

La	w Enforcement and TxDOT Use ONLY FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT A	CTIVE	_ ZON	JE U	otal um. nits i O i	0,3	Total Num. Prsns	; ₁ 0 ₁ 0	TxD O ₁ 6 ₁ Cras						
=	Texas Peace Officer's Crash Report Mail to: Texas Department of Transportation, Crash Data & Analysis, P.4					78714.	Quest	ions? C	Call 844-274	-7457					
1	Texas Refer to Attached Code Sheet for Transportation					cles, oc	cupants	s, injure	ed, etc.)	Page <u>1</u>	of <u>5</u>				
		Case D	15-0	009	689			Loc Use							
NOI	*County Name COLLIN *City Name N	1CKI	NNE	ΞΥ							Outside City Limit				
0CA1	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? No (decimal degrees)		1 1		Longi (decir	ude nal degi	rees)			·					
NåL	ROAD ON WHICH CRASH OCCURRED *1 Rdwy. Cl. *Hwy.		*St	reet			20.01			4 Street					
CATION	Sys. SH Num. 5 Part I Num. 2 I OU Prefix Crash Occurred on a Private Drive of Toll Road/ Speed Const. Yes V	S Vorkers		es St	reet A	IVI SPHAL	CDON T	IALD		Suffix	ST				
NTIFI(Road/Private Property/Parking Lot Toll Lane Limit 50 Zone No F INTERSECTION, NEAREST INT	Present CTING F	_		esc. REFERE	NCE M	ARKEF	₹							
ЮĒ		3 Stree Prefix	t		reet ame		STE	WAR	Т	4 Street Suffix	RD				
	Distance from Int. or Ref. Marker 50 FT 3 Dir. from Int. Reference Street	et CON	ICRE	TE				RF Nu		<u> </u>					
	Unit Num. 1 5 Unit Desc. 1 Parked Hit and State TX LP Num. FVC8229)	VIN_	1 _I N	_4 _{_1} A	₁ L ₁ 1	1,1,	D ₁ 6		2,2,2	-				
	Year L2 O O O Color GRY Make NISSAN	Veh. Model <i>F</i>	ALTI	MA			7	Body Style I	oи Е	ol., Fire, EMS mergency (E larrative if ch	xplain in				
	Type 5 State Num. Class 5 End	CDL d. E	5	11 Res		5	DOB (MM/D	D/YYY	Y) <u>10 </u>	0181/119	9141				
SNO	Address (Street, City, State, ZIP) 5005 PEAR RIDGE 1522, DALLAS, TX 75287	5≥		ij	[3	ा इं	T_I	-1	. I . I	. 6	. I D E				
PERS	Name: Last, First, Middle 13 Seat 12 Seat 13 Seat 14 Seat 14 Seat 15 Seat 15 Seat 16	14 Injur Severity	Age	15 Ethnicit	16 Sex	18 Rest	19 Airbag	Z0 Helmel	22 Alc. Spec.	Result 23 Drug Spec.	Result 25 Drug Categor				
8	1 1 1 PADILLA, SERVIO, TULIO-PERRIRA	N	21	H		1 1			N 96	96 9					
DRIVI	2 2 3 GUITERREZ, KAREN	N	19	Н	2	1 1	1	97 [Not Ap	plicable - Alc sults are only	ohol and				
ICLE	3 2 4 MADRANO, ROSIE	N	44	Н	2	1 1	1	97 [er/Primary Pe each Unit.					
VEH	Owner Owner/Lessee														
	Lessee Name & Address 5005 PEAR RIDGE 1522, DALLAS, TX 7				Fin	Resp									
	Lessee Name & Address 5005 PEAR RIDGE 1522, DALLAS, TX 75287														
	Fin. Resp. No Exempt Resp. Type 2 Name Num. ARC TX 300200000 Fin. Resp. Phone Num. (866) 490-3163 Towed By SAULS Num. ARC TX 300200000 27 Vehicle Yes Damage Rating 1 1 2 - F D - 4 Damage Rating 2 1 V B - 7 Inventoried No														
L	By SAULS To SAULS 832 E UN								0 11 0	0 1 0	, ,				
	Num. 2 Desc. 1 Vehicle Run State IX Num. BR95142 Veh. Veh.	Veh.	_			1016	7	Body		121413 ol., Fire, EMS mergency (E	S on				
	8 DL/ID	Model I	EXPI	11	DL	A	DOB	Style I		larrative if ch	ecked)				
S	Type 1 State TX Num. 20139752 Class C End Address (Street, City, State, ZIP) 1118 GRACE DR, PRINCETON, TX 75407	d. 9	6	Res	st.		(MM/E	DD/YYY	Y) <u>[0 </u>	<u>019</u> ,/ <u>119</u>	1/14)				
PERSON	Name: Last First Middle	14 Injury Severity		nicity	Sex	Restr	ge	net	Alc.	ult Srug	Result 25 Drug Category				
å PE	Enter Driver or Primary Person for this Unit on first line	Sevi	Age	15 Ethnicit	16 5	18	19 Airbag	20 Helmet	22 Alc. Spec.	Result 23 Dru Spec.	Res Cat				
NVER	1 1 1 FIELDS, PERDDITAH, MUTSINZE	N	41	В	2	1 1	1	97 [N 96		7 97				
E DF		+							Drug Re	plicable - Alc sults are only er/Primary Pe	reported				
FHICLE, DRIVER		+				+			1	each Unit.	-				
ľ	Owner/Lessee FIELDS, PERDDITAH, MUTSINZE Lessee Name & Address 1118 GRACE DR, PRINCETON, TX 7540)7			-	-		-	•						
	Proof of Yes Expired 26 Fin. Fin. Resp. No Exempt Resp. Type 2 Name				Fin. Nun	Resp.	4410-	-34-8	35-04						
	Fin. Resp. Phone Num. (800) 841-3000 27 Vehicle Damage Rating 1 1 2 - F	'D'.	1		ehicle age Ra	ing 2 6	. بــــــ		3,D, -2	Vehicle Inventorie	Yes ed∎ No				
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FHICLE	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																													
ΛE		Owner/Lessee Lessee Name & Address Proof ofYes Expired 26 Fin.																												
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	Proof of Yes Expired 26 Fin. Fin. Resp. Name Fin. Resp. Num. Fin. Resp. No Exempt Resp. Type Phone Num. Fin. Resp. Damage Rating 1																													
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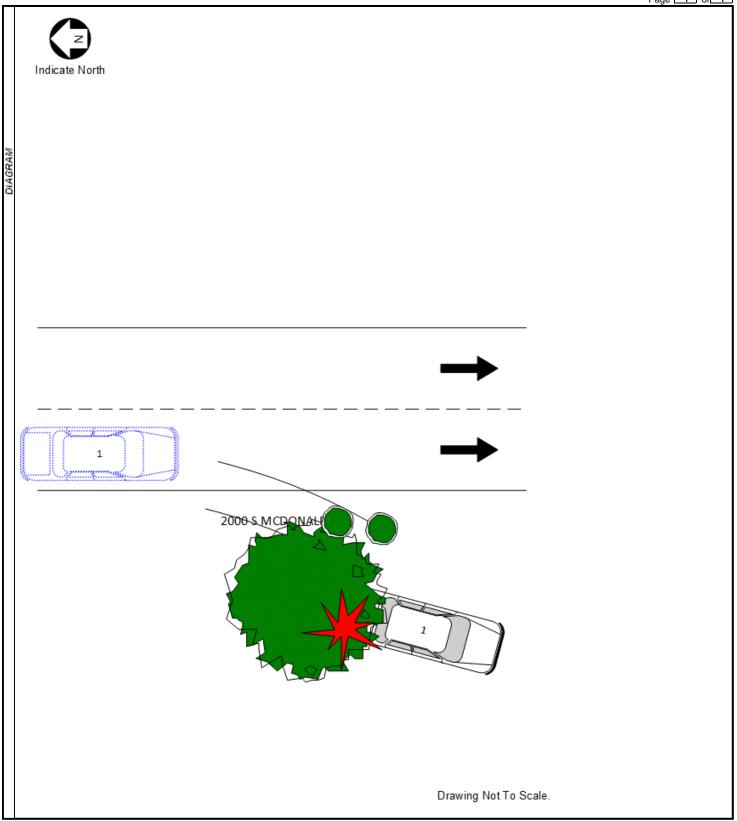
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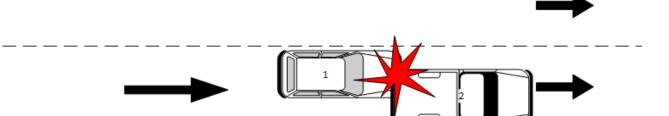
La	aw Enforcement and TxDOT Use ONLY FATAL CMV SCHOOL BUS RAILROAD	MAB SUPPL	EMENT S	CTIVE	ZON		otal um. nits O C),2,	Total Num. Prsns	10 L	0,2	TxDO ⁻ Crash			
=	Mail to: Texas Department of Trans	exas Peace Officer's portation, Crash Data						8714.	Quest	ions?	Call	844-274-7	457		
1	Texas Department of Transportation *=These fields are required on all	Refer to Attached I additional sheets sub						es, oc	cupant	s, inju	red,	etc.) F	Page ∟	1_ of_3_	
	*Crash Date (MM/DD/YYYY) 1,2,0,4,2,0,1,6	*Crash Time (24HRMM) <u>0 2</u>	2 ₁ 3 ₁ 3 ₁ C	ase)	16-0	009	422			Lo Us	cal se				
NOL	*County Name COLLIN		*City Name V	CKI	NNE	Υ								Outside City Limit	
OCA1	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	Latitude (decimal degrees)		l I	1 1		Longitu (decima		ees)	_	ı				
7 % NO	ROAD ON WHICH CRASH OCCURRED *1 Rdwy. CH *Hwy. F 2 Rdwy	1 Block 2100	3 Street		*St	reet	•	N 4 C	- DOA	1415	_		4 Stre	et CT	
CATIC	Sys. SH Num. 5 Part Crash Occurred on a Private Drive on Toll Road		onst. Yes V	S /orkers		es St	reet AS		DON	IALL			Suffix	ST ST	
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PERS(Name: Last, Enter Driver or Primary Pers		t line	14 Inju Severit	Age	15 Ethnicit	16 Sex 17 Eject	18 Restr	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec. Alc. Perult	Z3 Drug Spec.	24 Drug Result 25 Drug Categor	
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VEH		THEODORE, HA	RRISON												
	Lessee Name & Address 3657 HIDDEN	TRAIL, MC KIN	NEY, TX 7)		Fin R	nen.							
	Proof of														
	Fin. Resp. No Exempt Resp. Type 2 Name ASSOCIATION Num. TPA110473047 Fin. Resp. Phone Num. (800) 672-5246 Towed By BIG BASS Towed By BIG BASS Towed By BIG BASS Towed By BIG BASS Towed BIG BASS Towed BIG BASS 201 MAIN ST MCKINNEY TX 75069														
_	Fin. Resp. Phone Num. (800) 672-5246 Towed By BIG BASS Parked By BIG BASS 27 Vehicle Damage Rating 1 1 2 - F D 3 Damage Rating 2 F D 1 3 Damage														
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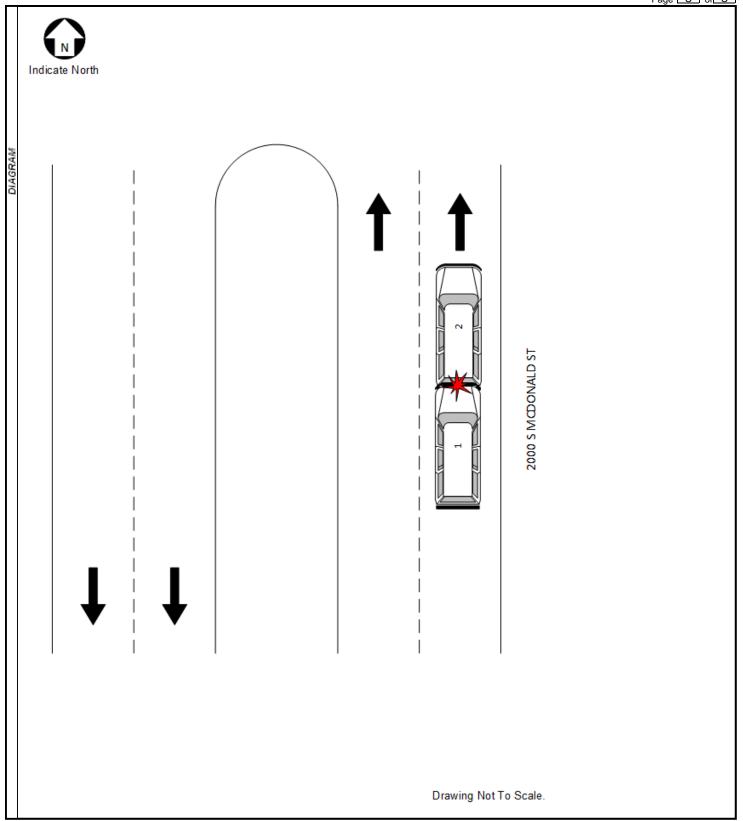


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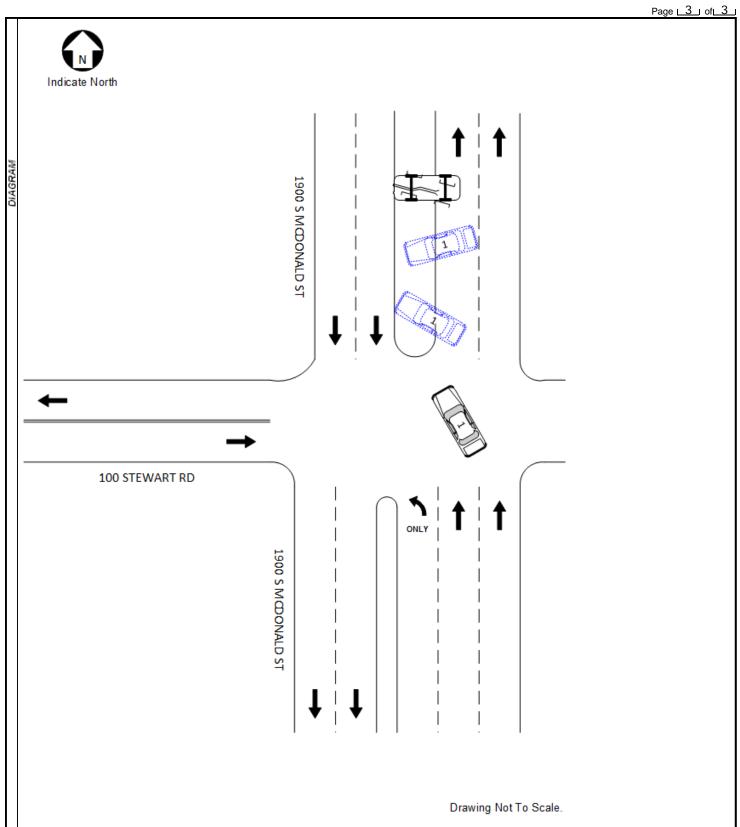
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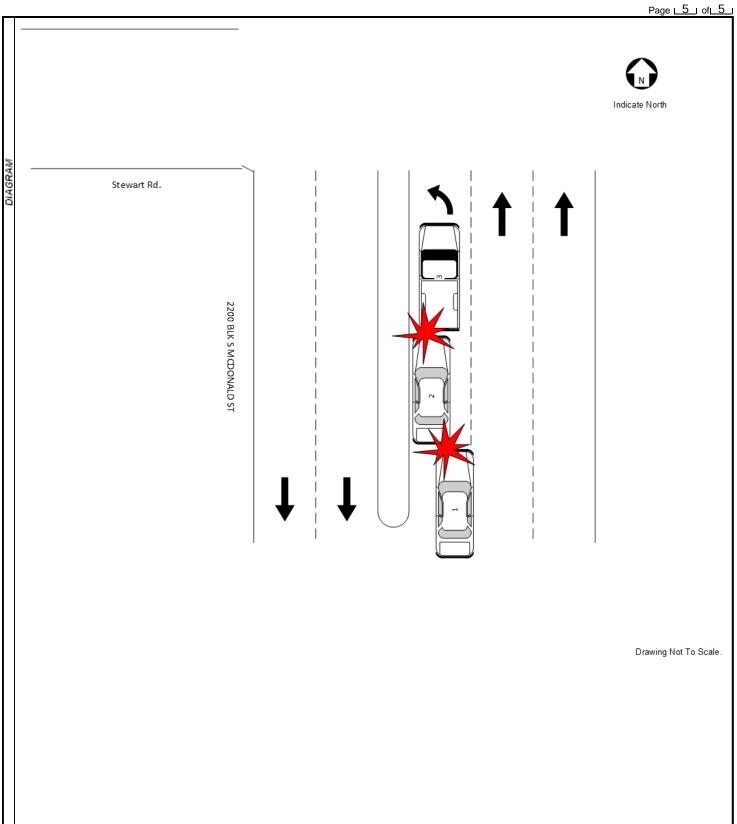


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SNOS	City,	, State	e, ZIP	224	MELBOU		OR, ANN e: Last, Fir	-)9		ΕĒ		i.	×	ect	str.		Ħ		ai.	=	Бn	g+	og ou
PER	Person Num.	12 Prsn Type	13 Seat Positior		Enter Driver					irst line	е	14 Inju Severi	əby	15 Ethnicit	16 Sex	17 Eject	18 Restr	19 Airba	20 Helmet	21 Sol	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Ur Categ
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SNO	City,	ress (, State	e, ZIP	187	PRAIRIE	CREE	K CIRC	LE, PF	RINCE	TON	I, TX 7													-	- <u>-</u> -
& PERSON		12 Prsn. Type	13 Seat Position		Enter Driver		e: Last, Fir ary Person			irst line	e	14 Injury Severity	Age	15 Ethnicit	16 Sex	17 Ejeci	18 Resti	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	Zo Drug Categol
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n DRI	_														\vdash						Drug	Applica	are o	nly rep	orted
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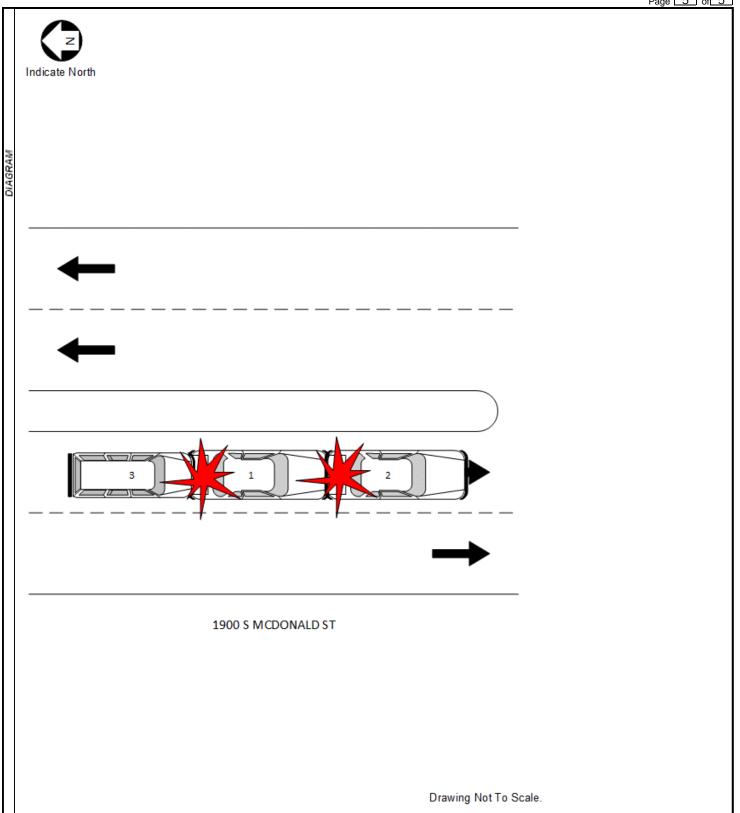
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	Unit Num.	Prsn. Num.			Taken	То					Ta	aken l	Ву					of Death D/YYYY)		Time of (24HF	Death
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39)		Damage	ed Property (Other Tha	an Vehi	icles			_	Owr	ner's Na	ame						Owner's	s Address		
DAMAGE							+		—												
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_ (Corp. Na 31 Bus	ame	RGVW		Т.	-lazMat [Ye	Prima	ry Add		zMat			2/	2 HazMat		HazMa			Type 33 Car	
-	уре		GVWRI	1 1		Released	No	Class N	lum _L	ID	Num _L	=	<u> </u>	c	lass Num		ID Nur	n <u> </u>	1 1 1	Body S	ityle
	ialiei II	Unit Num.	RGV		<u> </u>	10	4 Trlr. ype	CMV I Dama	Disabli ge	~	^{′es} Trail √lo	er zn	nit lum.		GVW VWR <u>LL</u>			34 ⁻ Typ		CMV Disable Damage	ing Yes No
	Sequenc Of Event		eq. 1			35 Seq.	2				35	Seq. :	3	-			35 S	Seq. 4			
SS & ONS	36 C Unit N		ting Factors Contribut			s Opinior lave Cont		Vehicle I Contri					Opinion) Contrib.	38	39		40	41	dway Con	43	44
FACTORS (1	6	6				_		ightharpoons					Weath Cond			itering Roads	Roadway Type	Roadway Alignmen		Traffic Control
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				Mail to	o: Texa	s Departm	ent of			e Office Crash Da								ΓX 78	714.	Ques	tions?	? Call	844-2	274-745	7	
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ION & I	*11	Rdwy		* 🗆 🖈	у.	CURRED 5	2 Ro Part		Bloc		900		Stree	t S	*St Nan	reet			MC	10D:	I IAI	D			4 Stree	t ST
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ENTIFI		ERSE	CTIN	•	, OR IF	CRASH N		T INTERS	SECTIO	N, NEAF	REST	ш.		CTING F	ROAD	OR F	REFE	RENC	E MA	ARKE	R				4 Ctroo	
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	8 DI Typ		4	DL/ID State T	X DL Nu	_/ID ım. 0550	03880	0		9 DL Class	s 5		0 CE)L 5		1 DL Rest.		5		DOB (MM/	DD/Y`	YYY) <u>.</u>	0 1	7	,	918151
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& PERSON		12 Prsr Type	13 Seat Position		Enter	Driver or		Last, Fir y Person			first lin	ne		14 Injur Severity	Age	15 Ethnicit	16 Sex	17 Ejec	18 Rest	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result 25 Drug Categor
		1	1	RIDD	LE, K	EVIN, N	ЛІСН	IAEL						N	32	В	1	1	1	1	97	N	96		96	97 97
= DRIVER		2	4	RIDD	LE, K	AYDEN								N	80	В	1	1	4	1	97	N	Drug I	Results	are on	cohol and ly reported
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N		Dwne Lesse		wner/Less ame & Ado				AMELA			INIEN	/ T\/	, ,,	. I						<u> </u>	_	<u> </u>	<u> </u>			
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	Enforce m CR-3		and TxDOT Use ONL'	Y Case ID 17	'-00519	2	1	xDOT Cras	h ID				Ι.	Page <u>2</u>	ı ofı 5
	Unit Num.	Prsn. Num.		Taken To			Take	en By				of Death		Time of (24HR	Death
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lu		Damage	ed Property Other Tha	an Vehicles	I	Ow	ner's Nam	е		I		Owner's	s Address		
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	Jnit Jum.		10,001+ LBS.	TRANSPORTING HAZARDOUS MA		9+ CAPACI	TY CMV I	Disabling	Yes 28 No Op	Veh.	29 Carrie ID Type	er	Carrier ID Num.		
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À 3	1 Bus		RGVW	HazMat _	Yes 32 Ha		azMat		-	2 HazMat	HazMa			33 Card Body S	
l	ype railer 1	Unit	GVWRI	Released 34 1			Numı	Unit		ass Num∟ ∋∨w	ID Nui	m 34 T		CMV Disabli	
	ialiei I	Num.	GVWR	Тур	I .	~	Trailer:	Num.		/WR	 	Тур		Damage	No No
(of Event	35 S	Seq. 1	35 Seq. 2	27 Vahiala	Defeate (Inc	35 Se			Emide		Seq. 4	duray Can	ditions	
RS & TONS	Unit N		ting Factors (Invest Contributing	May Have Contrib		Defects (Invertibuting		ve Contrib.	38 Weathe	39	40	41	42 Roadway	43	44 Traffic
FACTORS (1			44				<u> </u>	Cond.	Cond.	Roads	Type		Condition	
£8	2		Investigator's Narrati	19	Hannened		<u> </u>		1	1 Field Di	2 agram - N	2 lot to Scal	1	1	17
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	on S	McDo	nald St appr	oaching Ste	wart Rd	. Unit									
			o stop as a : truck Unit #:												
			Unit #3 was it #2 in the		_										
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2 (<u>м) LO</u>		ed DISPATCH	HED			Arrived RMM) LO	1915	5 Rep	ort Date I/DD/YYY		5 ₁ / ₁₃₁₀	<u> 2،0،</u>	1,7,
	nvest. Comp.		Investigator Name (Printed) B	YRD, DERRI	CK C.							ID Num.	130	78	
Š C	DRI T	· v · c	1 4 3 0 5 0	*Agency	MCKININ	IFY POLI	ICE DE	DADTM	ENT			Servic	e/		

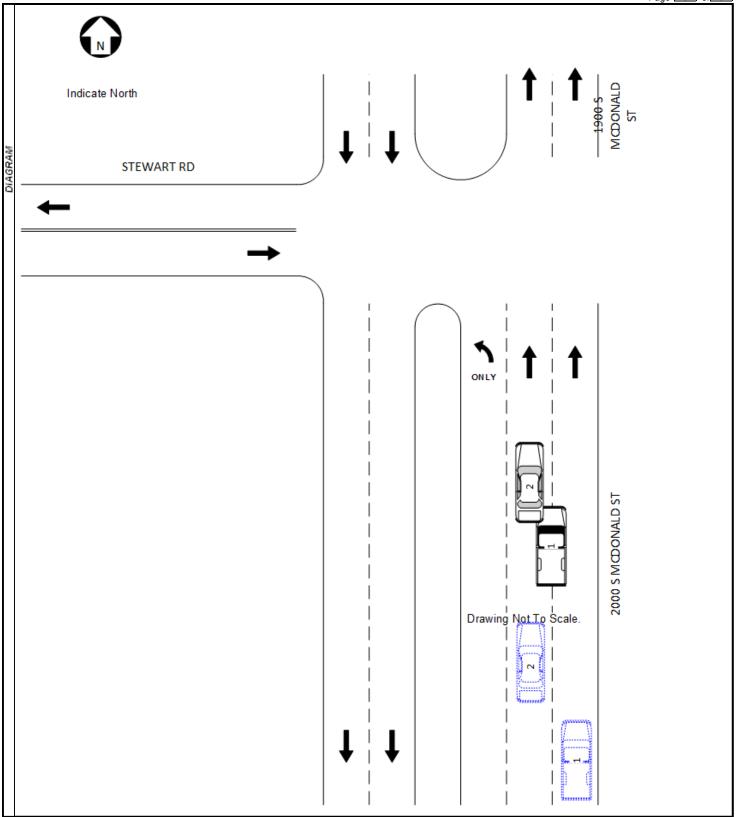
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	(MM		oate YYY	′)	0,6	<u>2</u> ر	3 1 0) (2	ι0	₁ 1,	7_ '		sh Tin RMM)	ne _C),9,			Case ID	17	7- 0	05	192					ocal se			_		
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000	3	1,00	0 daı	nage	to a	this cra	perso	n's p	propert	y?		Yes No	Lati (ded	tude cimal	degre	es) L	3 1 3	ن. ك	1,7,	0 18	8,(<u>)</u>		gitud cimal		ees)	_	0	9,6	<u>. 6</u>	<u>,2,</u> !	5,4	7
S NO	7		dwy			* Hwy Num.			<u>urre</u> 5	Т	2 Rd Part	^{//} 1		Block Num.	1	900		3 Stre Prefix	et S		Stre				MC	10D	VALI				4 Stre Suffix		т
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NEW TIL	4	NTE \t		CTII			OR	IF C		I NO	T AT		RSEC dwy	TION	I, NEA				CTING 3 Stre		AD (EFEI reet	RENC	E MA					\overline{T}	4 Stre		
11	-		■ Nance	No from	Sys. Int.	L	R	Nu	m. ■ FT	3 [Dir. fro	Par om Int.		1 Re	Nur		100	_	Prefix		RET		ame			STE	WA 	RT RRX			Suffix	R	D
L	+	or Ro Jnit		arke	5 Ur		00] ı Pa	MI		Ref. I Hit an	Markei d LP		_	rker LP			De	SC.				_				_	Num.	<u> </u>		<u></u>		<u> </u>
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