

Stewart Rd

SH 5 (McDonald St)

4/17/2016  
16-003081

10/22/2015  
15-009689

6/30/2017  
17-005192

12/24/2016  
16-009944

6/09/2017  
17-004583

2/07/2017  
17-001039

3/29/2019  
19-002551

12/02/2015  
15-010967

12/04/2016  
16-009422

12/22/2016  
16-009898

7/04/2018  
18-005614

S McDonald St





Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 5

\*Crash Date (MM/DD/YYYY) 1,0, / 2,2, / 2,0, 1,5, \*Crash Time (24HRMM) 2,0,0,3, Case ID 15-009689 Local Use
\*County Name COLLIN \*City Name MCKINNEY 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 Longitude

ROAD ON WHICH CRASH OCCURRED
\*1 Rdwy. Sys. SH \*Hwy. Num. 5 2 Rdwy Part 1 Block Num. 2100 3 Street Prefix S \*Street Name MCDONALD 4 Street Suffix ST
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 50 Const. Zone Yes No Workers Present Yes No Street Desc. ASPHALT

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy Part 1 Block Num. 100 3 Street Prefix Street Name STEWART 4 Street Suffix RD
Distance from Int. or Ref. Marker 50 FT MI 3 Dir. from Int. or Ref. Marker N Reference Marker Street Desc. CONCRETE RRX Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. FVC8229 VIN 1, N, 4, A, L, 1, 1, D, 6, 5, N, 9, 2, 2, 2, 9, 1, J
Veh. Year 2,0,0,5, 6 Veh. Color GRY Veh. Make NISSAN Veh. Model ALTIMA 7 Body Style P4 Pol. Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 5 DL/ID State DL/ID Num. 9 DL Class 5 10 CDL End. 5 11 DL Rest. 5 DOB (MM/DD/YYYY) 0,4, / 0,8, / 1,9,9,4, J

Address (Street, City, State, ZIP) 5005 PEAR RIDGE 1522, DALLAS, TX 75287

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 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. Rows for PADILLA, SERVIO, TULLIO-PERRIRA; GUITERREZ, KAREN; MADRANO, ROSIE.

Owner Lessee PADILLA, SERVIO, TULLIO-PERRIRA Name & Address 5005 PEAR RIDGE 1522, DALLAS, TX 75287

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name AMERICAN NATIONAL Fin. Resp. Num. ARC TX 300200000

Fin. Resp. Phone Num. (866) 490-3163 27 Vehicle Damage Rating 1 1,2, F, D, 4 27 Vehicle Damage Rating 2 V, B, 7 Vehicle Inventoried No

Towed By SAULS Towed To SAULS 832 E UNIVERSITY MCKINNEY TX 75069

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. BR9S144 VIN 1, F, M, Z, U, 6, 7, E, 3, 2, U, C, 2, 4, 3, 6, 8, J
Veh. Year 2,0,0,2, 6 Veh. Color BLK Veh. Make FORD Veh. Model EXPLORER 7 Body Style PK Pol. Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 DL/ID State TX DL/ID Num. 20139752 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 0,6, / 0,9, / 1,9,7,4, J

Address (Street, City, State, ZIP) 1118 GRACE DR, PRINCETON, TX 75407

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 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 for FIELDS, PERDDITAH, MUTSINZE.

Owner Lessee FIELDS, PERDDITAH, MUTSINZE Name & Address 1118 GRACE DR, PRINCETON, TX 75407

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name GEICO Fin. Resp. Num. 4410-34-85-04

Fin. Resp. Phone Num. (800) 841-3000 27 Vehicle Damage Rating 1 1,2, F, D, 1 27 Vehicle Damage Rating 2 6, B, D, 2 Vehicle Inventoried No

Towed By DRIVER Towed To DRIVEN AWAY BY DRIVER

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.
	1	1	NO DRIVERS LICENSE	104453

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.	30 Veh. Type	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWRI	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.
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No

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	20								1	3	2	3	1	1
2															

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>Unit 1, 2 and 3 were all NB on McDonald St in the left hand lane. Unit 3 who was in front of Unit 1 and 2, advised he slowed for traffic, and Unit 2 struck him from behind. Driver of Unit 2 advised she stepped on the brakes when she saw Unit 3 slowing, and simultaneously Unit 1 struck her from behind, and she struck Unit 3 who was in front of her.</p> <p>Unit 1 had a small engine fire which was quickly put out. Driver of Unit 1 was issued a citation for no drivers license.</p> <p style="text-align: center;">* * E N D * *</p>		

INVESTIGATOR	Time Notified (24HRMM) <b>2,0,0,4</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>2,0,0,6</b>	Report Date (MM/DD/YYYY) <b>1,0,2,2,2,0,1,5</b>
	Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>SHOEMAKE, TARAN</b>	ID Num. <b>12120</b>	
	ORI Num. <b>T, X, 0, 4, 3, 0, 5, 0, 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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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.) Page 3 of 5

\*Crash Date (MM/DD/YYYY) 1,0, / 2,2, / 2,0,1,5 | \*Crash Time (24HRMM) 2,0,0,3 | Case ID 15-009689 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) | Longitude (decimal degrees) | ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 2100 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | Toll Road/Toll Lane | Speed Limit 50 | Const. Zone | Workers Present | Street ASPHALT | INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD

Distance from Int. or Ref. Marker 50 | FT MI | 3 Dir. from Int. or Ref. Marker N | Reference Marker | Street CONCRETE Desc. | RRX Num. | Unit Num. 3 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. AK35081 | VIN 1, F, T, P, W, 1, 4, 5, 5, 6, K, B, 2, 5, 8, 5, 6, J | Veh. Year 2,0,0,6 | 6 Veh. Color BLU | Veh. Make FORD | Veh. Model F150 | 7 Body Style PK | Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 29376178 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. A | DOB (MM/DD/YYYY) 0,2, / 2,6, / 1,9,9,4, J | Address (Street, City, State, ZIP) 8912 CR 513, ANNA, TX 75409

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 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. Rows for VEST, ADAM, COLE and ESCARZAGA, FERNANDO.

Owner Lessee VEST, ADAM, COLE | Name & Address 8912 CR 513, ANNA, TX 75409

Proof of Fin. Resp. Yes Expired 26 Fin. Resp. Type 2 | Fin. Resp. Name GEICO | Fin. Resp. Num. 4138-56-23-49

Fin. Resp. Phone Num. (800) 841-3000 | 27 Vehicle Damage Rating 1 6, B, D, 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No

Towed By DRIVER | Towed To DRIVEN AWAY BY DRIVER

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)

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 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 for empty entry.

Owner Lessee | Name & Address

Proof of Fin. Resp. Yes Expired 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 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.

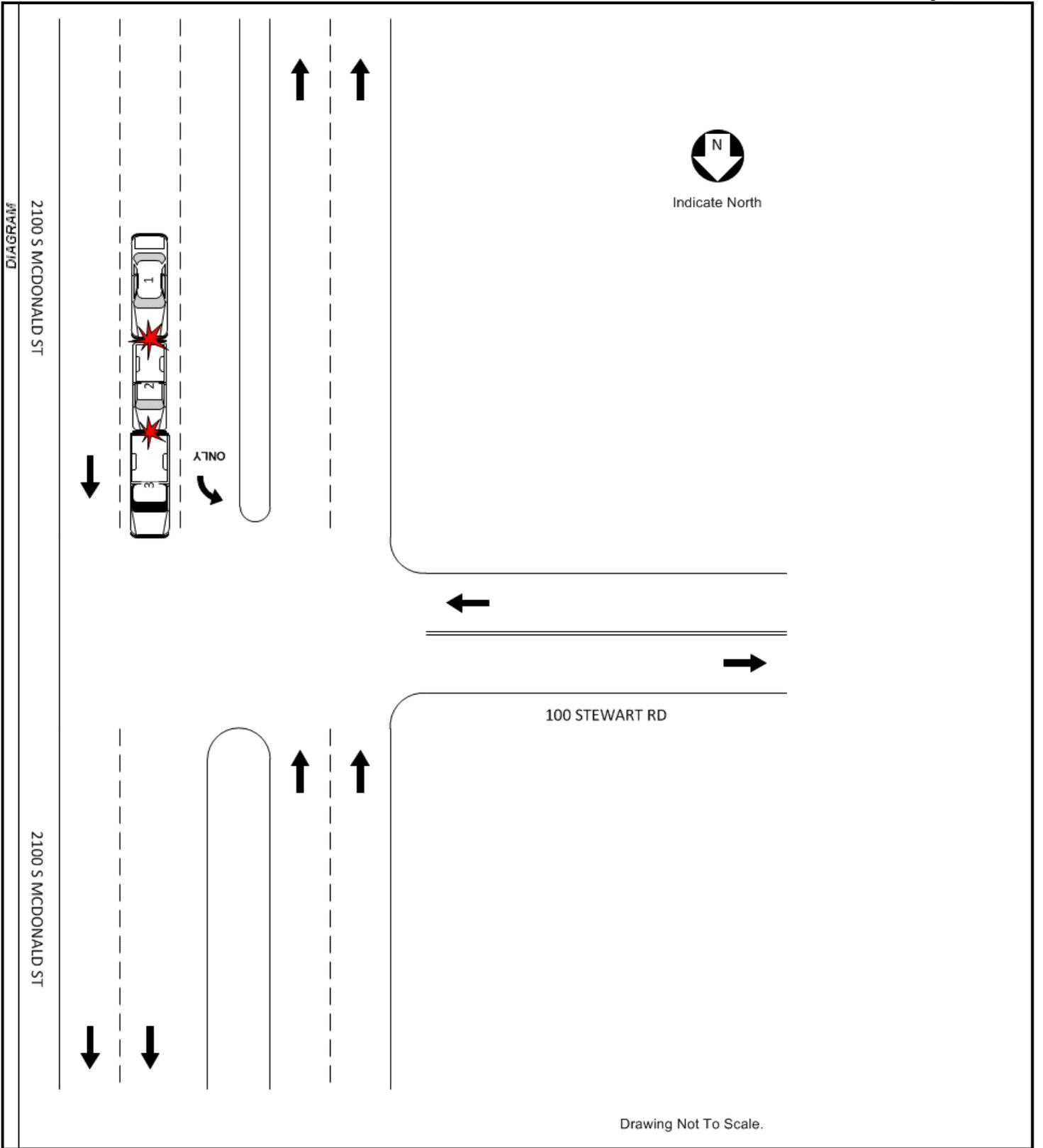
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num. ID Num.	32 HazMat Class Num. ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No

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
	3									1	3	2	3	1	1

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	* * E N D * *		

Time Notified (24HRMM) <b>2,0,0,4</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>2,0,0,6</b>	Report Date (MM/DD/YYYY) <b>1,0,1,2,2,1,5</b>
Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>SHOEMAKE, TARAN</b>	ID Num. <b>12120</b>	
ORI Num. <b>T, X, 0, 4, 3, 0, 5, 0, 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	



Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.) Page 1 of 3

\*Crash Date (MM/DD/YYYY) 1,2 / 0,2 / 2,0,1,5 | \*Crash Time (24HRMM) 1,6,1,4 | Case ID 15-010967 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) | Longitude (decimal degrees) | ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 2000 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. Yes No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker | FT MI | 3 Dir. from Int. or Ref. Marker | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 | 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 99 | DL/ID State UN | DL/ID Num. | 9 DL Class 99 | 10 CDL End. 99 | 11 DL Rest. 99 | DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 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

Owner/Lessee Name & Address | Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type | Fin. Resp. Name | Fin. Resp. Num. | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried

Unit Num. 2 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. 1093647 | VIN 1,T,7,Y,U,4,E,2,4,C,1,1,4,9,8,0,0 | Veh. Year 2,0,1,2 | 6 Veh. Color YEL | Veh. Make THOMAS | Veh. Model BUS | 7 Body Style BU | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 02018566 | 9 DL Class B | 10 CDL End. P S | 11 DL Rest. A | DOB (MM/DD/YYYY) 0,2 / 0,2 / 1,9,4,8

Address (Street, City, State, ZIP) 150 ENTERPRISE DR 1223, MCKINNEY, TX 75069

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 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

Owner/Lessee Name & Address DSS TRUST 9025 RIVER ROAD 300, INDIANAPOLIS, IN 46240 | Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name OLD REPUBLIC INSURANCE COMP | Fin. Resp. Num. 7248345000 | 27 Vehicle Damage Rating 1 3 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.		30 Veh. Type		
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num. ID Num.	32 HazMat Class Num. ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	

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	23								1	1	2	2	1	1
2															

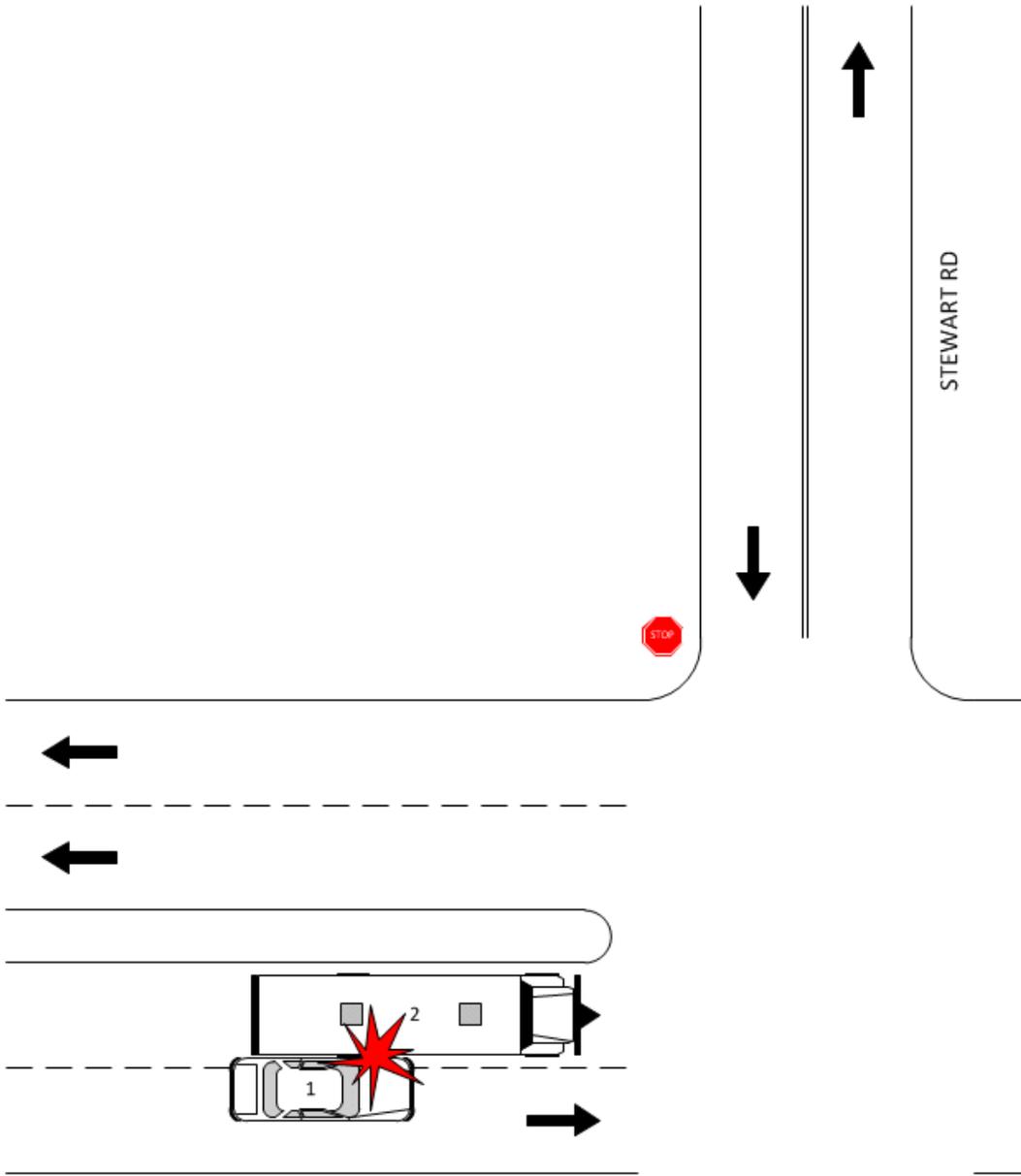
NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>On 12/2/2015, I was dispatched to SH 5 at Stewart Rd. in reference to a hit and run accident. After arriving, I spoke with Albert St-Aubin. He advised that he was traveling north on SH 5 and before making a left turn onto Stewart Rd., he advised that a white and possibly pink colored passenger car struck the side of the school bus causing minor damage. He advised that the passenger car continued to travel north on SH 5 and did not stop. He advised that the bus was empty and he was not injured. I noticed a scrap on the passenger side of the bus that was approximately 15 feet in length. Suspect vehicle was not located.</p> <p style="text-align: center;">* * E N D * *</p>		

INVESTIGATOR	Time Notified (24HRMM) <b>1616</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>1620</b>	Report Date (MM/DD/YYYY) <b>12/02/2015</b>
	Invest. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) <b>MARTIN, SONNY E.</b>	ID Num. <b>11001</b>	
	ORI Num. <b>T X 0 4 3 0 5 0 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA <b>C 9</b>	



Indicate North

DIAGRAM



1900 SH 5 NB

STEWART RD

Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.) Page 1 of 4

\*Crash Date (MM/DD/YYYY) 0,4, / 1,7, / 2,0,1,6 | \*Crash Time (24HRMM) 1,6,3,6 | Case ID 16-003081 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) | Longitude (decimal degrees)

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 2000 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST | [ ] Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | [ ] Toll Road/Toll Lane | Speed Limit 55 | Const. Zone [ ] Yes [ ] No | Workers Present [ ] Yes [ ] No | Street Desc. CONCRETE

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. [ ] Yes [ ] No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 1500 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker 50 | [ ] FT [ ] MI | 3 Dir. from Int. or Ref. Marker N | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 | [ ] Parked Vehicle | [ ] Hit and Run | LP State TX | LP Num. FKF0353 | VIN 5, N, P, D, H, 4, A, E, 0, D, H, 3, 4, 8, 9, 2, 1, J | Veh. Year 2,0,1,3 | 6 Veh. Color WHI | Veh. Make HYUNDAI | Veh. Model ELANTRA | 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. 28748139 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 1,0, / 1,0, / 1,9,9,0, J

Address (Street, City, State, ZIP) 738 BUSH DR, ALLEN, TX 75013

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 16 Ethnicity, 17 Sex, 18 Eject, 19 Restr., 20 Airbag, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Rows for NAKHRO, ABIGAIL and NAKHRO, ALERICE, MAZIE.

[ ] Owner [ ] Lessee | Owner/Lessee Name & Address NAKHRO, ABIGAIL 738 BUSH DR, ALLEN, TX 75013

Proof of Fin. Resp. [ ] Yes [ ] No | [ ] Expired [ ] Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name PROGRESSIVE | Fin. Resp. Num. 906829292

Fin. Resp. Phone Num. (800) 876-5581 | 27 Vehicle Damage Rating 1 0,8, - L, F, Q, - 1 | 27 Vehicle Damage Rating 2 5, - B, R, - 3 | Vehicle Inventoried [ ] Yes [ ] No

Towed By BIG BASS | Towed To TOWED

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)

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 16 Ethnicity, 17 Sex, 18 Eject, 19 Restr., 20 Airbag, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row for Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

[ ] Owner [ ] Lessee | Owner/Lessee Name & Address

Proof of Fin. Resp. [ ] Yes [ ] No | [ ] Expired [ ] 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 [ ] Yes [ ] 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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num. ID Num.	32 HazMat Class Num. ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	

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	98		22						3	1	97	2	1	3

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>Unit 1 TX FKF-0353(Whi pc) was traveling in the #2 lane near the 2000 blk of S McDonald St. SB when it reportedly lost control, spinning numerous times, while finally coming to rest against a tree off the right side of the roadway.</p> <p>No injuries reported. Multiple airbags deployed on driver's side. Unit towed by Big Bass.</p> <p>Damage observed to LFQ, left side-mirror and back-right bumper.</p> <p>Likely Cause: Hydroplane due to wet conditions.</p> <p>WI: John Wilcox w/m 972-849-5532</p> <p style="text-align: center;">* * Continued * *</p>		

INVESTIGATOR	Time Notified (24HRMM) <b>1639</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>1647</b>	Report Date (MM/DD/YYYY) <b>04/17/2016</b>
	Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>SEYMOUR, AARON C.</b>	ID Num. <b>12433</b>	
	ORI Num. <b>T X 0 4 3 0 5 0 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	

Nothing further.

Witness Information:  
WILCOX, JOHN CRAIG

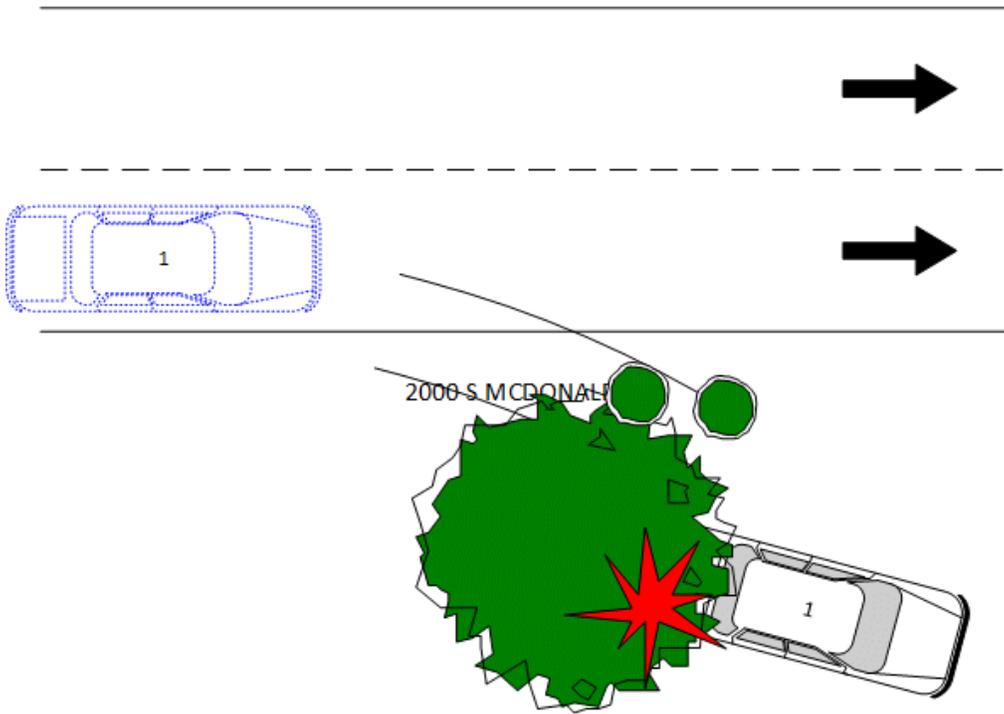
ADDITIONAL NARRATIVE

\* \* E N D \* \*



Indicate North

DIAGRAM



Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 3

\*Crash Date (MM/DD/YYYY) 1,2 / 0,4 / 2,0,1,6 | \*Crash Time (24HRMM) 0,2,3,3 | Case ID 16-009422 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) | Longitude (decimal degrees) | ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 2100 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. Yes No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker 20 | FT MI | 3 Dir. from Int. or Ref. Marker S | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. HWJ2250 | VIN 1, Y, V, H, P, 8, 0, C, 2, 8, 5, M, 0, 3, 2, 6, 6, J | Veh. Year 2,0,0,8 | 6 Veh. Color WHI | Veh. Make MAZDA | Veh. Model MIATA | 7 Body Style P2 | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 35467826 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 0,9, / 2,6, / 1,9,9,3, J

Address (Street, City, State, ZIP) 3657 HIDDEN TRAIL, MC KINNEY, TX 75069

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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, LINDBLAD IV, THEODORE, HARRISON, N, 23, W, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

Owner Lessee LINDBLAD IV, THEODORE, HARRISON | Name & Address 3657 HIDDEN TRAIL, MC KINNEY, TX 75069

Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name AMERICAN AUTOMOBILE ASSOCIATION | Fin. Resp. Num. TPA110473047

Fin. Resp. Phone Num. (800) 672-5246 | 27 Vehicle Damage Rating 1 1,2, F, D, 3 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No

Towed By BIG BASS | Towed To BIG BASS 201 MAIN ST MCKINNEY TX 75069

Unit Num. 2 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. FVB1372 | VIN 1, F, T, F, W, 1, C, F, 4, E, K, F, 4, 6, 0, 6, 6, J | Veh. Year 2,0,1,4 | 6 Veh. Color BLK | Veh. Make FORD | Veh. Model F150 | 7 Body Style PK | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 16631992 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 0,5, / 2,4, / 1,9,8,7, J

Address (Street, City, State, ZIP) 3204 DUMAS DRIVE, ANNA, TX 75409

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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, DAVIS, JOSHUA, DAVID, N, 29, W, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee DAVIS, JOSHUA, DAVID | Name & Address 3204 DUMAS DRIVE, ANNA, TX 75409

Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name TEXAS FARM BUREAU | Fin. Resp. Num. 21887108

Fin. Resp. Phone Num. (877) 327-6287 | 27 Vehicle Damage Rating 1 B, L, 3 | 27 Vehicle Damage Rating 2 R, B, Q, 4 | Vehicle Inventoried No

Towed By SAULS | Towed To SAULS 832 E UNIVERSITY MCKINNEY TX 75069

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num. ID Num.	32 HazMat Class Num. ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No

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	22								1	2	97	2	1	2

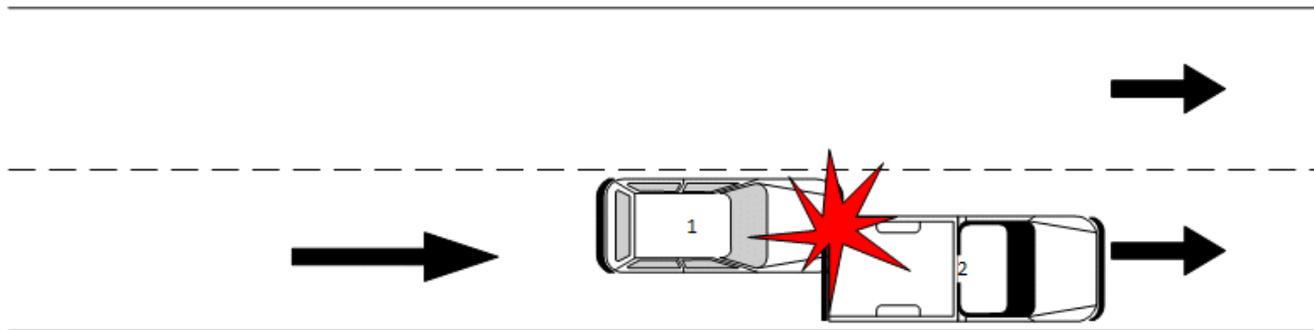
NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>Unit #1 and Unit #2 were traveling northbound on 2100 S. McDonald St. Unit #1 failed to control speed and collided into Unit #2's rear bumper.</p> <p>Unit #1, TX HWJ2150, driven by Theodore Harrison IV w/m 09/26/1993</p> <p>Unit #2, TX FVB1372, driven by Joshua Davis w/m 05/24/1987</p> <p style="text-align: center;">* * E N D * *</p>		

INVESTIGATOR	Time Notified (24HRMM) <b>0244</b>	How Notified <b>DISPATCHED</b>	Time Arrived (24HRMM) <b>0246</b>	Report Date (MM/DD/YYYY) <b>12/04/2016</b>
	Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>CROSBIE, JUSTIN</b>	ID Num. <b>13009</b>	
	ORI Num. <b>T X 0 4 3 0 5 0 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	



Indicate North

DIAGRAM



2100 S MCDONALD ST

Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 3

\*Crash Date (MM/DD/YYYY) 1,2 / 12,2 / 2,0,1,6 | \*Crash Time (24HRMM) 1,8,2,0 | Case ID 16-009898 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) 3,3,1,7,0,8,0 | Longitude (decimal degrees) -0,9,6,6,2,5,4,7

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. LR | \*Hwy. Num. | 2 Rdwy Part 1 | Block Num. 2000 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST | Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | Toll Road/Toll Lane | Speed Limit 55 | Const. Zone Yes No | Workers Present Yes No | Street Desc. ASPHALT

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. Yes No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker 200 | FT MI | 3 Dir. from Int. or Ref. Marker N | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. HYT0496 | VIN 4, S, 4, B, S, E, T, C, 9, H, 3, 2, 7, 7, 9, 1, 9 | Veh. Year 2,0,1,7 | 6 Veh. Color WHI | Veh. Make SUBARU | Veh. Model OUTBACK | 7 Body Style SV | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 41239923 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. A | DOB (MM/DD/YYYY) 0,1,1 / 1,9,1 / 1,9,4,6,1

Address (Street, City, State, ZIP) 121 HOPEWELL DR, MCKINNEY, TX 75071

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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: LEWIS, JOHN, ROBERT, N, 70, W, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee LEWIS, JOHN, ROBERT | Name & Address 121 HOPEWELL DR, MCKINNEY, TX 75071

Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. USAA Name | Fin. Resp. Num. 126279207112

Fin. Resp. Phone Num. (800) 531-8722 | 27 Vehicle Damage Rating 1,1,2, F, D, 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No

Towed By DRIVER | Towed To DRIVEN AWAY BY DRIVER

Unit Num. 2 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. DX2G837 | VIN 5, X, Y, Z, G, 3, A, B, X, B, G, 0, 2, 3, 7, 8, 6 | Veh. Year 2,0,1,1 | 6 Veh. Color RED | Veh. Make HYUNDAI | Veh. Model SANTA FE | 7 Body Style SV | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 20699168 | 9 DL Class C | 10 CDL End. 5 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 1,1,0,1 / 2,1,7,1 / 1,9,6,1,5,1

Address (Street, City, State, ZIP) 916 COLLIN CIR, PRINCETON, TX 75407

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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: LOZA, LAURA, NUNEZ, 99, 51, H, 2, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee LOZA, LAURA, NUNEZ | Name & Address 916 COLLIN CIR, PRINCETON, TX 75407

Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. ALINSCO INS CO Name | Fin. Resp. Num. EAB1274625

Fin. Resp. Phone Num. (877) 437-5010 | 27 Vehicle Damage Rating 1,6, B, D, 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No

Towed By DRIVER | Towed To DRIVEN AWAY BY DRIVER

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.
	2	1	NO DRIVERS LICENSE	114752

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type		33 Cargo Body Style	
31 Bus Type	<input type="checkbox"/> RGWW <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	
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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	44								1	2	97	2	1	1

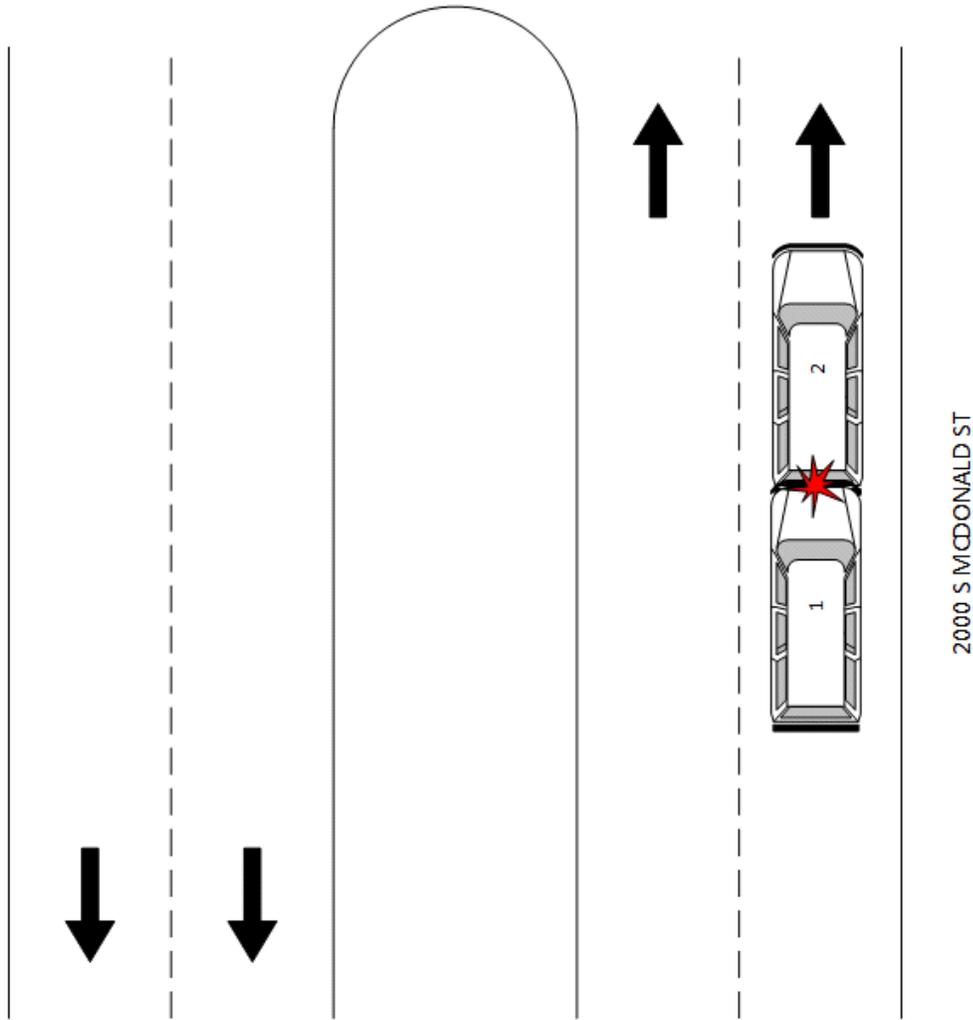
NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>Unit 1 was northbound in the 2000 blk of S McDonald St in the number 2 lane. Unit 2 was directly in front of Unit 1 in the same lane. Traffic was slowing due to a disabled vehicle ahead of this location. Unit 2 applied their brakes and Unit 1 rear ended Unit 2. There was very minor damage to both vehicles. Both vehicles were driven by the the drivers into the parking lot of QuikTrip at this location. Unit 2 driver complained of back pain and was transported my McKinney FD to MCM with unknown injuries. Unit 2 driver was issued a citation due to her driver`s license not being valid.</p> <p style="text-align: center;">* * E N D * *</p>		

Time Notified (24HRMM)	<b>1,8,2,1</b>	How Notified	FLAGGED DOWN BY CITI	Time Arrived (24HRMM)	<b>1,8,2,2</b>	Report Date (MM/DD/YYYY)	<b>1,2,2,2,2,0,1,6</b>
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	BLAIR, JUSTIN R.	ID Num.	12475	Service/Region/DA	
ORI Num	<b>T, X, 0, 4, 3, 0, 5, 0, 0</b>	*Agency	MCKINNEY POLICE DEPARTMENT				



Indicate North

DIAGRAM



Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 3

\*Crash Date (MM/DD/YYYY) 1,2 / 12,4 / 2,0,1,6 | \*Crash Time (24HRMM) 1,9,2,1 | Case ID 16-009944 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) 3,3,1,7,0,8,0 | Longitude (decimal degrees) -0,9,6,6,2,5,4,7

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 1900 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST | Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | Toll Road/Toll Lane | Speed Limit 45 | Const. Zone | Workers Present | Street ASPHALT

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker | FT MI | 3 Dir. from Int. or Ref. Marker | Reference Marker | Street CONCRETE Desc. | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. DT2R132 | VIN J,N,1,A,Z,3,4,D,X,3,T,1,1,5,3,1,6 | Veh. Year 2,0,0,3 | 6 Veh. Color BLK | Veh. Make NISSAN | Veh. Model 350Z | 7 Body Style P2 | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 34648450 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 0,7 / 0,7 / 1,9,9,4

Address (Street, City, State, ZIP) 2201 S MCDONALD ST 58, MCKINNEY, TX 75069

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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. Rows for PEREZ, WILLIAM and GARCIA, ADRIAN.

Owner Lessee PEREZ, WILLIAM | Owner/Lessee Name & Address 2201 S MCDONALD ST 58, MCKINNEY, TX 75069

Proof of Fin. Resp. Yes No Expired Exempt | 26 Fin. Resp. Type 1 | Fin. Resp. Name INFINITY COUNTY MUTUAL | Fin. Resp. Num. 142560180894001

Fin. Resp. Phone Num. | 27 Vehicle Damage Rating 1 9 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No

Towed By BIG BASS | Towed To BIG BASS 201 MAIN ST MCKINNEY TX 75069

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)

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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. Rows for driver information.

Owner Lessee | Owner/Lessee Name & Address

Proof of Fin. Resp. Yes No Expired 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 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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.	30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num	HazMat ID Num	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	

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	41								6	2	97	3	1	2

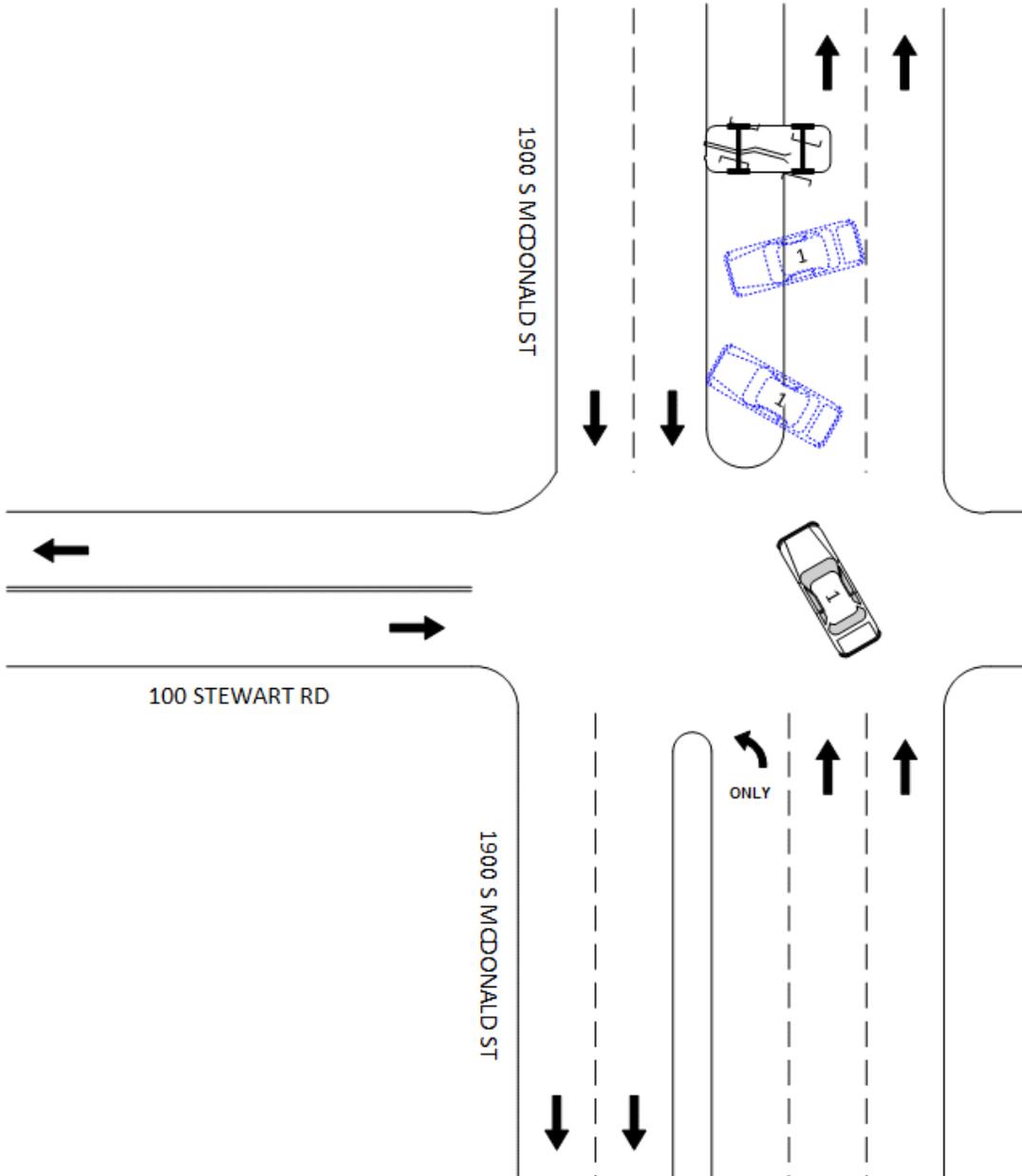
NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>Unit 1 was northbound on HWY5 when he went to change lanes, a van had slowed in front of him. That caused unit 1 to slam on his brakes and turn the wheel. When he did that he started to slide and hit the center median which caused him to leave the ground and flip coming to rest on the roof of the car about 50 feet from where he left the roadway.</p> <p style="text-align: center;">* * E N D * *</p>		

Time Notified (24HRMM)	<b>1921</b>	How Notified	DISPATCH	Time Arrived (24HRMM)	<b>1921</b>	Report Date (MM/DD/YYYY)	<b>12/24/2016</b>
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	HEARN, JAMES C.	ID Num.	10665	Service/Region/DA	
ORI Num	<b>T X O 4 3 0 5 0 0</b>	*Agency	MCKINNEY POLICE DEPARTMENT				



Indicate North

DIAGRAM



Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 5

\*Crash Date (MM/DD/YYYY) 0,2 / 0,7 / 2,0,1,7 | \*Crash Time (24HRMM) 1,7,4,4 | Case ID 17-001039 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) 3,3,1,7,0,8,0 | Longitude (decimal degrees) -0,9,6,6,2,5,4,7

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 2000 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST | Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | Toll Road/Toll Lane | Speed Limit 50 | Const. Zone Yes No | Workers Present Yes No | Street Desc. ASPHALT

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. Yes No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker | FT MI | 3 Dir. from Int. or Ref. Marker | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. GKB9464 | VIN K,N,A,F,E,1,2,1,7,7,5,4,2,2,5,9,1, | Veh. Year 2,0,0,7 | 6 Veh. Color GLD | Veh. Make KIA | Veh. Model SPECTRA | 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. 07231347 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 0,8, / 2,2, / 1,9,7,6, | Address (Street, City, State, ZIP) 9188 CR 626, BLUE RIDGE, TX 75424

VEHICLE DRIVER & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 16 Ethnicity, 17 Sex, 18 Eject, 19 Restr., 20 Airbag, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, BOWLING, HEATHER, PAIGE, N, 40, W, 2, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee BOWLING, HEATHER, PAIGE | Name & Address 9188 CR 626, BLUE RIDGE, TX 75424 | Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name PROGRESSIVE | Fin. Resp. Num. 906826136 | 27 Vehicle Damage Rating 1,1,2, F, L, 5 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No | Towed By SAULS | Towed To SAULS 832 E UNIVERSITY MCKINNEY TX 75069

Unit Num. 2 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. FBX1171 | VIN 1,9,U,U,B,1,F,3,2,F,A,0,0,7,8,9,4, | Veh. Year 2,0,1,5 | 6 Veh. Color SIL | Veh. Make ACR | Veh. Model TLX | 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. 10901745 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. A | DOB (MM/DD/YYYY) 0,9, / 2,8, / 1,9,5,0, | Address (Street, City, State, ZIP) 2814 CREEK BEND DR, MCKINNEY, TX 75070

VEHICLE DRIVER & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 16 Ethnicity, 17 Sex, 18 Eject, 19 Restr., 20 Airbag, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, LARA, AUGUSTO, JR, N, 66, H, 1, 1, 1, 3, 97, N, 96, 96, 97, 97

Owner Lessee DONLEN TRUST | Name & Address 2315 SANDERS ROAD, NORTHBROOK, IL 60062 | Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name TRAVELERS | Fin. Resp. Num. BA6F875765 | 27 Vehicle Damage Rating 1,6, B, R, 5 | 27 Vehicle Damage Rating 2,1,2, F, L, 3 | Vehicle Inventoried No | Towed By BIG BASS | Towed To BIG BASS 201 MAIN ST MCKINNEY TX 75069

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type		33 Cargo Body Style	
31 Bus Type	<input type="checkbox"/> RGWW <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"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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	1	97	2	1	1

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p><b>Black Ford F150 (Vehicle 3) was in the turn lane from north bound McDonald St. to turn onto Stewart Rd. Silver Acura (Vehicle 2) was in the turn lane behind the Ford F150. Driver of gold Kia Spectra (Vehicle 1) advised that she was traveling north on McDonald St. and fell asleep. The Kia struck the back passenger side of the Acura which caused the Acura to strike the back driver's side bumper area of the Ford F150. The impact caused the Acura to go into the median and the Kia to flip onto its passenger side coming to rest in north bound lane of traffic. All drivers were released and declined transport to hospital. No injuries reported.</b></p> <p><b>Witness Information:</b> MCKIDDY, HENRY CLAUDE JR</p> <p style="text-align: center;">* * E N D * *</p>		

INVESTIGATOR	Time Notified (24HRMM) <b>1744</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>1745</b>	Report Date (MM/DD/YYYY) <b>02/07/2017</b>
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>MARTIN, SONNY E.</b>	ID Num. <b>11001</b>	
	ORI Num <b>T X 0 4 3 0 5 0 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA <b>C 9</b>	



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 3 of 5

\*Crash Date (MM/DD/YYYY) 0,2 / 0,7 / 2,0,1,7 | \*Crash Time (24HRMM) 1,7,4,4 | Case ID 17-001039 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) 3,3,1,7,0,8,0 | Longitude (decimal degrees) -0,9,6,1,6,2,5,4,7

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 2000 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST | Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | Toll Road/Toll Lane | Speed Limit 50 | Const. Zone Yes No | Workers Present Yes No | Street Desc. ASPHALT

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. Yes No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker | FT MI | 3 Dir. from Int. or Ref. Marker | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 3 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. FWV1729 | VIN 1,F,T,R,X,1,2,W,4,9,F,A,1,5,8,8,1 | Veh. Year 2,0,0,9 | 6 Veh. Color BLK | Veh. Make FORD | Veh. Model F150 | 7 Body Style PK | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 36901509 | 9 DL Class A | 10 CDL End. 96 | 11 DL Rest. R | DOB (MM/DD/YYYY) 0,9 / 2,8 / 1,9,7,6

Address (Street, City, State, ZIP) 3605 PIONEER RD, APT 226, BALCH SPRINGS, TX 75180

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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, ZARAGOZA-MORA, MIGUEL, N, 40, H, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee ZARAGOZA-MORA, MIGUEL | Name & Address 3605 PIONEER RD, APT 226, BALCH SPRINGS, TX 75180

Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name ALLSTATE | Fin. Resp. Num. 836539478

Fin. Resp. Phone Num. (800) 255-7828 | 27 Vehicle Damage Rating 1 6 | 2 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No

Towed By DRIVER | Towed To DRIVEN AWAY BY DRIVER

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)

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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 - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee | Name & Address

Proof of Fin. Resp. Yes No | Expired 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 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

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWW <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"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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	1	97	2	1	1	96

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	* * E N D * *		

Time Notified (24HRMM)	<b>1744</b>	How Notified	<b>DISPATCH</b>	Time Arrived (24HRMM)	<b>1745</b>	Report Date (MM/DD/YYYY)	<b>02/07/2017</b>
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	<b>MARTIN, SONNY E.</b>	ID Num.	<b>11001</b>	Service/Region/DA	<b>C9</b>
ORI Num	<b>T X 0 4 3 0 5 0 0</b>	*Agency	<b>MCKINNEY POLICE DEPARTMENT</b>				

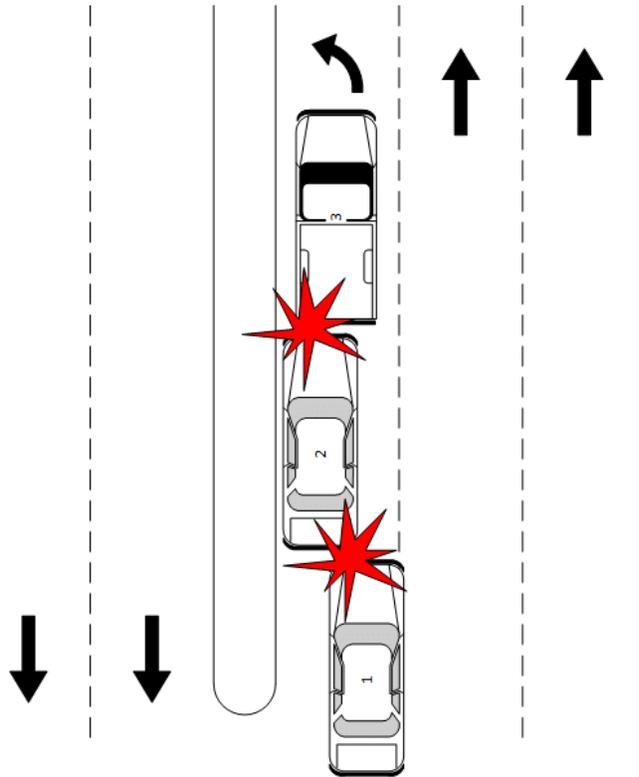
DIAGRAM



Indicate North

Stewart Rd.

2200 BLK S McDONALD ST



Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 3

\*Crash Date (MM/DD/YYYY) 0,6, / 0,9, / 2,0,1,7 | \*Crash Time (24HRMM) 1,0,3,8 | Case ID 17-004583 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY |  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) 3,3, 1,7,0,8,0 | Longitude (decimal degrees) -0,9,6, 1,6,2,5,4,7

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 2000 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST |  Crash Occurred on a Private Drive or Road/Private Property/Parking Lot |  Toll Road/Toll Lane | Speed Limit 50 | Const. Zone  Yes  No | Workers Present  Yes  No | Street Desc. ASPHALT

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int.  Yes  No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker |  FT  MI | 3 Dir. from Int. or Ref. Marker | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 |  Parked Vehicle |  Hit and Run | LP State TX | LP Num. HJF2611 | VIN 1, F, A, D, P, 3, F, 2, X, G, L, 2, 4, 5, 2, 8, 1, J | Veh. Year 2,0,1,6 | 6 Veh. Color WHI | Veh. Make FORD | Veh. Model FOCUS | 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. 33994879 | 9 DL Class CM | 10 CDL End. 96 | 11 DL Rest. A | DOB (MM/DD/YYYY) 0,8, / 2,4, / 1,9,7,2, J

Address (Street, City, State, ZIP) 224 MELBOURNE DR, ANNA, TX 75409

VEHICLE, DRIVER, & PERSONS

Person Num.	12 Prim. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	EATON, THOMAS, LEE	N	44	W	1	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.																	

Owner  Lessee | Owner/Lessee Name & Address EATON, THOMAS, LEE 224 MELBOURNE DR, ANNA, TX 75409

Proof of Fin. Resp.  Yes  No |  Expired  Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name GEICO | Fin. Resp. Num. 4465943035

Fin. Resp. Phone Num. (800) 841-3000 | 27 Vehicle Damage Rating 1 6, 2 B, R, 2 | 27 Vehicle Damage Rating 2 | Vehicle  Yes  No | Towed By DRIVER | Towed To LEFT AT SCENE

Unit Num. 2 | 5 Unit Desc. 1 |  Parked Vehicle |  Hit and Run | LP State TX | LP Num. NRZ713 | VIN 1, F, A, F, P, 4, 0, 4, 6, 3, F, 3, 6, 8, 5, 1, 4, J | Veh. Year 2,0,0,3 | 6 Veh. Color BLK | Veh. Make FORD | Veh. Model MUSTANG | 7 Body Style P2 |  Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 01459801 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 1,0, / 2,3, / 1,9,6,1, J

Address (Street, City, State, ZIP) 187 PRAIRIE CREEK CIRCLE, PRINCETON, TX 75407

VEHICLE, DRIVER, & PERSONS

Person Num.	12 Prim. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	TORRES, SERVANDO, MARTINEZ	N	49	H	1	1	1	2	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

Owner  Lessee | Owner/Lessee Name & Address TORRES, SERVANDO, MARTINEZ 187 PRAIRIE CREEK CIRCLE, PRINCETON, TX 75407

Proof of Fin. Resp.  Yes  No |  Expired  Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name ALLSTATE | Fin. Resp. Num. 838553261

Fin. Resp. Phone Num. (972) 562-9605 | 27 Vehicle Damage Rating 1 1, 2, F, L, 2 | 27 Vehicle Damage Rating 2 | Vehicle  Yes  No | Towed By SAULS | Towed To SAULS 832 E UNIVERSITY MCKINNEY TX 75069

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.	30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num	HazMat ID Num	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	

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	66								3	1	2	2	1	2

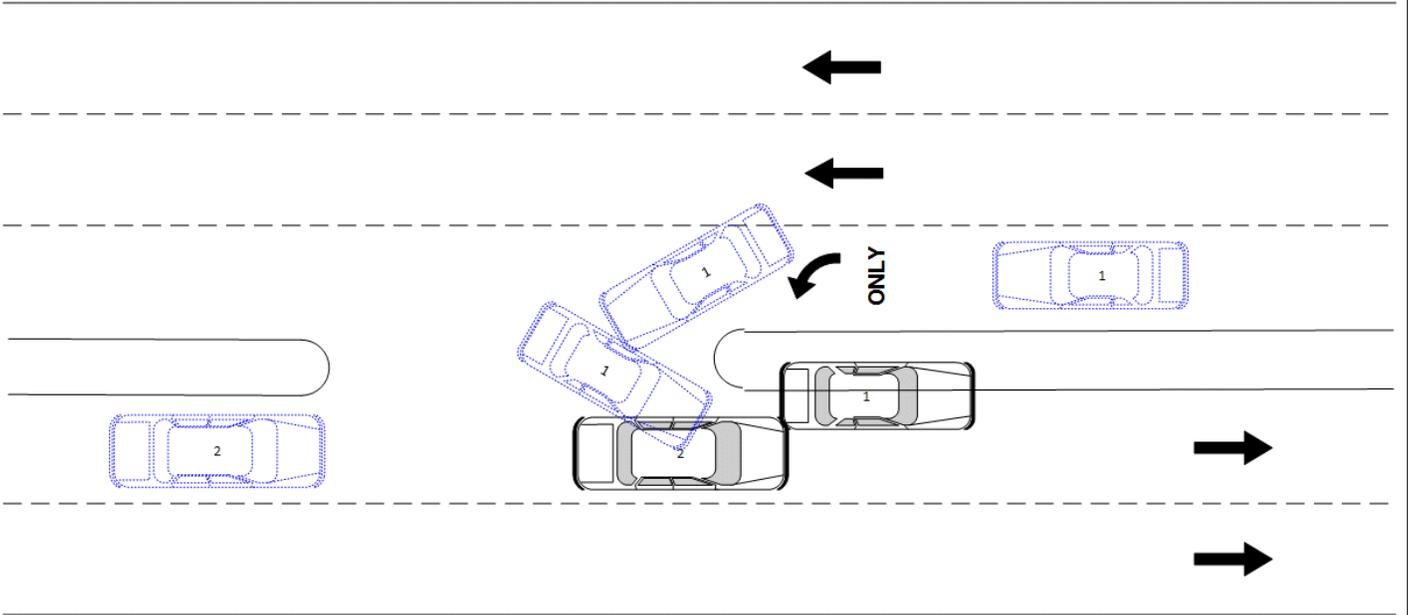
NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>Unit 1 was NB on McDonald and made a U-turn to go back SB. Unit 1 entered the SB left hand lane. Unit 2 was SB on McDonald in the left hand lane, and struck Unit 1. Driver of Unit 2 advised he didn't have time to stop when Unit 1 turned in front of him.</p> <p style="text-align: center;">* * E N D * *</p>		

INVESTIGATOR	Time Notified (24HRMM) <b>1,0,3,9</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>1,0,4,7</b>	Report Date (MM/DD/YYYY) <b>0,6,0,9,2,0,1,7</b>
	Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>SHOEMAKE, TARAN</b>	ID Num. <b>12120</b>	
	ORI Num <b>T,X,0,4,3,0,5,0,0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	



Indicate North

DIAGRAM



2000 S MCDONALD ST

Drawing Not To Scale.



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 5

\*Crash Date (MM/DD/YYYY) 0,6, / 3,0, / 2,0,1,7 | \*Crash Time (24HRMM) 0,9,4,5 | Case ID 17-005192 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) 3,3, 1,7,0,8,0 | Longitude (decimal degrees) -0,9,6, 1,6,2,5,4,7

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 1900 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST | Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | Toll Road/Toll Lane | Speed Limit 55 | Const. Zone | Workers Present | Street Desc. ASPHALT | INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. Yes No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker 200 | FT MI | 3 Dir. from Int. or Ref. Marker N | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 1 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. GKJ8169 | VIN 1, Y, V, G, F, 2, 2, C, 4, 2, 5, 2, 8, 1, 6, 0, 7, J | Veh. Year 2,0,0,2 | 6 Veh. Color BRO | Veh. Make MAZDA | Veh. Model 626 | 7 Body Style P4 | Pol. Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 5 | DL/ID State | DL/ID Num. | 9 DL Class 5 | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 0,5, / 3,0, / 1,9,7,0, J

Address (Street, City, State, ZIP) 2201 S MCDONALD ST 31, MCKINNEY, TX 75069

Person Num.	12 Prim. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Eject	19 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	SANCHEZ-FRANCO, FERNANDO	N	47	H	1	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.

Owner Lessee | Owner/Lessee Name & Address SANCHEZ-FRANCO, FERNANDO 2201 S MCDONALD ST 31, MCKINNEY, TX 75069 | Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name INSURANCE | Fin. Resp. Num. 142560225004001 | 27 Vehicle Damage Rating 1 1, 1, F, L, 3 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No | Towed By SAULS | Towed To SAULS 832 E UNIVERSITY MCKINNEY TX 75069

Unit Num. 2 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State TX | LP Num. JHF5979 | VIN 1, G, 1, 1, C, 5, S, A, 8, G, F, 1, 5, 4, 2, 9, 2, J | Veh. Year 2,0,1,6 | 6 Veh. Color SIL | Veh. Make CHEVROLET | Veh. Model MALIBU | 7 Body Style P4 | Pol. Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 4 | DL/ID State TX | DL/ID Num. 05503880 | 9 DL Class 5 | 10 CDL End. 5 | 11 DL Rest. 5 | DOB (MM/DD/YYYY) 0,1, / 0,9, / 1,9,8,1,5, J

Address (Street, City, State, ZIP) 214 FRANKLIN AVE, MCKINNEY, TX 75069

Person Num.	12 Prim. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Eject	19 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	RIDDLE, KEVIN, MICHAEL	N	32	B	1	1	1	1	97	N	96		96	97	97
2	2	4	RIDDLE, KAYDEN	N	08	B	1	1	4	1	97	N					

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

Owner Lessee | Owner/Lessee Name & Address RIDDLE, PAMELA, JEAN 214 FRANKLIN AVE, MCKINNEY, TX 75069 | Proof of Fin. Resp. Yes No | Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name ALINSCO INSURANCE COMPANY | Fin. Resp. Num. EAA1383659 | 27 Vehicle Damage Rating 1 5, B, R, 2 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No | Towed By DRIVER | Towed To DRIVEN AWAY BY DRIVER

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.
	1	1	NO DL	E002061
	2	1	NO DL	E018028

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type		33 Cargo Body Style	
31 Bus Type	<input type="checkbox"/> RGWW <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"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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			44											
2			19						1	1	2	2	1	1	17

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>All Units were traveling in Lane #1 southbound on S McDonald St approaching Stewart Rd. Unit #2 came to stop as a result of construction. Unit #1 struck Unit #2 in the rear end of the vehicle. Unit #3 was unable to stop and struck Unit #2 in the rear end of the vehicle. There were no injuries reported. Driver #1 and Driver #2 were issued a citation for No Driver's License. Unit #1 was impounded by Sauls. Unit #2 and Unit #3 were driveable. All drivers were advised of the case # (17-005192) and how to obtain a copy of the report.</p> <p style="text-align: center;">* * E N D * *</p>		

INVESTIGATOR	Time Notified (24HRMM) <b>0952</b>	How Notified <b>DISPATCHED</b>	Time Arrived (24HRMM) <b>0955</b>	Report Date (MM/DD/YYYY) <b>06/30/2017</b>
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>BYRD, DERRICK C.</b>	ID Num. <b>13078</b>	
	ORI Num <b>T X 0 4 3 0 5 0 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 3 of 5

\*Crash Date (MM/DD/YYYY) 0,6, / 3,0, / 2,0,1,7 | \*Crash Time (24HRMM) 0,9,4,5 | Case ID 17-005192 | Local Use | \*County Name COLLIN | \*City Name MCKINNEY | 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) 3,3, 1,7,0,8,0 | Longitude (decimal degrees) -0,9,6, 1,6,2,5,4,7

ROAD ON WHICH CRASH OCCURRED | \*1 Rdwy. Sys. SH | \*Hwy. Num. 5 | 2 Rdwy Part 1 | Block Num. 1900 | 3 Street Prefix S | \*Street Name MCDONALD | 4 Street Suffix ST | Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | Toll Road/Toll Lane | Speed Limit 55 | Const. Zone | Workers Present | Street Desc. ASPHALT

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER | At Int. Yes No | 1 Rdwy. Sys. LR | Hwy. Num. | 2 Rdwy Part 1 | Block Num. 100 | 3 Street Prefix | Street Name STEWART | 4 Street Suffix RD | Distance from Int. or Ref. Marker 200 | FT MI | 3 Dir. from Int. or Ref. Marker N | Reference Marker | Street Desc. CONCRETE | RRX Num.

Unit Num. 3 | 5 Unit Desc. 1 | Parked Vehicle | Hit and Run | LP State AR | LP Num. 560UXC | VIN J, N, 8, A, F, 5, M, R, 9, C, T, 1, 0, 8, 9, 9, 0 | Veh. Year 2,0,1,2 | 6 Veh. Color WHI | Veh. Make NISSAN | Veh. Model JUK | 7 Body Style SV | Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | 8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 28328879 | 9 DL Class C | 10 CDL End. 96 | 11 DL Rest. 96 | DOB (MM/DD/YYYY) 0,9, / 0,5, / 1,9,9,3

Address (Street, City, State, ZIP) 5716 MURRAY FARM DRIVE, FAIRVIEW, TX 75069

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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, ALLEN, MACKENZIE, TAYLOR, N, 23, W, 2, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee ALLEN, MACKENZIE, TAYLOR | Name & Address 5716 MURRAY FARM DRIVE, FAIRVIEW, TX 75069

Proof of Fin. Resp. Yes No Expired Exempt | 26 Fin. Resp. Type 2 | Fin. Resp. Name SAFECO | Fin. Resp. Num. F3083090

Fin. Resp. Phone Num. (870) 931-1005 | 27 Vehicle Damage Rating 1 1, 1, F, L, 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried No

Towed By DRIVER | Towed To DRIVEN AWAY BY DRIVER

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)

VEHICLE, DRIVER, & PERSONS table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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 - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee | Name & Address

Proof of Fin. Resp. Yes No Expired 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 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

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name				Carrier's Primary Addr.			30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGWW <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"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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
	3			44					1	1	2	2	1	1	17

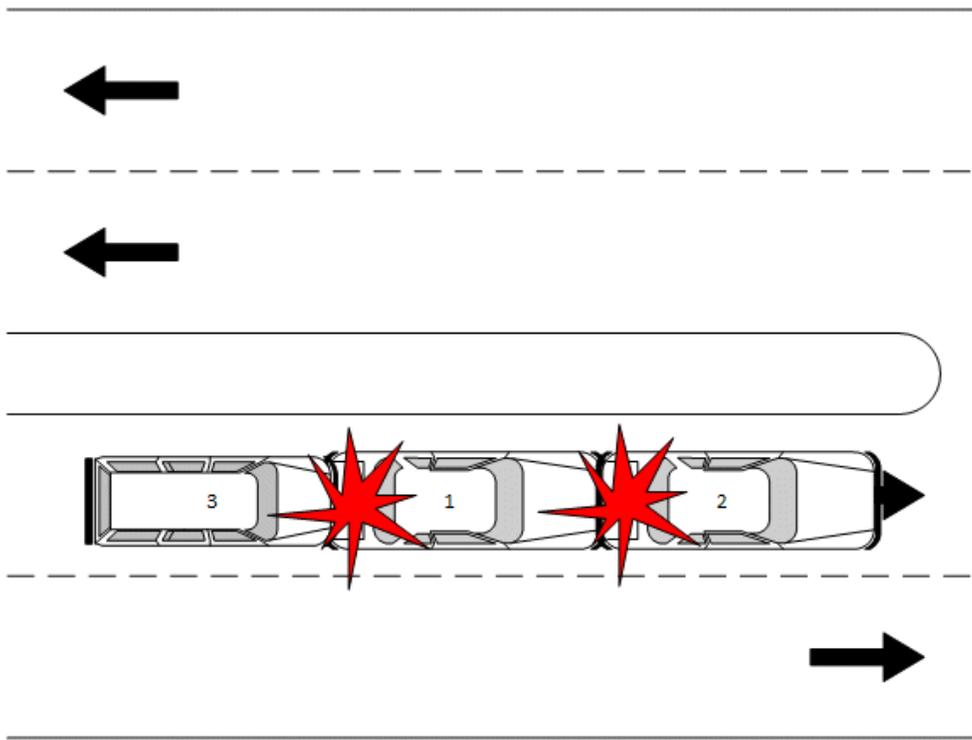
NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	* * E N D * *		

Time Notified (24HRMM)	<b>0952</b>	How Notified	<b>DISPATCHED</b>	Time Arrived (24HRMM)	<b>0955</b>	Report Date (MM/DD/YYYY)	<b>06/30/2017</b>	
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	<b>BYRD, DERRICK C.</b>				ID Num.	<b>13078</b>
ORI Num	<b>T X 0 4 3 0 5 0 0</b>	*Agency	<b>MCKINNEY POLICE DEPARTMENT</b>				Service/Region/DA	



Indicate North

DIAGRAM



1900 S MCDONALD ST

Drawing Not To Scale.



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

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 3

\*Crash Date (MM/DD/YYYY) 07/04/2018 \*Crash Time (24HRMM) 1642 Case ID 18-005614 Local Use
\*County Name COLLIN \*City Name MCKINNEY
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) 33.17080 Longitude (decimal degrees) -096.62547

ROAD ON WHICH CRASH OCCURRED
\*1 Rdwy. Sys. SH \*Hwy. Num. 5 2 Rdwy Part 1 Block Num. 2000 3 Street Prefix S \*Street Name MCDONALD 4 Street Suffix ST
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 55 Const. Zone Yes No Workers Present Yes No Street Desc. ASPHALT
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy Part 1 Block Num. 100 3 Street Prefix Street Name STEWART 4 Street Suffix RD
Distance from Int. or Ref. Marker 100 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. CONCRETE RRX Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. JVT8920 VIN 1FTMF1C1M0EFC97523J
Veh. Year 2014 6 Veh. Color WHI Veh. Make FORD Veh. Model F150 7 Body Style PK Pol. Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 DL/ID State TX DL/ID Num. 19265428 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 10/23/1980

Address (Street, City, State, ZIP) 1078 CHURCHILL DR., PRINCETON, TX 75407
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line
Person Num. 12 Prin. Type 13 Seat Position 14 Injury Severity 15 Age 16 Ethnicity 17 Sex 18 Eject 19 Restr. 20 Airbag 21 Helmet 22 Sol. 23 Alc. Spec. 24 Result 25 Drug Spec. 26 Drug Result 27 Drug Category
1 1 1 HENDERSON, CURTIS, DEWAYNE N 37 W 1 1 1 1 97 N 2 2 99 99
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee HENDERSON, CURTIS, DEWAYNE
Name & Address 1078 CHURCHILL DR., PRINCETON, TX 75407
Proof of Fin. Resp. Yes Expired 26 Fin. Resp. Type 1 Fin. Resp. Name DIRECT GENERAL INS Fin. Resp. Num. TXAD399505781
Fin. Resp. Phone Num. (800) 627-8006 27 Vehicle Damage Rating 1 10 - L F Q - 3 27 Vehicle Damage Rating 2 Vehicle Inventoried No

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. JZH8852 VIN 5NPE34AF3FH139249J
Veh. Year 2015 6 Veh. Color WHI Veh. Make HYUNDAI Veh. Model SONATA 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. 10250858 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 02/28/1972

Address (Street, City, State, ZIP) 4763 HAMILTON CT, THE COLONY, TX 75056
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line
Person Num. 12 Prin. Type 13 Seat Position 14 Injury Severity 15 Age 16 Ethnicity 17 Sex 18 Eject 19 Restr. 20 Airbag 21 Helmet 22 Sol. 23 Alc. Spec. 24 Result 25 Drug Spec. 26 Drug Result 27 Drug Category
1 1 1 PORTER, MICHAEL, DEAN N 46 W 1 1 1 1 97 N 96 96 97 97
2 2 3 PORTER, CAROLYN, REBECCA N 46 W 2 1 1 1 97 N
3 2 6 PORTER, NOAH N 14 W 1 1 1 1 97 N
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee PORTER, MICHAEL, DEAN
Name & Address 4763 HAMILTON CT, THE COLONY, TX 75056
Proof of Fin. Resp. Yes Expired 26 Fin. Resp. Type 1 Fin. Resp. Name STATE FARM Fin. Resp. Num. G19 0300-F22-43L 001
Fin. Resp. Phone Num. (800) 782-8332 27 Vehicle Damage Rating 1 4 - R B Q - 3 27 Vehicle Damage Rating 2 Vehicle Inventoried No

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.
	1	1	DRIVING WHILE INTOXICATED MB	

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.	30 Veh. Type	31 Bus Type <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num. ID Num.
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No

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	67	23							1	1	97	3	1	1

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	<p>Unit 2 was traveling North in the left lane of 2000 S McDonald St. Unit 1 was traveling North in the right lane of 2000 S McDonald St, behind Unit 2. Unit 1 driver was under the influence of alcohol and failed to drive in a single lane. Unit 1 drifted into the left lane and struck Unit 2.</p> <p>Witness Information: FARMER, KRISTIN RENE - Phone # (214) 701-7060</p> <p style="text-align: center;">* * E N D * *</p>		

Time Notified (24HRMM) <b>1 6 5 0</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>1 7 0 1</b>	Report Date (MM/DD/YYYY) <b>0 7 / 0 5 / 2 0 1 8</b>
Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>HARRISON, JAMES R.</b>	ID Num. <b>10650</b>	
ORI Num. <b>T X 0 4 3 0 5 0 0</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA <b>C 9</b>	

DIAGRAM



Indicate North

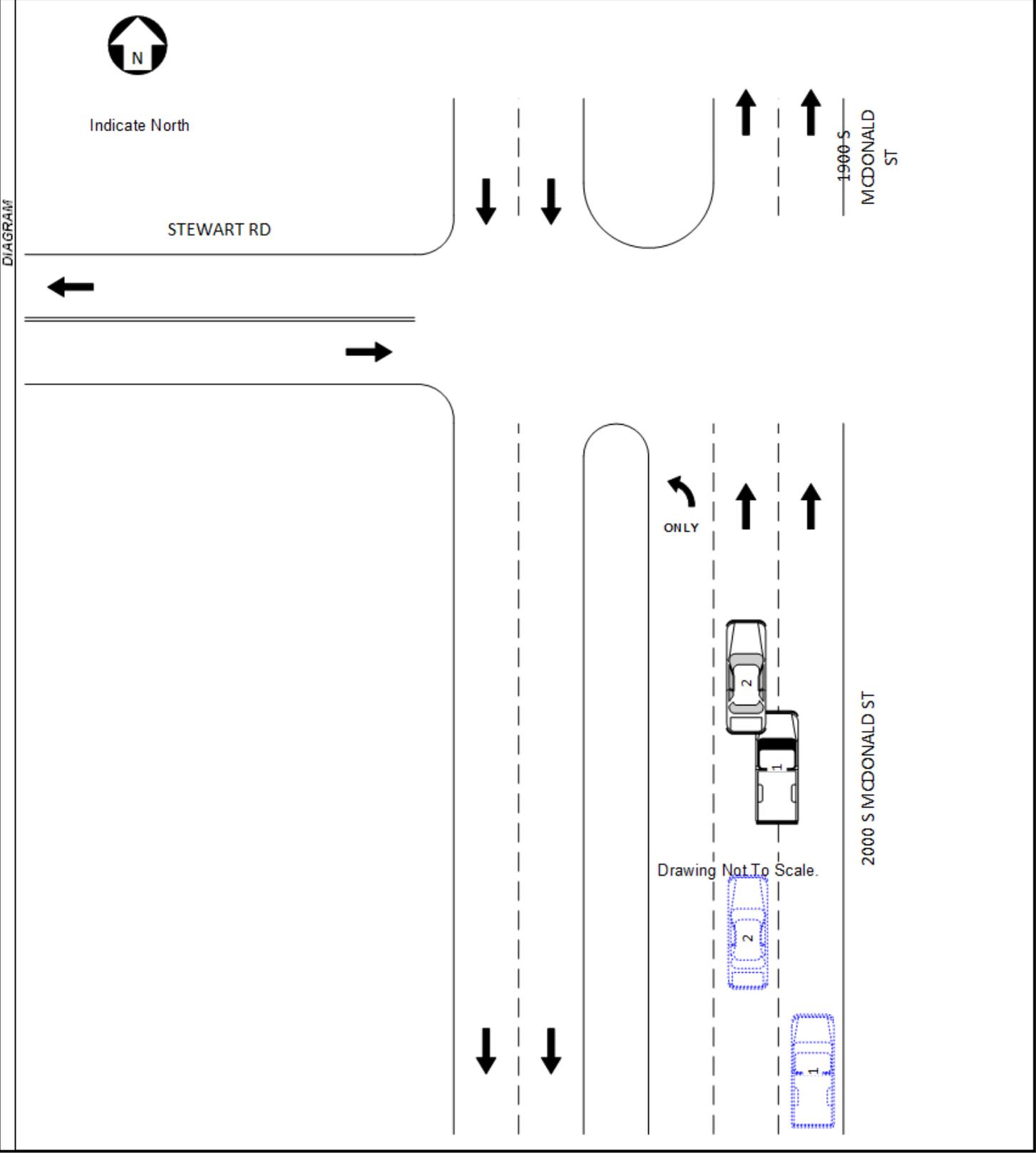
STEWART RD

1900 S  
MCDONALD ST

2000 S MCDONALD ST

Drawing Not To Scale.

ONLY





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

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 1 of 6

\*Crash Date (MM/DD/YYYY) 03/29/2019 \*Crash Time (24HRMM) 0622 Case ID 19-002551 Local Use
\*County Name COLLIN \*City Name MCKINNEY
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) 33.17080 Longitude (decimal degrees) -096.62547

ROAD ON WHICH CRASH OCCURRED
\*1 Rdwy. Sys. SH \*Hwy. Num. 5 2 Rdwy Part 1 Block Num. 2000 3 Street Prefix S \*Street Name MCDONALD 4 Street Suffix ST
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 50 Const. Zone No Workers Present No Street Desc. TWO WAY DIVIDED PROTECTED MEDIAN

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy Part 1 Block Num. 100 3 Street Prefix Street Name STEWART 4 Street Suffix RD
Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. TWO WAY UNDIVIDED RRX Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State KS LP Num. 199HAC VIN JTKDE167580250271
Veh. Year 2008 6 Veh. Color WHI Veh. Make TOYOTA Veh. Model SCION TC 7 Body Style P2 Pol. Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 DL/ID State KS DL/ID Num. K03248485 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY) 02/23/1997

Address (Street, City, State, ZIP) 6130 ALMA RD 6215, MCKINNEY, TX 75070

Table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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, KIRK, ZACHARY, DAVID, N, 22, W, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee Name & Address KIRK, ZACHARY, DAVID 6130 ALMA RD 6215, MCKINNEY, TX 75070

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name TEXAS FARM BUREAU Fin. Resp. Num. 23235308

Fin. Resp. Phone Num. (972) 542-5583 27 Vehicle Damage Rating 1 2 F D 4 27 Vehicle Damage Rating 2 6 B D 2 Vehicle Inventoried No

Towed By BIG BASS Towed To BIG BASS 201 MAIN ST MCKINNEY TX 75069

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State OK LP Num. UNKNOWN VIN 1C6SRFKTKN747006
Veh. Year 2019 6 Veh. Color BLK Veh. Make RAM Veh. Model 1500 7 Body Style PK Pol. Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 DL/ID State TX DL/ID Num. 26402643 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 04/08/1983

Address (Street, City, State, ZIP) 1601 E HIGHLAND, WAXAHACHIE, TX 75167

Table with columns: Person Num., 12 Prim. Type, 13 Seat Position, Name, 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, NELSON, CASEY, BARRETT, N, 35, W, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee Name & Address NELSON, CASEY, BARRETT 1601 E HIGHLAND, WAXAHACHIE, TX 75167

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num. 914528804

Fin. Resp. Phone Num. (972) 930-7086 27 Vehicle Damage Rating 1 6 B D 1 27 Vehicle Damage Rating 2 Vehicle Inventoried No

Towed By Towed To DRIVEN AWAY BY DRIVER

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.	30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num	HazMat ID Num	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input 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 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	44	22	20					1	2	3	3	1	1	17

<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)</p> <p>Unit 2 RAM 1500 (OK TEMP# 1C6SRFKT0KN747006) , was north bound S McDonald Street at approximately the 2000 block. Unit 1 Toyota Scion (KS LP# 199HAC) was directly behind Unit 2. Unit 3 Ford f-150 (TX LP# JCJ2321) was directly behind Unit 1. All Units were traveling north bound in #2 lane. All parties advised that some type of large CMV truck, was leaving the concrete plant at 2005 S McDonald Street, and pulled out of the private drive in an attempt to make a left hand turn for south bound S McDonald Street, and blocked both lanes of north bound lanes of S McDonald Street in doing so. The large truck caused traffic to quickly begin to stop. Unit 2 slowed with traffic in front of it, however Unit 1 was unable to stop in time, and struck the rear of Unit 2 causing disabling front end damage to Unit 1.</p> <p style="text-align: center;">* * Continued * *</p>	<p>Field Diagram - Not to Scale</p> <p>Indicate North</p>
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Time Notified (24HRMM) <b>0629</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>0637</b>	Report Date (MM/DD/YYYY) <b>03/29/2019</b>
Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>STEPHENS, ETHAN B.</b>	ID Num. <b>12703</b>	
ORI Num <b>TX0430500</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	



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

Mail to: Texas Department of Transportation, Crash Data & 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.) Page 3 of 6

\*Crash Date (MM/DD/YYYY) 03/29/2019 \*Crash Time (24HRMM) 0622 Case ID 19-002551 Local Use
\*County Name COLLIN \*City Name MCKINNEY
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) 33.17080 Longitude (decimal degrees) -096.62547

ROAD ON WHICH CRASH OCCURRED
\*1 Rdwy. Sys. SH \*Hwy. Num. 5 2 Rdwy Part 1 Block Num. 2000 3 Street Prefix S \*Street Name MCDONALD 4 Street Suffix ST
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 50 Const. Zone No Workers Present No Street Desc. TWO WAY DIVIDED PROTECTED MEDIAN

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy Part 1 Block Num. 100 3 Street Prefix Street Name STEWART 4 Street Suffix RD
Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker Reference Marker Street Desc. TWO WAY UNDIVIDED RRX Num.

Unit Num. 3 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. JCJ2321 VIN 1FTFW1E1F5BFC57280
Veh. Year 2011 6 Veh. Color SIL Veh. Make FORD Veh. Model F150 7 Body Style PK Pol. Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1 DL/ID State TX DL/ID Num. 37291277 9 DL Class A 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 09/22/1992

Address (Street, City, State, ZIP) 5417 COCKRELL CIR, THE COLONY, TX 75056

Table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 16 Ethnicity, 17 Sex, 18 Eject, 19 Restr., 20 Airbag, 21 Helmet, 22 Sol., 23 Alc. Spec., 24 Drug Result, 25 Drug Result, 26 Drug Category. Row 1: 1, 1, 1, JOHNSON, DARRIUS, BLADE, N, 26, B, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee Name & Address JOHNSON, DARRIUS, BLADE 5417 COCKRELL CIR, THE COLONY, TX 75056

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name FARMERS Fin. Resp. Num. 45556543

Fin. Resp. Phone Num. (214) 222-5292 27 Vehicle Damage Rating 1 1 2 F D 1 27 Vehicle Damage Rating 2 Vehicle Inventoried No

Towed By Towed To DRIVEN AWAY BY DRIVER

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)

Table with columns: Person Num., 12 Prin. Type, 13 Seat Position, Name, 14 Injury Severity, 15 Age, 16 Ethnicity, 17 Sex, 18 Eject, 19 Restr., 20 Airbag, 21 Helmet, 22 Sol., 23 Alc. Spec., 24 Drug Result, 25 Drug Result, 26 Drug Category. Row 1: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Name & Address

Proof of Fin. Resp. Yes No Expired 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 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

Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.	30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num. ID Num.	32 HazMat Class Num. ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input 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 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
	3			20	44					1	2	3	3	1	1

NARRATIVE & DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram - Not to Scale
	* * Continued * *		

Time Notified (24HRMM) <b>0629</b>	How Notified <b>DISPATCH</b>	Time Arrived (24HRMM) <b>0637</b>	Report Date (MM/DD/YYYY) <b>03/29/2019</b>
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) <b>STEPHENS, ETHAN B.</b>	ID Num. <b>12703</b>	
ORI Num. <b>TX0430500</b>	*Agency <b>MCKINNEY POLICE DEPARTMENT</b>	Service/Region/DA	

Unit 3 was also unable to stop in time, striking the rear end of Unit 1.  
Unit 2 remained operable and had minor rear bumper damage. Unit 1 was disabled and had moderate front end damage and minor rear end damage. Unit 3 had minor front end damage and remand operable.  
Unit 1 was towed from the scene by Big Bass Wrecker Service.  
No injuries.

ADDITIONAL NARRATIVE

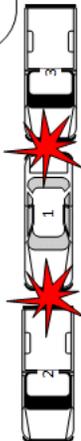
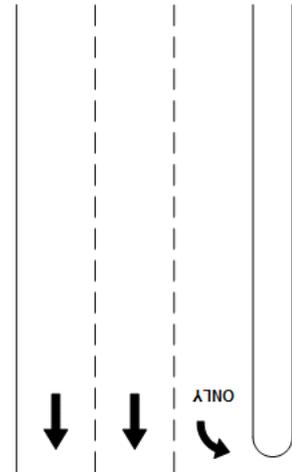
\* \* E N D \* \*

DIAGRAM

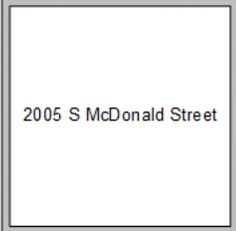


Indicate North

2000 S McDONALD ST NB



100 STEWART RD



2005 S McDonald Street



ONLY

Drawing Not To Scale.