







DK8 V655



7G2003 LK8V855 TX SILVER

2012 CHEV CRUZ 4/1T 1CA



1G1PG5SC9C7260917



TEMPERED GL

FUYAO

DOT43 MS38 A02

438-00005-1













**ATTORNEY GENERAL OF TEXAS**  
GREG ABBOTT

**Consumer Protection Division  
Complaint Form Report**

Today's Date: [REDACTED]  
Date filed: [REDACTED]

**Consumer's Information:**

Name: [REDACTED]  
Address: [REDACTED]  
City, State, Zip: Montague, TX, 76251, TX  
County: Montague

Home Phone:  
Work Phone:  
Age: 40-49  
Supporting documents will be sent by:

**Business or individual complaint is filed against:**

Business: Trinity Industries  
Address: 2525 Stemmons Freeway  
City, State, Zip: Dallas, 75207  
County: Dallas

Phone:  
Contact person at business:  
Website:  
E-mail address:

First contacted via: Other  
(other): Husband killed by their product  
Solicitation in other language?  
Where transaction took place: Other  
(other): US Hwy 81, Wise County, Texas  
Transaction Date: 9-17-2012

Contract Signed? No  
Original Amount: 0.00  
Amount paid: 0.00  
Payment Method: Not Reported  
Date of Payment: 0-0-0000

Complained to business? No  
If so, when?  
Business' response?  
Have you contacted another agency or attorney about this complaint? Yes  
Name and Address of agency or attorney?  
An attorney  
What action was taken by this agency or attorney?  
Evaluating issue

[REDACTED]

dad and a new lifestyle, and me alone struggling with the loss of my husband and a new lifestyle MINUS my dreamed future of growing old together with a man I fell in love with in 1991. Where is TXDOT at to make sure these are the correct heads? Why isnt anyone keeping watch on something that our government purchased to have put in place to save lives, yet so many are being lost? Oh I have read much worse tragedies than mine from people hitting these guardrails, where they have lost more family members or friends, but to each person, losing someone so important in your life feels as though NO ONE knows the pain like WE feel. Do you know what it feels like to watch a highway patrolman walk up to your front door saying "Oh God Lena, Im so sorry"....you know why that patrolman said that? Because I was a police dispatcher and worked with this particular patrolman. Do you know or care that I no longer want to be a dispatcher because of my husbands death? I dont want to call out a fatality accident. I dont want to deal with death in any form or fashion anymore. Ive always worked in law enforcement my whole adult life practically. I cant do it anymore. Do you know what its like to think over and over "Lena if you just hadnt woke Shain up for work that morning, life would still be good"....or being told at the funeral home when I asked to see him..."Lena, please just remember Shain giving you a kiss goodbye that morning, you dont need to see him, I cannot hide the injuries enough for you to see him".....So I didnt even get to tell him goodbye in death, obviously if I couldnt see him you know it was "closed casket". I just turned 45yrs old, you know what its like to try to start life again being that age? Also dealing with a disabled 25yr old man that has the mentality of a child and a severe seizure disorder? I have no idea on upkeep of a house, besides the inside, Shain took care of all that, no idea about car upkeep, I have to call friends to ask their husbands if something arises that I dont know how to deal with. Very embarrassing on my part. Never really thought about that stuff though, because for one...those END HEAD guardrails were supposed to SAVE SHAINS LIFE. My husband was supposed to walk away from that wreck. And because of Trinity Industries greediness over money (my best guess) and TxDOT not doing their jobs, a wife, a disabled son, a mother, sisters and brother, friends....all got robbed by whoever is responsible for the upkeep and proper sizes of these guardrail ends, basically they're not doing their jobs. Being in law enforcement field..."being robbed" is a criminal act!! I hope somehow someone is held responsible for knowing this was going on and chose not to do anything about it and its corrected before the body count rises even higher. I hope and pray that for whatever reason all this has happened that something good comes out of this all. That one day Ill look back and know that my husbands death wasnt in vain, it helped save someone else's life instead. Had you known my husband, you'd agree, because he would of given his life to protect his family, and in a sense, I hope he did...."He did give his life to protect not only his family, but others as well".. I wont apologize for my letter sounding bitter or angry, because I am. Simply because this could of been prevented, and no one cares enough to make sure safety devices do what they are made to do...PROVIDE SAFETY. Sincerely, Lena Tucker

JM

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num Units 1 Total Num Persons 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)466-5700  
Refer to Attached Code Sheet for Numbered Fields

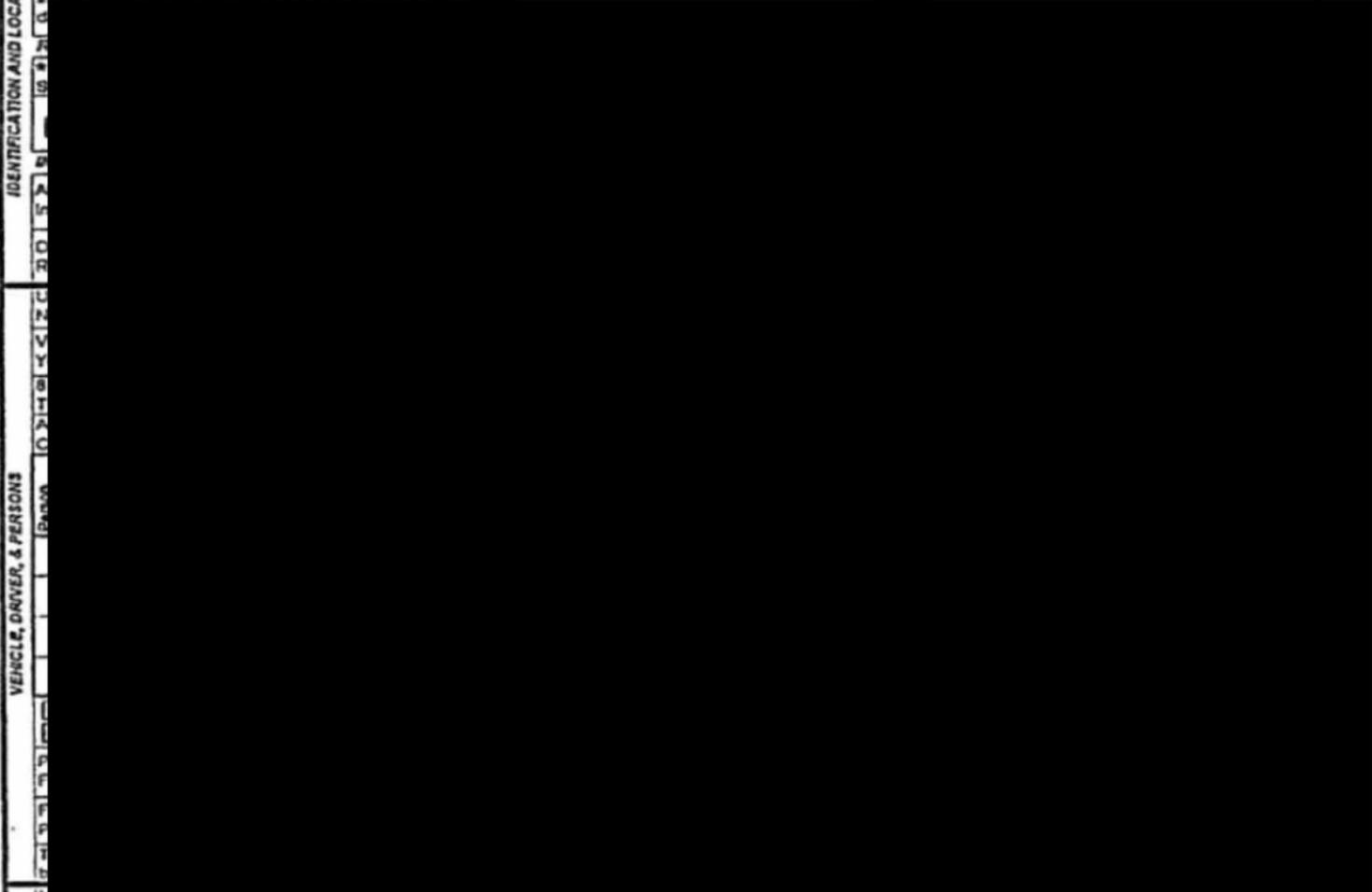
Page 1 of 2

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

IDENTIFICATION AND LOCATION

\* Crash Date (MMDDYYYY)                      \* Crash Time (24HRMU)                      Case  Local Use

\* County Name Wise \* City Name                       Outside City Limit



VEHICLE, DRIVER, & PERSONS

|  |  |   |   |                  |   |
|--|--|---|---|------------------|---|
| Num.   | Desc.  | <input type="checkbox"/> Vehicle <input type="checkbox"/> Run | State   | Num.             | DOB   |
| Veh. Year  | 5 Veh. Color   | Veh. Make   | Veh. Model  | 7 Body Style     | <input type="checkbox"/> Pgl., Fire, EMS on Emergency (Explain in Narrative if checked) |
| 8 DL/D Type  | DL/D State   | DL/D Num.   | 9 DL Class  | 10 CDL End       | 11 DL Rest  |
| Address (Street, City, State, ZIP)   |  |   |   |                  |   |
| Person Num.  | 12 Print. Type   | 13 Seat Position  | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line |                  |   |
|  |  |   | 14 Injury Severity  | Age              | 15 Ethnicity  |
|  |  |   | 16 Sex  | 17 Eyed.         | 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 type="checkbox"/> Owner   | Owner/Lessee Name & Address                                      |   |   |                  |   |
| Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No                         | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt | 26 Fin. Resp. Type  | Fin. Resp. Name   |                  | Fin. Resp. Num.   |
| Fin. Resp. Phone Num.  | 27 Vehicle Damage Rating 1                                       |   | 27 Vehicle Damage Rating 2  |                  | Vehicle inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Towed by   | Towed To   |   |   |                  |   |

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To | Taken By           | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|----------|--------------------|----------------------------|------------------------|
|                               |           | 1          | 1        | JONES FUNERAL HOME | JONES FUNERAL HOME         | 0,9 / 1,7 / 2,0,1,2    |
|                               |           |            |          |                    |                            |                        |
|                               |           |            |          |                    |                            |                        |
|                               |           |            |          |                    |                            |                        |

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

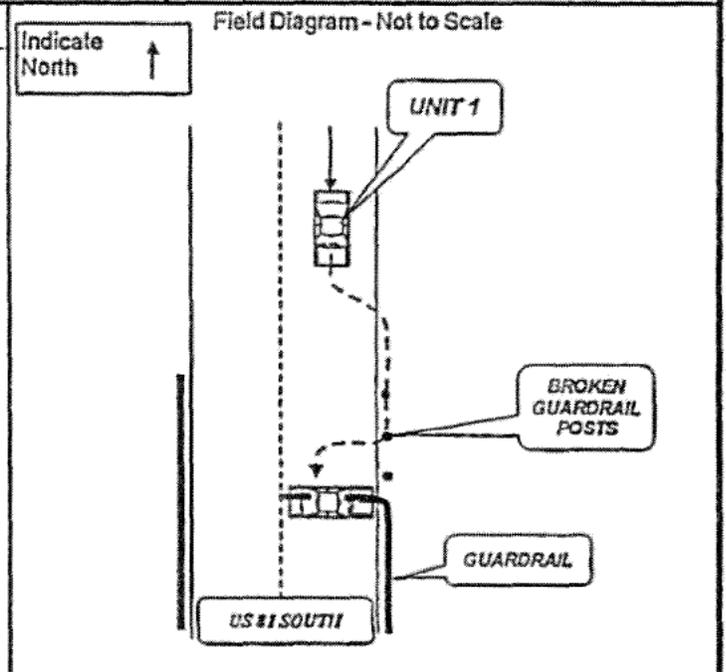
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address                    |
|--------|--------------------------------------|--------------|------------------------------------|
|        | GUARD RAIL                           | TXDOT        | 1710 W. US 380, DECATUR, TX, 76234 |

|                      |                                       |  |                                      |   |  |                  |
|----------------------|---------------------------------------|--|--------------------------------------|---|--|------------------|
| 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"/> RGWW<br><input type="checkbox"/> GVWR | HazMat Released                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | 32 HazMat Class Num.   | HazMat ID Num.   |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr. Type                        | Trailer 2 Unit Num.   | <input type="checkbox"/> RGWW<br><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  | 40           |   |              |                                      | 6                | 2              | 97                | 2               | 1                    | 2                    | 11                 |

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

[REDACTED]



|              |                        |  |                             |                                   |                       |                   |                          |                     |
|--------------|------------------------|--|-----------------------------|-----------------------------------|-----------------------|-------------------|--------------------------|---------------------|
| INVESTIGATOR | Time Notified (24HRMM) | 0,5,5,5  | How Dispatched              | DISPATCHED                        | Time Arrived (24HRMM) | 0,6,2,6           | Report Date (MM/DD/YYYY) | 0,9 / 1,7 / 2,0,1,2 |
|              | Invest. Comp.          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | GREG REYERO                       | ID Num.               | 11736             |                          |                     |
|              | ORI Num.               | 0,0,0,K,K,E,2,4,1  | *Agency                     | TEXAS DEPARTMENT OF PUBLIC SAFETY | District/Area         | H, P, 1, C, 0, 7, |                          |                     |