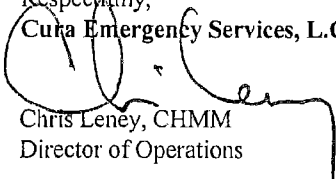
**20101588**

To Whom it May Concern:

Enclosed is a copy of the Hazardous Materials Incident Report for the diesel fuel and motor oil release at the above-referenced location. A final report will be submitted to your office in the near future.

 appreciate your assistance in this matter. If you have any questions regarding this project, please do not hesitate to contact me at (972) 378-7343.

Respectfully,  
**Curtis Emergency Services, L.C.**

  
Chris Leney, CHMM  
Director of Operations

Cc: 

6205 Chapel Hill Blvd., Suite 100, Plano, TX 75093  
972.488.2222 • 972.378.6789 fax  
[www.spillsolutions.com](http://www.spillsolutions.com)

00133  
Greene v. Toyota

Cura Emergency Services, L.C.  
6205 Chapel Hill Boulevard, Suite 100  
Plano, Texas 75093  
Ph. (972) 378-7333 Fax (972) 378-6789

**Hazardous Materials  
Incident Report**

Client File No.: \_\_\_\_\_

**A. Incident Information:**

Incident Manager: Chris Leney

Project No.: EM100356S3

Project Name: [REDACTED]

Date of Loss: 5/28/2010

Time Loss Occured: 06:30 PM CDT

Date Reported to CES: 6/1/2010

Time Reported to CES: 04:40 PM CDT

Person Reporting: [REDACTED]

Phone: [REDACTED]

Driver: \_\_\_\_\_

Tractor #: \_\_\_\_\_

Trailer #: \_\_\_\_\_

Incident Location Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Incident Location: I-20 Eastbound exit 509 Haram Road

City: Wills Point

County: Kaufman

State: TX

**Incident Description:**

A tractor-trailer operated by [REDACTED] was involved in a multiple vehicle accident with several cars. As a result, the saddle fuel tanks and engine compartment were damaged resulting in the release of diesel fuel and motor oil.

Surfaces affected: ☒ soil/grass ☒ asphalt ☐ concrete ☐ other \_\_\_\_\_

Water affected: ☐ surface ☐ groundwater ☒ none ☐ other \_\_\_\_\_

**Sensitive Receptor Impact:**

No sensitive receptors were impacted as a result of this incident.

## B. Chemical Information

Client File No.: \_\_\_\_\_

	Reportable Quantity	Reported Volume	Actual* Volume	Gal/ Lbs
Chemical: <u>diesel fuel, 3, 1993</u>	<u>25</u>	<u>125</u>	<u>125</u>	<u>Gals</u>
Chemical: <u>motor oil, 3, UN 1270</u>	<u>25</u>	<u>8</u>	<u>8</u>	<u>Gals</u>
Chemical: _____	_____	_____	_____	_____

## C. Health &amp; Safety:

## Site Monitoring (if applicable):

- ☐ Vapor Concentration (ppm): unmetered  
☐ Available Oxygen (%): ambient  
☐ LEL Exceeded

## PPE:

- ☐ Level A      ☐ Level C  
☐ Level B      ☒ Level D  
☐ MSDS Attached

## Site Special Precautions:

No special precautions were noted for this site.

## Site Condition:

There were fatalities and injuries due to the collision, and the highway was closed for several hours.

## Injuries: Explain:

No

No injuries or fatalities that were a direct result of the released material were reported.

## D. Emergency Response:

## Initial Emergency Actions:

The local police, state troopers, and fire department responded to the incident to assist the injured and establish traffic control. Fuller Environmental was called to the site to address the released diesel fuel. The crew from Fuller deployed absorbents onto the roadway to contain the spilled fuel, and collected the spent absorbents. The crew scheduled to return to excavate the impacted soils.

\*Unless specified in the Incident Description section, the "Actual Volume" is an estimate, based on the observations of the CES subcontractor.

E. Corrective Actions:

Client File No.: \_\_\_\_\_

**Corrective Actions:**

On May 29th, 2010 the crew from Fuller returned to the site to excavate the impacted soils. A total of approximately 30 cubic yards of impacted soil was removed. At the conclusion of the excavation, no visual or olfactory evidence of diesel fuel remained onsite. The soils were stockpiled onsite pending disposal approval. On June 1, 2010 Cura Emergency Services was retained to assist with the remaining tasks including disposal and regulatory interaction. CES discussed the incident with TCEQ and Fullers, obtained third party authorization for the disposal, and prepared the initial report for TCEQ.

F. Responsible Party Information:

Responsible Party

Contact

Title:

☐ Send report

Address

Phone:

City: Columbia

State: MS

Zip:

Fax:

*Incident Report (Cont.)*

Project No.: EM100356S3

Client File No.: \_\_\_\_\_

**G. Regulatory Agencies:**

☒ **Reportable Spill (check if yes)**

Explain.: The RQ was exceeded and the TCEQ was notified

**Region 4 - Texas Commission on Environmental Quality**

Contact P [REDACTED]

Contact Date: 5/29/2010

Address: [REDACTED]

Phone: [REDACTED] Contact Time: 12:46 PM

City: Fort Worth

State: TX

Fax [REDACTED]

☒ **Report Required**

Confirmation No.: 20101588

Note: Report made prior to CES involvement

*Incident Report (Cont.)*

Project No.: EM100356S3

Client File No.: \_\_\_\_\_

**H. Disposal Facilities:**

Waste Facility: Pleasant Oaks Landfill

Contact Person: \_\_\_\_\_

Address: 3031 FM 3417

City: Mt. Pleasant State: TX Zip: 75456-

Phone: (903) 577-3100 Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Disposal Date: 6/2/2010 Amount: 30 cubic yards ☐ Disposal Documents  
Attached

*Incident Report (Cont.)*

**Project No.:** EM100356S3

**Client File No.:** \_\_\_\_\_

**I. Contractors:**

<b>Company:</b> <u>Fuller Environmental Services</u>	
<b>Contact Person :</b> <u>Jay Fuller</u>	
<b>Address:</b> <u>19499 I-20 Service Rd.</u>	<b>Phone:</b> <u>(903) 567-6911</u>
<b>City:</b> <u>Canton</u> <b>State:</b> <u>TX</u> <b>Zip:</b> <u>75103-</u>	<b>Fax:</b> <u>(903) 567-6811</u>
<b>E-mail:</b> _____	

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

30-DOT Post MVA Inspection  
report



## TXDPS COMMERCIAL VEHICLE ENFORCEMENT

DATE: 2010-05-28 23:25

Level  
1

HW: (1) IN-0020 IN RAUFMAN CO. (487-513)

ME#: 509

CARRIER

Address

NOTE TO MOTOR CARRIER: TRC Chapter 644 requires the Motor Carrier to execute the certification at the end and return this report to Texas Department of Public Safety, Motor Carrier Safety Section, PO Box 4087, Austin, Texas 78773-0001 within fifteen (15) days.

USDOT#:

ICC#:

TSDOT#:

87823

134824

DL#

OPERATOR

Address

RACE/SEX

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears on this report.

☒ CDL ☐ CONSTRUCTION ZONE ☐ ALTH ☐ DS  
☒ ACCIDENT ☐ YES ☒ NO ☐ OCCUPIED ☒ SW ☐ TE

UNIT	TYPE	MAKE	CO#	PLATE	ST	VIN
1	TT	VOLV	434		MS	4V4NC9GH
2	ST	UTIL	723		MS	1UYFS2484

Axles: X(9200) -- 00(30000) -- 0(11950) -- 0(11900)

GROSS WEIGHT: 63,050 GROSS WEIGHT: 0

RG WT #1	80,000	SWWR #1	
RG WT #2		SWWR #2	80,000

R	INOP	INOP	INOP	1	0 1/2			
L	INOP	INOP	INOP	0 1/2	1 1/2			

## VIOLATIONS DISCOVERED

TICKET	VIOL.	CITE #	Unit#	CCS	CCS	POST
				DISP		ACC
		393.11	2			

DEFECTIVE SIDE MARKER LAMP - left rear

	392.9(a)	2	Yes	B	Yes
--	----------	---	-----	---	-----

LOAD NOT SECURED SAFELY - shifted load / partial load loss from crash

	393.209(d)	1	Yes	B	Yes
--	------------	---	-----	---	-----

STEERING SYSTEM COMPONENT WORN/WELDED/MISSING - steering components to FL wheel pushed backwards by crash

	393.67	1	Yes	B	Yes
--	--------	---	-----	---	-----

DEFECTIVE LIQUID FUEL TANK/FUEL LINE/VISIBLE LEAK - fuel lines ruptured - unable to hold fuel

	393.24(b)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

DEFECTIVE HEAD LAMP (#) - right - missing

	393.24(b)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

DEFECTIVE HEAD LAMP (#) - left - missing

	393.48(A)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 1 right - no air supply, air hoses ruptured

	393.48(A)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 1 left - no air supply, air hoses ruptured

	393.48(A)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 2 right - no air supply

	393.48(A)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 2 left - no air supply

	393.48(A)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 3 right - no air supply

	393.48(A)	1	Yes	B	Yes
--	-----------	---	-----	---	-----

00140

Greene v. Toyota

DEFECTIVE HEAD LAMP (#) - right - missing

393.24(b)	1	Yes	B	Yes
-----------	---	-----	---	-----

DEFECTIVE HEAD LAMP (#) - left - missing

393.48(A)	1	Yes	B	Yes
-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 1 right - no air supply, air hoses ruptured

393.48(A)	1	Yes	B	Yes
-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 1 left - no air supply, air hoses ruptured

393.48(A)	1	Yes	B	Yes
-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 2 right - no air supply

393.48(A)	1	Yes	B	Yes
-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 2 left - no air supply

393.48(A)	1	Yes	B	Yes
-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 3 right - no air supply

393.48(A)	1	Yes	B	Yes
-----------	---	-----	---	-----

DEFECTIVE BRAKE - axle 3 left - no air supply

393.207(f)	1	Yes	B	Yes
------------	---	-----	---	-----

AIR SUSPENSION PRESSURE LOSS - axle 1 left air bag ruptured

393.207(f)	1	Yes	B	Yes
------------	---	-----	---	-----

AIR SUSPENSION PRESSURE LOSS - axle 1 right air bag deflated

393.207(f)	1	Yes	B	Yes
------------	---	-----	---	-----

AIR SUSPENSION PRESSURE LOSS - axle 2 left air bag deflated

393.207(f)	1	Yes	B	Yes
------------	---	-----	---	-----

AIR SUSPENSION PRESSURE LOSS - axle 2 right air bag deflated

393.207(f)	1	Yes	B	Yes
------------	---	-----	---	-----

AIR SUSPENSION PRESSURE LOSS - axle 3 left air bag deflated

393.207(f)	1	Yes	B	Yes
------------	---	-----	---	-----

AIR SUSPENSION PRESSURE LOSS - axle 3 right air bag deflated

393.207(a)	1	Yes	B	Yes
------------	---	-----	---	-----

IMPROPER AXLE POSITION PART-BROKEN/LOOSE/MISSING - main leaf support spring & ALL cracked & u-bolt connection

393.75(a)(3)	1	Yes	B	Yes
--------------	---	-----	---	-----

TIRE-FLAT - axle 1 right flat

393.207(f)	2			Yes
------------	---	--	--	-----

AIR SUSPENSION PRESSURE LOSS - air line between axles 4,5 ruptured

	2			Yes
--	---	--	--	-----

DEFECTIVE TIRE - axle 5 left inside - inside sidewall cut

393.61(a)	1			Yes
-----------	---	--	--	-----

INADEQUATE/MISSING TRUCK SIDE WINDOWS - left window shattered out by crash

393.203(a)	1			Yes
------------	---	--	--	-----

CAB DOOR BROKEN/MISSING - left door bent - does not open

393.114	1			Yes
---------	---	--	--	-----

NO/IMPROPER FRONT END STRUCTURE - missing

393.60(C)	1			Yes
-----------	---	--	--	-----

DAMAGED/DISCOLORED WINDSHIELD - severely cracked, left side pushed out from cab

393.9	1			Yes
-------	---	--	--	-----

DEFECTIVE TURN SIGNAL LAMP (#) - front right - missing

393.9	1	Yes
-------	---	-----

DEFECTIVE TURN SIGNAL LAMP (#) - front left - missing

393.11	1	Yes
--------	---	-----

DEFECTIVE ID LAMP (FRONT/REAR) - front right

393.11	1	Yes
--------	---	-----

DEFECTIVE ID LAMP (FRONT/REAR) - front center

393.11	1	Yes
--------	---	-----

DEFECTIVE ID LAMP (FRONT/REAR) - front left

393.11	1	Yes
--------	---	-----

NO/DEFECTIVE CLEARANCE LAMP - front right

393.11	1	Yes
--------	---	-----

NO/DEFECTIVE CLEARANCE LAMP - front left

393.9	1	Yes
-------	---	-----

DEFECTIVE TURN SIGNAL LAMP (#) - rear right

393.9	1	Yes
-------	---	-----

DEFECTIVE TURN SIGNAL LAMP (#) - rear left

393.25(f)	1	Yes
-----------	---	-----

DEFECTIVE STOP LAMP (#) - right

393.25(f)	1	Yes
-----------	---	-----

DEFECTIVE STOP LAMP (#) - left

393.11	1	Yes
--------	---	-----

ANY TAIL LAMP VIOLATION-NOT MOTORCYCLE - right

393.11	1	Yes
--------	---	-----

ANY TAIL LAMP VIOLATION-NOT MOTORCYCLE - left

393.78	1	Yes
--------	---	-----

DEFECTIVE WINDSHIELD WIPER - left and right inoperable

393.79	1	Yes
--------	---	-----

DEFECTIVE DEFROSTER - inoperable

393.81	1	Yes
--------	---	-----

DEFECTIVE/IMPROPER HORN -

DISPOSITIONS A. Repaired at Scene / Obtained Oper. Auth. B. Verbal W/ Disposition C. Towed/Escorted to Repair Service D. Other E. Driver's License

SEAL #S REMOVED: DEF. SEAL #S INSTALLED:

Shipping#: 0400538660

Commodity: BUILDING MATERIALS

Origin: GRAND PRAIRIE, TX

Dest: HARAHAN, LA

INSPECTED BY:  
C BAUGHMAN

ID/REGION/DISTRICT/AREA  
09848 1 A 02

Trooper Comments: TIME COMPLETED 2:30AM  
2008, 2008 - inspection due to fatality accident involving above vehicle...

#### VEHICLE OUT OF SERVICE NOTICE

VEHICLE pursuant to authority contained in T&C Chapter 644 I hereby declare "Out of Service" the vehicle/s with defects followed by "YES" in the Out of Service column of this report. No person shall revive the Out of Service stickers applied to these vehicles or operate such vehicles until the Out of Service defects have been repaired and the vehicles have been restored to safe operating condition or proper operating authority has been obtained.

To obtain a TXDOT Motor Carrier Insurance Certificate or Single State

Registration - contact the Texas Department of Transportation at 1-800-299-1700 or visit their website at [www.dot.state.tx.us](http://www.dot.state.tx.us).

To obtain a USDOT Number contact the Federal Motor Carrier Safety Administration at 1-800-832-5660 or visit their website at [www.fmcsa.dot.gov/factsfigs/formspubs.htm](http://www.fmcsa.dot.gov/factsfigs/formspubs.htm).

To obtain IFTA information contact the State of Texas Comptrollers Office at 1-800-252-1383 or visit their website at [www.window.state.tx.us/taxinfo/tuels/ifta.html](http://www.window.state.tx.us/taxinfo/tuels/ifta.html).

Cut here and return the below portion to Motor Carrier Bureau, after it's been completed.

Incident **TXDPS COMMERCIAL VEHICLE ENFORCEMENT**

DATE: 2010-05-28 23:25

Page 1  
1

ANY ENTRIES IN THE VIOLATIONS' SECTION OF DRIVER'S COPY, WHERE THERE IS "YES" IN THE TICKET BOX, INDICATES CHARGES FILED AGAINST THE DRIVER. THIS WILL REQUIRE CONTACTING THE JUDGE FOR APPROPRIATE DISPOSITION.

#### CERTIFICATION OF REPAIRMAN

I CERTIFY THAT THE REQUIRED REPAIRS SHOWN IN THE "OUT OF SERVICE" COLUMN ON THIS CERTIFICATE HAVE BEEN SATISFACTORILY COMPLETED.

SIGNATURE OF REPAIRMAN:

NAME OF SHOP (GARAGE):

#### REPAIR WORK COMPLETED

DATE:

TIME:

#### Motor Carrier Certification of action taken

I CERTIFY THAT ALL VIOLATIONS NOTED UPON THIS REPORT HAVE BEEN CORRECTED AND ACTION HAS BEEN TAKEN TO ASSURE COMPLIANCE WITH THE MOTOR CARRIER SAFETY REGULATIONS INSOFAR AS THEY ARE APPLICABLE TO MOTOR CARRIERS AND DRIVERS.

Signature of Carrier Official:

TITLE:

DATE:

#### ATTENTION DRIVER:

This report must be furnished to the motor carrier whose name appears on this report.

TRC Chapter 644, Revised Statutes, requires the Motor Carrier to execute the above certification.

**and return this report to:** MOTOR CARRIER BUREAU  
Texas Department of Public Safety  
PO BOX 4087  
AUSTIN TX 78773-0521

393.9

1

Yes

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

35-Farmers Insurance claim  
status letter to 



FARMERS<sup>®</sup>

National Document Center  
P.O. Box 268992  
Oklahoma City, OK 73126-8992  
claimsdocuments@farmersinsurance.com  
Fax : 877-217-1389  
Toll Free : 800 - HelpPoint

06/15/2010

Wyndell Greene  
7015 Collinwick Dr  
Frisco, TX 75035

Our Insured: [REDACTED]  
Policy #: [REDACTED]  
Loss Date: 05/28/2010  
Claim #: 099 SUB [REDACTED]

Dear Wyndell Greene:

Your claim has been received by Farmers Texas County Mutual Insurance Company Subrogation Department. We will be seeking reimbursement from the other party for the portion of our payments for which they are responsible. We will also be including your deductible in the amount we attempt to recover. If you have already received your deductible or if you receive your deductible from the other party at any time please let us know.

Your policy gives us the right to pursue collection from the responsible party for any payment made by Farmers Texas County Mutual Insurance Company. You may be entitled to pursue the other party for any loss sustained which is not covered by your policy, but you should not sign any releases nor accept any payment from any other party without contacting us first. These actions could jeopardize our chance of recovery.

The recovery process varies with each claim and may take up to a year or longer. Our ability to recover, and the speed with which we are able to do so, will depend on the strength of the available evidence and the willingness of the other insurance company to pay our claim. If the other insurance company does not agree to pay our claim, we may, at our sole discretion, pursue our claim through the available legal channels. This may significantly increase the time it takes to resolve the matter. We may contact you periodically during the recovery process for additional information.

It is possible that you will not receive full or even partial reimbursement of your deductible if the other insurance company fails to cooperate with our collection attempts or if we find it necessary to incur expenses or legal fees to collect your deductible. If we are unsuccessful in the recovery attempt, Farmers Texas County Mutual Insurance Company will pay all expenses and legal fees that Farmers Texas County Mutual Insurance Company incurs during our recovery efforts.

Please notify me immediately with any new information that may assist us in our recovery efforts against the responsible party. If you are represented by an attorney, please provide Farmers Texas County Mutual Insurance Company with your attorney's information and we will forward any future correspondence unless otherwise directed. Questions about the adjustment of your claim, including additional payments, should be directed to your Claims Representative.

We appreciate your patience and cooperation while we attempt collections from the responsible party.

Sincerely,  
Farmers Texas County Mutual Insurance Company

A handwritten signature in black ink, appearing to read 'Luis Amezcuita', written in a cursive style.

Luis Amezcuita  
Auto Subrogation Representative  
630-907-6954  
[luis.amezcuita@farmersinsurance.com](mailto:luis.amezcuita@farmersinsurance.com)

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

36-Farmers Insurance  
subrogation records and  
photographs





FARMERS

National Document Center  
P.O. Box 268992  
Oklahoma City, OK 73126-8992  
claimsdocuments@farmersinsurance.com  
Fax : 877-217-1389  
Toll Free : 800 - HelpPoint

06/15/2010

Great West Insurance  
Attn: Dan Firschein  
Po Box 5408  
Arlington, TX 76005

Our Insured:	[REDACTED]
Our Claim #:	[REDACTED]
Date of Loss:	05/28/2010
Your Insured:	Forest Products Trans Llc
Your Claim #:	[REDACTED]
Deductible Amount:	\$1,000.00
Loss of Use Amount:	0.00
Total Amount Owed:	pending

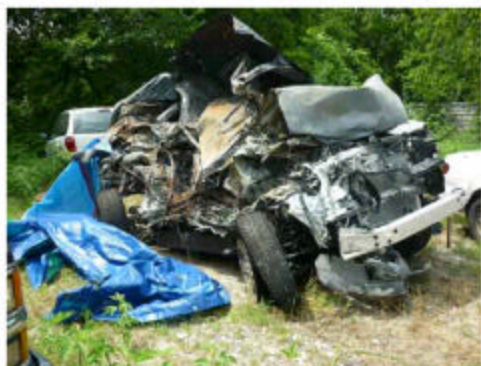
Dear Dan Firschein:

Our investigation has established that the above loss was caused by the negligence of your insured. Our insured's vehicle was rendered a total loss. When sold, we will forward support for the total amount owed and disposition of salvage.

Be aware that no partial payment to Farmers Texas County Mutual Insurance Company that is less than the full amount claimed herein will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you or someone acting on your behalf.

Sincerely,  
Farmers Texas County Mutual Insurance Company

Luis Amezcuita  
Auto Subrogation Representative  
630-907-6954  
luis.amezcuita@farmersinsurance.com



XXX



XXX





XXX



XXX



XXX





XXX

CCC VALUESCOPE  
Claim Services

Farmers Texas County Mutual Insurance Co.  
Market Report

Report Reference Number: 43648678  
Claim reference: [REDACTED]  
Loss Incident Date: 05/28/2010  
Insured: [REDACTED]  
Policy Number: [REDACTED]

Adjuster: Murray, Chris  
USW#: CRM58  
Date Submitted: 06/07/2010  
Owner: [REDACTED]

Appraiser: MURRAY, CHRIS

Introduction

Farmers Texas County Mutual Insurance Co. has conducted an inspection of your 2010 Toyota 4Runner 4X2 Sr5 4 door Sports Utility located in Frisco, TX. The inspection information was then used to conduct research in your local market to determine the market value of your vehicle.

The local market value of your vehicle was defined by the Zip code 75035 -- Frisco, TX

The recommended settlement amount based on the loss vehicle description provided by Farmers Texas County Mutual Insurance Co. is \$26,800.00

Section Title:

Section Contents:

Vehicle Valuation Summary  
VINguard Vehicle Identification  
VINguard VIN Vehicle History  
Local Market Definition  
Valuation Methodology  
Vehicle Condition  
Comparable Vehicles Detail  
Vehicle Model Information  
NHTSA Vehicle Recall  
Appraisal and Valuation Notes

Market Valuation with components  
Vehicle configuration information  
Vehicle history research  
Local market basis  
Method used to evaluate the vehicle  
Vehicle's pre-accident condition  
Comparable vehicles located in market  
Characteristics of the loss vehicle type  
NHTSA recall notices  
Log notes for this file

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

----- Vehicle Valuation Summary -----

	LOCAL MARKET VALUE
Local Market Value	\$ 26,800.00
Pre-tax amount	\$ 26,800.00
Vehicular Sales tax	
License/fees (if applicable)	
Adjusted vehicle valuation amount	\$ 26,800.00

----- Vehicle Valuation Allowances -----

Compared to the typical vehicle in the marketplace your vehicle's value was affected by these factors:

Odometer 3,500  
TP - Trailering Package

These allowances illustrate factors that influence the settlement amount when compared to a typical vehicle. The typical vehicle is a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard and predominant equipment.

In cases where a standard or predominant option is superceded by a replacement or upgrade, a corresponding addition will appear for the option to reflect this.



The vehicle valuation allowances also reflect proper deductions for all standard or predominant equipment not present on the loss vehicle. These allowances are illustrative only. The actual Local Market Value is calculated entirely from comparable vehicles with adjustments to reflect the loss vehicle configuration.

===== Vehicle Description =====

DESCRIPTION	OPTION
-------------	--------

Odometer	3,500
----------	-------

Vehicle equipment:

Std	AT - Automatic Transmission
Std	OD - Overdrive
Std	PO - Positraction
Std	PS - Power Steering
Std	PB - Power Brakes
Std	PW - Power Windows
Std	PL - Power Locks
Std	PM - Power Mirrors
Std	PT - Power Trunk/Gate Release
Std	AC - Air Conditioning

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

===== Vehicle Description (continued) =====

Std	RD - Rear Defogger
Std	IW - Intermittent Wipers
Std	TW - Tilt Wheel
Std	TL - Telescopic Wheel
Std	CC - Cruise Control
Std	KE - Keyless Entry
Std	CN - Console/Storage
Rptd	IB - On Board Computer
Std	MC - Message Center
Std	CS - Cloth Seats
Rptd	RL - Reclining/Lounge Seats
Std	BS - Bucket Seats
Std	AM - AM Radio
Std	FM - FM Radio
Std	ST - Stereo
Std	SE - Search/Seek
Std	CD - CD Player
Std	M3 - Auxiliary Audio Connection
Rptd	EQ - Equalizer
Std	AW - Aluminum/Alloy Wheels
Rptd	KW - Locking Wheels
Std	AG - Drivers Side Air Bag
Std	RG - Passenger Air Bag
Std	XG - Front Side Impact Air Bags
Std	DG - Head/Curtain Air Bags
Std	PJ - Parking Sensors
Std	AB - Anti-Lock Brakes (4)
Std	DB - 4-Wheel Disc Brakes
Std	TX - Traction Control
Std	Tl - Stability Control
Std	RR - Luggage/Roof Rack
Std	WP - Rear Window Wiper
Rptd	IP - Clearcoat Paint
Std	SL - Rear Spoiler
Std	FL - Fog Lamps
Std	DT - Privacy Glass
Std	DM - Dual Mirrors
Std	HM - Heated Mirrors
Std	MX - Signal Integrated Mirrors

XXX

Rptd SB - Rear Step Bumper  
Rptd TP - Trailering Package

===== VINguard Vehicle Identification =====

VIN: JTEZU5JR9A5

	Insurer Description	VINguard Analysis
Year	2010	2010
Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5		

===== VINguard Vehicle Identification (continued) =====

Make	Toyota	Toyota
Model	4Runner 4X2 Sr5	4Runner 4X2 Sr5/Limited
	ZU5JR	ZU5JR
Body style	4d Utv	4d Utv
Engine	6-4.0l-Fi	6-4.0l-Fi
Trans	Automatic Transmission	
	Overdrive	
Restraints	AIR BAGS (DRIVER+PASS.)	Air Bags (Dr.+Pass.+Side)
Curb Weight		4,295
Odometer	3500	

This vehicle was assembled in JAPAN

===== VINguard VIN Vehicle History =====

VINguard has decoded this VIN without any errors.

\*\*\*\*\*  
\* WARNING - VINguard has detected prior event(s) in this vehicle's history. \*  
\* Please review the information detailed below. \*  
\*\*\*\*\*

ISO Vehicle History:

Number of times reported to ISO: 1 ISO's file number: H0167929524  
Activity reported: Property & Casualty 05/28/2010  
Insurance company: Farmers Insurance Exchange Phone: (800) 435-7764  
Claim number: 101614301618

===== AutoCheck Vehicle History Report =====

AutoCheck Vehicle History Report

Experian Automotive

Report Run Date: 06/08/2010

-----  
Key: | N = No Problem Found | Y = Problem Found | I = Information Found  
-----

TITLE CHECK

THIS VEHICLE CHECKS OUT. AutoCheck database for this 2010 TOYOTA 4RUNNER 4X2 SR5 (JTEZU5JR9A5000911) shows no historical events that indicate a significant automotive problem. These problems can indicate past automotive damage or warnings associated with the vehicle title.

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

===== AutoCheck Vehicle History Report (continued) =====

XXX

## Problems Checked

## Results Found

Abandoned	N No Abandoned Record(s) Found
Damaged	N No Damaged Record(s) Found
Fire Damage	N No Fire Damage Record Found
Grey Market	N No Grey Market Record Found
Hail Damage	N No Hail Damage Record Found
Insurance Loss	N No Insurance Loss Record Found
Junk	N No Junk Record(s) Found
Rebuilt	N No Rebuilt Record(s) Found
Salvage	N No Salvage Record(s) Found

## PROBLEM CHECK

THIS VEHICLE CHECKS OUT. AutoCheck database for this 2010 TOYOTA 4RUNNER 4X2 SR5 (JTEZU5JR9A5000911) shows no historical events that indicate a significant automotive problem. These problems can indicate past automotive damage or warnings associated with the vehicle title.

## Problems Checked

## Results Found

NHTSA Crash Test Vehicle	N No NHTSA Crash Test Vehicle Record(s) Found
Frame Damage	N No Frame Damage Record(s) Found
Major Damage Incident	N No Major Damage Record(s) Found
Manufacturer buyback/lemon	N No Manufacturer Buyback/lemon Record(s) Found
Odometer Problem	N No Odometer Problem Record(s) Found
Recycled	N No Recycled Record(s) Found
Salvage Auction	N No Salvage Auction Record(s) Found
Water Damage	N No Water Damage Record(s) Found
ODOMETER CHECK	THIS VEHICLE CHECKS OUT. For this 2010 TOYOTA 4RUNNER 4X2 SR5 (JTEZU5JR9A5000911) no indication of odometer rollback or tampering was found. AutoCheck determines odometer rollbacks by searching for records that indicate odometer readings less than a previously reported value. Other odometer events can report events of tampering, or possible odometer breakage.

## Date Reported

## Odometer Reading

2010-01-31

2010-02-16

5

## VEHICLE INFORMATION

THIS VEHICLE CHECKS OUT. AutoCheck database for this 2010 TOYOTA 4RUNNER 4X2 SR5 (JTEZU5JR9A5000911) shows no historical events that indicate a significant automotive problem. These problems can indicate past automotive damage or warnings associated with the vehicle title.

## Problems Checked

## Results Found

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

===== AutoCheck Vehicle History Report (continued) =====

Accident	N No Accident Record(s) Found
Corrected Title	N No Corrected Title Record(s) Found
Driver Education	N No Driver Education Record(s) Found
Duplicate Title	N No Duplicate Title Record(s) Found
Emissions Safety Inspection	N No Emissions Safety Inspection Record(s) Found
Fire Damage	N No Fire Damage Record(s) Found
Lease	N No Lease Record(s) Found
Lien	N No Lien Record(s) Found
Livery Use	N No Livery Use Record(s) Found
Government Use	N No Government Use Record(s) Found
Police Use	N No Police Use Record(s) Found
Fleet	N No Fleet Record(s) Found

XXX



Rental	N No Rental Record(s) Found
Fleet and/or Lease	N No Fleet and/or Lease Record(s) Found
Fleet and/or Rental	N No Fleet and/or Rental Record(s) Found
Repossessed	N No Repossessed Record(s) Found
Taxi Use	N No Taxi Use Record(s) Found
Theft	N No Theft Record(s) Found

#### FULL HISTORY

Below are the historical events for this vehicle listed in chronological order.

Report Run Date: 06/08/2010

Event Date	Event Location	Odometer Reading	Data Source	Event Detail
2010-01-31	TX	00000000	Motor Vehicle Dept	REGISTRATION
2010-02-16	TX	5	Motor Vehicle Dept	EVENT/RENEWAL TITLE

AutoCheck Vehicle History Report Terms and Conditions:  
Experian's Reports are compiled from multiple sources. It is not always possible for Experian to obtain complete discrepancy information on all vehicles; therefore, there may be other title brands, odometer readings or discrepancies that apply to a vehicle that are not reflected on that vehicle's Report. Experian searches data from additional sources where possible, but all discrepancies may not be reflected on the Report.

These Reports are based on information supplied to Experian by external sources believed to be reliable, BUT NO RESPONSIBILITY IS ASSUMED BY EXPERIAN OR ITS AGENTS FOR ERRORS, INACCURACIES OR OMISSIONS. THE REPORTS ARE PROVIDED STRICTLY ON AN 'AS IS WHERE IS' BASIS, AND EXPERIAN FURTHER EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE REGARDING THIS REPORT.

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

===== AutoCheck Vehicle History Report (continued) =====  
YOU AGREE TO INDEMNIFY EXPERIAN FOR ANY CLAIMS OR LOSSES, INCLUDING COSTS, EXPENSES AND ATTORNEYS FEES, INCURRED BY EXPERIAN ARISING DIRECTLY OR INDIRECTLY FROM YOUR IMPROPER OR UNAUTHORIZED USE OF AUTOCHECK VEHICLE HISTORY REPORTS.

Experian shall not be liable for any delay or failure to provide an accurate report if and to the extent which such delay or failure is caused by events beyond the reasonable control of Experian, including, without limitation, 'acts of God', terrorism, or public enemies, labor disputes, equipment malfunctions, material or component shortages, supplier failures, embargoes, rationing, acts of local, state or national governments, or public agencies, utility or communication failures or delays, fire, earthquakes, flood, epidemics, riots and strikes.

These terms and the relationship between you and Experian shall be governed by the laws of the State of Illinois (USA) without regard to its conflict of laws provisions. You and Experian agree to submit to the personal and exclusive jurisdiction of the courts located within the county of Cook, Illinois.

===== Local Market Definition =====  
The local market value for your 2010 Toyota 4Runner 4X2 Sr5 4 Door Sport Utility Vehicle was defined by ZIP code 75035 -- Frisco, Tx. Adjacent markets were also searched as secondary sources to locate comparable vehicles. Details of the specific markets searched follow.

The state of Texas is composed of 21 distinct local markets. The following 4 zones were used in the preparation of this CCC Valuescope Market Report.

XXX

Dallas, TX - Primary local market vehicle database.  
In this market, CCC maintains a database of 10,161 inspected dealer vehicles located at 36 dealerships, and 142,865 dealer advertised, and 5,987 privately advertised vehicles taken from 28 local papers or magazines.

Ft. Worth, TX - Secondary local market vehicle database.  
In this market, CCC maintains a database of 4,124 inspected dealer vehicles located at 15 dealerships, and 81,420 dealer advertised, and 2,676 privately advertised vehicles taken from 15 local papers or magazines.

Waco, TX - Third local market vehicle database.  
In this market, CCC maintains a database of 2,495 inspected dealer vehicles located at 11 dealerships, and 15,379 dealer advertised, and 1,003 privately advertised vehicles taken from 9 local papers or magazines.

Longview/Tyler, TX - Fourth local market vehicle database.  
In this market, CCC maintains a database of 3,197 inspected dealer vehicles located at 17 dealerships, and 15,703 dealer advertised, and 1,511 privately advertised vehicles taken from 15 local papers or magazines.

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

===== Local Market Definition (continued) =====

From these 4 local markets, comparable vehicles were selected based on the year, make, model, body style, and engine configuration of your vehicle. Adjustments were made to the value of each comparable vehicle to compensate for differences in year, model, body style, engine configuration, packages, options, and mileage.

For your vehicle's CCC Valuescope Market Report, CCC identified 1 advertised vehicle as comparable to your vehicle, and used their values to determine the Local Market Value.

Vehicles are determined to be comparable to the loss vehicle based on:

- \* Nearness to the loss vehicle's primary garage location
- \* Similarity of model, equipment, and odometer
- \* Precision of the data (inspected versus advertised)

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

===== Valuation Methodology =====

This CCC Valuescope Market Report was prepared for Farmers Texas County Mutual Insurance Co. by CCC Information Services Inc. CCC has been preparing market reports for the insurance industry since 1981. CCC physically inspects vehicles for sale at vehicle dealerships in the local markets, and subscribes to local newspapers and automotive publications in these markets. CCC maintains vehicle databases containing these inspected dealership vehicles along with the dealer and private party advertised vehicle information.

When Farmers Texas County Mutual Insurance Co. requests a CCC Valuescope Market Report from CCC, they provide CCC the VIN (Vehicle Identification Number) of the loss vehicle. Decoding this VIN identifies the exact vehicle for which the local market value will be done. See the VINguard Vehicle Identification section.

Farmers Texas County Mutual Insurance Co. also provides CCC the vehicle owner's Zip code. This identifies the local market that will be used to determine the market value. See the Local Market Definition section.

Finally, Farmers Texas County Mutual Insurance Co. provides CCC with the configuration of the loss vehicle including equipment, odometer, condition,

XXX

maintenance, etc. This information is the starting point for determining the local market value.

The Local Market Value is the value of the loss vehicle, and includes condition, mileage, packages, and all equipment. The method used to determine the Local Market Value on current year vehicles involves finding new vehicles for sale at the time of the valuation. After the Adjusted Value for each comparable vehicle is calculated, the Local Market Value is determined.

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

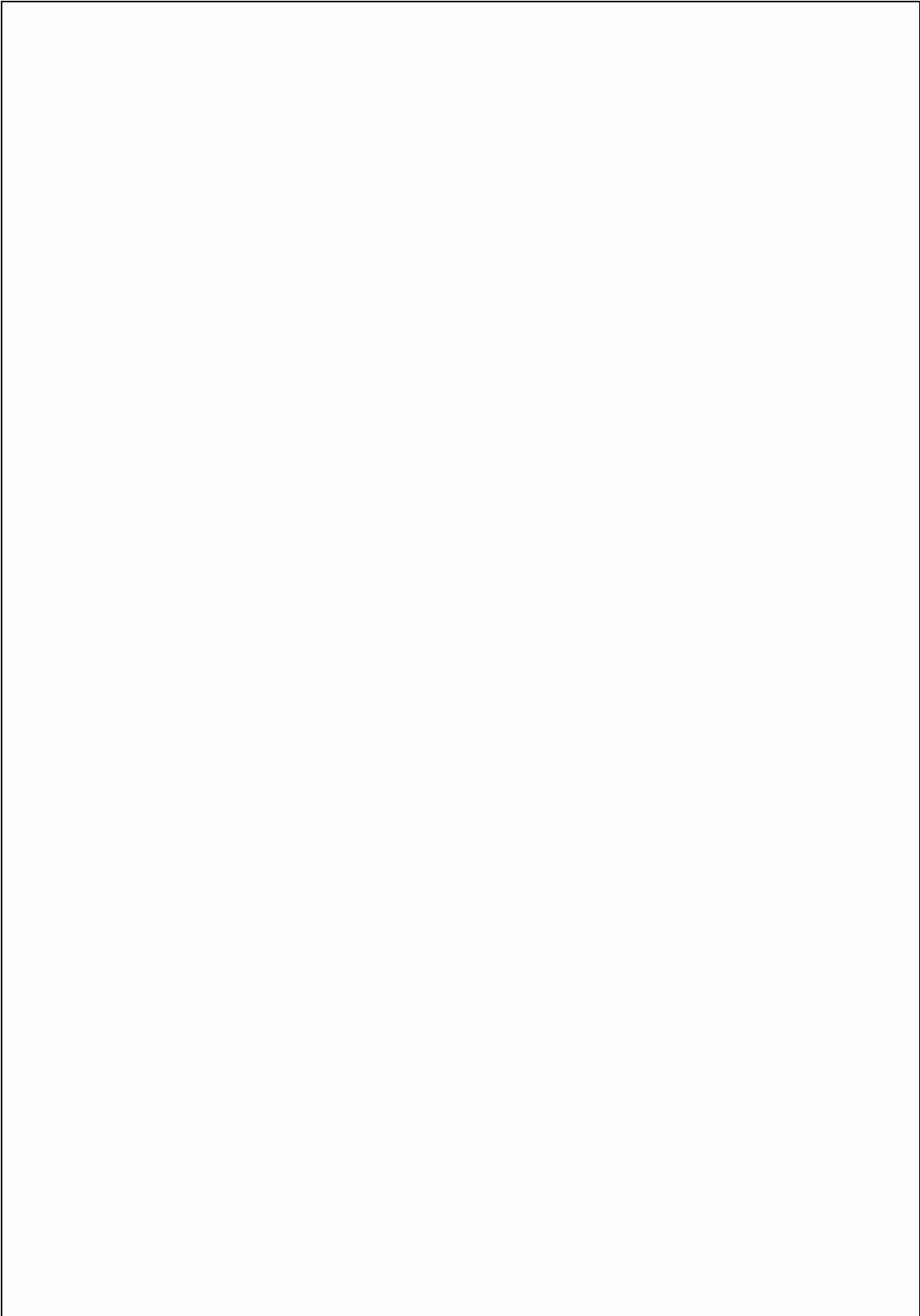
----- Vehicle Condition -----

Farmers Texas County Mutual Insurance Co. uses Condition Inspection Guidelines to determine the condition of key components of the loss vehicle. These guidelines are specific to geographic location, year, and vehicle type. The guidelines describe physical characteristics for each of the vehicle components. Based on these guidelines, Farmers Texas County Mutual Insurance Co. determined the condition of the vehicle prior to the loss.

Category	Condition	Adjustments
-----	-----	-----
INTERIOR		
Seats	Normal wear	\$0
CR Comments:	NORMAL DUE TO TOTAL BURN.	
Carpets	Normal wear	\$0
CR Comments:	NORMAL DUE TO TOTAL BURN.	
Dashboard	Normal wear	\$0
CR Comments:	NORMAL DUE TO TOTAL BURN.	
Headliner	Normal wear	\$0
CR Comments:	NORMAL DUE TO TOTAL BURN.	
EXTERIOR		
Sheet Metal	Normal wear	\$0
CR Comments:	NORMAL DUE TO TOTAL BURN.	
Trim	Normal wear	\$0
CR Comments:	NORMAL DUE TO TOTAL BURN.	
Paint	Normal wear	\$0
CR Comments:	NORMAL DUE TO TOTAL BURN.	
Glass	Normal wear	\$0
CR Comments:	ALL OF THE GLASS IS GONE DUE TO THE ACCIDENT AND BURN.	
MECHANICAL		
Engine	Normal wear	\$0

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

XXX



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Category	Condition	Adjustments
CR Comments:	NORMAL AS THE VEHICLE BURNED AND I COULD NOT GET THE HOOD OPENED.	
Transmission	Normal wear	\$0
CR Comments:	NORMAL AS THE VEHICLE BURNED AND I COULD NOT GET THE HOOD OPENED.	
TIRES		
Front Tires	Dealer ready	\$0
CR Comments:	THE FRONT TIRES HAVE 9/32" OF TREAD LEFT.	
Rear Tires	Dealer ready	\$0
CR Comments:	THE RIGHT REAR TIRE HAS 8/32" OF TREAD LEFT.	
Total Adjustments:		\$0

- \* The Condition Inspection Guidelines provide information based on vehicle age, vehicle type, and geographic location. Your vehicle has been identified as being located in the Southwest region as a newer truck.
- \* The Condition Inspection Guidelines, and all dollar adjustments, are determined by surveys, inspections, and interviews with dealerships across the United States.

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

----- Comparable Vehicles Detail -----

The local market comparable vehicles are compared to the loss vehicle, and adjustments are made for differences in equipment, odometer, model, etc. The Price, Asking Price, Take Price or List Price displayed below (as applicable) may differ from the advertised price where CCC obtains different price information from the seller. The Adjusted Value represents the price of the comparable configured exactly as the loss vehicle.

Loss Vehicle	Dealer Vehicle
2010 Toyota	2010 Toyota
4runner 4x2 Sr5	4runner 4x2 Sr5
4d Utv	4d Utv
6-4.0l-Fi	6
Auto Trans-OD	Auto Trans-OD
AM/FM Stereo Seek	AM/FM Stereo Seek
With Compact Disk	With Compact Disk
Auxiliary Audio	Auxiliary Audio
Connection	Connection
Equalizer	
Anti-Lock Brakes	Anti-Lock Brakes
(4)	(4)
Air Conditioning	Air Conditioning
Drivers Side Air	Drivers Side Air
Bag	Bag
Aluminum/Alloy	Aluminum/Alloy
Wheels	Wheels

XXX



Cruise Control	Cruise Control
Head/Curtain Air	Head/Curtain Air
Bags	Bags
Privacy Glass	Privacy Glass
Fog Lamps	Fog Lamps
Heated Mirrors	Heated Mirrors
Keyless Entry	Keyless Entry
Message Center	Message Center
Signal Integrated	Signal Integrated
Mirrors	Mirrors
Parking Sensors	Parking Sensors
Power Locks	Power Locks
Power Mirrors	Power Mirrors
Positraction	Positraction
Power Windows	Power Windows
Rear Defogger	Rear Defogger
Passenger Air Bag	Passenger Air Bag
Luggage/Roof Rack	Luggage/Roof Rack
Telescopic Wheel	Telescopic Wheel
Tilt Wheel	Tilt Wheel
Traction Control	Traction Control
Stability Control	Stability Control

Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

----- Comparable Vehicles Detail (continued) -----

Loss Vehicle	Dealer Vehicle
Front Side Impact	Front Side Impact
Air Bags	Air Bags
Trailer Package*	Power Driver Seat*
	Power Passenger
	Seat*
Miles: 3,500	2

Pub Date 6/08/2010

Location:	Fort Worth
Distance From: Frisco	42
Dealer:	Toyota Of Fort Worth
Contact Person:	Kent Sitten
Phone Number:	817/916-1525
VIN:	JTEZU5JR9A5009270
	Stock# 009270
	Price \$ 28,800

Adjustments	
Model/Year	- 588
Options	- 300
Mileage	- 1,120
	=====
Adjusted Value	\$ 26,792

\* List Price is the sticker price of the vehicle. Take Price is the amount for which the vehicle can be purchased as defined by the contact at each dealer.

\* Option adjustments are made in comparison to the typical vehicle. Typical vehicle options that are not present are enclosed in parentheses.

\* The baseline is defined as the condition of the typical vehicle on the road. Baseline adjustments are made when a comparable vehicle condition varies from that of a typical vehicle.

\* All dollar adjustments are determined by surveys, inspections, and interviews with dealerships across the United States.

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- \* Note that some comparable vehicles that were recently available in the local market may no longer be available.
- \* The Price, Asking Price, Take Price or List Price displayed above (as applicable) may differ from the advertised price where CCC obtains different price information from the seller.

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Valuation request: 43648678 (continued) 2010 TOYO 4RUNNER 4X2 SR5

===== Appraisal and Valuation Notes =====  
NO REBATES AVAILABLE.  
Included in our backup are similar models to the loss vehicle.  
Proper adjustments were made for this valuation.  
\$588 MODEL ADJUSTMENT FOR PREMIUM CARPET SET AND VEHICLE  
SHIELD PACKAGE.

Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.

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Various aspects of our Market Report are covered by one or more pending patent applications.

The trade names and/or trademarks used herein are owned by their respective trademark owners.

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FARMERS TEXAS COUNTY MUTUAL INS CO  
COLLIN CREEK CLAIMS SERVICE CENTER  
HELPPPOINT CLAIMS SERVICES BY FARMERS  
FOR SUPPLEMENTS PLEASE CALL  
1 (800) 282-7033  
(800)435-7764

ESTIMATE OF RECORD

WRITTEN BY: CHRIS MURRAY 06/08/2010 03:49 PM  
ADJUSTER: CHRIS MURRAY (214)562-9805

INSURED: [REDACTED] CLAIM [REDACTED]  
OWNER: [REDACTED] POLICY [REDACTED]  
ADDRESS: [REDACTED] DATE OF LOSS: 05/28/2010 AT 06:30 PM  
FRISCO, TX TYPE OF LOSS: MD  
EVENING: [REDACTED] POINT OF IMPACT: 22. TOTAL BURN  
OTHER: [REDACTED]

INSPECT B&V WRECKER DAY: (972)524-8846  
LOCATION: 900 E MOORE OTHER  
TERREL, TX 75160

REPAIR UNKNOWN 30 DAYS TO REPAIR  
FACILITY: LICENSE #

2010 TOYO 4RUNNER 4X2 SR5 6-4.0L-FI 4D UTV SILVER INT:  
VIN: JTEZU5JR9A5 [REDACTED] LIC: [REDACTED] TX PROD DATE: ODOMETER: 3500  
AIR CONDITIONING REAR DEFOGGER TILT WHEEL  
CRUISE CONTROL TELESCOPIC WHEEL INTERMITTENT WIPERS  
KEYLESS ENTRY REAR WINDOW WIPER PARKING SENSORS  
ON BOARD COMPUTER MESSAGE CENTER DUAL MIRRORS  
PRIVACY GLASS CONSOLE/STORAGE LUGGAGE/ROOF RACK  
FOG LAMPS REAR SPOILER SIGNAL INTEGRATED MIRRORS  
CLEAR COAT PAINT POWER STEERING POWER BRAKES  
POWER WINDOWS POWER LOCKS POWER MIRRORS  
HEATED MIRRORS AM RADIO FM RADIO  
STEREO SEARCH/SEEK EQUALIZER  
CD PLAYER AUXILIARY AUDIO CONNECTIO ANTI-LOCK BRAKES (4)  
DRIVER AIR BAG PASSENGER AIR BAG HEAD/CURTAIN AIR BAGS  
FRONT SIDE IMPACT AIR BAG 4 WHEEL DISC BRAKES POSITRACTION  
TRACTION CONTROL STABILITY CONTROL CLOTH SEATS  
BUCKET SEATS RECLINE/LOUNGE SEATS REAR STEP BUMPER  
TRAILERING PACKAGE POWER TRUNK/GATE RELEASE AUTOMATIC TRANSMISSION  
OVERDRIVE ALUMINUM/ALLOY WHEELS LOCKING WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1#		TOTAL LOSS-BURN	1				
SUBTOTALS ==>					0.00	0.0	0.0

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0Y0N06M2

ESTIMATE OF RECORD  
2010 TOYO 4RUNNER 4X2 SR5 6-4.0L-FI 4D UTV SILVER INT:

PARTS	0.00
-----	
TOTAL COST OF REPAIRS	\$ 0.00
ADJUSTMENTS:	
DEDUCTIBLE	1000.00
-----	
TOTAL ADJUSTMENTS	\$ 1000.00
NET COST OF REPAIRS	\$-1000.00

FARMERS' NON-OEM SHEET METAL PARTS WARRANTY

WHEN YOU HAVE YOUR VEHICLE REPAIRED AFTER AN ACCIDENT AND THE REPAIR ESTIMATE INCLUDES THE USE OF CERTAIN NON-OEM SHEET METAL CRASH PARTS (PARTS NOT MADE BY OR FOR YOUR VEHICLE'S ORIGINAL MANUFACTURER), FARMERS WILL STAND BEHIND THOSE PARTS FOR AS LONG AS YOU OWN THE VEHICLE. IF A SUPPLIER OF A PART LISTED IN YOUR REPAIR ESTIMATE OR THE SHOP THAT PERFORMED THE REPAIRS ON YOUR VEHICLE IS UNABLE TO RESOLVE A LEGITIMATE COMPLAINT ABOUT THE QUALITY OF THE NON-OEM SHEET METAL PARTS USED IN THE REPAIR, WE WILL MAKE EVERY EFFORT TO SEE THAT THE PROBLEM IS CORRECTED.

PARTS COVERED BY THIS WARRANTY ARE LIMITED TO HOODS, FENDERS, DOOR SHELLS, TRUCK BEDS, BOX SIDES, TAILGATES, LIFT GATES, QUARTER PANELS, REAR OUTER PANELS, BODY SIDE PANELS, TRUNK LIDS AND DECK LIDS.

FOR ASSISTANCE, CONTACT YOUR NEAREST FARMERS CLAIMS OFFICE OR AGENT.

DISCLAIMER

THIS WARRANTY AND ANY REPRESENTATIONS MADE HEREIN ARE NON-TRANSFERABLE AND ITS BENEFITS EXTEND ONLY TO THE PARTY OWNING THE VEHICLE AT THE TIME OF THE REPAIR. IT IS NOT PART OF YOUR INSURANCE POLICY AND DOES NOT CONSTITUTE AN EXTENSION OF COVERAGE THEREUNDER.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT INSURANCE CLAIM FOR THE PAYMENT OF A LOSS MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

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ESTIMATE OF RECORD  
2010 TOYO 4RUNNER 4X2 SR5 6-4.0L-FI 4D UTV SILVER INT:

TO EXPEDITE THE HANDLING OF ANY SUPPLEMENTAL DAMAGES CLAIMED, PLEASE HAVE THE APPROXIMATE AMOUNT OF ADDITIONAL DAMAGES AVAILABLE WHEN YOU CALL 1 (800) 282-7033. POTENTIALLY, A REINSPECTION MAY BE CONDUCTED WITHIN HOURS OF YOUR CALL. ALL SUPPLEMENTS MUST BE APPROVED BY A CLAIMS REPRESENTATIVE BEFORE REPAIRS ARE COMPLETED.

ESTIMATE REVIEWED WITH: \_\_\_\_\_

\*THIS IS NOT AN AUTHORIZATION TO REPAIR, MOREOVER, WE MUST HAVE THE OPTION TO INSPECT AND APPROVE OF ANY SUPPLEMENTAL DAMAGES PRIOR TO REPAIR.

\*\*IF, AFTER WE HAVE AUTHORIZED REPAIR, YOU FAIL TO PRESENT THIS ESTIMATE TO THE REPAIR FACILITY PRIOR TO THE START OF REPAIRS, YOU MAY INCUR ANY ADDITIONAL EXPENSE.

"IF THE ABOVE ESTIMATE INCLUDES A NAPA PART PRICE, THE REPAIR FACILITY MUST COMPLETE A ONE TIME SET UP WITH THEIR LOCAL NAPA RETAILER IN ORDER TO RECEIVE THE SPECIAL "FARMERS PREFERRED PARTS PROGRAM" PRICING. TO ACCOMPLISH SET UP, CONTACT YOUR LOCAL NAPA RETAILER AND ASK THEM TO INSERT BILLING CODE NUMBER 9066 INTO YOUR CUSTOMER BILLING PROFILE. THE 9066 CODE WILL ENABLE YOUR REPAIR FACILITY TO RECEIVE SPECIAL PRICING ON ALL NAPA PARTS AND/OR SUPPLIES PURCHASED. IF YOU DO NOT ALREADY HAVE A LOCAL NAPA RETAILER ACCOUNT, PLEASE CALL 1-800-LET-NAPA FOR YOUR NEAREST NAPA LOCATION."



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ESTIMATE OF RECORD  
2010 TOYO 4RUNNER 4X2 SR5 6-4.0L-FI 4D UTV SILVER INT:

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE ARM8418, CCC DATA DATE 05/03/2010, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) OR ALT OEM (ALTERNATIVE OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OEM VEHICLE DEALERSHIPS. OPT OEM OR ALT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. OPT OEM OR ALT OEM PARTS MAY INCLUDE "BLEMISHED" PARTS PROVIDED BY OEM'S THROUGH OEM VEHICLE DEALERSHIPS. ASTERISK (\*) OR DOUBLE ASTERISK (\*\*) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECOND PARTS ARE DESCRIBED AS RECORE. NAGS PART NUMBERS AND BENCHMARK PRICES ARE PROVIDED BY NATIONAL AUTO GLASS SPECIFICATIONS. LABOR OPERATION TIMES LISTED ON THE LINE WITH THE NAGS INFORMATION ARE MOTOR SUGGESTED LABOR OPERATION TIMES. NAGS LABOR OPERATION TIMES ARE NOT INCLUDED. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES. SOME 2010 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

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ESTIMATE OF RECORD  
2010 TOYO 4RUNNER 4X2 SR5 6-4.0L-FI 4D UTV SILVER INT:

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 0

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

OPTIONAL OEM PARTS

OPTIONAL OEM SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN OPTIONAL OEM PART WAS AVAILABLE: 0

NO. OF OPTIONAL OEM PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

RECONDITIONED PARTS

RECONDITIONED SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT A RECONDITIONED PART WAS AVAILABLE: 0

NO. OF RECONDITIONED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

RECYCLED PARTS

NO. OF TIMES USER WAS NOTIFIED THAT A RECYCLED PART WAS AVAILABLE: 0

NO. OF RECYCLED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0



FARMERS®

National Document Center  
P.O. Box 268992  
Oklahoma City, OK 73126-8992  
claimsdocuments@farmersinsurance.com  
Fax: 877-217-1389

Insured:

Policy Number:

Loss Date: 5/28/2010

Total Loss Settlement

Vehicle Information:

Year:	2010	Serial Number/Trailer ID:	
Make:	TOYOTA	VIN:	JTEZU5JR9A5 [REDACTED]
Model:	4 RUNNER SR5	Inspected VIN:	JTEZU5JR9A5 [REDACTED]
Mileage:	3500	Boat Registration:	

Settlement Detail:

Valuation Method:	CCC	Valuation Id:	43648678
Valuation Amount:	\$26,800.00	Salvage Bid:	\$0.00
Adjustment (+/-):	\$0.00	Sales Tax:	\$1,675.00
Actual Cash Value:	\$26,800.00	Lien:	\$32,539.85
Lic/Transfer Fee:	\$33.00	Residual Debt:	\$5,031.85
Other Fee:	\$0.00		
Deductible:	\$1,000.00	Customer Due:	\$0.00
Salvage Value:	\$0.00	Mortgagee Due:	\$27,508.00
Additional Details:	Evaluation Adjustments per CCC		
Net Total:	\$27,508.00		

Dates:

Unit Assigned:	6/2/2010
Reported to NICB:	
Assigned to Salvage Pool:	6/10/2010
Settled:	6/10/2010
TL Packet Sent To Owner:	6/10/2010
TL Packed Recd From Owner:	
Title/Paperwork Sent To Vender:	

XXX





**FARMERS**

National Document Center  
P.O. Box 268992  
Oklahoma City, OK 73126-8992  
claimsdocuments@farmersinsurance.com  
Fax: 877-217-1389

## Payment Log

Account Number: [REDACTED]

Date of Loss: 5/28/2010

Insured's Name: [REDACTED]

Claim Number: [REDACTED]

Unit Type	Claim Unit	Date Issued	Payee	Check Number	Payment Amount
MD	1016143016-1-8	6/14/2010	TQI EXCHANGE, LLC	5332216523	\$27,508.00
Payment Total:					\$27,508.00
Total Amount:					\$27,508.00

XXX

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

42-2006 Corolla TRA photos

7414241

Collision

State Farm Insurance  
2006 TOYOTA COROLLA



HOLD

00209

Greene v. Toyota



00210  
Greene v. Toyota



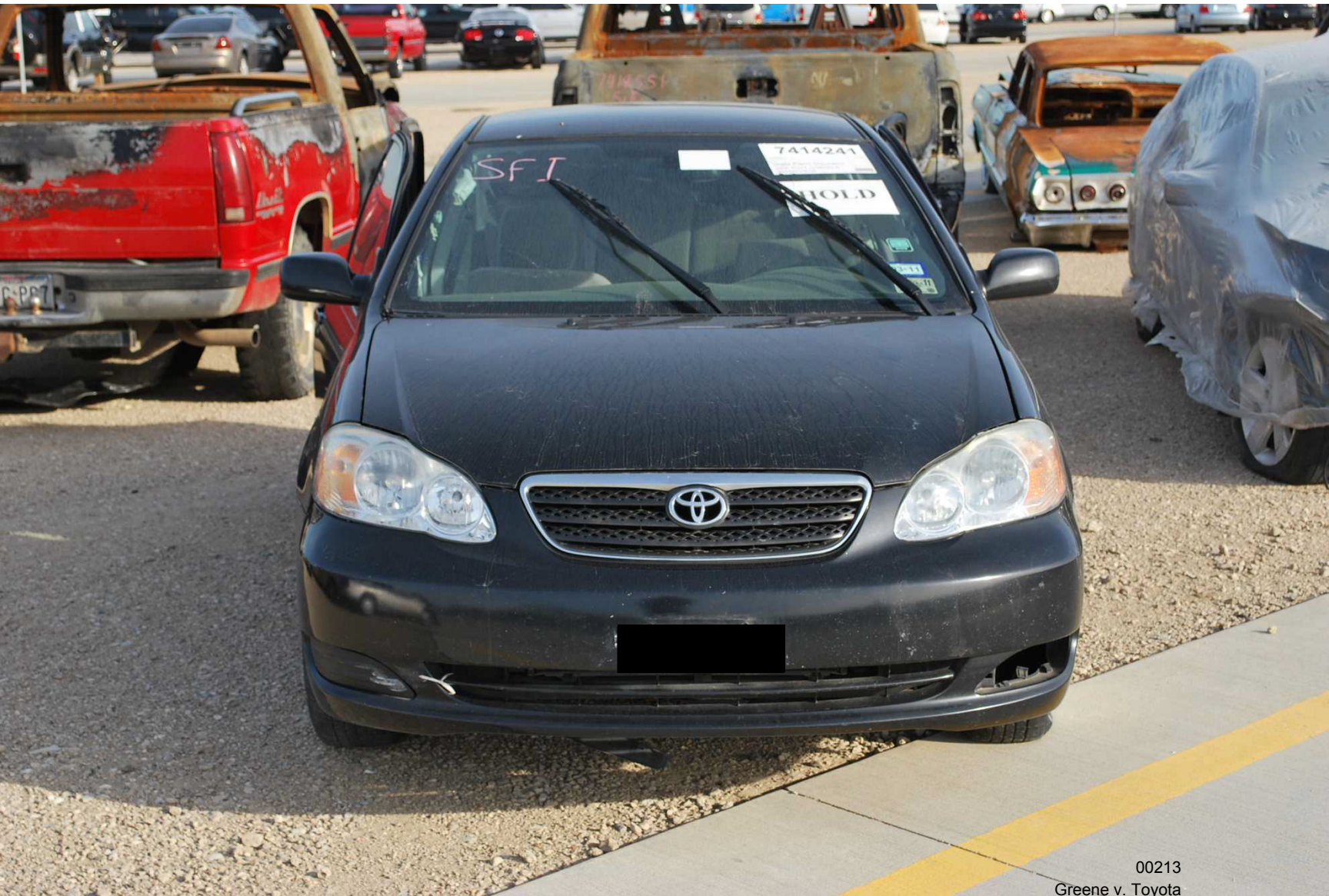


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Greene v. Toyota











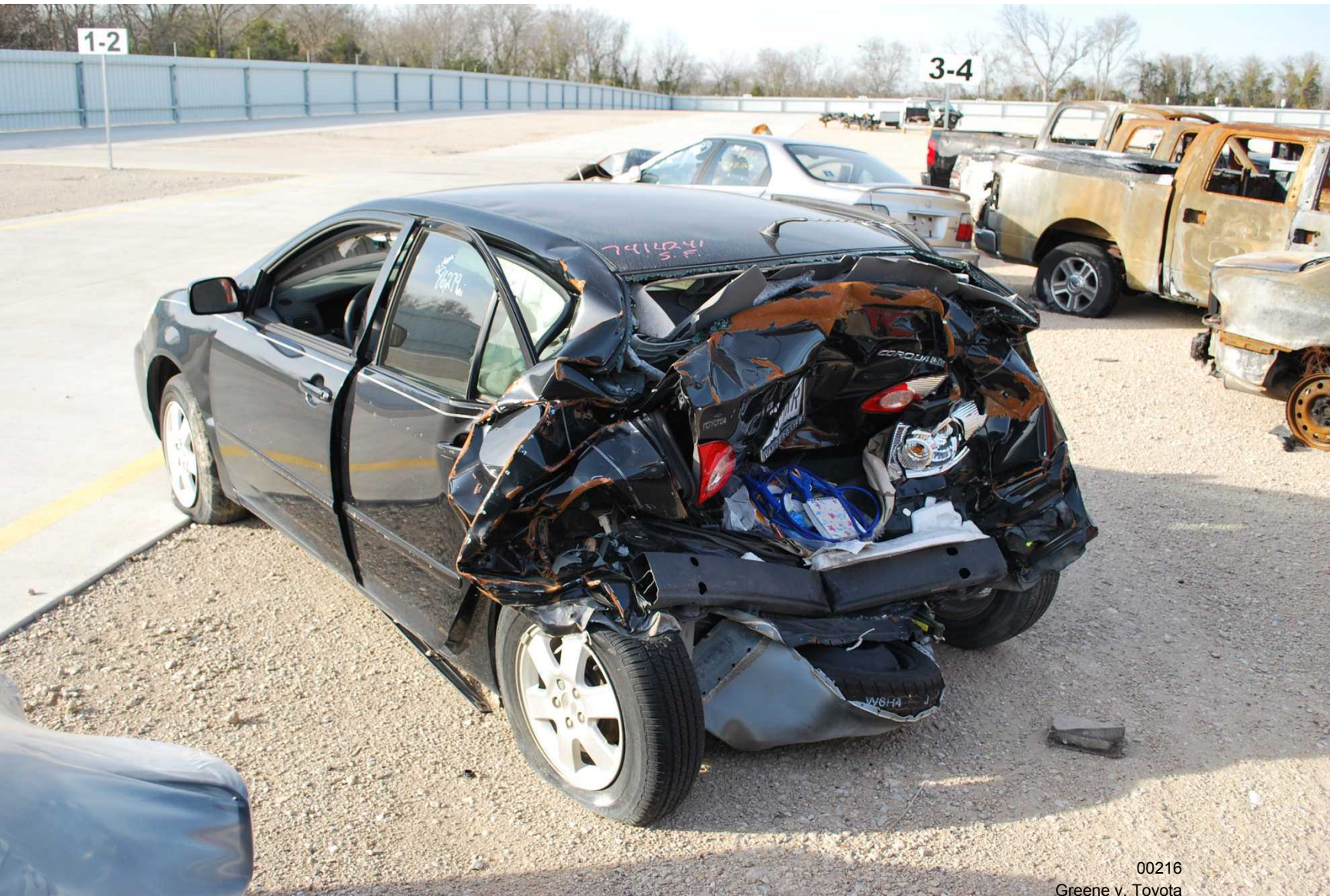
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Greene v. Toyota





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Greene v. Toyota

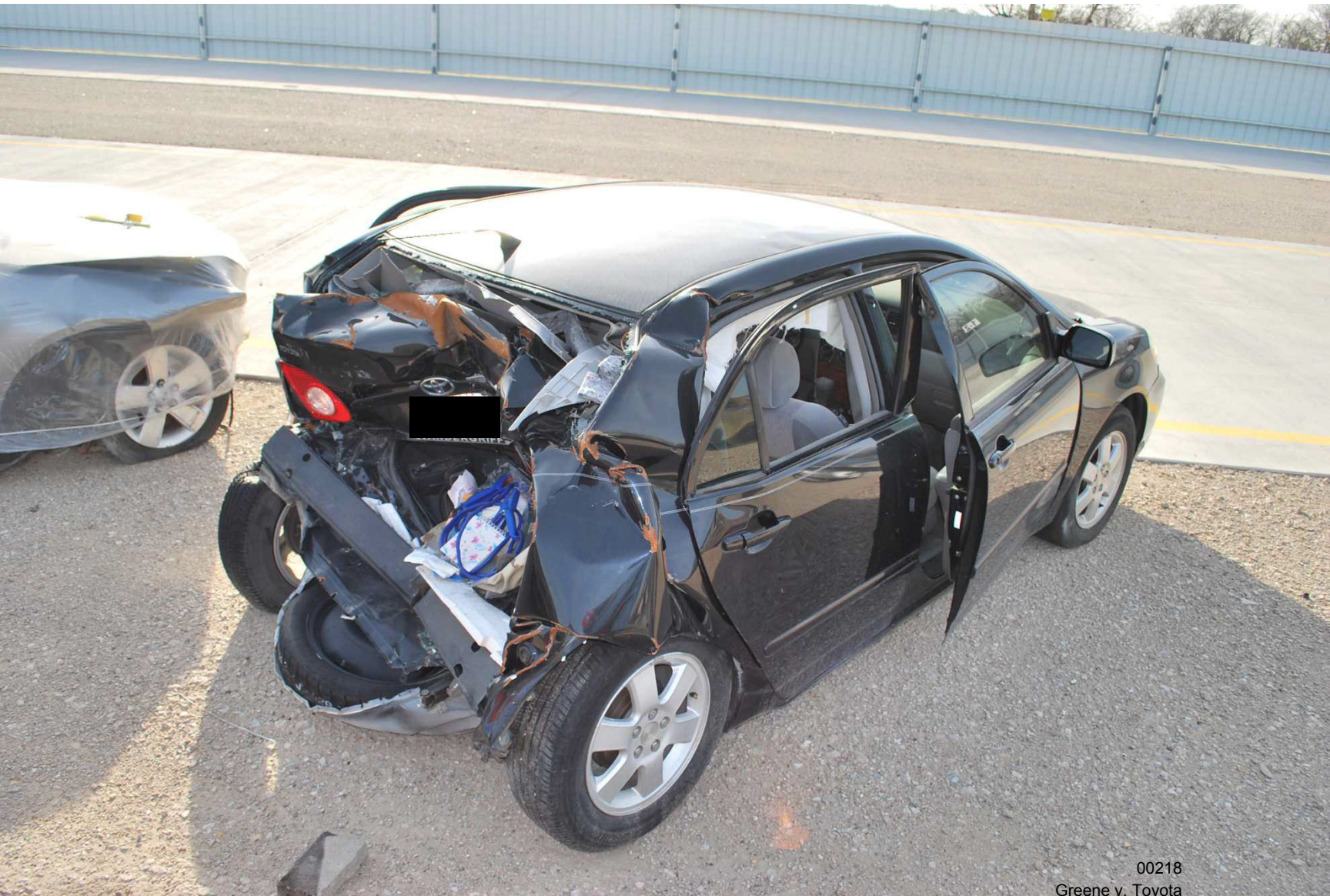












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Greene v. Toyota



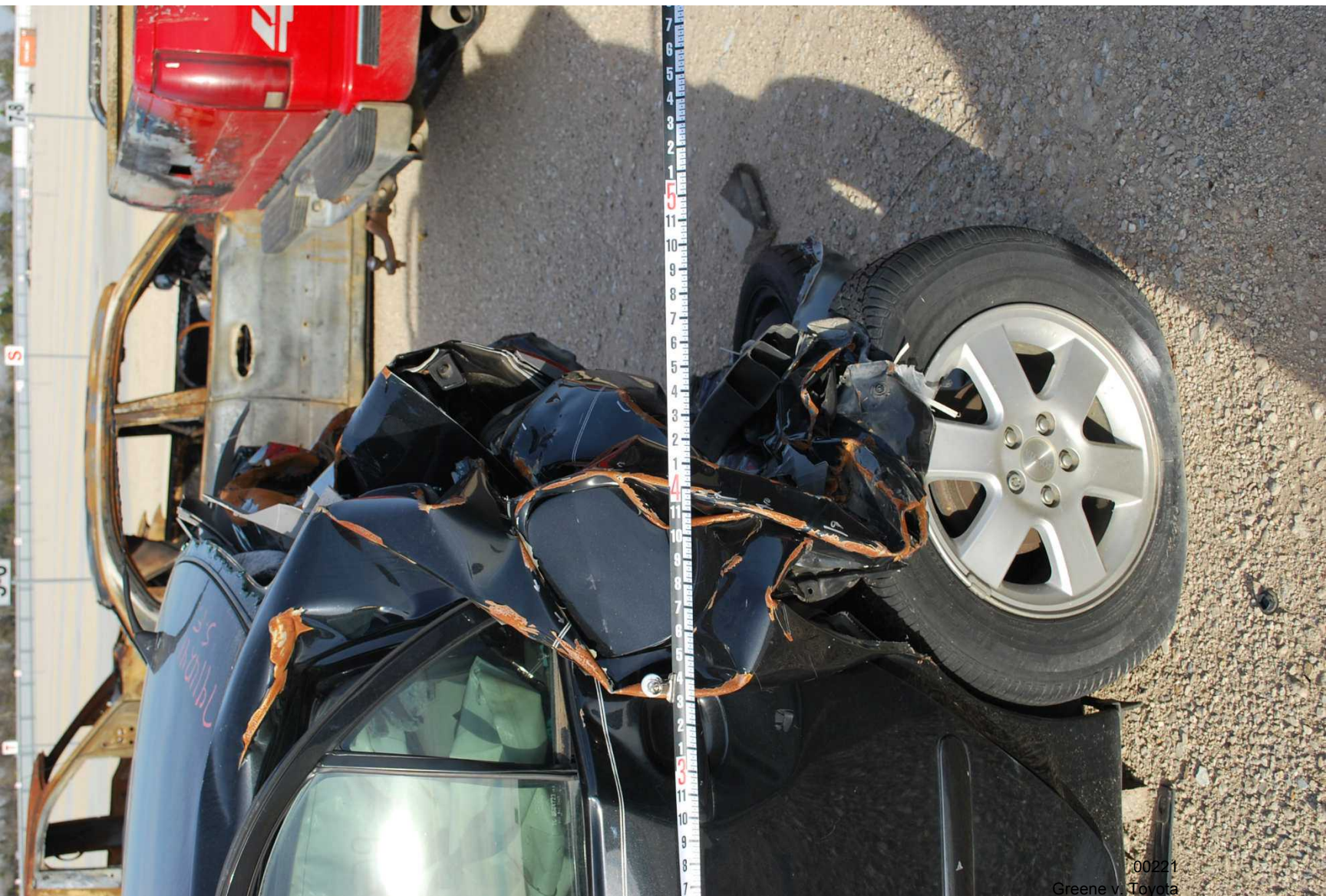


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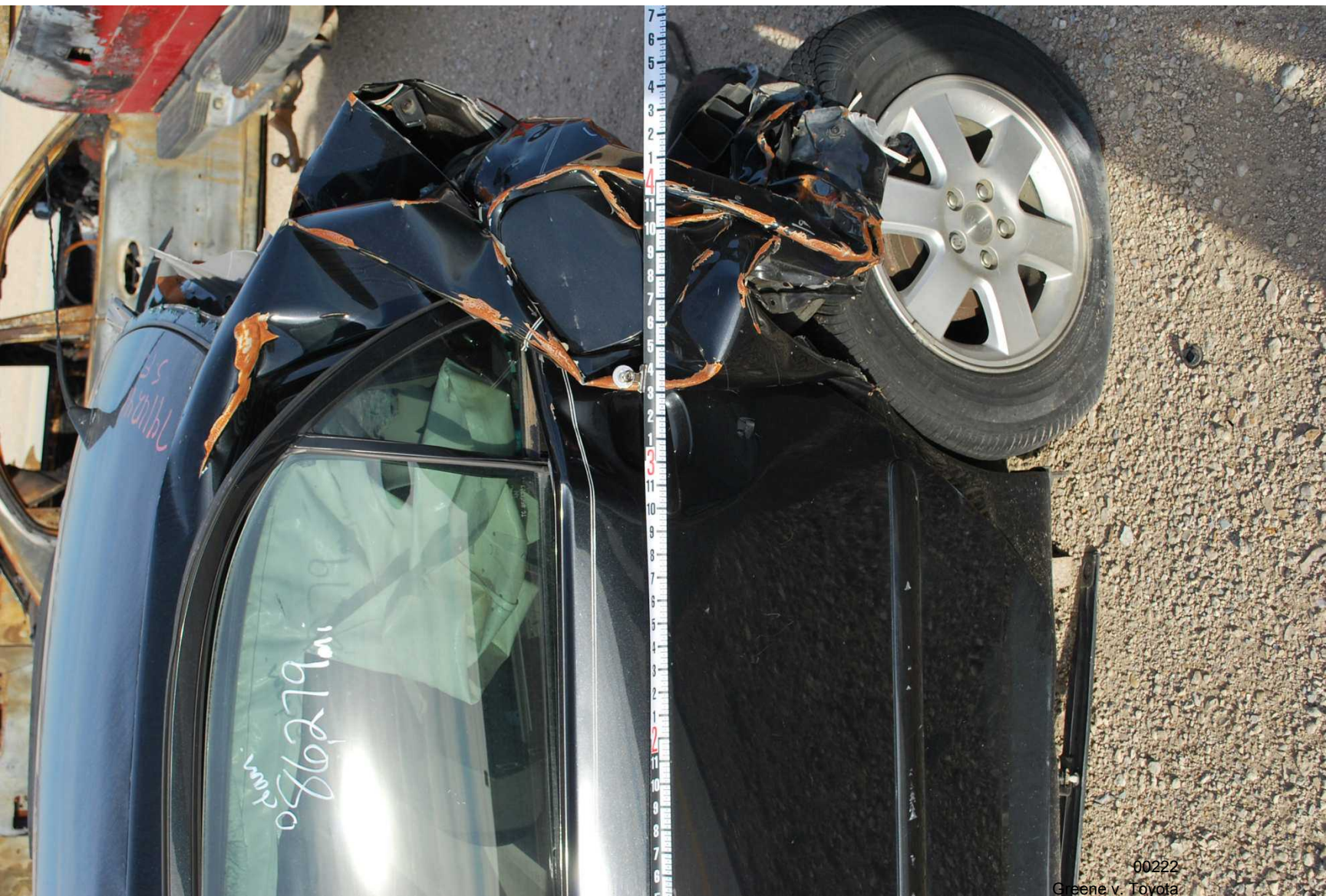






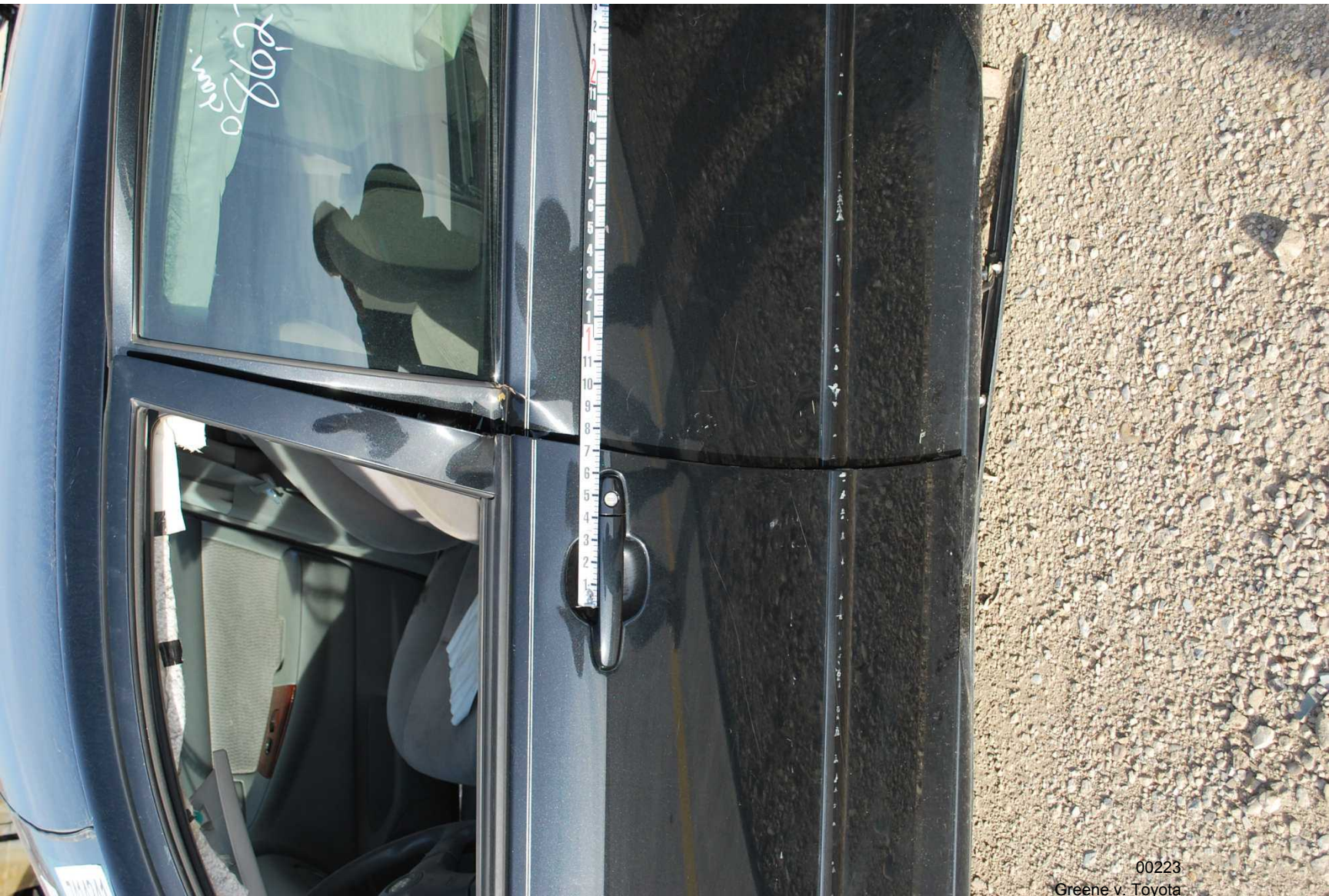




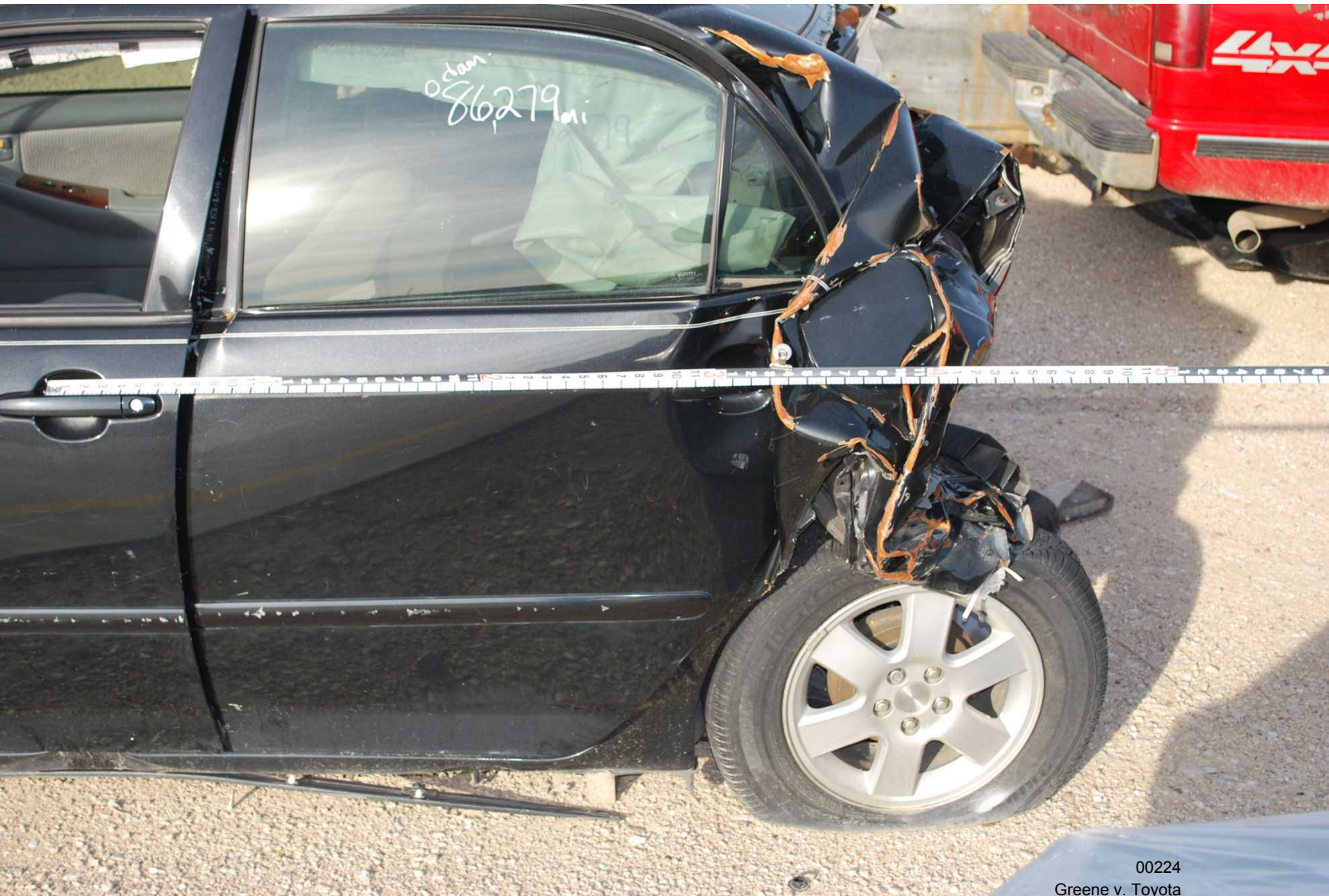


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Greene v. Toyota









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Greene v. Toyota



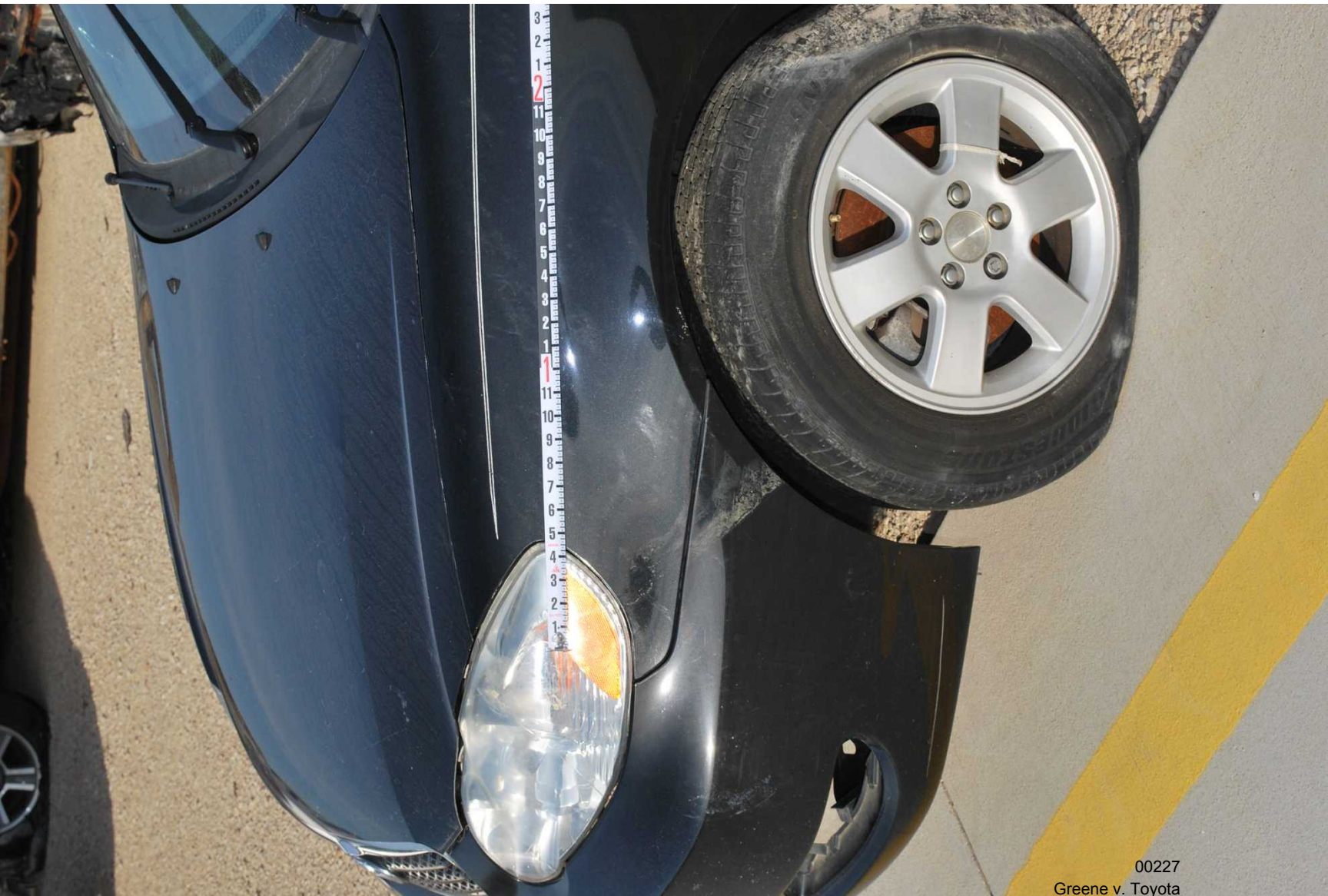


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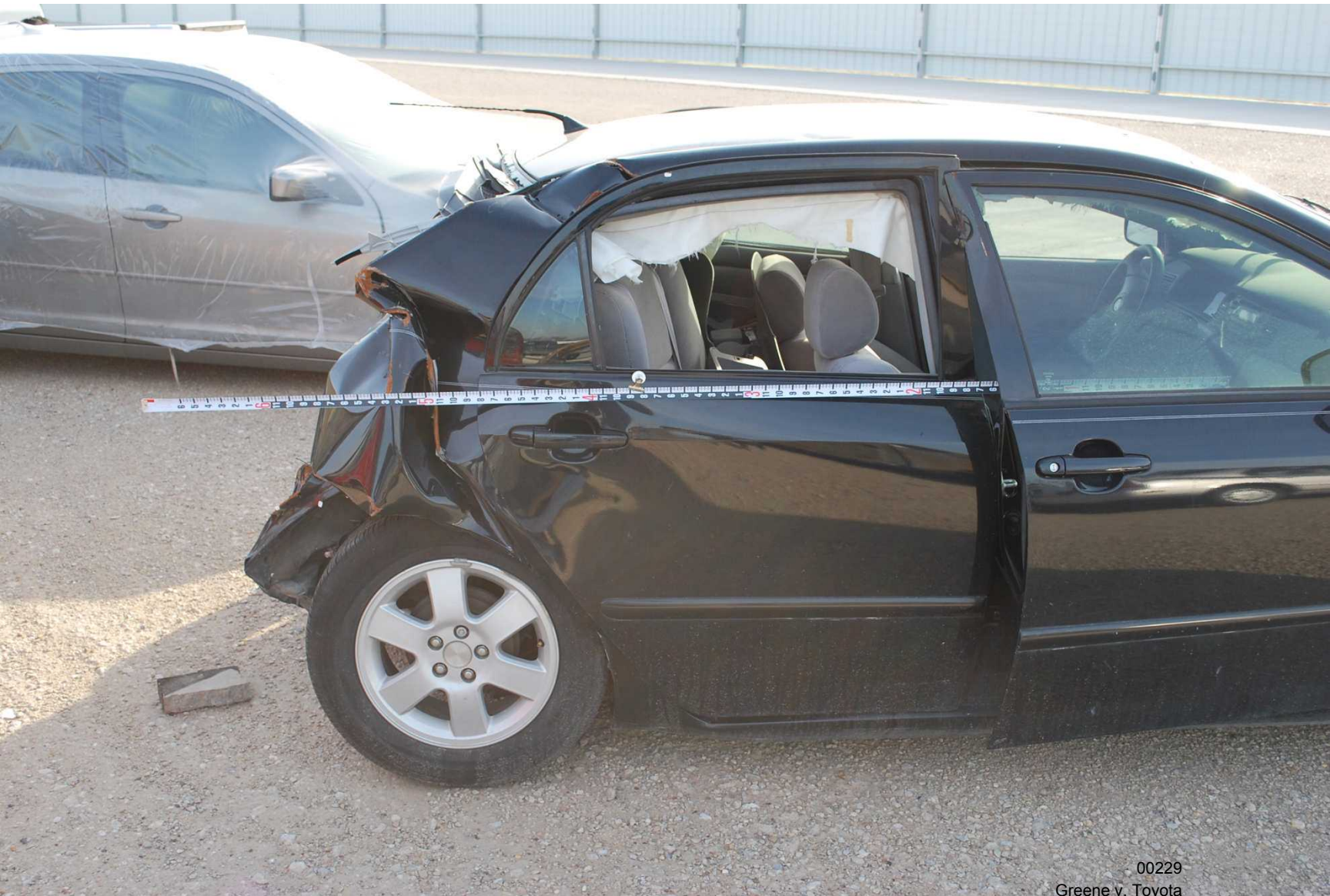
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Greene v. Toyota





00228  
Greene v. Toyota

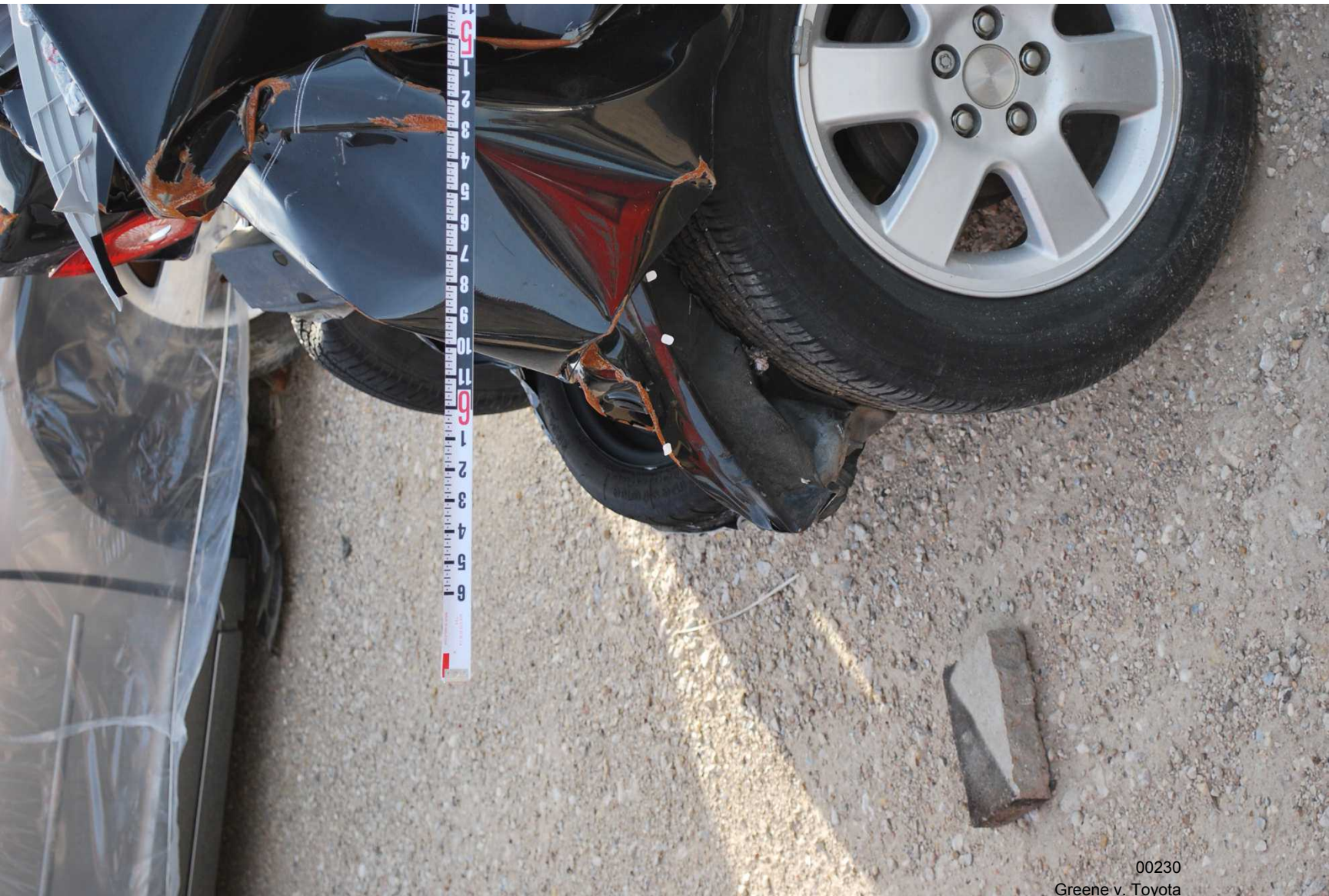




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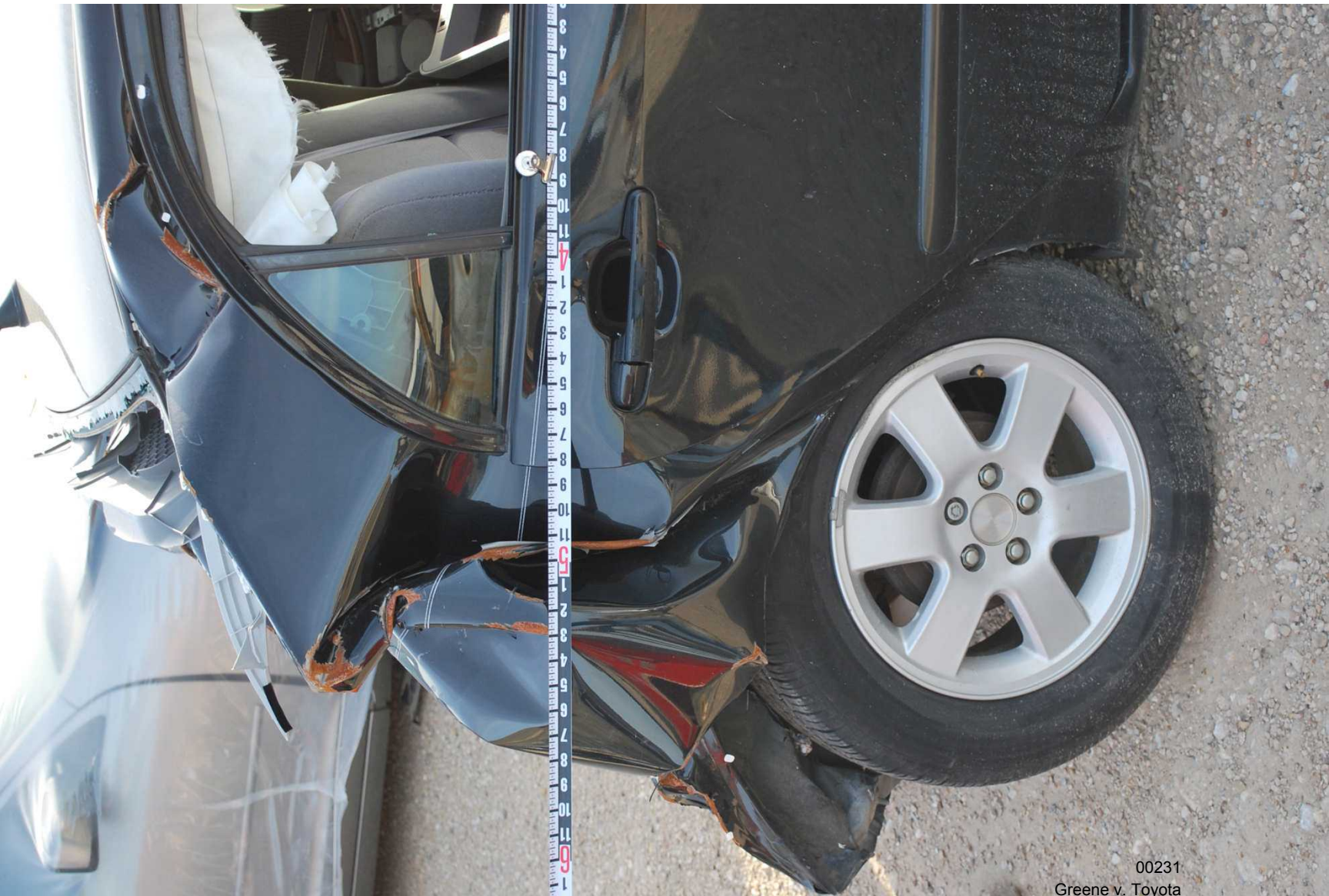
Greene v. Toyota





00230  
Greene v. Toyota



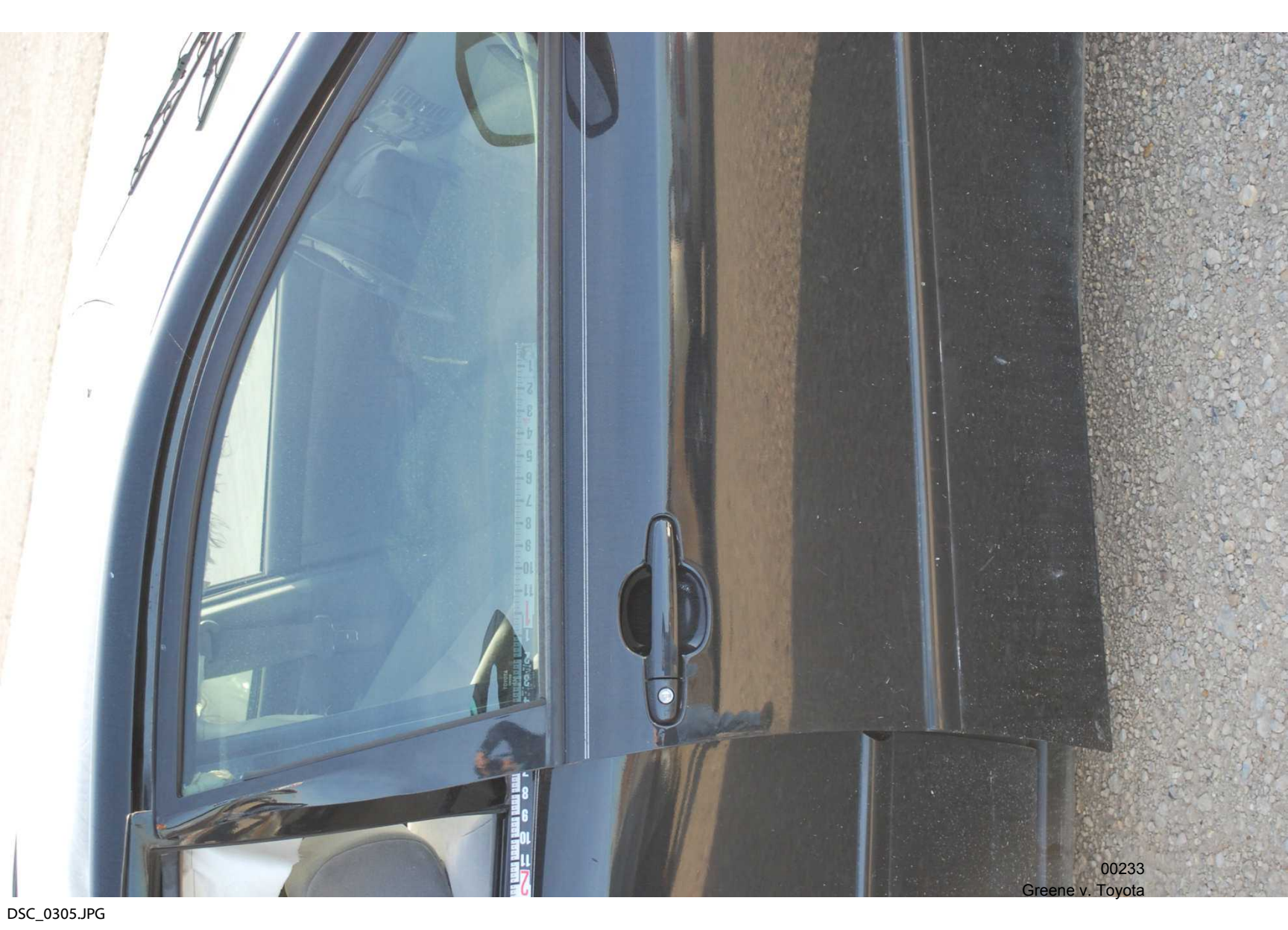


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Greene v. Toyota



00232  
Greene v. Toyota



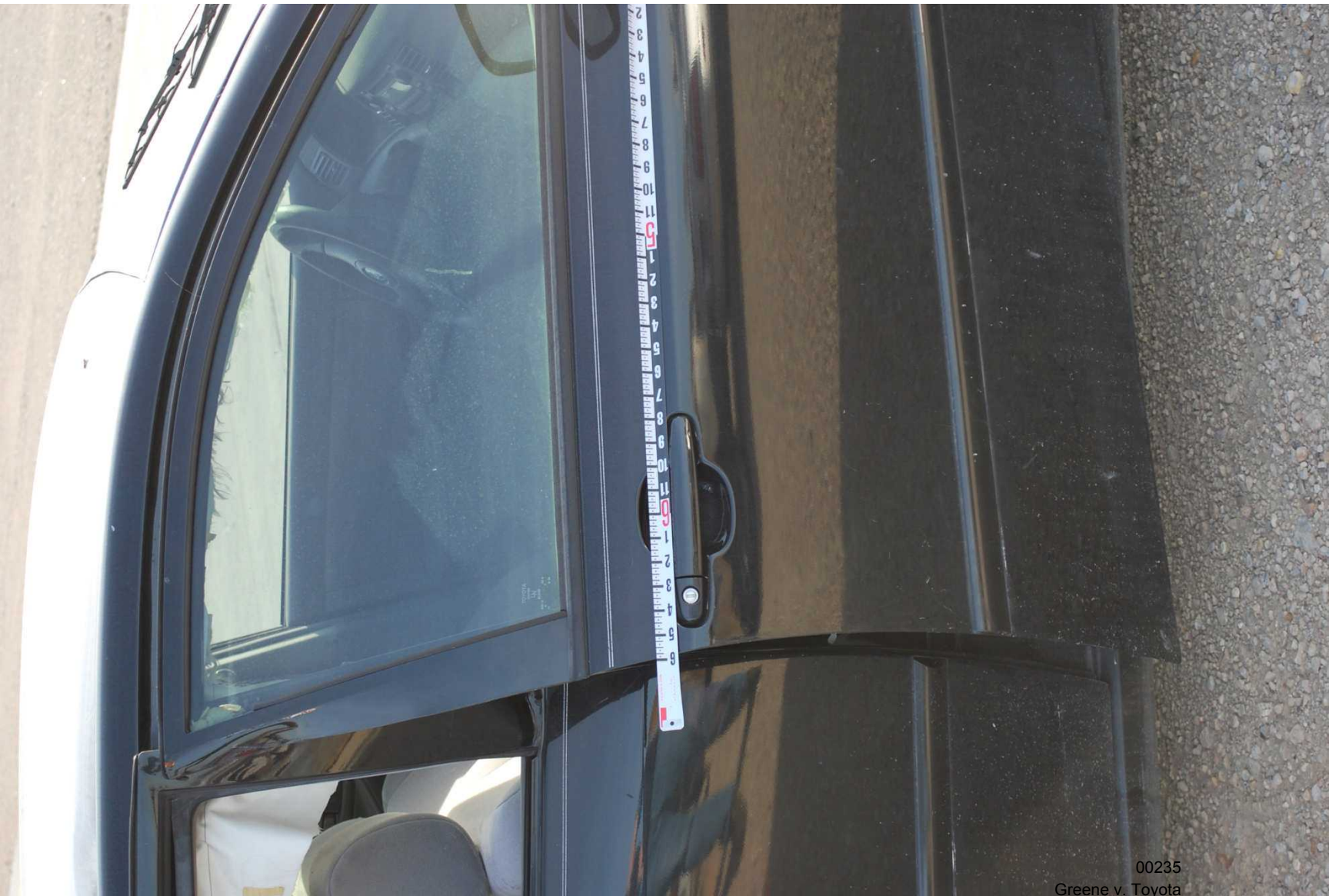


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Greene v. Toyota



00234  
Greene v. Toyota



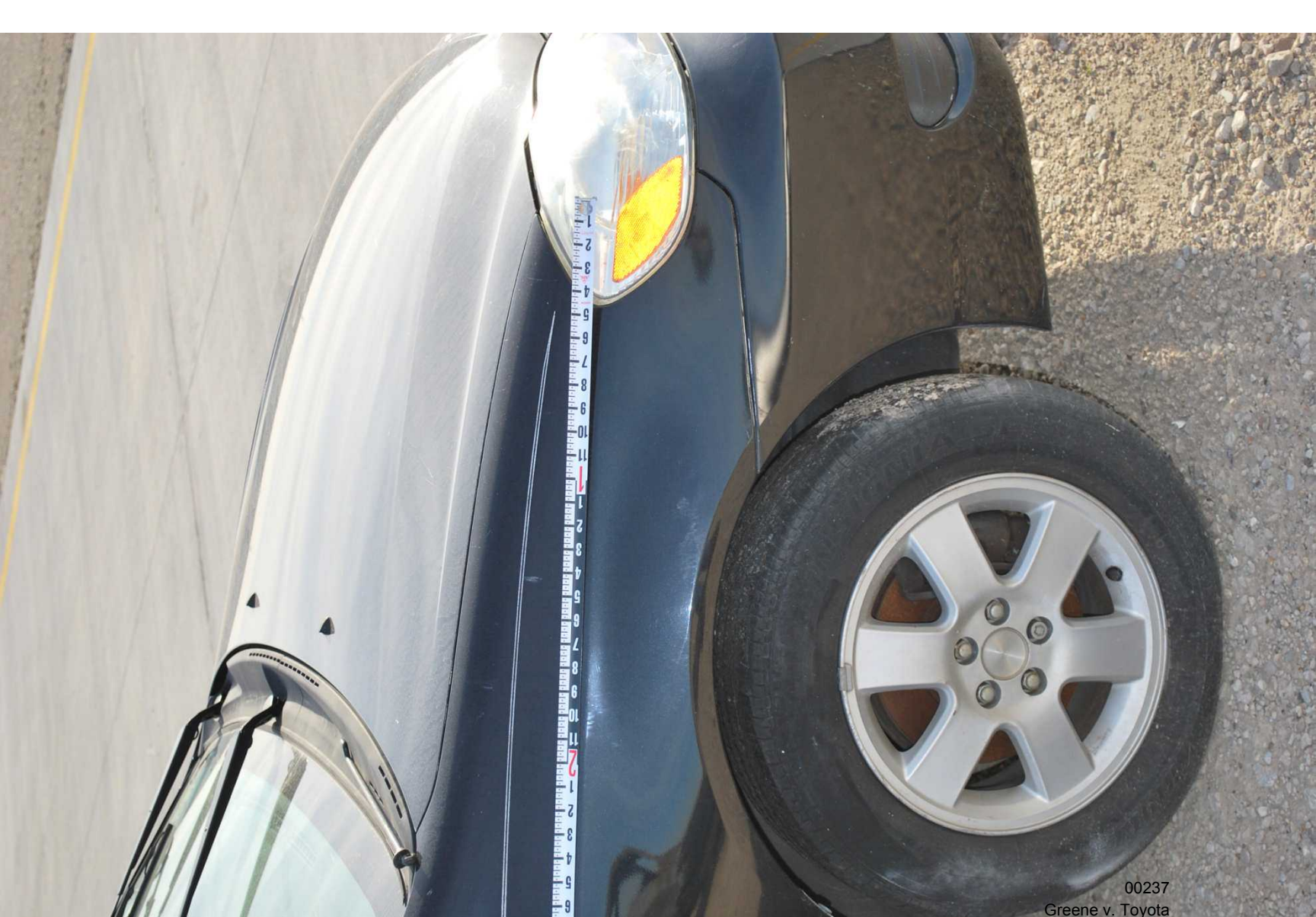


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Greene v. Toyota





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Greene v. Toyota



00237  
Greene v. Toyota





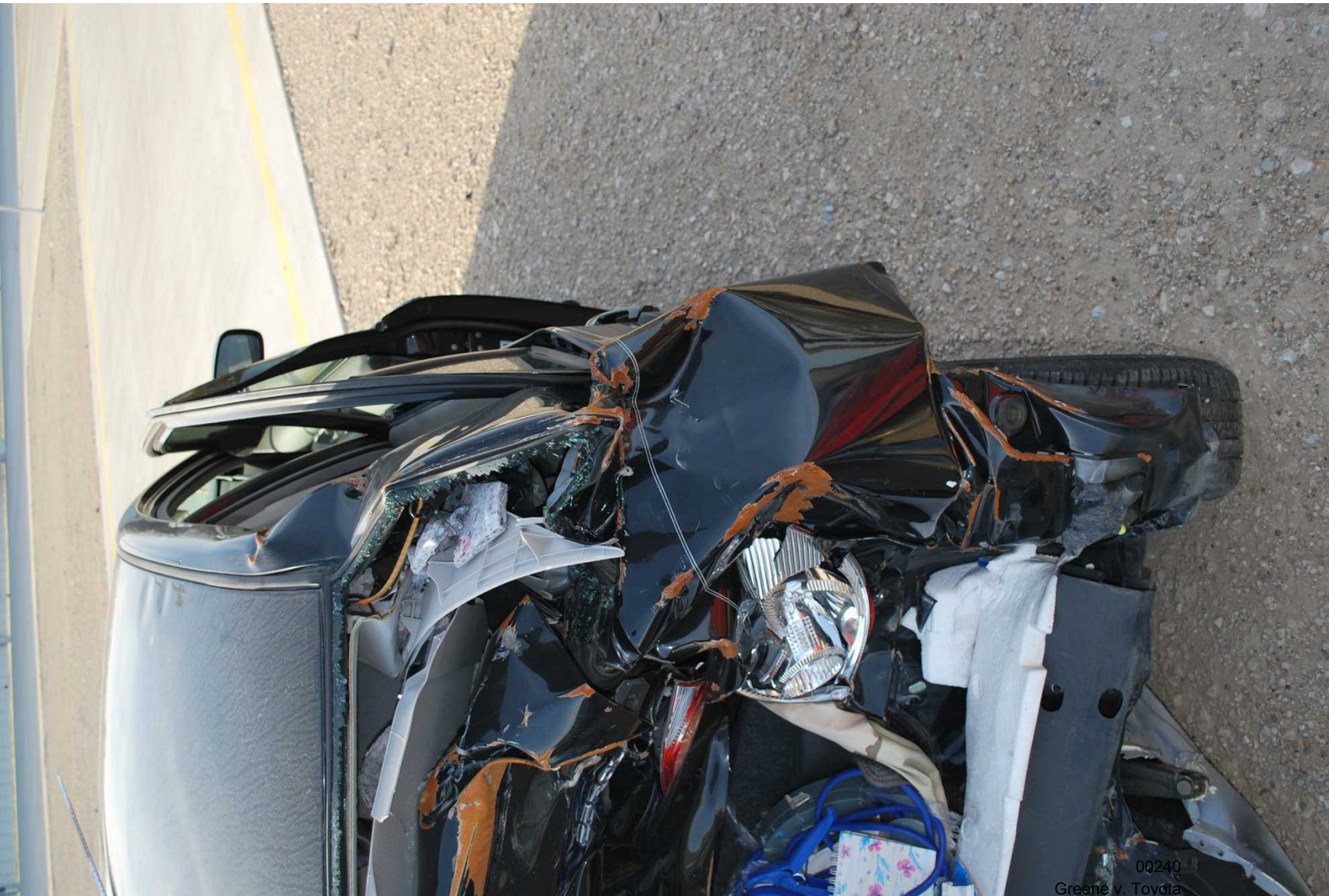
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Greene v. Toyota





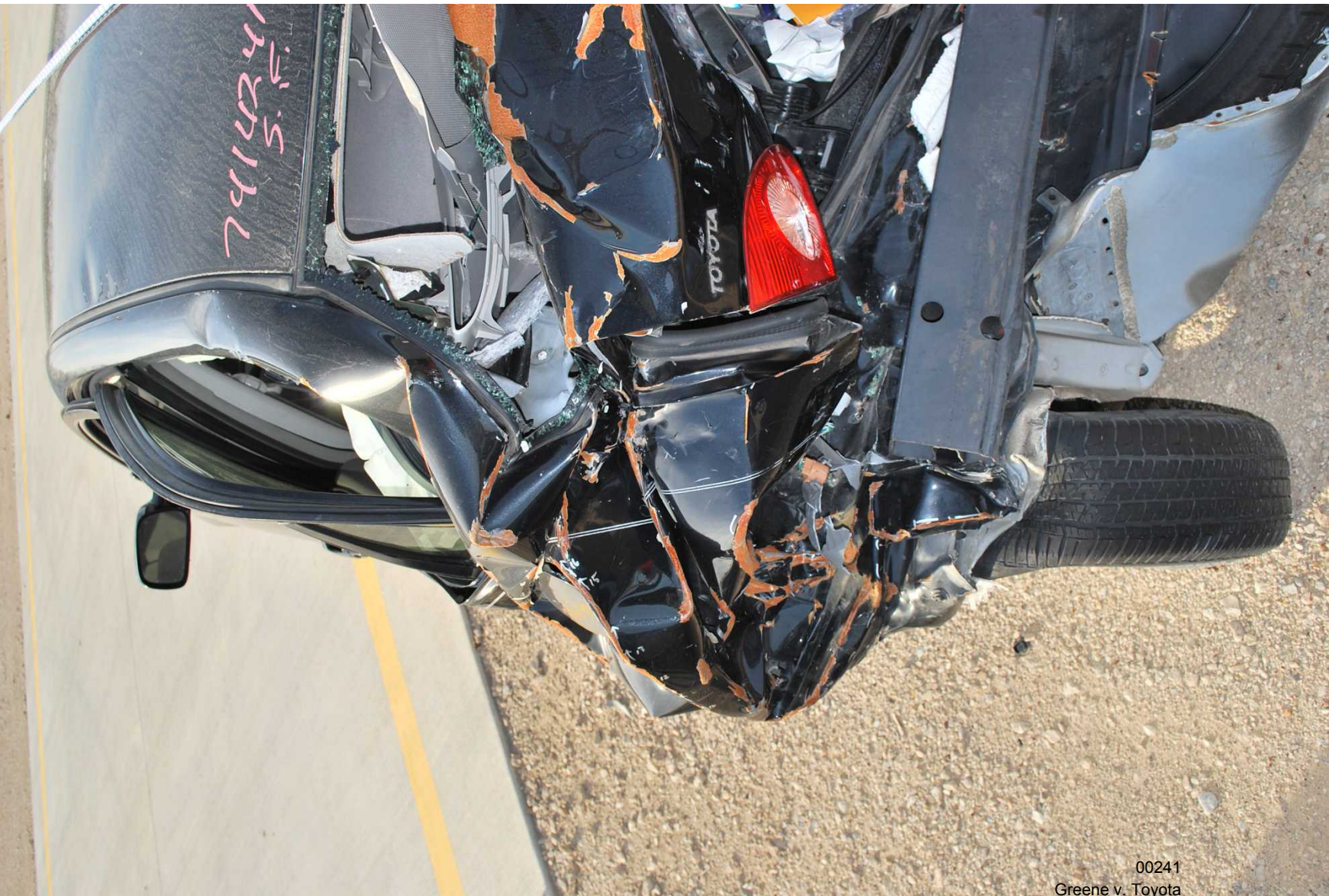
00239  
Greene v. Toyota





00240  
Greene v. Toyota









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Greene v. Toyota



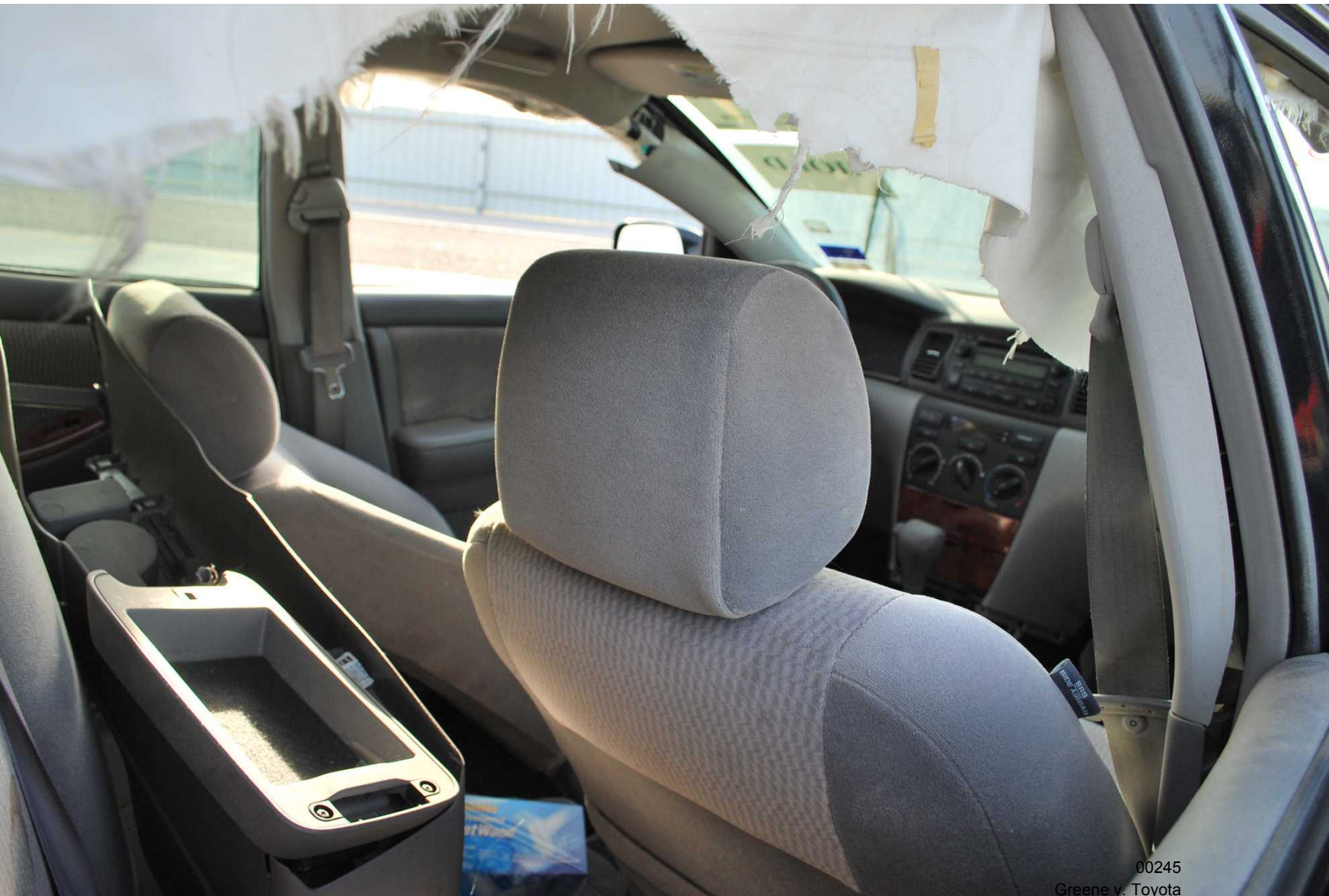
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Greene v. Toyota



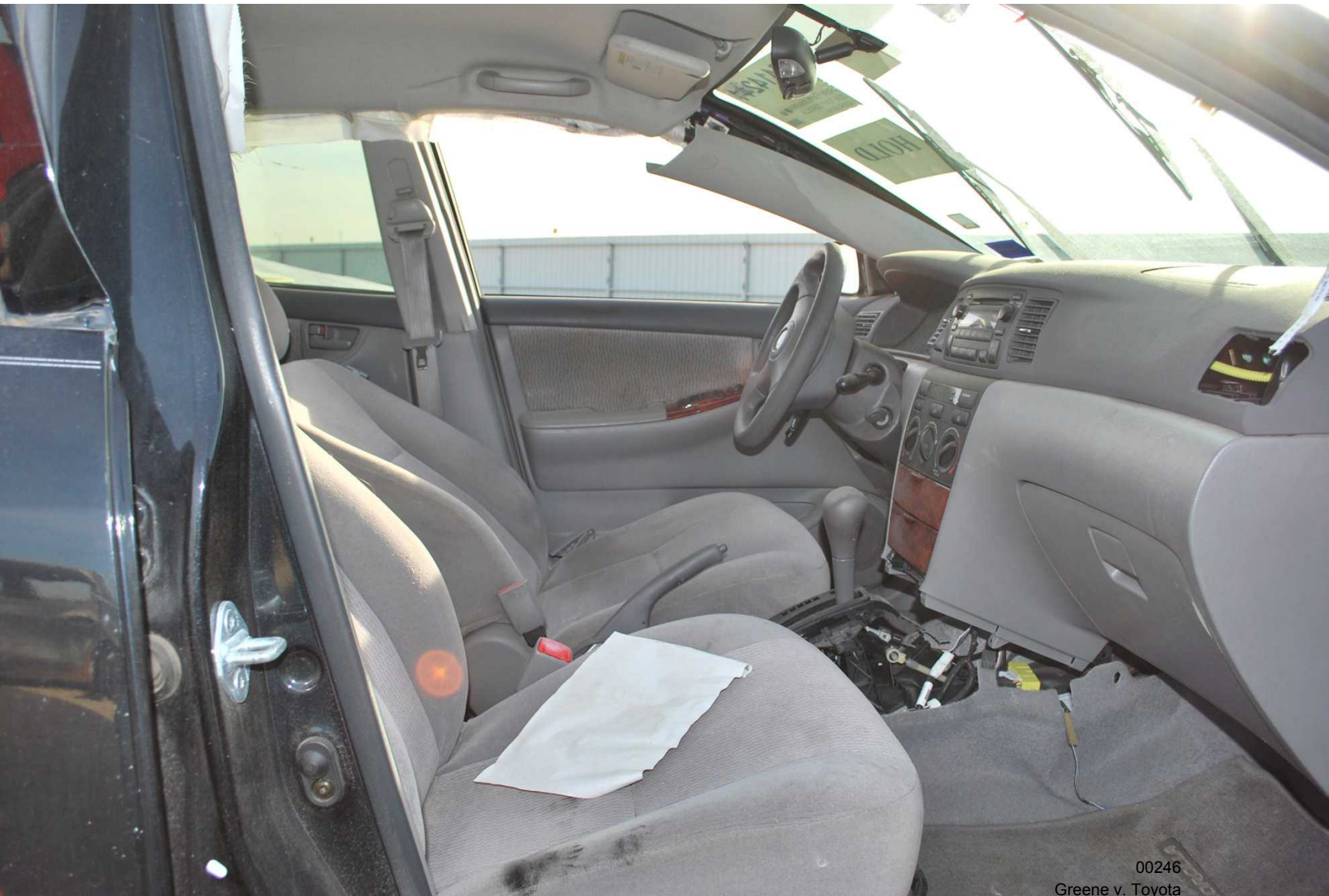


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Greene v. Toyota



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Greene v. Toyota





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Greene v. Toyota



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Greene v. Toyota





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Greene v. Toyota



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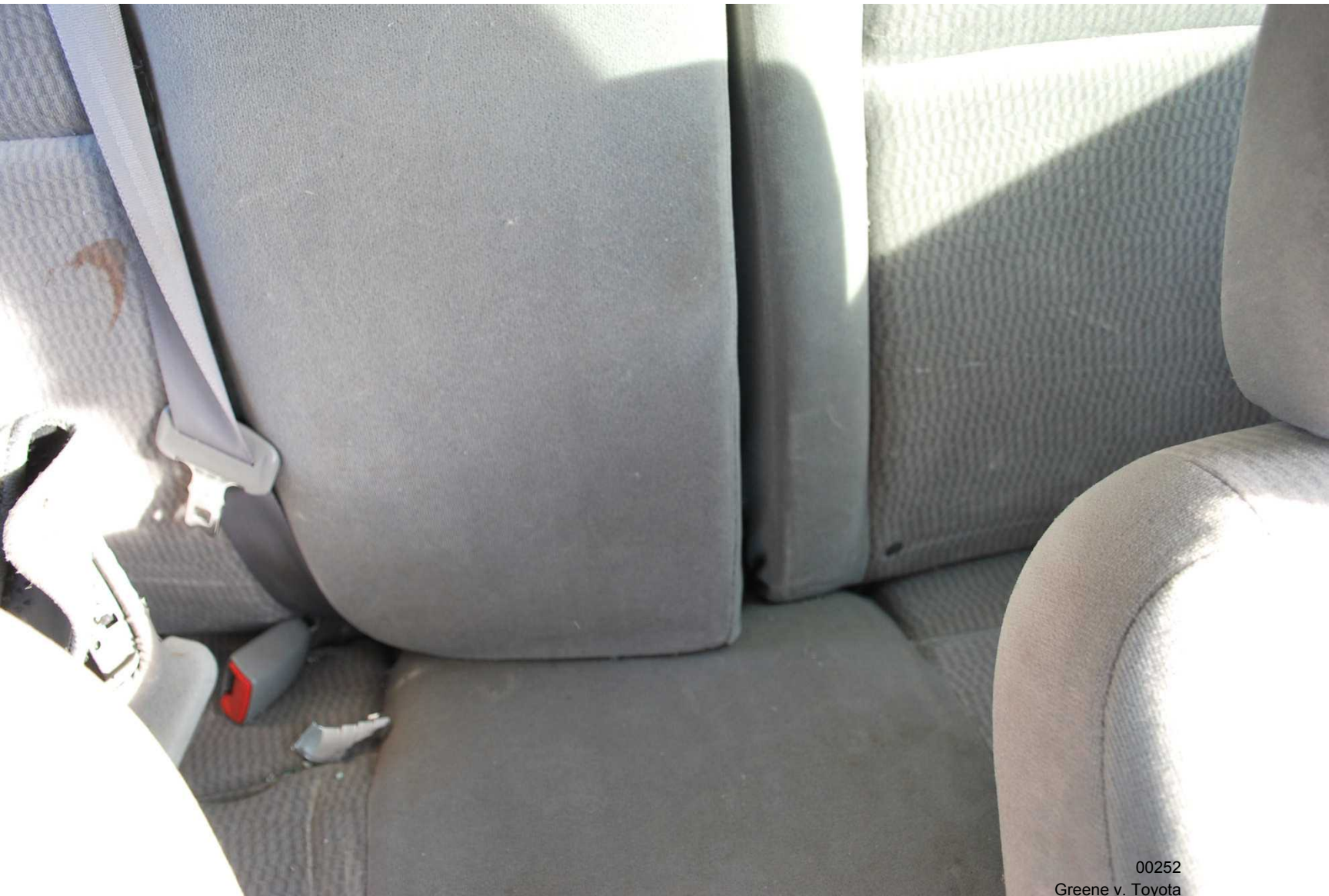
Greene v. Toyota





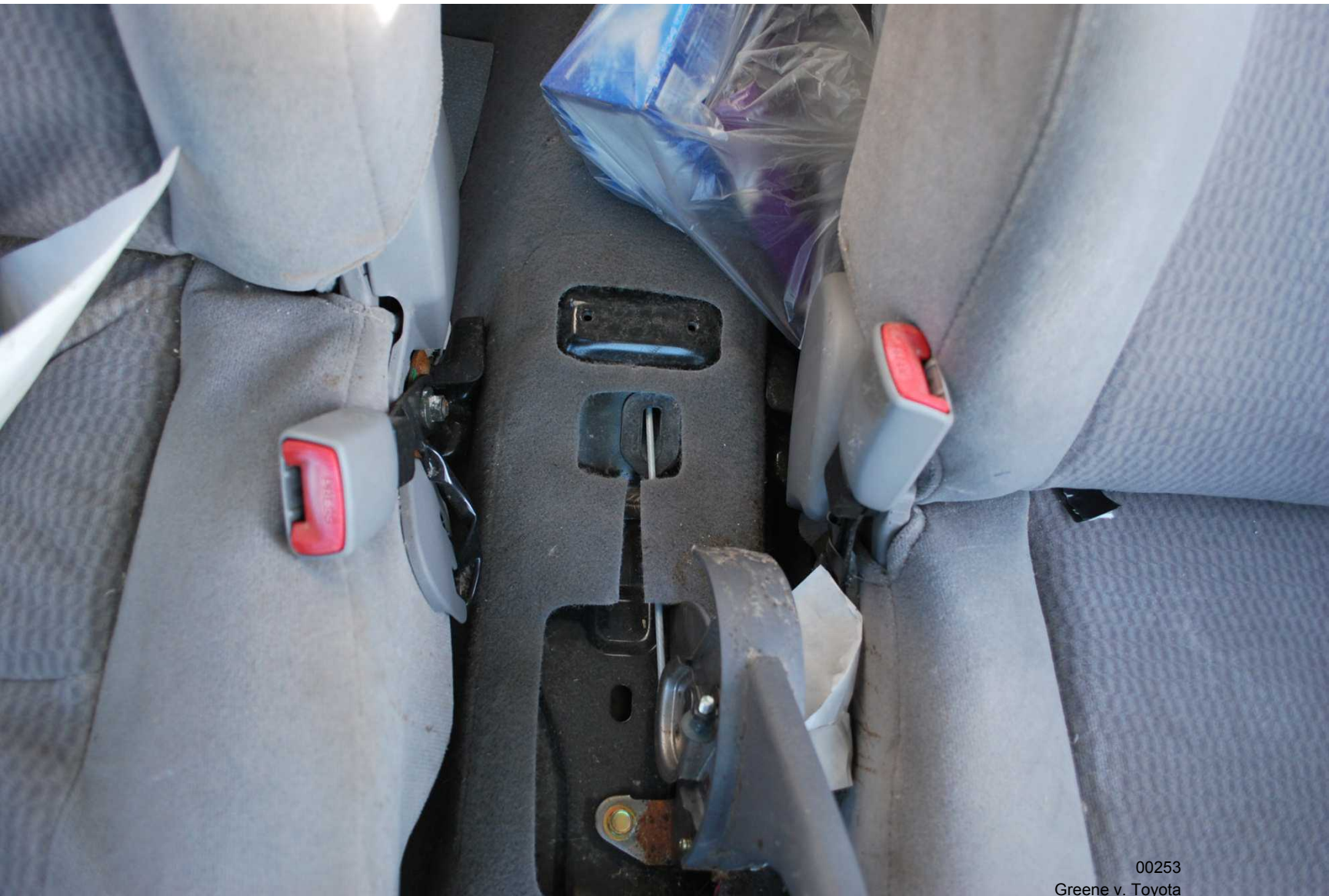


00251  
Greene v. Toyota



00252  
Greene v. Toyota





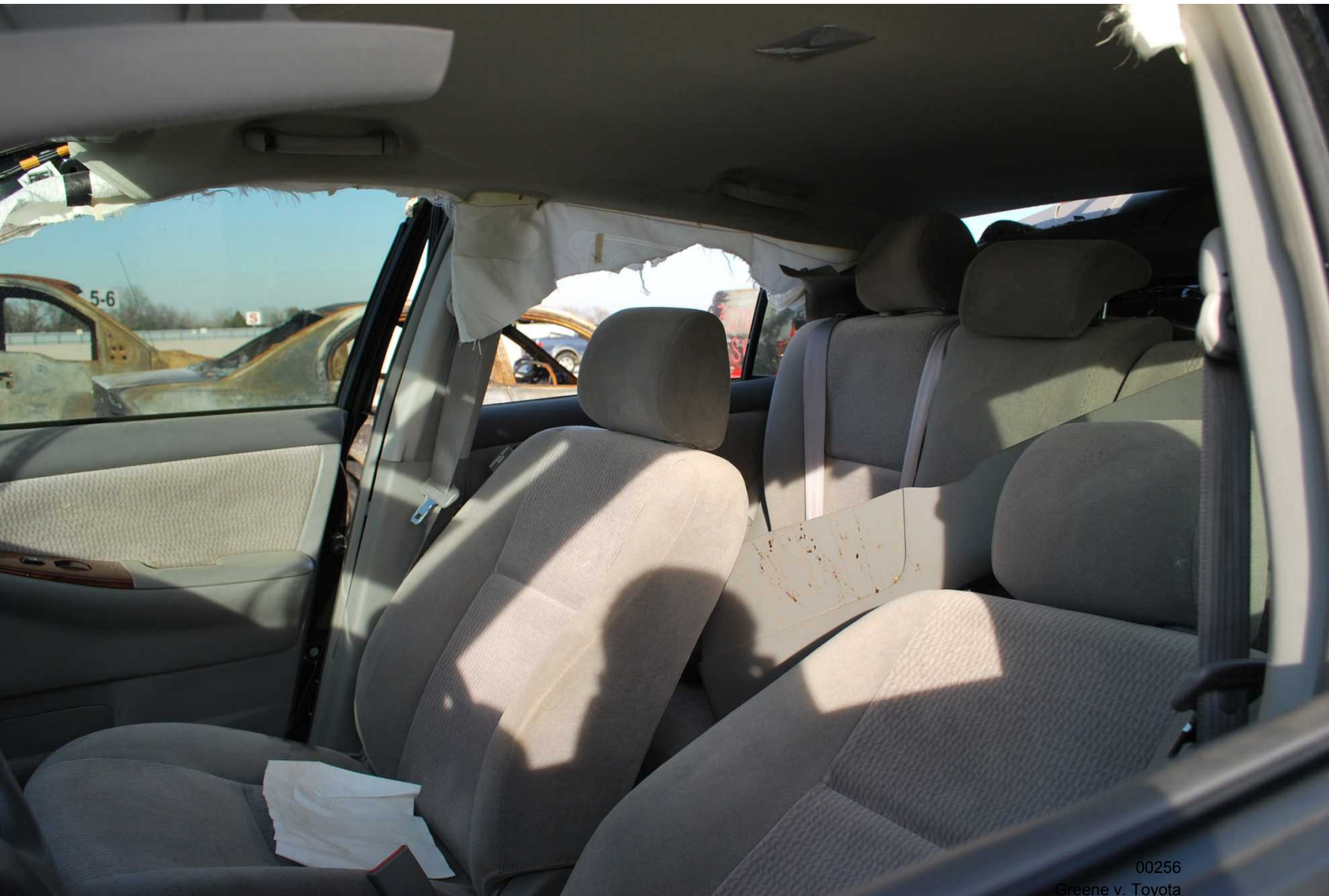


00254  
Greene v. Toyota









00256  
Greene v. Toyota





00258  
Greene v. Toyota

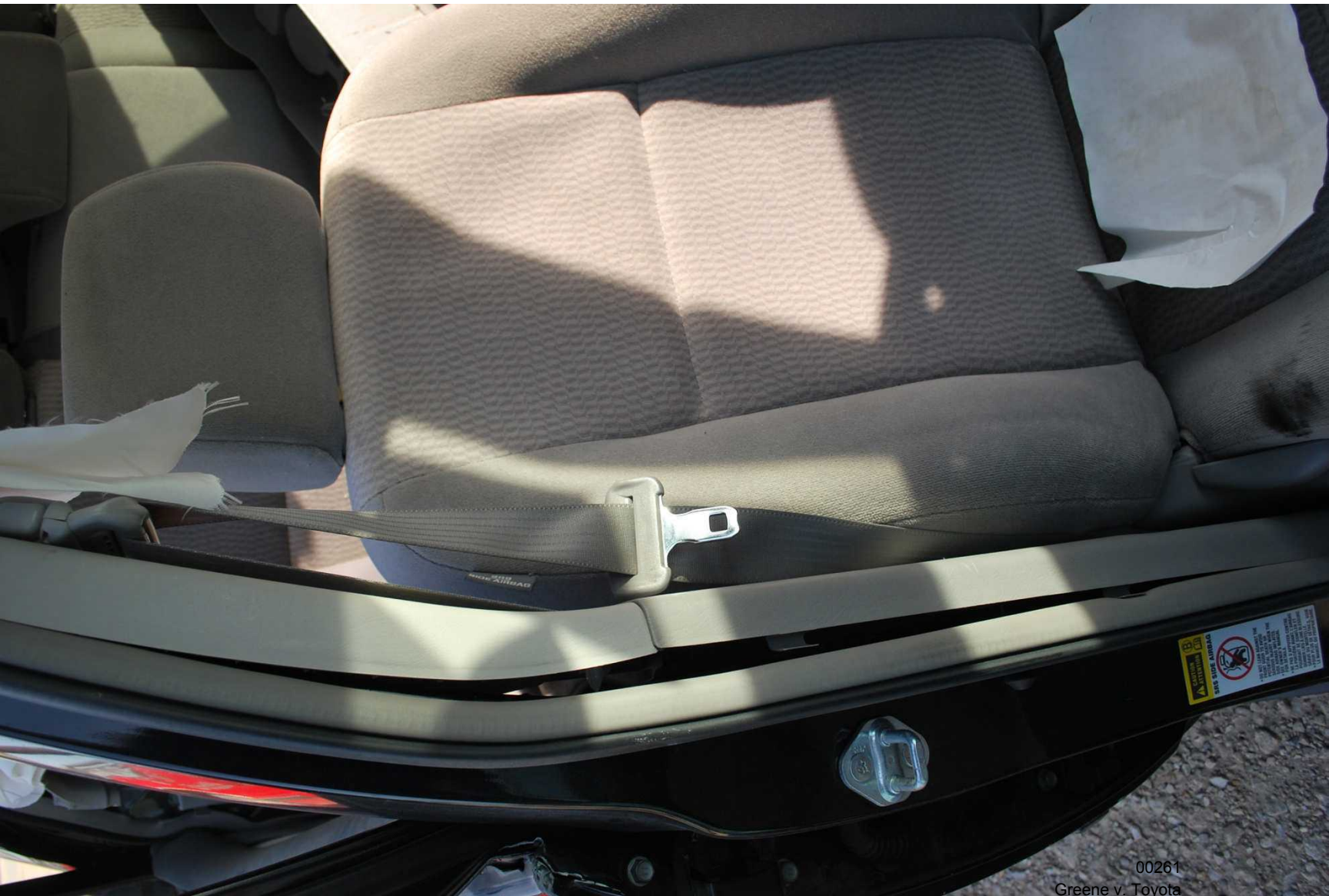




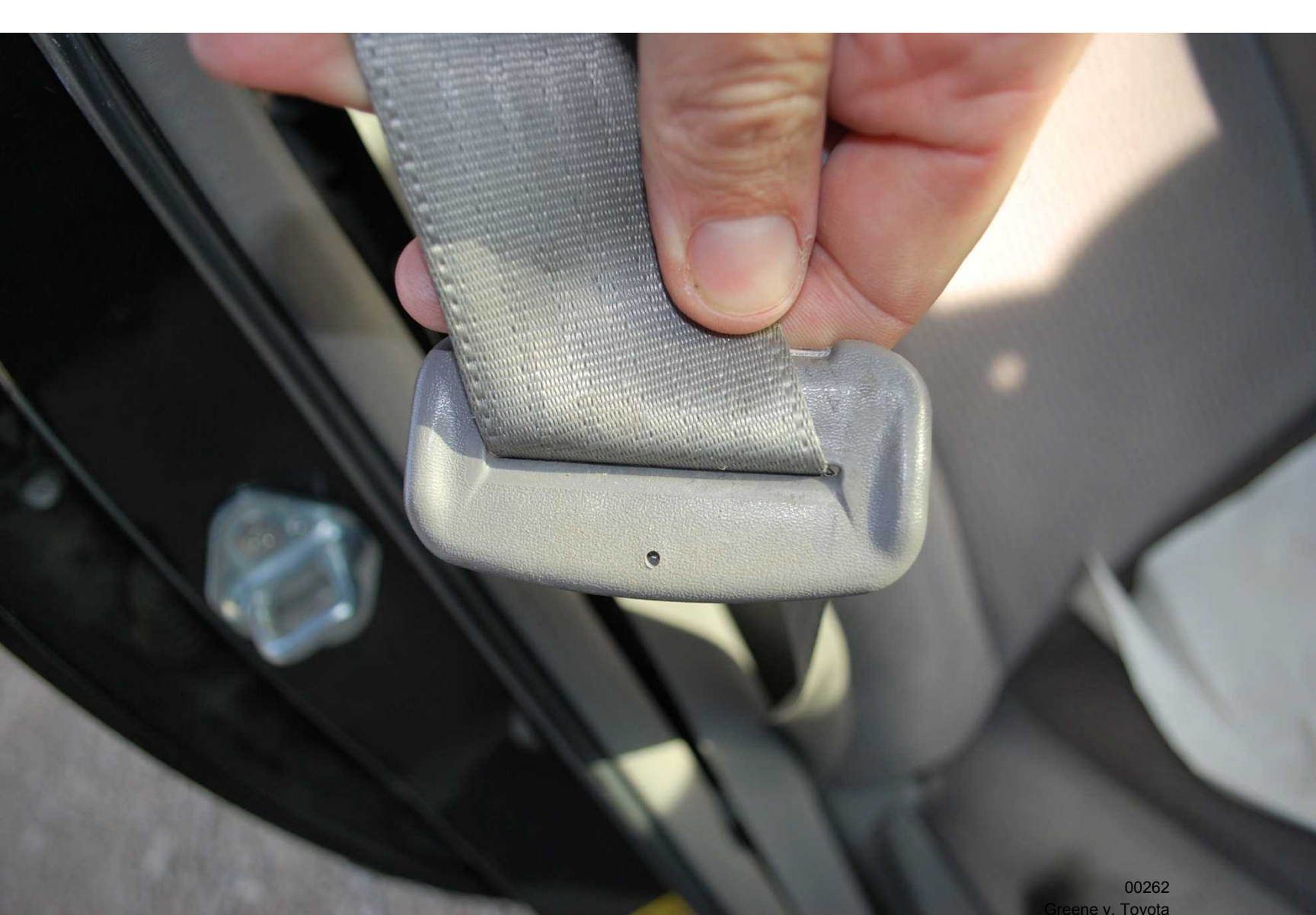


00260  
Greene v. Toyota





00261  
Greene v. Toyota



00262  
Greene v. Toyota





00263

Greene v. Toyota













00266  
Greene v. Toyota



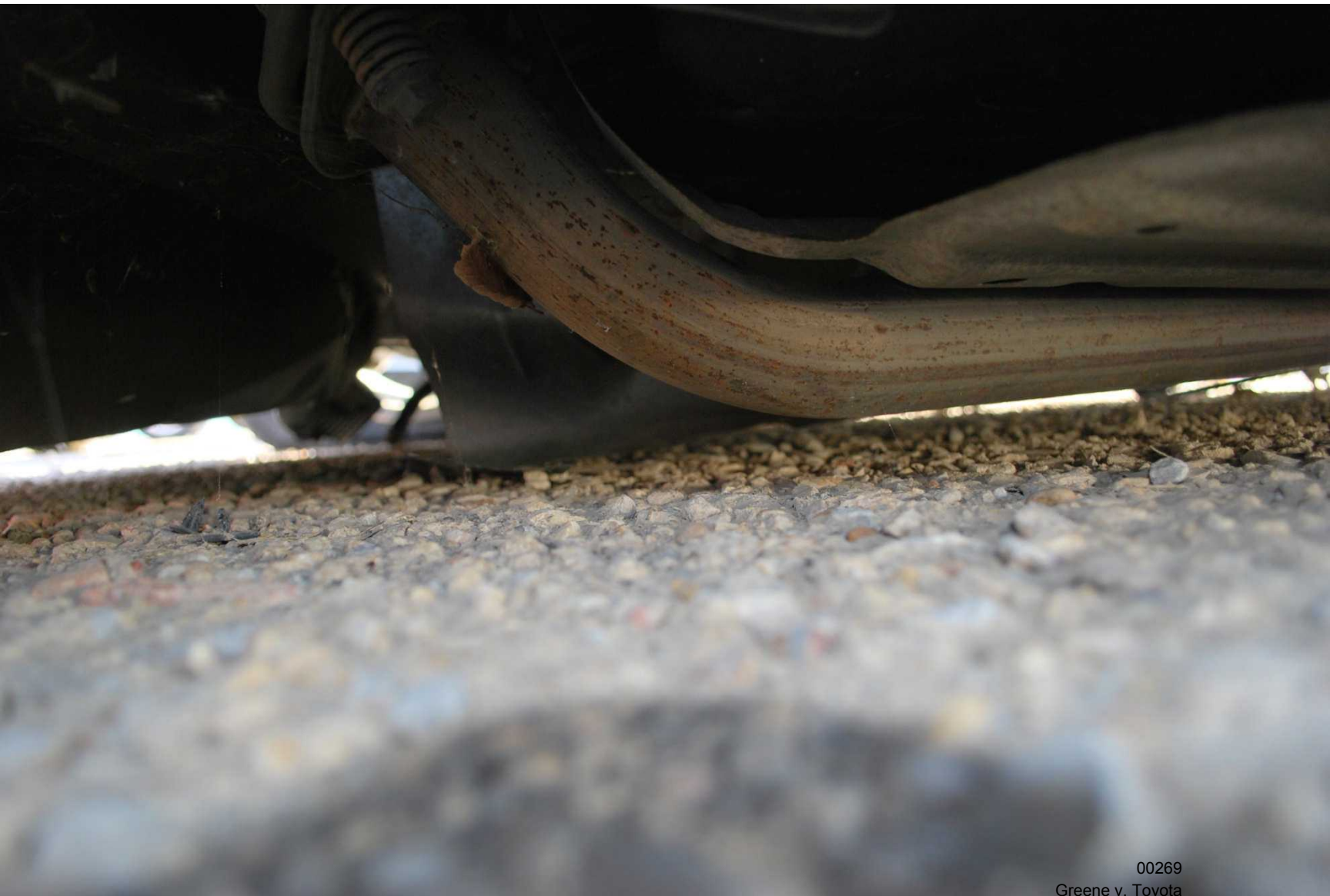
00267  
Greene v. Toyota



00268

Greene v. Toyota



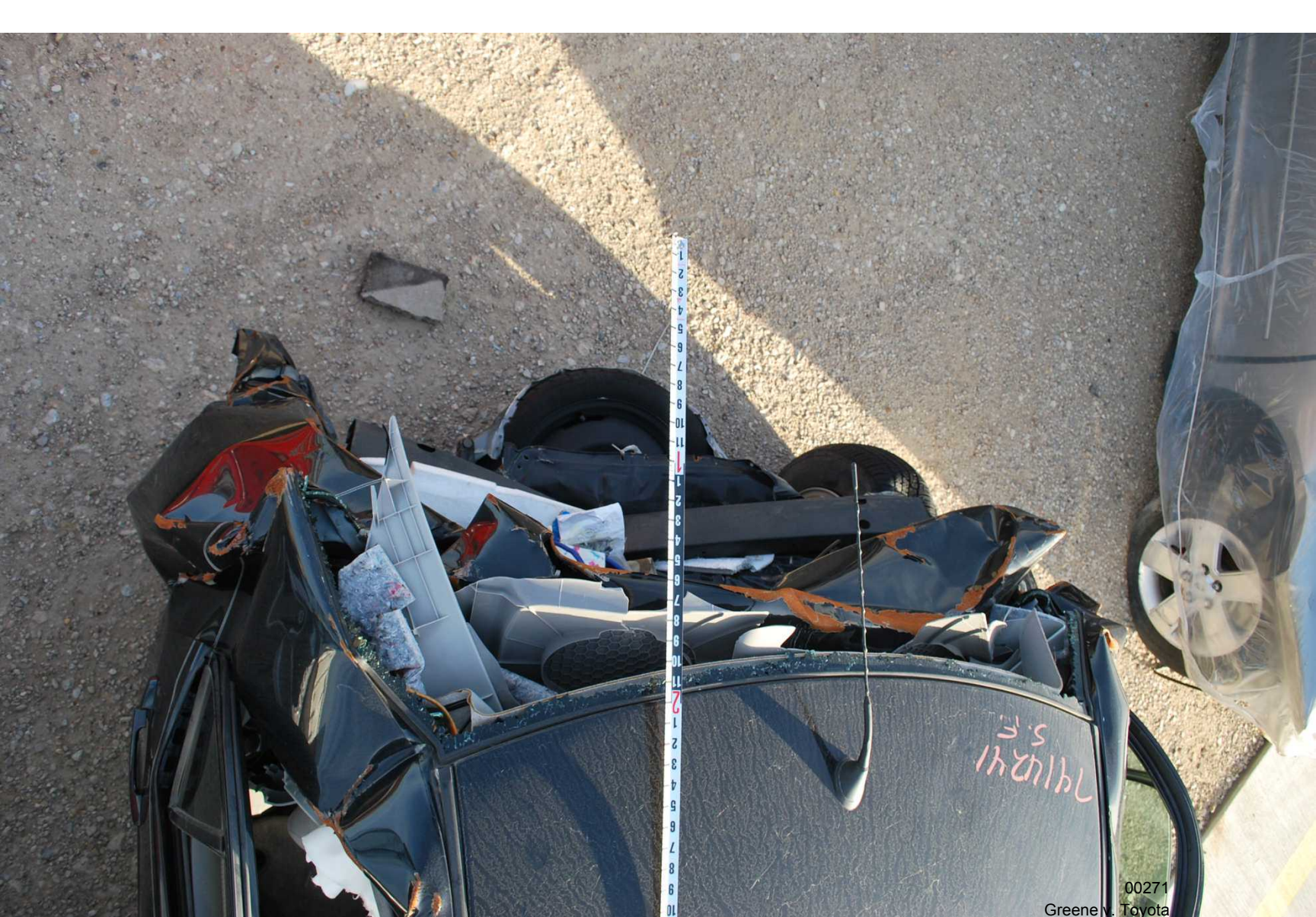


00269  
Greene v. Toyota









00271  
Greene Toyota

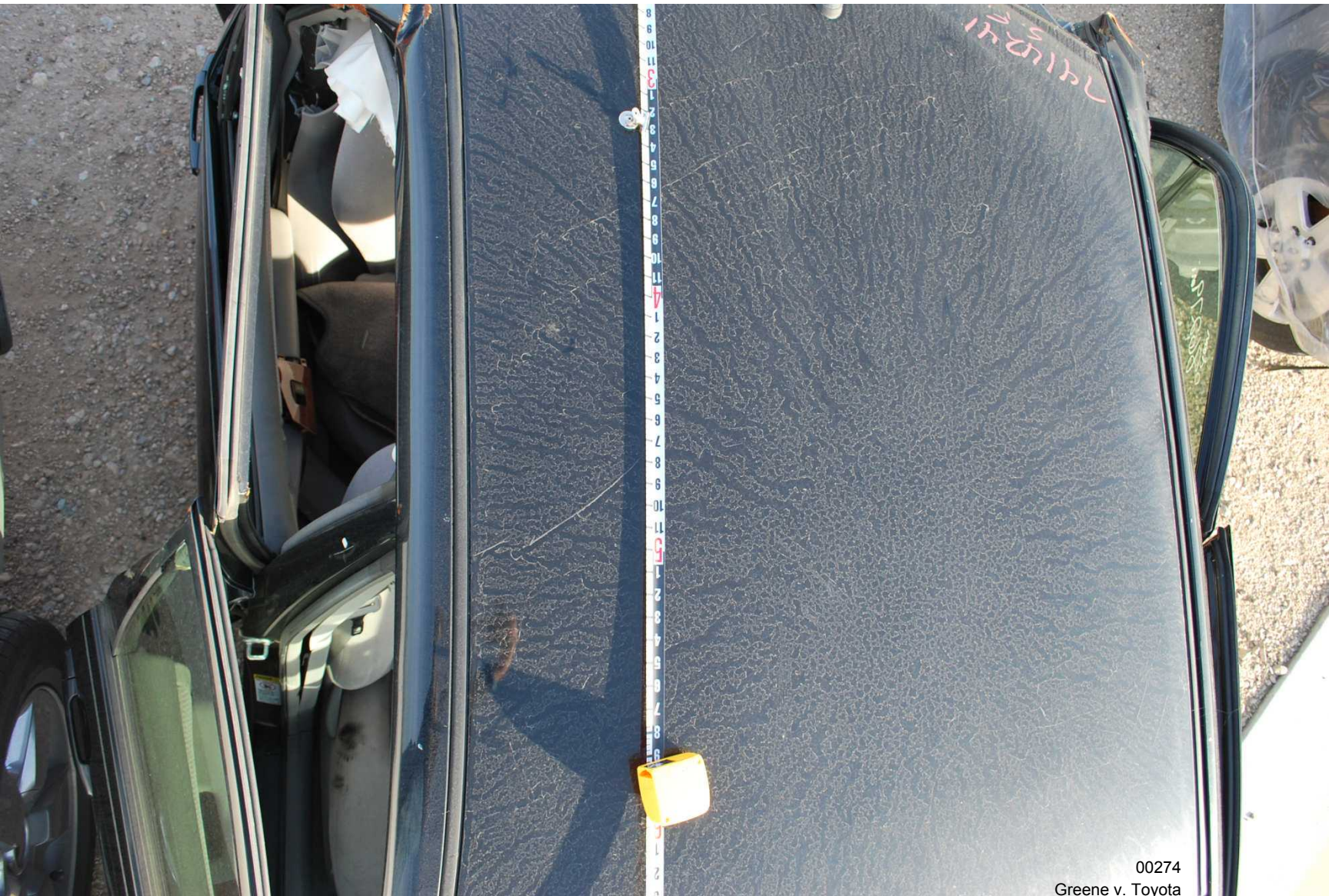












00274  
Greene v. Toyota





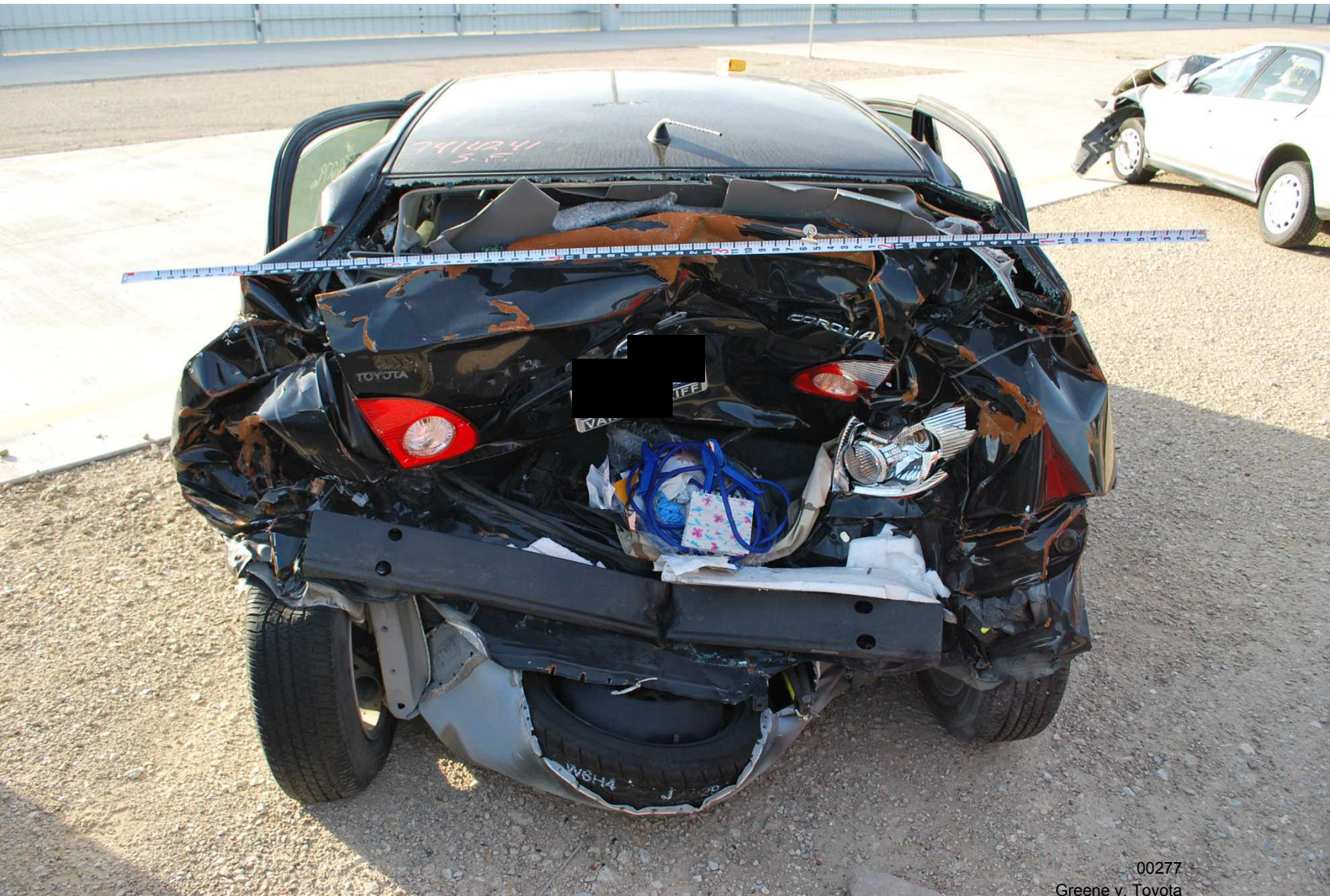




00276

Greene v. Toyota









00278  
Greene v. Toyota





00279

Greene v. Toyota









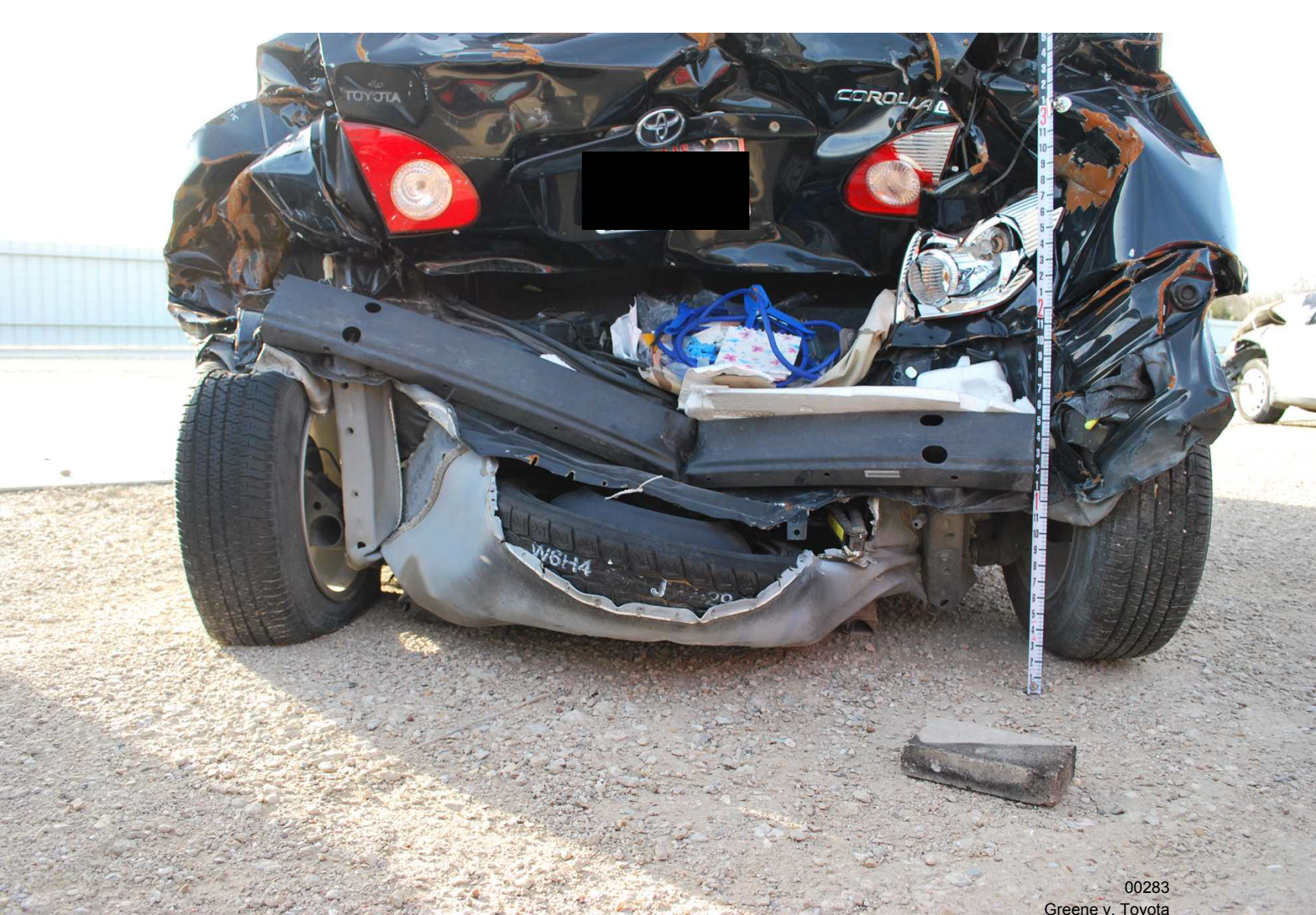
00281  
Greene v. Toyota



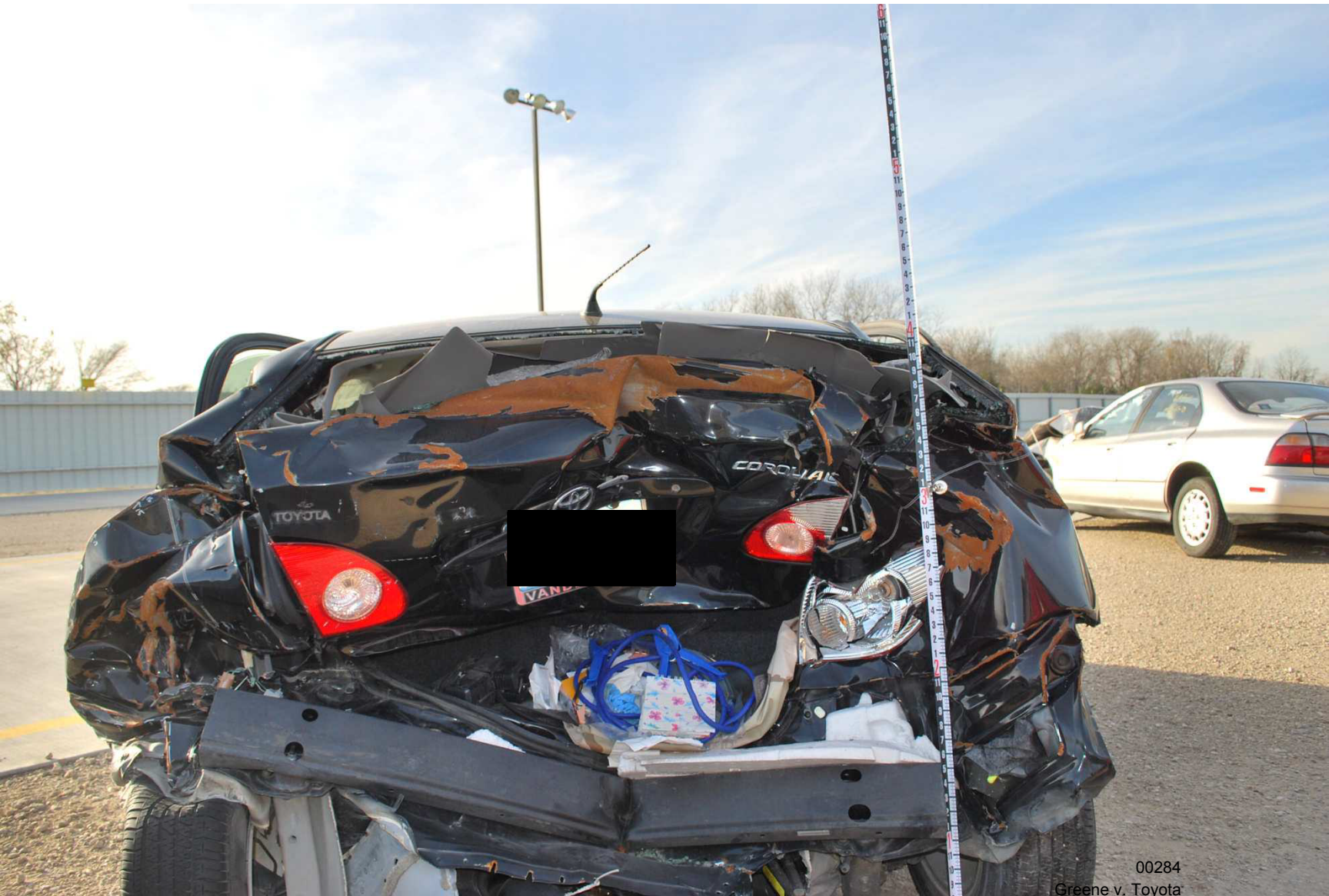


00282  
Greene v Toyota

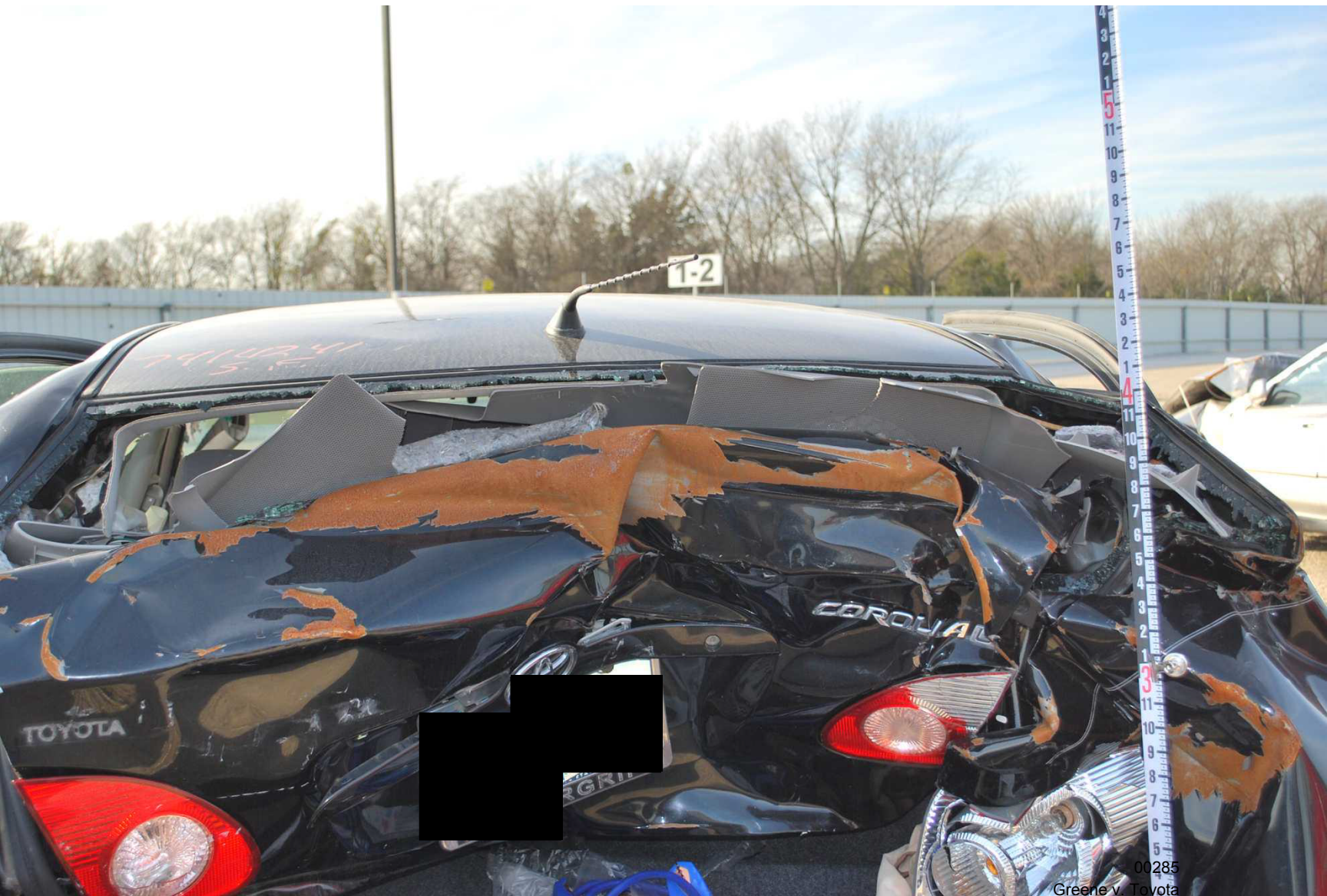








00284  
Greene v. Toyota

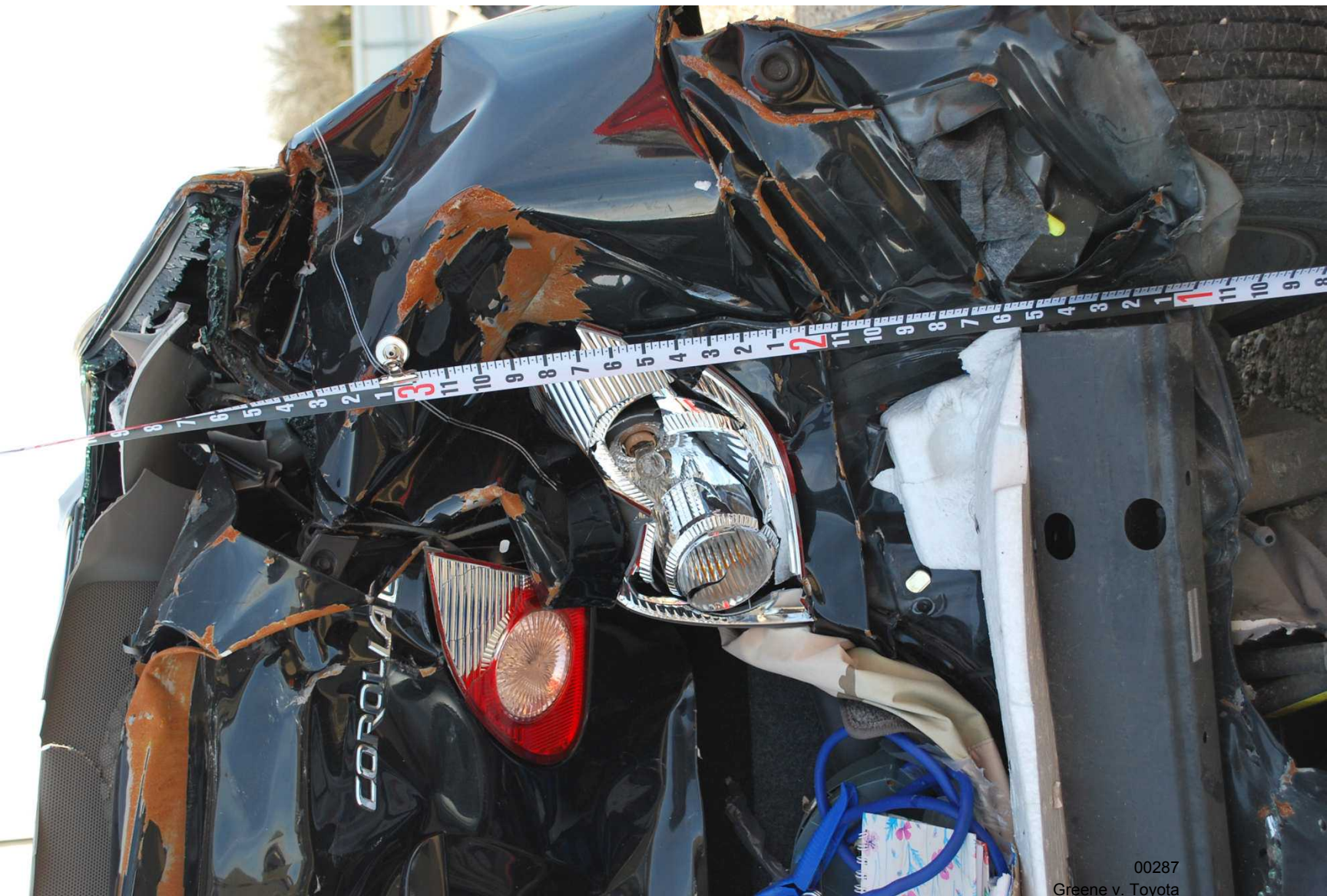






00286  
Greene v. Toyota





00287  
Greene v. Toyota

EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

43-2006 Corolla salvage pool  
photographs











© 2010 TOTAL RESOURCE AUCTIONS

00290  
Greene v. Toyota





© 2010 TOTAL RESERVE AUCTIONS

00291  
Greene v. Toyota









© 2010 TOTAL RESOURCE AUCTIONS

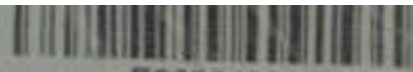
00293  
Greene v. Toyota





© 2010 TOTAL RESOURCE AUCTIONS

00294  
Greene v. Toyota



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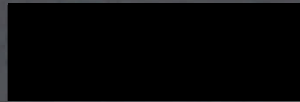
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OBD

9 0 A

LF - SHADED SUNEX - FW

1N1BR30E032







© 2010

TOTAL RESOURCE  
AUCTIONS

00296  
Greene v. Toyota





© 2010

TOTAL RESOURCE  
AUCTIONS

00297

Greene v. Toyota





EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

44-Forest Products - Crash Site



Crash Site 001.JPG



Crash Site 002.JPG





Crash Site 003.JPG



Crash Site 004.JPG



Crash Site 005.JPG



Crash Site 006.JPG





Crash Site 007.JPG



Crash Site 008.JPG





Crash Site 009.JPG



Crash Site 010.JPG



Crash Site 011.JPG



Crash Site 012.JPG





Crash Site 013.JPG



Crash Site 014.JPG





Crash Site 015.JPG



Crash Site 016.JPG



Crash Site 017.JPG



Crash Site 018.JPG





Crash Site 019.JPG



Crash Site 020.JPG





Crash Site 021.JPG



Crash Site 022.JPG



Crash Site 023.JPG



Crash Site 024.JPG





Crash Site 025.JPG



Crash Site 026.JPG





Crash Site 027.JPG



Crash Site 028.JPG



Crash Site 029.JPG



Crash Site 030.JPG





Crash Site 031.JPG



Crash Site 032.JPG





Crash Site 033.JPG



Crash Site 034.JPG





Crash Site 035.JPG



Crash Site 036.JPG





Crash Site 037.JPG



Crash Site 038.JPG





Crash Site 039.JPG



Crash Site 040.JPG





Crash Site 041.JPG



Crash Site 042.JPG





Crash Site 043.JPG



Crash Site 044.JPG





Crash Site 045.JPG



Crash Site 046.JPG



Crash Site 047.JPG



Crash Site 048.JPG



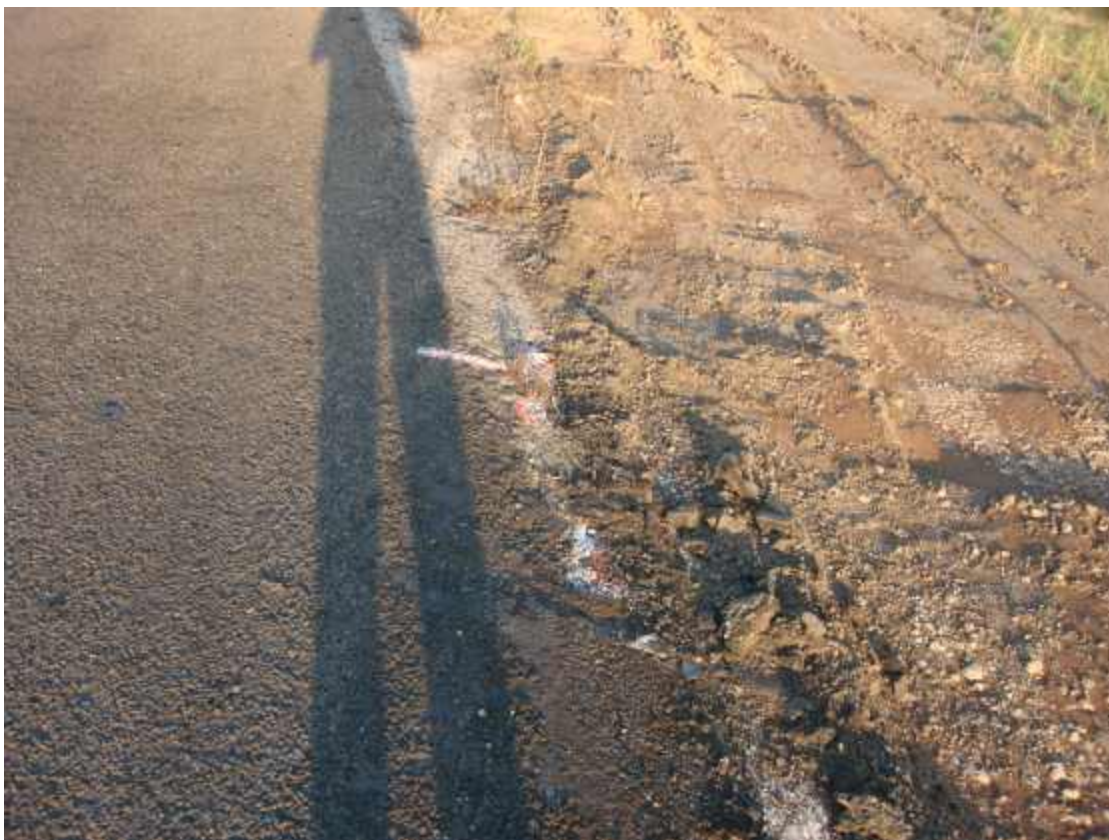


Crash Site 049.JPG



Crash Site 050.JPG





Crash Site 051.JPG



Crash Site 052.JPG





Crash Site 053.JPG



Crash Site 054.JPG



Crash Site 055.JPG



Crash Site 056.JPG





Crash Site 057.JPG



Crash Site 058.JPG





Crash Site 059.JPG



Crash Site 060.JPG





Crash Site 061.JPG



Crash Site 062.JPG





Crash Site 063.JPG



Crash Site 064.JPG



Crash Site 065.JPG



Crash Site 066.JPG





Crash Site 067.JPG



EA12-005

TOYOTA

2/15/2013

Attachment-Response 4

Police Reports

Greene, Ollie 694373-694378

To: \_\_\_\_\_

Date: \_\_\_\_\_

BN

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num 6 Units	Total Num 9 Prnts	TxDOT Crash ID
-------------------------	-------------------------	-------------------

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crmch Records, P.O. Box 148948 Austin, TX 78714 Questions? Call (512)408-6780  
Refer to Attached Code Sheet for Numbered Fields

Page 1 of 6

\* These (14) are required on all additional sheets submitted for this crash (ex. additional vehicles, occupants injured, etc.)

*Crash Date (MM/DD/YYYY) 0 5 / 2 8 / 2 0 1 0		*Crash Time (24HRMM) 1 8 2 5		Case ID		Local Use	
*County Name Kaufman				*City Name		<input checked="" type="checkbox"/> Outlying City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 . 4 0 1 3 0		Longitude (decimal degrees) - 9 6 . 0 8 8 9 0	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy Sys IH		*Hwy Num 20		2 Rdwy Part 1		3 Street Prefix	
*Block Num		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit 65	
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workarea Present		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Desc							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy Sys		Hwy Num		2 Rdwy Part	
*Block Num		*Street Prefix		*Street Name		4 Street Suffix	
Distance from Int or Ref Marker 0.4		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int or Ref Marker E		Reference Marker 509	
Street Desc				RRX Num			
Unit Num 1		5 Unit Desc 1		<input type="checkbox"/> Purloined Vehicle <input type="checkbox"/> Hit and Run		LP State MS	
VIN 4 V 4 N C E G H B B N							
Veh Year 2 0 0 8		6 Veh Color WHI		Veh Make VOLVO		Veh Model TR	
7 Body Style TL		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type 2		DL/D State MS		9 DL Class 98		10 EOL End 98	
11 DL Real 98		DOB (MM/DD/YYYY)					
Address (Street, City, State, ZIP) COLUMBIA MS							
Name Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num 1		12 Posn Type 1		13 Seat Position 1		14 Injury Severity B	
Age 40		15 Sex B		16 Height 1		17 Weight 1	
18 Resc. 97		19 Act/Inj 97		20 Ht/Inj N		21 Sol. 96	
22 Acc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name GREAT WEST CASUALTY	
Fin. Resp. Phone Num (601) 544-8703		27 Vehicle Damage Rating 1		28 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by Buster's		Towed To 303 W. Broad Forney TX (972) 564-1020					
Unit Num 2		5 Unit Desc 6		<input type="checkbox"/> Purloined Vehicle <input type="checkbox"/> Hit and Run		LP State MS	
VIN 1 U Y F S 2 4 B 4 B							
Veh Year 2 0 0 8		6 Veh Color BLK		Veh Make UTILITY		Veh Model FST	
7 Body Style TL		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type		DL/D State		9 DL Class		10 EOL End	
11 DL Real		DOB (MM/DD/YYYY)					
Address (Street, City, State, ZIP)							
Name Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num		12 Posn Type		13 Seat Position		14 Injury Severity	
Age		15 Sex		16 Height		17 Weight	
18 Resc.		19 Act/Inj		20 Ht/Inj		21 Sol.	
22 Acc. Spec.		23 Drug Spec.		24 Drug Result		25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name GREAT WEST CASUALTY	
Fin. Resp. Phone Num (601) 544-8703		27 Vehicle Damage Rating 1		28 Vehicle Damage Rating 2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by Buster's		Towed To Forney					

694374



Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAG ☐ SUPPLEMENT ☐ ACTIVE

SCHOOL ZONE

Total  
Num  
Units 6Total  
Num  
Prnts 8TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 140349, Austin, TX 78714. Questions? Call (512) 480-5700.  
Refer to Attached Code Sheet for Numbered Fields

Page 3 of 6

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

* Crash Date (MM/DD/YYYY) 05/28/2010		* Crash Time (24HRMM) 1:25		Case ID		Local Use																																																																																						
* County Name Kaufman				* City Name		<input checked="" type="checkbox"/> Outside City Limit																																																																																						
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.40130		Longitude (decimal degrees) -96.08890																																																																																						
ROAD ON WHICH CRASH OCCURRED																																																																																												
* 1 Rdwy Sys 1H		* Hwy Num 20		2 Rdwy Part 1		3 Street Prefix																																																																																						
* 4 Street Suffix		* Street Name		4 Street Suffix																																																																																								
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input type="checkbox"/> Toll Road/Toll Lane <input type="checkbox"/> Speed Limit 65 <input type="checkbox"/> Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Street Date																																																																																												
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER																																																																																												
At Int <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy Sys		2 Rdwy Part		3 Street Prefix																																																																																						
4 Street Suffix		* Street Name		4 Street Suffix																																																																																								
Distance from Int or Ref. Marker 0.4		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir From Int or Ref. Marker E		Reference Marker 509																																																																																						
Street Date		RRX Num																																																																																										
Unit Num 3 5 Unit Desc 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num [REDACTED] VIN J T E Z U 5 J R 9 A 5 Veh. Year 2010 8 Veh Color SIL Veh Make TOYOTA Veh Model 4-RUNNER 7 Body Style SV <input type="checkbox"/> Emergency (Explain in Narrative if checked)																																																																																												
8 DL/DL Type 1 9 DL/DL State TX 10 DL/DL Num [REDACTED] 11 DL/DL Class C 12 DL/DL End 96 13 DL/DL Rest A 14 DL/DL DOB (MM/DD/YYYY) [REDACTED]																																																																																												
Address (Street, City, State, ZIP) [REDACTED]																																																																																												
<table border="1"> <thead> <tr> <th>Person Name</th> <th>12 Person Type</th> <th>13 Seat Position</th> <th>Name Last, First, Middle</th> <th>14 Injury Severity</th> <th>15 Age</th> <th>16 Sex</th> <th>17 Height</th> <th>18 Weight</th> <th>19 Alcohol</th> <th>20 Inebriated</th> <th>21 Sol</th> <th>22 At. Spec.</th> <th>23 At. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>[REDACTED]</td> <td>A</td> <td>34</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>99</td> <td>97</td> <td>N</td> <td>96</td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>[REDACTED]</td> <td>K</td> <td>35</td> <td>B</td> <td>2</td> <td>2</td> <td>99</td> <td>99</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>2</td> <td>6</td> <td>[REDACTED]</td> <td>K</td> <td>2</td> <td>B</td> <td>1</td> <td>1</td> <td>99</td> <td>97</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>2</td> <td>4</td> <td>[REDACTED]</td> <td>K</td> <td>5</td> <td>B</td> <td>2</td> <td>1</td> <td>99</td> <td>97</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Person Name	12 Person Type	13 Seat Position	Name Last, First, Middle	14 Injury Severity	15 Age	16 Sex	17 Height	18 Weight	19 Alcohol	20 Inebriated	21 Sol	22 At. Spec.	23 At. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	[REDACTED]	A	34	B	1	1	1	99	97	N	96	96	97	97	2	2	3	[REDACTED]	K	35	B	2	2	99	99	97	N					3	2	6	[REDACTED]	K	2	B	1	1	99	97	97	N					4	2	4	[REDACTED]	K	5	B	2	1	99	97	97	N				
Person Name	12 Person Type	13 Seat Position	Name Last, First, Middle	14 Injury Severity	15 Age	16 Sex	17 Height	18 Weight	19 Alcohol	20 Inebriated	21 Sol	22 At. Spec.	23 At. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																																																												
1	1	1	[REDACTED]	A	34	B	1	1	1	99	97	N	96	96	97	97																																																																												
2	2	3	[REDACTED]	K	35	B	2	2	99	99	97	N																																																																																
3	2	6	[REDACTED]	K	2	B	1	1	99	97	97	N																																																																																
4	2	4	[REDACTED]	K	5	B	2	1	99	97	97	N																																																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Owner/Lessee Name & Address [REDACTED]																																																																																												
Prior of Fin Resp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exempt <input type="checkbox"/> Exempt 20 Fin Resp Type 2 Fin Resp Name FARMERS CO MUTUAL Fin Resp Num [REDACTED]																																																																																												
27 Vehicle Damage Rating 1 6 28 Vehicle Damage Rating 2 1 Vehicle Invented <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
Towed by B&V Towed To 900 E. Moore Ave Terrell TX 75160 (972) 563-3232																																																																																												
Unit Num 4 5 Unit Desc 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num 368KKR VIN 1 N X B R 3 D E 0 6 Z Veh. Year 2006 8 Veh Color BLK Veh Make TOYOTA Veh Model COROLLA 7 Body Style P4 <input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																												
8 DL/DL Type 1 9 DL/DL State TX 10 DL/DL Num [REDACTED] 11 DL/DL Class C 12 DL/DL End 96 13 DL/DL Rest A 14 DL/DL DOB (MM/DD/YYYY) [REDACTED]																																																																																												
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Person Name	12 Person Type	13 Seat Position	Name Last, First, Middle	14 Injury Severity	15 Age	16 Sex	17 Height	18 Weight	19 Alcohol	20 Inebriated	21 Sol	22 At. Spec.	23 At. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																																																												
1	1	1	[REDACTED]	B	45	W	1	1	1	3	97	N	96	96	97	97																																																																												
2	2	3	[REDACTED]	B	17	W	2	1	1	3	97	N																																																																																
3	2	6	[REDACTED]	B	12	W	2	1	1	3	97	N																																																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Owner/Lessee Name & Address [REDACTED]																																																																																												
Prior of Fin Resp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exempt <input type="checkbox"/> Exempt 20 Fin Resp Type 2 Fin Resp Name STATE FARM Fin Resp Num [REDACTED]																																																																																												
27 Vehicle Damage Rating 1 6 28 Vehicle Damage Rating 2 5 Vehicle Invented <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
Towed by FULLERS Towed To 1402 Hwy 34 Terrell TX 75160 (888) 712-3822																																																																																												

Law Enforcement and TxDOT Use ONLY  
Form CR-3 1/1/2010

Case ID

TxDOT Crash ID

Page 4 of 6

Disposition of Injured/Killed		Unit Num	Prsn Num	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
DISPOSITION OF INJURED/KILLED		3	1	PARKLAND DALLAS	AIR-EVAC GREENVILLE		
		3	2	ME OFFICE DALLAS	ANDERSON-CLAYTON	0 5 / 2 8 / 2 0 1 0	1 9 0 0
		3	3	ME OFFICE DALLAS	ANDERSON-CLAYTON	0 5 / 2 8 / 2 0 1 0	1 9 0 0
		3	4	ME OFFICE DALLAS	ANDERSON-CLAYTON	0 5 / 2 8 / 2 0 1 0	1 9 0 0
		4	1	BAYLOR DALLAS	ETMC		
		4	2	BAYLOR DALLAS	ETMC		

Charges		Unit Num	Prsn Num	Charge	Citation/Reference Num
CHARGES					

Damage		Unit Num	Prsn Num	Owner's Name	Owner's Address
DAMAGE					

Carrier		Unit Num	Prsn Num	Carrier's Corp Name	Carrier's Primary Ador	Carrier ID Num
CVR						

Sequence of Events		35 Seq 1	35 Seq 2	35 Seq 3	35 Seq 4	Total Num Axles	Total Tires
FACTORS & CONDITIONS							

38 Contributing Factors (Investigator's Opinion)		39 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
Unit Num	Contributing	May Have Contrib	Contributing	May Have Contrib	39 Weather cond	39 Light Cond	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
3											
4											

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)		Field Diagram - Not to Scale	
<p>Unit #4 came to a final rest facing mostly south in the center median. Unit #1 then turned to the right in the direction of the outside shoulder, pushing Unit #3 counter clockwise. There was a storage box on the left side of Unit #2, that storage box caught on to the rear of Unit #3 and pulled metal from the rear of Unit #3. That impact spun Unit #3 nearly 90 degrees to the north. Unit #3 was now facing north. The front seat passenger in Unit #3 was partly ejected at some point during the impacts leading up to Unit #3 striking Unit #6. When Unit #3 impacted Unit #6, the front right passenger slammed against the rear of Unit #6. Unit #3 then began to fold under Unit #6 causing the roof of Unit #3 to peel up and to the left. Unit #3 then exploded. The front seat passenger had come to a final rest twisted on the right side of the hood of Unit #3. Unit #5 ekidded to a stop. There was no damage to Unit #5. Unit #6 sustained damage to the rear of the trailer.</p>		<p>Indicate North ↑</p> <p>FINAL REST OF ALL UNITS</p>	

Investigator		Time Notified (24HRMM)	How Notified	DPS Dispatch	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)	ID Num
INVESTIGATOR		1 8 2 7			1 8 4 0	0 5 / 2 8 / 2 0 1 0	11097

ORI		TX DPS	District/Ann
INVESTIGATOR			

Law Enforcement and TxDOT Use Only

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num Units 6 Total Num Persons 9 TxDOT Crash ID           

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
 Mailed to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512) 486-5700  
 Refer to Attached Code Sheet for Numbered Fields
Page 5 of 6

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

*Crash Date (MM/DD/YYYY) <u>06/28/2010</u>		*Crash Time (24HRMM) <u>1826</u>		Case ID <u>          </u>		Local Use <u>          </u>	
*County Name <u>Kaufman</u>				*City Name <u>          </u>			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) <u>32.40130</u>		Longitude (decimal degrees) <u>-96.08890</u>	
ROAD ON WHICH CRASH OCCURRED							
*1 Rwy. Sys <u>IH</u>		*Hwy Num <u>20</u>		*2 Rwy. Part <u>1</u>		*Block Num <u>          </u>	
*3 Street Prefix <u>          </u>		*4 Street Suffix <u>          </u>		*5 Street Name <u>          </u>		*6 Street Name <u>          </u>	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit <u>65</u>	
<input type="checkbox"/> Const. Zone <u>          </u>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER							
At Int <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rwy. Sys <u>          </u>		Hwy Num <u>          </u>		2 Rwy. Part <u>          </u>	
Block Num <u>          </u>		3 Street Prefix <u>          </u>		Street Name <u>          </u>		4 Street Suffix <u>          </u>	
Distance from Int or Ref Marker <u>0.4</u>		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. From Int or Ref Marker <u>E</u>		Reference Marker <u>509</u>	
Street Desc <u>          </u>		RRX Num <u>          </u>					
Unit Num <u>5</u>		5 Unit Desc <u>1</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State <u>MS</u>	
LP Num <u>A164804</u>		VIN <u>1F U J A 6 C V 3 5 D</u>					
Veh Year <u>2005</u>		8 Veh Color <u>WHI</u>		Veh Make <u>FREIGHTLINER</u>		Veh Model <u>TT</u>	
7 Body Style <u>TT</u>		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type <u>2</u>		DL/D State <u>AL</u>		DL/D Num <u>          </u>		9 DL Class <u>98</u>	
10 CDL End <u>98 T N</u>		11 DL Real <u>98</u>		DOB (MM/DD/YYYY) <u>          </u>			
Address (Street, City, State, ZIP) <u>          </u>							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num <u>1</u>		12 Pers. Type <u>1</u>		13 Seat Position <u>1</u>		14 Injury Severity <u>N</u>	
Age <u>46</u>		15 Sex <u>W</u>		16 Sex <u>1</u>		17 Height <u>1</u>	
18 Weight <u>1</u>		19 Arm Span <u>97</u>		20 Height <u>97</u>		21 Sol <u>N</u>	
22 Alt. Spec. <u>98</u>		23 Alt. Spec. <u>98</u>		24 Drug Spec. <u>98</u>		25 Drug Spec. <u>97</u>	
26 Drug Spec. <u>97</u>		27 Drug Spec. <u>97</u>		28 Drug Spec. <u>97</u>		29 Drug Spec. <u>97</u>	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address <u>          </u>					
Proof of Fin Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>VANLINER INS CO</u>		Fin. Resp. Num <u>          </u>	
Fin. Resp. Phone Num <u>(228) 863-5362</u>		27 Vehicle Damage Rating 1 <u>          </u>		27 Vehicle Damage Rating 2 <u>          </u>		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by <u>N/A</u>		Towed To <u>N/A</u>					
Unit Num <u>6</u>		5 Unit Desc <u>6</u>		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State <u>TN</u>	
LP Num <u>T650872</u>		VIN <u>1S 1 2 E 9 5 3 2 4 E</u>					
Veh Year <u>2004</u>		8 Veh Color <u>WHI</u>		Veh Make <u>STR</u>		Veh Model <u>TR</u>	
7 Body Style <u>TL</u>		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type <u>          </u>		DL/D State <u>          </u>		DL/D Num <u>          </u>		9 DL Class <u>          </u>	
10 CDL End <u>          </u>		11 DL Real <u>          </u>		DOB (MM/DD/YYYY) <u>          </u>			
Address (Street, City, State, ZIP) <u>          </u>							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num <u>          </u>		12 Pers. Type <u>          </u>		13 Seat Position <u>          </u>		14 Injury Severity <u>          </u>	
Age <u>          </u>		15 Sex <u>          </u>		16 Sex <u>          </u>		17 Height <u>          </u>	
18 Weight <u>          </u>		19 Arm Span <u>          </u>		20 Height <u>          </u>		21 Sol <u>          </u>	
22 Alt. Spec. <u>          </u>		23 Alt. Spec. <u>          </u>		24 Drug Spec. <u>          </u>		25 Drug Spec. <u>          </u>	
26 Drug Spec. <u>          </u>		27 Drug Spec. <u>          </u>		28 Drug Spec. <u>          </u>		29 Drug Spec. <u>          </u>	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address <u>          </u>					
Proof of Fin Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type <u>2</u>		Fin. Resp. Name <u>VANLINER INS CO</u>		Fin. Resp. Num <u>          </u>	
Fin. Resp. Phone Num <u>(228) 863-5362</u>		27 Vehicle Damage Rating 1 <u>          </u>		27 Vehicle Damage Rating 2 <u>          </u>		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed by <u>N/A</u>		Towed To <u>N/A</u>					



Law Enforcement and TxDOT Use ONLY

Case ID

TxDOT Crash ID

Page 6 of 6

Form CR-3 1/1/2010

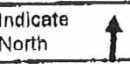
DISPOSITION OF INJURED/KILLED	Unit Num	Prsn Num	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)

CHARGES	Unit Num	Prsn Num	Charge	Citation/Reference Num

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

CRV	Unit Num	5	<input checked="" type="checkbox"/> 10,001+ LBS	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 8+ Capacity	28 Veh Oper	1	28 Carrier ID Type	1	Carrier ID Num								
	30 Rdw Access	1	31 Veh Type	9	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	5, 2, 0, 0, 0	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num		HazMat ID Num		HazMat Ctnr Num		HazMat ID Num	
	33 Cargo Body Style	3	Trailer 1	Unit Num	6	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	6, 5, 0, 0, 0	34 Trlr Type	2	Trailer 2	Unit Num		<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR		34 Trlr Type	
	Sequence Of Events	35 Seq 1	13	35 Seq 2		35 Seq 3		35 Seq 4		Total Num Axes	5	Total Time	10					

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)	37 Vehicle Defects (Investigator's Opinion)	Environmental and Roadway Conditions									
	Unit Num	Contributing	May Have Contrib	Contributing	May Have Contrib	38 Weather cond	39 Light Cond	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	5											
	6											

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	<p>The impact broke off the ICC bar from the bottom of the trailer. Part of the bar was lodged in the right door of Unit #6. The other part was in the roadway on the west side of Unit #3. There were dark skid marks from the right tandem axle of Unit #1 and Unit #2. The area of first impact between Unit #1 and #3 was very visible. Also very visible was the impact of Unit #3 into Unit #4. The path that Unit #4 was also clearly visible. The area that Unit #3 turned and later impacted Unit #6 was also clearly visible as were the skid marks of Unit #6. Medical treatment was given to all survivors of the crash. The skid marks on the roadway from Unit #6 indicate that traffic was not stopped at the time of the crash. The types of injuries sustained and hospitals the injured were taken to are outlined in the report. Unit #1,2 came to a final rest facing south east on the south side of the roadway. Unit #3 came to a final rest facing north in the traffic lane. Unit #5,6 came to a final rest facing east in the outside traffic lane.</p>	<p>Indicate North</p>  <p>DIAGRAM ON PAGE 2 AND PAGE</p>

INVESTIGATOR	Time Notified (24HRMM)	1, 8, 2, 7	How Notified	DPS Dispatch	Time Arrived (24HRMM)	1, 8, 4, 0	Report Date (MM/DD/YYYY)	0, 5, 1, 2, 8, 1, 2, 0, 1, 0
		Invest [X] Yes	Investigator Name (Printed)	DEXTER BARKLEY	ID Num	11097	District/ Area	H, P, 1, A, 0, 6
	ORI Num	T, X, D, P, S, 8, 8, 0, 0	*Agency	TX DPS				