



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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.).

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IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 03 / 22 / 2018		*Crash Time (24HRMM) 0650		Case ID C1802072		Local Use																															
*County Name NUECES				*City Name CORPUS CHRISTI				<input 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)		Longitude — (decimal degrees)																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. US		*Hwy. Num. 181		2 Rdwy. Part 1		Block Num. 4900		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. SB																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 500		3 Street Prefix		Street Name BEACH		4 Street Suffix AVE																							
Distance from Int. or Ref. Marker 1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker		Street Desc.		RRX Num.																											
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. DWW8629		VIN 1NPPCLJ0X5FD273730																											
Veh. Year 2015		6. Veh. Color WHI		Veh. Make PETERBILT		Veh. Model 567		7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 40574690		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08 / 04 / 1978																									
Address (Street, City, State, ZIP) 3196 MAIN ST INGLESIDE, TX 78362																																					
Person Num.		12 Prsn. 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	
1		1		1		RIVERA VALDES, WILLIAM OSCAR				N		39		98		1		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ENCINO READY MIX, LLC, 2403 CR 2028 ARANSAS PASS, TX 78336																																			
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 1		Fin. Resp. Name FEDERATED MUTUAL INSURANCE COMPANY				Fin. Resp. Num. 9167410																											
Fin. Resp. Phone Num. 888-333-4949				27 Vehicle Damage Rating 1 - R F Q - 1				27 Vehicle Damage Rating 2 - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By DRIVER				Towed To DRIVEN AWAY																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. KFJ6867		VIN 1B3EL46R64N313087																											
Veh. Year 2004		6. Veh. Color SIL		Veh. Make DODGE		Veh. Model STRATUS		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 40450559		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 12 / 24 / 1985																									
Address (Street, City, State, ZIP) 2622 SACKY DR CORPUS CHRISTI, TX 78415																																					
Person Num.		12 Prsn. 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	
1		1		1		HERNANDEZ, MARIA ADELINA				N		32		98		2		1		1		1		97		N		96				96		97		97	
2		2		4		HERNANDEZ, MATTHEW				N		9		H		1		1		1		1		97		N											
3		2		5		HERNANDEZ, JULIA				N		7		H		2		1		1		1		97		N											
4		2		5		HERNANDEZ, SOPHIA				N		5		H		2		1		1		1		97		N											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address HERNANDEZ, MARIA ADELINA, 2622 SACKY ST CORPUS CHRISTI, TX 78415																																			
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 1		Fin. Resp. Name HOME STATE COUNTY MUTUAL INS.				Fin. Resp. Num. TLC01396080-00																											
Fin. Resp. Phone Num. (800) 947-7385				27 Vehicle Damage Rating 1 - L B Q - 3				27 Vehicle Damage Rating 2 - - L D - 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By DRIVER				Towed To DRIVEN AWAY																																	

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

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

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address
	CONCRETE MEDIAN		TX DEPT OF TRANSPORTATION	1701 S PADRE ISLAND DR CORPUS CHRISTI, TX 78417

CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	96	Carrier ID Num.										
	Carrier's Corp. Name LIVE OAK READY MIX LLC				Carrier's Primary Addr. FM 2725 GARRETT RD INGLESIDE, TX 78362				30 Veh. Type		6											
	31 Bus Type	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	6	9	0	0	0	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 Type	7		
	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR						34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR				34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1		13		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight					Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions							
	Unit #	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				4													
	2				4								1	3	97	3	1	1

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									
	DRIVER OF UNIT 1 STATED UNIT 1 WAS TRAVELING IN THE MIDDLE LANE OF 4901 HWY 181 FWY SB WHEN IT WAS HIT BY UNIT 2 WHO MADE AN UNSAFE LANE CHANGE FROM THE RIGHT LANE TO THE MIDDLE LANE.DRIVER OF UNIT 2 STATED UNIT 2 WAS TRAVELING IN THE RIGHT LANE OF 4901 HWY 181 FWY SB WHEN IT WAS HIT BY UNIT 1 WHO MADE AN UNSAFE LANE CHANGE FROM THE MIDDLE LANE TO THE RIGHT LANE.THERE WERE NO WITNESSES OR EVIDENCE AT THE SCENE TO DETERMINE WHICH UNIT WAS AT FAULT.																			
4901 HWY 181 FWY SB																				

INVESTIGATOR	Time Notified (24HR:MM)	0	6	5	1	How Notified	DISPATCH	Time Arrived (24HRMM)	0	7	0	0	Report Date (MM/DD/YYYY)	03 / 22 / 2018											
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) FLORES, ADAM											ID Num.	8414										
	ORI Num.	T	X	1	7	8	0	2	0	0	*Agency CORPUS CHRISTI POLICE DEPARTMENT											Service/Region/DA	D		

ADDITIONAL PERSONS

Copy from Custodial File