Texas Department of Transportation

125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | WWW.TXDOT.GOV

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

Tue, 12 December 2023

STATE OF TEXAS §

This is to certify that I, Jim Markham, 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 [redacted], which occurred in Tarrant 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.

Jim Markham
Director, Crash Data & Analysis Section
Traffic Safety Division
125 East 11th Street
Austin, TX 78701-2483

TEXAS DEPARTMENT OF TRANSPORTATION

[redacted]

OUR VALUES: *People • Accountability • Trust • Honesty*
OUR MISSION: *Connecting You With Texas*

An Equal Opportunity Employer

Law Enforcement and TxDOT Use ONLY

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

Total Num. Units	2	Total Num. Prsns.	2	[redacted]

Texas Department of Transportation

Texas Peace Officer's Crash Report (Form CR-3 4/1/2023)

Refer to the attached code sheet for numbered fields

Questions? Call 844/274-7457

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

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IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	Local Use
[redacted]	[redacted]	[redacted]	

County Name	City Name	☐ Outside City Limit
TARRANT	FORT WORTH	

In your opinion, did this crash result in at least $1000 damage to any one person's property? ☒ Yes ☐ No

Latitude (decimal degrees): [redacted]

Longitude (decimal degrees): [redacted]

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
LR		1	[redacted]		[redacted]	

☐ Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	☐ Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Secondary Crash	Street Desc.
	S		[redacted]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	ONE WAY DIVIDED LANE

INTERSECTING ROAD, ON IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☐ Yes ☒ No	LR		1	[redacted]		[redacted]	RD

Distance from Int. or Ref. Marker	☐ Ft ☒ Mi	Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
0.20		S		40	LOCAL ROAD	

VEHICLE, DRIVER & PERSONS

Unit 1

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	
1	1			TX	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2020	BLK	CHEVROLET	MALIBU	P4

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)
	NO	NO AUTOMATION	

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)
99	UN		99	99	99	/ /

Address (Street, City, State, ZIP): UNKNOWN

Person Num.	14 Pers. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25 Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	UNKNOWN, UNKNOWN	[redacted]													

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner ☐ Lessee	Owner/Lessee Name & Address
	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]	- RP - 5	- FR - 2	☐ Yes ☒ No

Towed By	Towed To
A1	3032 RAMONA DRIVE,FORT WORTH, TX 76116

Unit 2

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	
2	1			TX	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2016	GRY	TOYOTA	TACOMA	PK

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)
	NO	NO AUTOMATION	

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)
1	[redacted]					

Address (Street, City, State, ZIP): [redacted]

Person Num.	14 Pers. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25 Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	[redacted]	[redacted]													

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner ☐ Lessee	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]	- FR - 4	-	☐ Yes ☒ No

Towed By	Towed To
H&R TOWING	2015 CUT-OFF RD, FORT WORTH, TX 76114

DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
1	1	JPS	MEDSTAR 28		

CHARGES

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

DAMAGE

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

CMV

Unit Num.	☐ 10,001+ LBS.	☐ Transporting Hazardous Material	☐ 9+ Capacity	CMV Disabling Damage? ☐ Yes ☐ No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.					32 Veh. Type
33 Bus Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	34 HazMat Class Num.	HazMat ID Num.	34 HazMat Class Num.	HazMat ID Num.	35 Cargo Body Type
Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
Sequence Of Events	37 Seq. 1	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit ☐ Yes ☐ No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS

38 Contributing Factors (Investigator's Opinion)			39 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control
1	98										
					3	3	97	4	1	2	96

NARRATIVE AND DIAGRAM

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

UNIT 2 DRIVER RELATED THAT UNIT 1 WAS TRAVELING IN LANE 1 AHEA
OF HIM AND DROVE INTO A LARGE AMOUNT OF WATER THAT WAS POOLING
IN LANE 1. UNIT 1 LOST CONTROL AND BEGAN SPINNING ON THE
ROADWAY INTO LANE 3. UNIT 2 DRIVER RELATED THAT HE APPLIED THE
BRAKES IN AN ATTEMPT TO AVOID A COLLISION WHEN HE SAW UNIT 1
SPINNING INTO HIS PATH, BUT DUE TO THE ROAD CONDITIONS HE COUL
NOT SLOW DOWN IN TIME. UNIT 2 THEN STRUCK UNIT 1 ON THE
PASSENGER SIDE DOOR. UNIT 2 CAME TO A STOP FACING SOUTH BOUND
IN LANE 4 AND LANE 3. UNIT 1 CONTINUED SPINNING UNTIL IT CAME
TO A STOP FACING SOUTH EAST WITH THE REAR OF THE VEHICLE IN TH
GRASS OFF THE ROADWAY.

[redacted]

INVE

Investigation Complete ☒ Yes ☐ No | Investigator Name (Printed) GAJDA, RADOSLAW [redacted] | ID Num. 4896

ORI Num. TX2201200 | *Agency FORT WORTH POLICE DEPARTMENT | Service/Region/DA WEST00

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