



















CRINITY 10
DEAC 180
11/18/2011









Law Enforcement and TxDOT Use ONLY

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 0 0 1 Total Num. Prsns. 0 0 1 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.).

*Crash Date (MM/DD/YYYY) 1 1 / 1 6 / 2 0 1 4 *Crash Time (24HRMM) 0 7 2 4 Case ID 14-110294 Local Use

*County Name TARRANT *City Name FORT WORTH Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) 3 2 . 7 4 1 2 2 Longitude (decimal degrees) - 9 7 . 3 4 4 3 2

ROAD ON WHICH CRASH OCCURRED *1 Rdwy. Sys. IH *Hwy. Num. 30 2 Rdwy. Part 5 Block Num. 1700 3 Street Prefix *Street Name WEST 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 60 Const. Yes No Workers Present Yes No Street Desc. IH 30 EB US 287 RAMP SB

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER At No Yes 1 Rdwy. Int. LR Hwy. Num. 2 Rdwy. Part Block Num. 1700 3 Street Prefix E Street Name LANCASTER 4 Street Suffix AVE

Distance from Int. or Ref. Marker 300 FT MI 3 Dir. from Int. or Ref. Marker N Reference Marker Street Desc. RRX Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN

Veh. Year 2 0 0 7 6 Veh. Color ONG Veh. Make CHEVROLET Veh. Model COBALT 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class 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

Table with columns: Person Num., 12 Prsn. 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. Row 1: 1, 1, 1, N, 24, W, 2, 1, 1, 1, 97, N, 96, 96, 97, 97

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

Unit Num. 5 Unit Desc. Parked Vehicle Hit and Run LP State LP Num. VIN

Veh. Year 6 Veh. Color Veh. Make Veh. Model 7 Body Style Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP) Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line

Table with columns: Person Num., 12 Prsn. 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. Row 1: Not Applicable

Owner Lessee Owner/Lessee Name & Address

Proof of Fin. Resp. Yes Expired No Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Yes No Inventoried No

Towed By Towed To

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

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

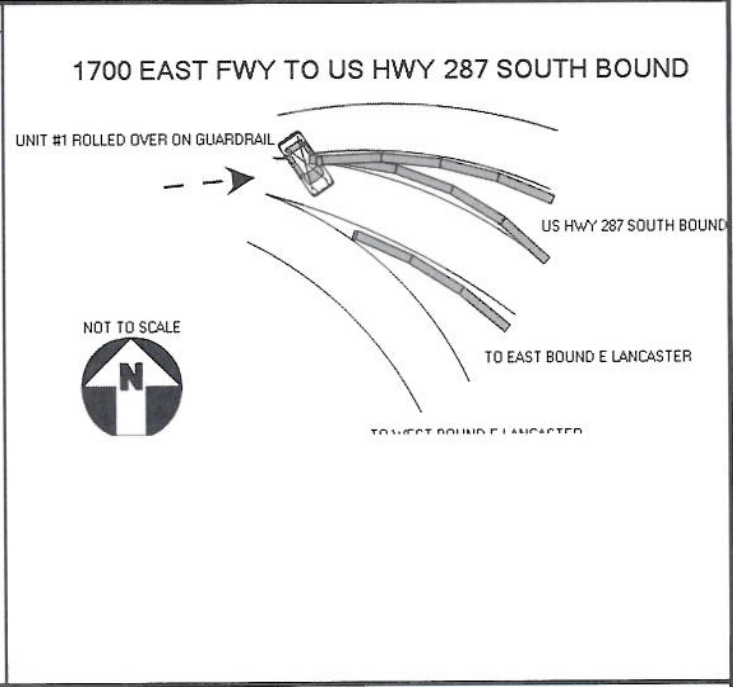
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	GUARDRAIL	TXDOT	2501 SOUTHWEST LOOP 820 FORT WORTH TX 76133

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 Num. HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions						
	Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	60		40			2	1	98	4	6	2

UNIT #1 TRAVELING EAST BOUND EAST FWY TAKING THE US HWY 287 SB RAMP WAS CHANGING LANES TO CONTINUE TO SOUTH BOUND 287 AND STRUCK THE GUARD RAIL. UNIT #1 ROLLED OVER ON TOP OF THE GUARD RAIL.

THE DRIVER INITIALLY REPORTED THAT SHE HAD A LONG NIGHT AND WAS CHANGING LANES. THE DRIVER LATER STATED THAT SOMEONE HAD CUT HER OFF, SHE BRAKED HARD ,AND SLID INTO THE GUARDRAIL.



INVESTIGATOR	Time Notified (24HRMM)	0 7 2 7	How Notified	DISPATCHED	Time Arrived (24HR:MM)	0 7 3 3	Report Date (MM/DD/YYYY)	1 1 / 1 6 / 2 0 1 4
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	TYLER J	ID Num.	3663	District/Area	C E N T R A L
	ORI Num.	T X 2 2 0 1 2 0 0	*Agency	FORT WORTH POLICE DEPARTMENT				