

# CENTER FOR AUTO SAFETY

1825 CONNECTICUT AVENUE NW SUITE 330 WASHINGTON DC 20009-5708  
202-328-7700 ◆ www.autosafety.org

October 29, 2010

Marilena Amoni  
Associate Administrator  
National Center for Statistics and Analysis  
National Highway Traffic Safety Administration (NHTSA)  
1200 New Jersey Ave. SE  
West Building  
Washington, DC 20590

Dear Ms. Amoni:

The Center for Auto Safety (CAS) has been tracking fatal fire crashes in model year 1993-2004 Jeep Grand Cherokees utilizing the Fatality Analysis Reporting System (FARS). In order to isolate cases where fire is present, we receive data dumps from NHTSA for crashes in FARS where fire occurs in the Jeep Grand Cherokee, and there is a death in any vehicle involved in the crash. The data dumps also specify whether any vehicle has Most Harmful Event (MHE) of fire/explosion. If a fuel fed fire occurs in the Jeep Grand Cherokee and burns someone to death like Jose Sierra in the striking vehicle (FARS Case 360720, Sept. 1, 1999), it doesn't matter which vehicle the burned-to-death occupant was in because the Jeep Grand Cherokee caused the fire death.

We have recently come across three separate FARS cases in which neither a fire occurrence nor MHE of fire/explosion was recorded in the FARS data. In all three cases, fire clearly occurred and was the cause of death for at least one occupant in sources that are available to the FARS analysts and NHTSA – accident reports, autopsy reports, and Early Warning Reporting (EWR) information supplied to NHTSA by manufacturers.

The three crashes we have identified are listed below, with attached documentation supporting the presence of fire in the crash both as an occurrence as well as a Most Harmful Event.

<b>Crash Date</b>	<b>Name of Fire Victim</b>	<b>FARS ID #</b>	<b>Year/Make/Model</b>
12/17/2003	Bennet Hartsel	450884	2002 Jeep Grand Cherokee
02/12/2006	Cassidy Jarmon	480273	1993 Jeep Grand Cherokee
07/10/2009	Rodney Wood	481432	2004 Jeep Grand Cherokee

If FARS is to form an accurate basis for NHTSA's rulemaking and vehicle safety decisions in the area of fires, crashes like these cannot be missed. A more troubling question is exactly how

many more crashes such as these are miscoded in FARS. It is only by happenstance that CAS with its limited resources found these three fatal Jeep Grand Cherokee fire crashes that NHTSA with its far greater resources miscoded. There are undoubtedly more such crashes that CAS did not have the extreme good fortune to find.

The failure to record just these three fatal fire crashes in FARS where fire clearly caused the death means NHTSA analysis in its ongoing investigation, PE10-031, will be fatally flawed. Two of the three fire deaths are rear impacts at clockpoint 6 and are not included in NHTSA's opening resume. The third fire death occurred in a rollover of a 2002 Jeep Grand Cherokee where the filler hose goes under the frame rail and is particularly vulnerable to being dislodged from the fuel tank or ruptured.

In view of the errors in FARS in recording crash fires which has also been documents by others and presented in meetings with NHTSA, a complete review of FARS policies and procedures for recording fire crashes is in order. The agency should begin by examining the files of every single 1993-04 Jeep Grand Cherokee crash in FARS to see how many other fire crashes have been missed.

Thank you for your time and attention to this matter. Please contact us should you have any questions.

Sincerely,

Michael Brooks  
Staff Attorney

Attachments:

Hartsel Accident Photo  
Hartsel Accident Report  
Hartsel Autopsy Report  
Hartsel FARS Case Data  
Jarmon Accident Photo  
Jarmon Accident Report  
Jarmon Civil Complaint  
Jarmon Autopsy Report  
Jarmon FARS Case Data  
Wood Accident Photo  
Wood Accident Report  
Wood EWR Data Summary  
Wood FARS Case Data

Bennet Hartsel, Brett Jones

FARS# 450884



Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business	Miles: 3	Dir. NE SW	At / Near City or Town of: CHARLESTON
12/17/03	0015	10			RIVER RD/S-54					
Lane # / Dir. of 1 SW	Distance Offset 2	Direction NE	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Base Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	ASRU Code	MP/Grd.	
					BROWNSWOOD/S-1442					
R.R. Id. N/A	From NE	Ramp Only 1- Entrance 2- Exit	To NE	1- Interstate 2- US Primary 3- SC Primary	Second Intersection (Rt. # / Name)	0- Main 2- Alternate 5- Spur	6- Connection 7- Business 9- Other	Latitude	Longitude	
					MAIN RD/S-20			32 45' 49" .90	80 03' 42" .60	

R-128626	Driver/Pedestrian's Full Name	R-128627	Driver/Pedestrian's Full Name
	HARTSEL - BENNETT WILEY		
Unit# 1	Sex M	Race W	Street/R.F.D. 14 ROYAL BEACH RD.
	Birth Date 01/17/1981	City, State, & Zip	KIAWAH ISLAND SC 29455
State SC	Driver's License # 11254532	Insurance Company	
Year 2002	Body 4DR	Vehicle Make JEEP	VIN # 1J4GW58S12C149710
State SC	Year 2004	License Plate # 814NFD	Owner's D.L. # SCDL#11254532
Home Telephone (843) 768-8761	Owners Full Name	Home Telephone ( )	Owners Full Name
	HARTSEL - BENNETT WILEY		
Bus. Telephone ( )	Street/R.F.D. 14 ROYAL BEACH RD.	Bus. Telephone ( )	Street/R.F.D.
Contribute to Collision Yes	City, State, Zip	Contribute to Collision Yes	City, State, Zip
	KIAWAH ISLAND SC 29455		

Estimated Speed 60	Speed Limit 45	C.D.L. Req: Yes No	Traffic Summons # N/A	Code N/A	Alto/Drp Info (see back): Yes No	Code Towed By FIPPS & SONS
R-128628	Driver/Pedestrian's Full Name	State	Year	License Plate #	Owner's D.L. #	
Unit# N/A	Sex	Race	Street/R.F.D.	Home Telephone	Owners Full Name	
	Birth Date	City, State, & Zip	Bus. Telephone	Street/R.F.D.		
	Driver's License #	Insurance Company	Contribute to Collision Yes	City, State, & Zip		
Year	Body	Vehicle Make	VIN #	Estimated Speed	Speed Limit	C.D.L. Req: Yes No

Dir. of Travel: Unit 1 - N S E W Unit 2 - N S E W Unit 3 - N S E W	Unit 1 Dam. \$ 20,000	Unit 2 Dam. \$	Unit 3 Dam. \$	Prop. Dam. 1 \$	Prop. Dam. 2 \$
	Property Owner/Witness		Property Owner/Witness		
	Address		Address		
	State	Zip	Phone	State	Zip
	Photo	Describe What Happened (Refer to Units by Number)			

SEE ATTACHED DIAGRAM

UNIT #1 WAS TRAVELING TO FAST FOR THE ROADWAY CONDITIONS AND VEERED OFF THE RIGHT SIDE OF THE ROADWAY. UNIT #1 OVER CORRECTED WHILE TRYING TO AVOID HITTING GARBAGE CANS AND TO GET BACK ON THE ROADWAY. UNIT #1 SHOT ACROSS THE ON COMING LANE TO THE LEFT SIDE OF THE ROADWAY. UNIT #1 GLANCED OFF THE LEFT SIDE EMBANKMENT AS WELL AS A TREE AND BEGAN TO FLIP AS IT CROSSED OVER THE ROADWAY AGAIN, COMING TO FINAL REST OVERTURNED IN A DITCH ON THE RIGHT SIDE OF THE ROADWAY. THE VEHICLE THEN BECAME ENGULFED IN FLAMES.. (REFER TO CCSO INCIDENT REPORT FOR FURTHER DETAILS)  
T-412C

ORIGINAL

D.P.S. USE ONLY

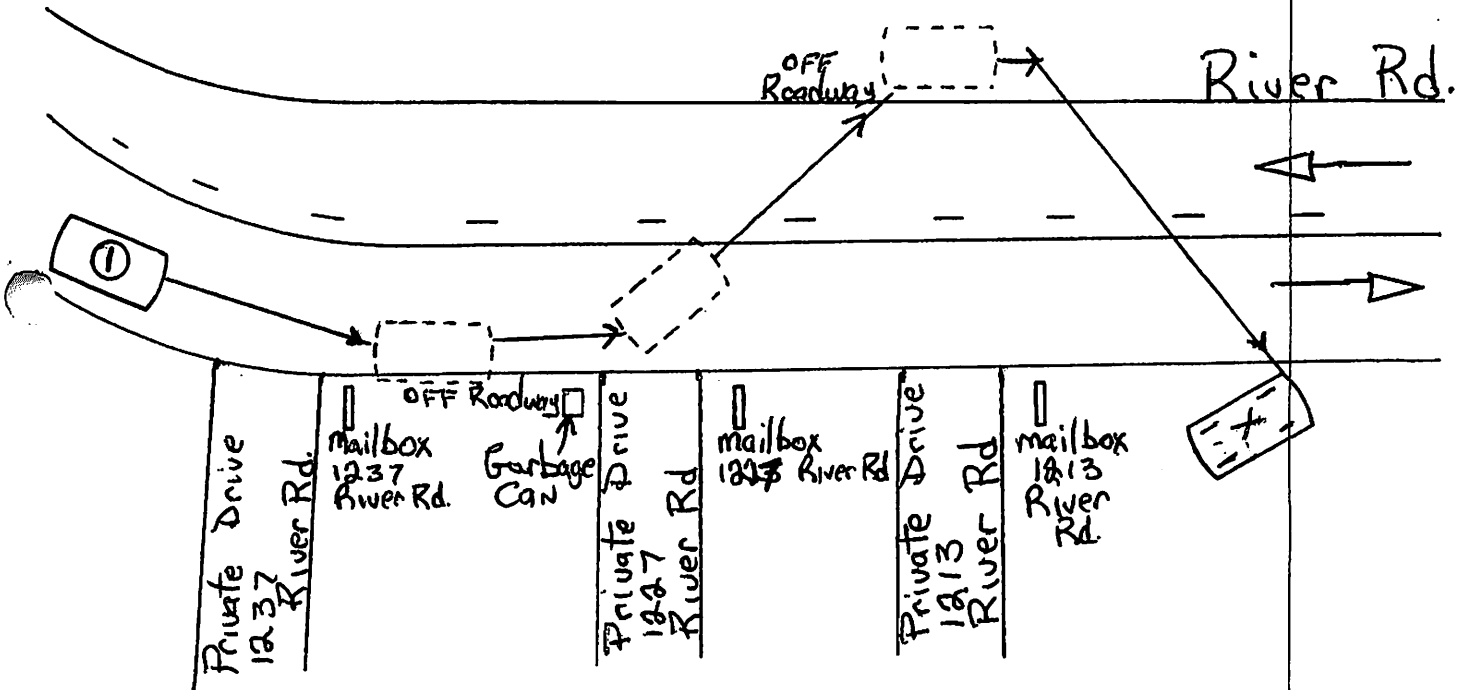
SOUTH CAROLINA UNIFORM COLLISION REPORT  
DEPARTMENT of PUBLIC SAFETY  
DIAGRAM SUPPLEMENT

PAGE 2 of 2 PAGES

Date	Time	County	1 - Interstate	④ Secondary	COLLISION LOCATION Route Number and Name if any RIVER ROAD/S-10-54	AUXILIARY	
12/17/2003	0015	10	2 - US Primary	5 - County		① Main	6 - Connection
			3 - SC Primary	6 - Other		2 - Alternate	7 - Business
						5 - Spur	

Direction of Travel

UNIT #1 N S E **W**  
 UNIT #2 N S E W



Investigating Officer's Name	Rank	Badge #	Code	Date	Reviewer's Name	Rank	Internal Agency Code
EUBANKS/WELLS	DEP.	8839 9366	SC0100000	12/17/03	PUCKETT, O.K.	SGT.	2003-028925B

# INCIDENT REPORT

3505 PINEHAVEN DRIVE - NORTH CHARLESTON, S.C. 29405-7789 - (843) 654-4700

U. A. Sheriff

<b>SC0100000</b>		DISPATCH NUMBER 2003-028925B	ORIG. CASE #	PAGE <u>1</u> OF <u>3</u> PAGES.	NCIC ENTRY N/A	ENT N/A
INCIDENT TYPE <b>FATAL VEHICLE COLLISION</b>		INCIDENT CODE	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREMISE TYPE ROADWAY	UNITS ENTERED N/A
INCIDENT TYPE <b>TOWED VEHICLE</b>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ROADWAY	N/A
INCIDENT TYPE <b>N/A</b>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A	N/A
INCIDENT LOCATION <b>RIVER RD @ BROWNSWOOD RD JOHNS ISLAND SC</b>				ZIP CODE 29455	WEAPON TYPE N/A	
BEGINNING INCIDENT DATE 12/17/2003	24 HR CLOCK 0015	ENDING INCIDENT DATE 12/17/2003	24 HR CLOCK 0020	DISP. DATE 12/17/2003	DISP TIME 0038	TIME ARRIVED 0118
NAME (LAST FIRST, MIDDLE) <b>CHEWENING, SUSAN</b>			RELATIONSHIP TO SUBJECT #1 N/A #2 N/A #3 N/A	RESIDENT J SOU	RACE W	SEX F
HEIGHT 502	WEIGHT 115	HAIR BLD	EYES BLUE	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING PHYSICAL PECULIARITIES ETC. NONE		DRIVERS LIC # D & STATE UNKNOWN
ADDRESS # 4050		STREET NAME BRIDGEVIEW DR		CITY N.CHAS	STATE SC	ZIP CODE 29405
OCCUPATION CORONER		EMPLOYER CHARLESTON COUNTY		ALIAS NONE		NIC #
NAME (LAST FIRST, MIDDLE) <b>N/A</b>			RELATIONSHIP TO SUBJECT #1 #2 #3	RESIDENT J SOU	RACE W	SEX M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC # D & STATE
ADDRESS #		STREET NAME		CITY	STATE	ZIP CODE
OCCUPATION		EMPLOYER		ALIAS		NIC #
NAME (LAST FIRST, MIDDLE) <b>N/A</b>			RELATIONSHIP TO SUBJECT #1 #2 #3	RESIDENT J SOU	RACE W	SEX M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC # D & STATE
ADDRESS #		STREET NAME		CITY	STATE	ZIP CODE
OCCUPATION		EMPLOYER		ALIAS		NIC #
NAME (LAST FIRST, MIDDLE) <b>HARTSEL - BENNETT WILEY</b>			RELATIONSHIP TO SUBJECT #1 N/A #2 FRIEND #3 N/A	RESIDENT J SOU	RACE W	SEX M
HEIGHT 510	WEIGHT 155	HAIR BRN	EYES BRN	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC. N/A		DRIVERS LIC # D & STATE
ADDRESS # 14 ROYAL BEACH RD. KIAWAH ISL SC		STREET NAME 14 ROYAL BEACH RD. KIAWAH ISL SC		CITY 14 ROYAL BEACH RD. KIAWAH ISL SC	STATE SC	ZIP CODE 29455
OCCUPATION STUDENT		EMPLOYER STUDENT		ALIAS N/A		NIC # N/A
NAME (LAST FIRST, MIDDLE) <b>N/A</b>			RELATIONSHIP TO SUBJECT #1 #2 #3	RESIDENT J SOU	RACE W	SEX M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC # D & STATE
ADDRESS #		STREET NAME		CITY	STATE	ZIP CODE
OCCUPATION		EMPLOYER		ALIAS		NIC #

EV COMPLAINT VICTIM #1 SUSPECT ARREST NARRATIVE PROPERTY EST. ADMINISTRATIVE

(JOHNS ISLAND) SUBJECT HARTSEL APPEARED TO BE DRIVING THE LISTED SUSPECT VEHICLE. SUBJECT JONES APPEARED TO BE THE ONLY OTHER PASSENGER IN THE SUSPECT VEHICLE AND WAS SITTING IN THE PASSENGER SIDE FRONT SEAT. THE SUSPECT VEHICLE WAS TRAVELING WEST ON RIVER ROAD AWAY FROM MAYBANK HWY. THE ROADWAY WAS WET AND THE AREA IS NOT WELL LIT. THE SUSPECT VEHICLE APPEARED TO BE TRAVELING AT A HIGH RATE OF SPEED AND TOO FAST FOR CONDITIONS DUE TO THE PHYSICAL EVIDENCE FOUND ON SCENE. CORNER CHEWENING, WHO RESIDES IN THE PROXIMITY OF THE ACCIDENT SCENE, STATED THAT SHE HEARD THE VEHICLE AS IT DROVE DOWN RIVER ROAD AS WELL AS THE COLLISION.

TYPE (GROUP)	AUTOMOBILE	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN		20000	N/A
DAMAGED	20000		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
BURNED			N/A
RECOVERED			
SEIZED			

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX CLEAR UNDER 18 <input type="checkbox"/> EX CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE 1 <input type="checkbox"/> OFFENDER DEATH 2 <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5 <input type="checkbox"/> JUVENILE NO CUSTODY				
REPORTING OFFICER(S) <b>EUBANKS</b>	DATE 12/17/2003	BADGE NUMBER 8839	APPROVING OFFICER <i>[Signature]</i>	DATE 12-19-03
<b>WELLS, CA</b>	DATE 12/17/2003	BADGE NUMBER 9366	FOLLOW UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	BADGE NUMBER 7401

**PERSON SUPPLEMENT**

CHARLESTON COUNTY SHERIFF'S OFFICE  
3605 PINEHAVEN DRIVE - CHARLESTON HEIGHTS, S.C. 29405-7789 - (843) 554-4700

Sheriff

SC0100000 DISPATCH NUMBER 2003-028925B ORIGINAL CASE NUMBER PAGE 2 OF 3 PAGES NCIC ENTRY INO. N/A ENT N/A

ORIGINAL REPORT  SUPPLEMENTAL REPORT  ADDITIONAL VICTIMS  ADDITIONAL WITNESSES  ADDITIONAL STOLEN PROPERTY  
 MODIFIES ORIGINAL  CASE STATUS CHANGE  ADDITIONAL OFFENDERS  ADDITIONAL SUBJECTS  ADDITIONAL RECOVERED PROPERTY

**COMPLAINANT** NAME (LAST, FIRST, MIDDLE) JONES - BRETT JOSEPH  
**VICTIM #** 1 FRIEND #2 N/A #3 N/A RESIDENT  SOU RACE W SEX M AGE 23 DOB 09-01-80 ETH N  
**SUSPECT #** 2 HEIGHT 600 WEIGHT 220 HAIR BRN EYES BRN FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A DRIVERS LIC./D. & STATE UNKNOWN SOCIAL SECURITY # UNKNOWN  
**SUBJECT #** ADDRESS# 1017 STREET NAME SWEAT WATER CITY JOHNS ISL STATE SC ZIP CODE 29455 DAY PHONE 843-559-9869 EVENING PHONE 843-559-9869  
 VISIBLE INJURY  NO  YES COMPLAINT OF NON-VISIBLE INJURIES:  NO  YES USING ALCOHOL:  NO  YES  UNK.  TWO-MAN VEHICLE  DETECTIVE/SPASMT  ALONE  
 EXPLAIN BURNED DISFIGURED DRUGS:  NO  YES TYPE  UNK.  ONE-MAN VEHICLE  OTHER  ASSISTED  
 OCCUPATION STUDENT EMPLOYER FLORIDA STATE ALIAS NONE NIC # N/A

(A) CHARGE N/A (C) CHARGE N/A  
 (B) CHARGE N/A (D) CHARGE N/A

**COMPLAINANT** NAME (LAST, FIRST, MIDDLE) N/A  
**VICTIM #** 1 N/A #2 N/A #3 N/A RESIDENT  JSOU RACE W SEX M AGE DOB ETH  
**SUSPECT #** HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC./D. & STATE SOCIAL SECURITY #  
**SUBJECT #** ADDRESS# STREET NAME CITY STATE ZIP CODE DAYPHONE EVENING PHONE  
 VISIBLE INJURY:  NO  YES COMPLAINT OF NON-VISIBLE INJURIES:  NO  YES USING ALCOHOL:  NO  YES  UNK.  TWO-MAN VEHICLE  DETECTIVE/SPASMT  ALONE  
 EXPLAIN OCCUPATION EMPLOYER ALIAS NIC #

(A) CHARGE N/A (C) CHARGE N/A  
 (B) CHARGE N/A (D) CHARGE N/A

**COMPLAINANT** NAME (LAST, FIRST, MIDDLE) N/A  
**VICTIM #** 1 N/A #2 N/A #3 N/A RESIDENT  JSOU RACE W SEX M AGE DOB ETH  
**SUSPECT #** HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC./D. & STATE SOCIAL SECURITY #  
**SUBJECT #** ADDRESS# STREET NAME CITY STATE ZIP CODE DAYPHONE EVENING PHONE  
 VISIBLE INJURY:  NO  YES COMPLAINT OF NON-VISIBLE INJURIES:  NO  YES USING ALCOHOL:  NO  YES  UNK.  TWO-MAN VEHICLE  DETECTIVE/SPASMT  ALONE  
 EXPLAIN OCCUPATION EMPLOYER ALIAS NIC #

(A) CHARGE N/A (C) CHARGE N/A  
 (B) CHARGE N/A (D) CHARGE N/A

**REMARKS**  
 THE SUSPECT VEHICLES RIGHT PASSENGER SIDE TIRES RAN OFF THE RIGHT SIDE OF THE ROADWAY. THE SUSPECT VEHICLE THEN ABRUPTLY SWERVED LEFT IN THE ATTEMPTS OF AVOIDING A GARBAGE CAN CAUSING THE VEHICLE TO VEER INTO THE ONCOMING (EAST BOUND) LANE AND OFF THE LEFT SHOULDER OF THE ROADWAY. THE SUSPECT VEHICLE THEN GLANCED OFF AN EMBANKMENT AND TREE CAUSING IT TO CROSS BACK OVER THE ROADWAY, ROLL END OVER END, LAND UPSIDE DOWN IN A DITCH ON THE RIGHT SIDE OF THE ROADWAY. PASSENGER JONES WAS PARTIALLY EJECTED FROM THE REAR OF THE VEHICLE. THE VEHICLE BECAME FULLY ENGULFED IN FLAMES.

SUBJECT IDENTIFIED  NO  YES SUBJECT LOCATED  NO  YES  ACTIVE  ADM CLOSED  UNFOUNDED  ARRESTED UNDER 18  ARRESTED 18 AND OVER  EX CLEAR UNDER 18  EX CLEAR 18 AND OVER  
 REASON FOR EXCEPTIONAL CLEARANCE 1  OFFENDER DEATH 2  NO PROSECUTION 3.  EXTRADITION DENIED 4  VICTIM DECLINES COOPERATION  JUVENILE NO CUSTODY  
 REPORTING OFFICER(S) EUBANKS DATE 12/17/2003 BADGE # 8839 APPROVING OFFICER [Signature] DATE 12-19-03 BADGE # 740  
 WELLS, CA DATE 12/17/2003 BADGE # 9366 FOLLOW UP INVESTIGATION  NO  YES

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
COUNTY HEALTH DEPARTMENT



COUNTY REGISTRAR

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, First, Middle Initial) <b>BENJAMIN RAYMOND HARTSEL</b>		2. SEX <b>MALE</b>		3. DATE OF BIRTH (Month, Day, Year) <b>JAN. 17, 1981</b>		4. PLACE OF BIRTH (City or Town, State) <b>TOLEDO, OHIO</b>	
5. DECEASED'S SOCIAL SECURITY NUMBER <b>269-82-8179</b>		6. MARITAL STATUS (at time of death) <b>NEVER MARRIED</b>		7. OCCUPATION (at time of death) <b>STUDENT</b>		8. TYPE OF BUSINESS/INDUSTRY <b>COLLEGE</b>	
9. RESIDENCE (Street and Number, City or Town, State) <b>1299 RIVER ROAD, CHARLESTON, SOUTH CAROLINA</b>		10. CITY/TOWN OF LOCATION <b>CHARLESTON</b>		11. STREET AND NUMBER <b>14 ROYAL BEACH</b>		12. CITY/TOWN/STATE <b>NO</b>	
13. FATHER'S NAME (First, Middle Initial, Last) <b>NORMAN G. HARTSEL</b>		14. MOTHER'S NAME (First, Middle Initial, Last) <b>MARY A. HARTSEL</b>		15. RACE <b>WHITE</b>		16. DECEASED'S EDUCATION (Highest grade completed) <b>4</b>	
17. MEDICANT'S NAME (First, Middle Initial, Last) <b>NORMAN HARTSEL</b>		18. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) <b>14 ROYAL BEACH, KIAWAH ISLAND, SOUTH CAROLINA 29455</b>					
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>NORTHWOODS CREMATORY</b>		21. LOCATION (City or Town, State) <b>NO. CHARLESTON, S.C.</b>		22. LICENSE NUMBER (If applicable)	
23. SIGNATURE OF REGISTRAR <b>[Signature]</b>		24. SIGNATURE OF DECEASED'S NEAREST RELATIVE <b>[Signature]</b>		25. SIGNATURE OF PHYSICIAN <b>[Signature]</b>		26. SIGNATURE OF CORONER <b>[Signature]</b>	
27. PART I. Enter the disease, injuries, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>CARBON MONOXIDE TOXICITY AND THERMAL INJURY</b>		28. DATE PRONOUNCED DEAD (Month, Day, Year) <b>12-17-03</b>		29. HAD CASE REFERRED TO MEDICAL EXAMINER (Department of Health and Environmental Control)? <b>YES</b>		30. APPROXIMATE INTERVAL BETWEEN GREAT AND DEATH <b>MINUTES</b>	
31. IMMEDIATE CAUSE (Final cause of death) <b>MOTOR VEHICLE CRASH, UNRESTRAINED DRIVER, CAR VS DITCH</b>		32. DUE TO (OR AS A CONSEQUENCE OF) <b>DUPLICATE MONITORING OF</b>		33. DUE TO (OR AS A CONSEQUENCE OF) <b>DUPLICATE MONITORING OF</b>		34. DUE TO (OR AS A CONSEQUENCE OF) <b>DUPLICATE MONITORING OF</b>	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide		36. DATE OF INJURY (Month, Day, Year) <b>12-17-03</b>		37. TIME OF INJURY (Hour or Day) <b>0025</b>		38. PLACE OF INJURY (Home, Farm, Street, Factory, Office) <b>STREET</b>	
39. SIGNATURE AND TITLE OF CERTIFIER <b>Judy A. [Signature] - Deputy Registrar</b>		40. SIGNATURE AND TITLE OF PHYSICIAN <b>[Signature] - Physician</b>		41. SIGNATURE AND TITLE OF CORONER <b>[Signature] - Coroner</b>		42. SIGNATURE AND TITLE OF DECEASED'S NEAREST RELATIVE <b>[Signature]</b>	
43. ADDRESS OF PERSON WHO SIGNED IN SECTION 39 <b>Judy A. [Signature] 400 BRIDGE VIEW DRIVE, SUITE 500, NO. CHARLESTON, SC 29405</b>		44. SIGNATURE OF REGISTRAR <b>Karen L. Wright, J.D.</b>		45. DATE SIGNED (Month, Day, Year) <b>12-19-03</b>		46. DATE FILED (Month, Day, Year) <b>DEC 19 2003</b>	

12a. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12b. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12c. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12d. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12e. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12f. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12g. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12h. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12i. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12j. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12k. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12l. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12m. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12n. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12o. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12p. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12q. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12r. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12s. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12t. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12u. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12v. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12w. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12x. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12y. Number of Copies of this Certificate to be Made by Registrar of Deaths  
12z. Number of Copies of this Certificate to be Made by Registrar of Deaths





## 2003 Fatality Analysis Reporting System ACCIDENT LEVEL

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

<b>STATE (GSA Code)</b> <input type="text" value="45"/>	<b>CONSECUTIVE NUMBER</b> <input type="text" value="884"/>	<b>Number of Non-Motorist Forms Submitted</b> <input type="text" value="0"/>	<b>Number of Vehicle Forms Submitted</b> <input type="text" value="1"/>	<b>Number of Person Forms Submitted</b> <input type="text" value="2"/>
<b>COUNTY</b> <input type="text" value="019"/>	<b>CITY</b> <input type="text" value="0000"/>	<b>DATE</b> <input type="text" value="12172003"/> Month, Day, Year		<b>TIME</b> <input type="text" value="0015"/> Military Time 9999-Unknown
<b>NATIONAL HIGHWAY SYSTEM</b> <input type="text" value="0"/> <small>LOOKUP NATIONAL HIGHWAY SYSTEM CODES</small>		<b>SPEED LIMIT</b> <input type="text" value="45"/> <small>Actual Miles Per Hour Except: 00-No Statutory Limit 99-Unknown</small>		
<b>ROADWAY FUNCTION CLASS</b> <input type="text" value="14"/> <small>RURAL URBAN 01-Principal Arterial - Interstate 02-Principal Arterial - Other (Freeways or Expressways) 03-Minor Arterial 04-Major Collector 05-Minor Collector 06-Local Road or Street 09-Unknown Rural 11-Principal Arterial - Interstate 12-Principal Arterial - Other (Freeways or Expressways) 13-Other Principal Arterial 14-Minor Arterial 15-Collector 16-Local Road or Street 19-Unknown Urban</small>		<b>ROADWAY ALIGNMENT</b> <input type="text" value="1"/> 1-Straight 2-Curve 9-Unknown		
<b>ROUTE SIGNING</b> <input type="text" value="4"/> 1-Interstate 2-U.S. Highway 3-State Highway 4-County Road LOCAL STREET 5-Township 6-Municipality 7-Frontage Road 8-Other 9-Unknown		<b>ROADWAY PROFILE</b> <input type="text" value="1"/> 1-Level 2-Grade 3-Hillcrest 4-Sag 9-Unknown		
<b>TRAFFIC IDENTIFIER</b> <small>Actual Posted Number, Assigned Number, or Common Name (If No Posted or Assigned Number) Except: Nine-Fill if Unknown</small> <input type="text" value="SR-54"/>		<b>ROADWAY SURFACE TYPE</b> <input type="text" value="2"/> 1-Concrete 2-Blacktop, Bituminous, Asphalt 3-Brick or Block 4-Slag, Gravel or Stone 5-Dirt 8-Other 9-Unknown		
<b>TRAFFIC IDENTIFIER</b> <input type="text" value="SR-54"/>		<b>ROADWAY SURFACE CONDITIONS</b> <input type="text" value="2"/> 1-Dry 2-Wet 3-Snow or Slush 4-Ice 5-Sand, Dirt, Oil 8-Other 9-Unknown		
<b>MILEPOINT</b> <input type="text" value="12.45"/> <small>Actual to Nearest .1 Mile (Assumed Decimal) Except: 00900-None 99999-Unknown</small>		<b>CONSTRUCTION/MAINTENANCE ZONE</b> <input type="text" value="0"/> 0-None 1-Construction 2-Maintenance 3-Utility 4-Work Zone, Type Unknown		
<b>GLOBAL POSITION</b> Degrees Minutes Seconds <b>LATITUDE:</b> <input type="text" value="32"/> <input type="text" value="45"/> <input type="text" value="49.93"/> <b>LONGITUDE:</b> <input type="text" value="080"/> <input type="text" value="03"/> <input type="text" value="42.63"/>		<b>TRAFFIC CONTROL DEVICE</b> <input type="text" value="00"/> <small>LOOKUP TRAFFIC CONTROL DEVICE CODES</small>		
<b>SPECIAL JURISDICTION</b> <input type="text" value="0"/> <small>LOOKUP SPECIAL JURISDICTION CODES</small>		<b>TRAFFIC CONTROL DEVICE FUNCTIONING</b> <input type="text" value="0"/> 0-No controls 1-Device Not Functioning 2-Device Functioning Improperly 3-Device Functioning Properly 9-Unknown		
<b>FIRST HARMFUL EVENT</b> <input type="text" value="37"/> <small>LOOKUP FIRST HARMFUL EVENT CODES</small>		<b>LIGHT CONDITION</b> <input type="text" value="2"/> 1-Daylight 2-Dark 3-Dark but Lighted 4-Dawn 5-Dusk 9-Unknown		
<b>MANNER OF COLLISION</b> <input type="text" value="00"/> 00-Not Collision with Motor Vehicle in Transport 01-Front-to-Rear (includes Rear-End) 02-Front-to-Front (includes Head-On) 03-Front-to-Side, Same Direction 04-Front-to-Side, Opposite Direction 05-Front-to-Side, Right Angle (includes Broadside) 06-Front-to-Side/Angle-Direction Not Specified 07-Sideswipe-Same Direction 08-Sideswipe-Opposite Direction 09-Rear-to-Side 10-Rear-to-Rear 11-Other(End Swipes and Others) 99-Unknown		<b>ATMOSPHERIC CONDITIONS</b> <input type="text" value="2"/> 1-No Adverse Atmospheric Conditions 2-Rain 3-Sleet/Hail 4-Snow 5-Fog 6-Rain and Fog 7-Sleet and Fog 8-Other; Smog, Smoke, Blowing Sand or Dust 9-Unknown		
<b>RELATION TO JUNCTION</b> <input type="text" value="01"/> NON-INTERCHANGE 01-Non-Junction 02-Intersection 03-Intersection Related 04-Driveway, Alley Access, etc. 05-Entrance/Exit Ramp Related 06-Rail Grade Crossing INTERCHANGE AREA 10-Intersection 11-Intersection Related 12-Driveway Access 13-Entrance/Exit Ramp Related 14-Crossover-Related 15-Other Location in Interchange		<b>HIT AND RUN</b> <input type="text" value="0"/> 0-No Hit and Run 1-Hit Motor Vehicle in Transport 2-Hit Pedestrian, Non-Motorist 3-Hit Parked Vehicle or Object 4-Driver/Occupant Leaves Scene After Non-Collision Event		
		<b>SCHOOL BUS RELATED</b> <input type="text" value="0"/> 0-No 1-Yes		
		<b>RAIL GRADE CROSSING IDENTIFIER</b> <input type="text" value="000000"/>		
		<b>NOTIFICATION TIME EMS</b> <input type="text" value="9999"/> <small>Military Time Except: 0000-Not Notified 9998-Unknown if Notified 9999-Unknown</small>		
		<b>ARRIVAL TIME EMS</b> <input type="text" value="9999"/>		

07-Crossover-Related 08-Driveway Access Related 09-Unknown - Non-Interchange	19-Unknown, Interchange Area 99-Unknown	Military Time Except: 0000-Not Notified 9996-Unknown if Arrived 9997-Canceled 9999-Unknown
<b>RELATION TO ROADWAY</b> <span style="float:right">04</span> 01-On Roadway                      06-Off Roadway - Location Unknown 02-Shoulder                        07-In Parking Lane 03-Median                            10-Separator 04-Roadside                        11-Two-way Continuous Left-Turn Lane 08-Gore                               99-Unknown 05-Outside Right-of-Way		<b>EMS TIME AT HOSPITAL</b> <span style="float:right">9999</span> Military Time Except: 0000-Not Transported 9998-Unknown if Transported 9997-Canceled 9999-Unknown
<b>TRAFFICWAY FLOW</b> <span style="float:right">1</span> 1-Not Physically Divided (Two-Way Trafficway)      4-One-Way Trafficway 2-Divided Highway, Median Strip (Without Traffic Barrier) 3-Divided Highway, Median Strip (With Traffic Barrier)      6-Entrance/Exit Ramp 5-Not Physically Divided (With Two-Way Continuous Left-Turn Lane)      9-Unknown		<b>RELATED FACTORS</b> <span style="float:right">0000</span> LOOKUP ACCIDENT RELATED FACTORS CODES
<b>NUMBER OF TRAVEL LANES</b> <span style="float:right">2</span> Actual Value Except: 7-Seven or More Lanes    9-Unknown		<b>ADDITIONAL STATE INFORMATION</b> 03154259 HARTSEL/JONES



### 2003 Fatality Analysis Reporting System VEHICLE LEVEL

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

<b>STATE NUMBER (GSA CODES)</b> 45	<b>CONSECUTIVE NUMBER</b> 884	<b>VEHICLE NUMBER</b> 1	<b>NUMBER OF OCCUPANTS</b> 2 <small>Actual Value if Total Known Except: 98-96 or More 99- 97-Unknown-Only Injured Unknown Reported</small>
<b>DRIVER INFORMATION</b>		<b>IMPACT POINT - INITIAL</b> 01 <b>IMPACT POINT - PRINCIPAL</b> 12	
<b>REGISTRATION STATE</b> 45 <small>GSA CODES Except: 00-Not Applicable      96-Military Vehicle 92-No Registration      97-Foreign Country 93-Multiple State Registration      98-Other Registration 95-U.S. Government Tags      99-Unknown</small>		<b>VEHICLE ROLE</b> 1 <small>0-Non-Collision      2-Struck      9-Unknown 1-Striking      3-Both</small>	
<b>REGISTERED VEHICLE OWNER</b> 1 <small>0-Not Applicable, Vehicle Not Registered 1-Driver (this crash) Registered Owner 2-Driver (this crash) Not Registered Owner (Other Private Owner Listed) 3-Vehicle Registered as Business/Company/Government Vehicle 4-Vehicle Registered as Rental Vehicle 5-Vehicle Stolen (Reported by Police) 6-Driverless Vehicle 9-Unknown</small>		<b>UNDERRIDE/OVERRIDE</b> 0 <small>0-No Underride or Override WITH MOTOR VEHICLE IN TRANSPORT 1-Underride (Compartment Intrusion) 2-Underride (No Compartment Intrusion) 3-Underride (Compartment Intrusion Unknown) 7-Override, Motor Vehicle In-Transport 8-Override, Motor Vehicle Not In-Transport 9-Unknown if Underride or Override</small>	
<b>VEHICLE MAKE</b> 02 <small>LOOKUP VEHICLE MAKE CODES</small>		<b>EXTENT OF DEFORMATION</b> 6 <small>0-None      6-Disabling (Severe) 2-Other (Minor)      9-Unknown 4-Functional (Moderate)</small>	
<b>VEHICLE MODEL</b> 404 <small>LOOKUP VEHICLE MODEL CODES</small>		<b>MANNER OF LEAVING SCENE</b> 2 <small>1-Driven      3-Abandoned / Left at Scene 2-Towed Away      9-Unknown</small>	
<b>BODY TYPE</b> 14 <small>LOOKUP BODY TYPE CODES</small>		<b>MOTOR CARRIER IDENTIFICATION NUMBER</b> 0000000000	
<b>MODEL YEAR</b> 2002 <small>Actual Value Except: 9999-Unknown</small>		<b>VEHICLE CONFIGURATION</b> 00 <small>00-Not Applicable, Not a Med/Heavy Truck, Bus or Vehicle Displaying Hazardous Material Placard 01-Single Unit Truck (Two Axles, 6 Tires) 02-Single Unit Truck (Three or More Axles) 03-Single Unit Truck (Unkn. No. of Axles, Tires) 04-Truck/Trailer(s) 05-Truck Tractor (Bobtail) 06-Tractor/Semi-Trailer (one trailer) 07-Tractor/Doubles (two trailers) 08-Tractor/Triples (three trailers) 19-Med/Heavy Truck, cannot classify 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 15 people, including driver) 70-Light Truck (van, mini van, panel, pickup, sport utility displaying a hazardous materials placard) 80-Passenger Car (only when displaying a hazardous materials placard) 99-Unknown if Light or Med/Heavy Truck/Bus</small>	
<b>VEHICLE IDENTIFICATION NUMBER</b> 1J4GW58S12C1 <small>Actual Value Except: 0-Fill if No VIN      9-Fill if Unknown</small>		<b>VEHICLE TRAILING</b> 0 <small>0-No      3-Yes, Three or More Trailing Units 1-Yes, One Trailing Unit      4-Yes, Number of Trailing Units Unknown 2-Yes, Two Trailing Units      9-Unknown</small>	
<b>BUS USE</b> 0 <small>0-Not Used as a Bus      5-Used as a Tour Bus 1-Used as a Public School Bus      6-Used as a Commuter Bus 2-Used as a Private School Bus      7-Used as a Shuttle Bus 3-Used as a School Bus, Public or Private Unknown      8-Modified for Personal/Private Use 4-Used as a Scheduled Service Bus      9-Unknown Bus Use</small>		<b>NUMBER OF AXLES</b> 00 <small>LOOKUP NUMBER OF AXLES CODES</small>	
<b>SPECIAL USE</b> 0 <small>0-No Special Use      5-Police 1-Taxi      6-Ambulance 2-Vehicle Used as School Bus      7-Fire Truck 3-Vehicle Used as Other Bus      8-Unknown 4-Military</small>		<b>GROSS VEHICLE WEIGHT RATING</b> 0 <small>0- Not Applicable      2- 10,001 - 26,000 lbs.      9-Unknown 1-10,000 lbs. or less      3- 26,001 lbs. or more</small>	
<b>EMERGENCY USE</b> 0 <small>0-No      1-Yes</small>		<b>CARGO BODY TYPE</b> 00 <small>00-Not Applicable, Not a Med/Heavy Truck/Bus 01-Van/Enclosed Box      08-Grain, Chips, Gravel 02-Cargo Tank      09-Pole 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 15 people, including</small>	
<b>TRAVEL SPEED</b> 60 <small>Actual Miles Per Hour Except: 00-Stopped Vehicle      98- Not Reported 97-Ninety-seven MPH or Greater      99-Unknown</small>			
<b>VEHICLE MANEUVER</b> 01 <small>01-Going Straight      12-Turning Right: RTOR Not Applicable or Not Known if Permitted 02-Slowing or Stopping in Traffic Lane      13-Turning Left 03-Starting in Traffic Lane      14-Making a U-Turn 04-Stopped in Traffic Lane      15-Backing Up (Not Parking) 05-Passing or Overtaking Another Vehicle      16-Changing Lanes or Merging 06-Leaving a Parked Position      17-Negotiating a Curve 98-Other</small>			

07-Parked 08-Entering a Parked Position 09-Maneuvering to Avoid** 10-Turning Right: RTOR** Permitted 11-Turning Right: RTOR Not Permitted	99-Unknown  **See Instruction Manual for Detail **RTO R = "Right Turn on Red"	03-Flatbed 04-Dump 05-Concrete Mixer 06-Auto Transporter 07-Garbage / Refuse	driver) 96-No Cargo Body Type 97-Med/Heavy Truck or Bus, Other Cargo Body Type (not codes 01-09, 20-21) 98-Med/Heavy Truck or Bus, Unkn. Cargo Body Type 99-Unknown if Light or Med/Heavy Truck/Bus
<b>CRASH AVOIDANCE MANEUVER</b> <input type="text" value="0"/>	<b>HAZARDOUS CARGO</b> <input type="text" value="0"/>		
0-No Avoidance Maneuver Reported 1-Braking (skid marks evident) 2-Braking (no skid marks; driver stated) 3-Braking (other reported evidence) 4-Steering (evidence or stated)	5-Steering and Braking (evidence or stated) 6-Other Avoidance Maneuver 8-Not Reported / Inconclusive (by police)	0-No 1-Yes, Placarded 2-Yes, Not Placarded	3-Yes, Unknown if Placarded 9-Unknown
<b>ROLLOVER</b> <input type="text" value="2"/>	<b>JACKKNIFE</b> <input type="text" value="0"/>		
0-No Rollover 1-First Event 2-Subsequent Event	0-Not an Articulated Vehicle 1-No 2-First Event 3-Subsequent Event		
<b>FIRE OCCURRENCE</b> <input type="text" value="0"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="01"/>		
0-No Fire 1-Fire Occurred in Vehicle During Accident	LOOKUP MOST HARMFUL EVENT CODES		
	<b>RELATED FACTORS</b> <input type="text" value="00 00"/>		
	LOOKUP RELATED FACTORS-VEHICLE LEVEL CODES		

Cassidy Jarmon

FARS# 480273





FATAL  CAR INVOLVED  SCHOOL BUS RELATED  RAILROAD RELATED  MEDICAL ADVISORY BOARD  INT AND ALB  AMENDMENT/SUPPLEMENT

PLATE NUMBER CRASH OCCURRED: 260 4666  
COUNTY: Johnson CITY OR TOWN: Cleburne  
IF CRASH VMS OUTSIDE CITY LIMITS:  MILES  S  E  W OF

ROAD ON WHICH CRASH OCCURRED: 1900 S. Main St. (Texas Hwy 174)  
BLOCK NUMBER: 4/10 STREET OR ROAD NAME: Texas Hwy 174 South ROUTE NUMBER OR STREET CODE: 174  
INTERSECTING STREET OR RR TRAIL NUMBER: 4/10 BLOCK NUMBER: 4/10 STREET OR ROAD NAME: Texas Hwy 174 South ROUTE NUMBER OR STREET CODE: 174  
NOT AT INTERSECTION:  YES  NO

DATE OF CRASH: February 12, 2006 DAY OF WEEK: Sunday HOUR: 1725  AM  PM IF EXACTLY NOON - OR MIDNIGHT, SO STATE

VEHICLE TYPE:  1-MOTOR VEHICLE  4-PEDESTRIAN  7-NON-CONTACT  2-TRAIN  5-REGISTERED CONVEYANCE  8-OTHER  3-SPECIALTY VEHICLE  6-TOWED  
VIN: 2G1WL52J211133393 ALIENED VEHICLE HEIGHT:  YES  NO

YEAR MODEL: 2001 COLOR & MAKE: White Chevrolet MODEL NAME: Lumina BODY STYLE: 4 Door LICENSE PLATE: 06 TK 491 B52

DRIVER'S NAME: Davison, Delbert Joe ADDRESS: 2204 Malone Rd. Cleburne, TX 76033 PHONE NUMBER: (817) 558-4608

DRIVER'S LICENSE: TX-07849797 C CLASSIFICATION: A EXPIRES: 12-05-36 LICENSE STATUS: 1  1-NEVER  2-OUTSTANDING  3-DEFERRED  4-REVOKED

DRIVER'S SEX:  MALE  FEMALE OCCUPATION: Unemployed POLICE, FIREFIGHTER, EMS, OR EMERGENCY:  YES  NO

TYPE OF ALCOHOL SPECIMEN TAKEN:  1-BREATH  2-BLOOD  3-URINE  4-NONE  5-REFUSED  4 TEST RESULTS: 4 TYPE OF DRUG SPECIMEN TAKEN:  1-BLOOD  2-URINE  3-NONE  4-REFUSED  3 TEST RESULTS: 3 DRUG CATEGORY:                     

LEASER/OWNER: Delbert J. Davison 2204 Malone Rd. Cleburne, Tx. 76033

LIABILITY INSURANCE:  YES  NO  EXP Old American County Mutual POLICY NUMBER: AIG 3283539 VEHICLE DAMAGE RATING: 12-FD-4

VEHICLE TYPE:  1-MOTOR VEHICLE  4-PEDESTRIAN  7-NON-CONTACT  2-TRAIN  5-REGISTERED CONVEYANCE  8-OTHER  3-SPECIALTY VEHICLE  6-TOWED  
VIN: 1J4GZ5856PC64210 ALIENED VEHICLE HEIGHT:  YES  NO

YEAR MODEL: 1993 COLOR & MAKE: Red Jeep MODEL NAME: Grand Cherokee BODY STYLE: Canyon LICENSE PLATE: 06 TX 40144

DRIVER'S NAME: Jamal, Jennifer Dawn ADDRESS: 400 Phillips #708 Cleburne, TX 76033 PHONE NUMBER: (817) 645-1469

DRIVER'S LICENSE: TX-14063158 C CLASSIFICATION: C EXPIRES: 01-07-78 LICENSE STATUS: 5  1-NEVER  2-OUTSTANDING  3-DEFERRED  4-REVOKED

DRIVER'S SEX:  MALE  FEMALE OCCUPATION: Day Care POLICE, FIREFIGHTER, EMS, OR EMERGENCY:  YES  NO

TYPE OF ALCOHOL SPECIMEN TAKEN:  1-BREATH  2-BLOOD  3-URINE  4-NONE  5-REFUSED  4 TEST RESULTS: 4 TYPE OF DRUG SPECIMEN TAKEN:  1-BLOOD  2-URINE  3-NONE  4-REFUSED  3 TEST RESULTS: 3 DRUG CATEGORY:                     

LEASER/OWNER: Jennifer D. Stenmal 203 Crick Dr. Cleburne, Tx. 76033

LIABILITY INSURANCE:  YES  NO  EXP                      VEHICLE DAMAGE RATING: 6-B3-5

DAMAGE TO PROPERTY OTHER THAN VEHICLES:                     

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED:                      CHARGE:                      CITATION:                     

TIME NOTIFIED OF CRASH: 02-12-06 1725 DISPATCH: Not Dispatch TIME ARRIVED AT SCENE: 02-12-06 0729 DATE OF REPORT: 02-12-06

TYPED OR PRINTED NAME OF INVESTIGATOR: Cpl. J.D. Summey NO. 213 AGENCY: Cleburne P.D. DISTRICT:                      REPORT COMPLETE:  YES  NO



CAUSE NO. 200600134

JENNIFER JARMON and,	§	IN THE DISTRICT COURT OF
CASSIUS JARMON, Individually And As	§	
Co-Administrators of THE ESTATE OF	§	
CASSIDY JARMON, Deceased, and as	§	
Next Friends to CALLIE JARMON,	§	
A Minor Child	§	
	§	
v.	§	JOHNSON COUNTY, TEXAS
	§	
DELBERT J. DAVIDSON,	§	
DAIMLER CHRYSLER CORPORATION,	§	
and DAIMLER CHRYSLER COMPANY LLC	§	413 <sup>TH</sup> JUDICIAL DISTRICT

**PLAINTIFFS' SECOND AMENDED ORIGINAL PETITION**

TO THE HONORABLE JUDGE OF SAID COURT:

COME NOW Plaintiffs, Jennifer Jarmon and Cassius Jarmon, Individually and as Co-Administrators of The Estate of Cassidy Jarmon, Deceased, and as Next Friends to Callie Jarmon, a minor child, in the above styled and numbered cause of action, and file this their Second Amended Original Petition, complaining of Defendant Delbert J. Davidson (hereafter "Davidson"), Daimler Chrysler Corporation and Daimler Chrysler Company LLC (hereafter collectively "DC"), and for cause therefore would respectfully show this honorable Court the following:

**I.**  
**LEVEL 3 DISCOVERY CONTROL PLAN BY COURT ORDER**

1. Pursuant to Rule 190.1 TEX. R. CIV. P., Plaintiffs allege that this case is one which will require a discovery control plan tailored to the circumstances of the case. The Court has entered a discovery control plan pursuant to Level 3, Rule 190.4 TEX. R. CIV. P.



**II.**  
**PARTIES**

2. Plaintiffs Jennifer and Cassius Jarmon are individuals residing in Cleburne, Johnson County, Texas.

3. Defendant Delbert J. Davidson is an individual residing in Johnson County, Texas, and has already made an appearance in this case. No service is necessary at this time.

4. Defendant Daimler Chrysler Corporation is a Michigan corporation, and is authorized to do business in the State of Texas. Process was previously served upon DCC, by serving its registered agent, CT Corporation Systems of Dallas, Texas. Defendant Daimler Chrysler Company LLC has entered an appearance in this case as the successor to Daimler Chrysler Corporation by conversion, effective March 31, 2007. Daimler Chrysler Corporation was the successor to Chrysler Corporation, by merger in 1998.

**III.**  
**JURISDICTION, VENUE AND STANDING**

5. Jurisdiction is proper in the District Court as the amount in controversy greatly exceeds the minimal jurisdictional limits of this Court and is within the maximum jurisdictional limits of any other state court in Johnson County, Texas.

6. Venue is proper in Johnson County pursuant to §15.002(a)(1) and (2) TEX. CIV. PRAC. & REM. CODE in that the event giving rise to this case occurred in Johnson County, Texas, and Defendant Davidson resided in Johnson County, Texas at the time of the event complained of. Venue is proper as to the remaining Defendants pursuant to §15.005 TEX. CIV. PRAC. & REM. CODE.

**IV.**  
**STATUS OF DEFENDANTS**

7. At all times material hereto, Defendant DC was engaged in the business of designing, manufacturing, marketing, and distributing automobiles, including the vehicle made the subject of this lawsuit, for sale to and for use by members of the general public.

**V.**  
**FACTS**

8. On or about February 12, 2006, Jennifer Jarmon was operating her 1993 Jeep Grand Cherokee, Vehicle Identification Number 1J4GZ58S6DC640210 (the subject vehicle), manufactured by Defendant DC. Also in the vehicle were Jennifer and Cassius Jarmon's two children, Cassidy Jarmon and Callie Jarmon. At that time and on that occasion, the Jarmon vehicle was struck in the rear by a 2001 Chevrolet Lumina 4-door sedan being operated by Defendant Davidson. Following the impact, the Jarmon vehicle came to rest on the road way, and due to a leaking fuel system component, a fuel-fed fire immediately began at the rear of the Jeep Grand Cherokee. Although Cassidy Jarmon survived the impact, due to the fire that erupted because of a defective fuel tank in the Jeep vehicle, Cassidy was trapped in the second seat of the Jeep and could not be rescued from the vehicle. Flames from the post-collision fuel-fed fire entered into the passenger compartment of the Jeep, and caused injury to Jennifer Jarmon, Callie Jarmon, and caused smoke inhalation and thermal injuries to Cassidy Jarmon, resulting in her death.

9. Plaintiffs would show that at all times they have performed all conditions precedent to bringing this lawsuit, and to recover under the various causes of action stated herein.

10. At all material times, Plaintiffs would show that wherein it is alleged that Defendants did, did not, and/or failed to act, it may be shown that Defendants acted individually and/or by and through duly authorized employees, servants, agents, and/or officers. Plaintiffs would further show that at all times material hereto, these persons were expressly authorized to so act, or alternatively, were acting within the apparent authority and/or authority necessarily implied in order for the agents to perform and exercise the authority expressly granted. Plaintiffs further allege *respondeat superior* liability.

11. In the further alternative, and without waiver of the foregoing, if it be shown that persons purporting to act on Defendants' behalf as alleged were not so authorized, then Defendants have in all things ratified the actions or inactions of those persons, and have accepted the benefits thereof.

12. Further, in the design, marketing, and distribution of the Jeep Grand Cherokee, the Plaintiffs would show that decisions with regard to the placement of the fuel tank, failure to adequately guard or shield the fuel tank, and in testing and evaluating the function of the vehicle fuel tank, those agents and employees of Defendant DC were acting in their capacity as vice-principals.

## VI. CAUSES OF ACTION

### A. Negligence of Defendant Davidson

13. The injuries and damages suffered by the Plaintiffs, and the death of Cassidy Jarmon were proximately caused by the negligence of Defendant Davidson in operating the 2001 Chevrolet Lumina at the time of the occurrence in question in:

- a. failing to keep a proper lookout to avoid the collision in question;

- b. failing to turn his vehicle in a timely manner to avoid the collision in question;  
and
- c. failing to timely and properly apply his brakes to avoid the collision in question;

**B. Negligence of Defendant DC**

14. The injuries and damages suffered by the Plaintiffs, and the death of Cassidy Jarmon were proximately caused by the negligence of Defendant DC in designing, testing, assembling, supplying, and distributing the 1993 Jeep Grand Cherokee sport utility vehicle including, but not limited to the following particulars:

- a. In failing to design the vehicle fuel supply system to be crashworthy;
- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;
- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;
- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;

- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In it design of the fuel supply system in an uncrashworthy manner;
- l. Failing to conduct adequate testing of the design of the fuel supply system for the subject vehicle;
- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;
- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;
- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
- r. In the design of the subject vehicle which failed to restrict foreseeable fires from rapidly entering into the occupant compartment of the vehicle thus limiting the timely rescue of accident victims;

- s. In failing to provide adequate warnings concerning the rear structural crash performance of the vehicle when fitted with a trailer two hitch;
- t. In failing to design the vehicle in such a manner that the rear structure was crashworthy when fitted with a trailer hitch;
- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and
- w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

**C. Strict Liability of Defendant DC**

15. Plaintiffs further allege that the 1993 Jeep Grand Cherokee sport utility vehicle was defective and unsafe for its intended purposes at the time of its design by Defendant DC and its sale and/or transfer into the stream of commerce, and that at the time Plaintiffs Jennifer Jarmon and Cassius Jarmon took possession of the vehicle. The 1993 Jeep Grand Cherokee sport utility vehicle was in substantially the same condition at the time of the collision involved in this suit as when it was manufactured and distributed by Defendant DC. The Plaintiffs would further show that there were safer alternative designs for the subject vehicle fuel containment system, pursuant to §82.005(a) and (b) TEX. CIV. PRAC. & REM. CODE. The product was defectively designed, and unreasonably dangerous to Plaintiffs in that the design of the vehicle made it unsafe for the following reasons:

- a. In failing to design the vehicle fuel supply system to be crashworthy;

- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;
- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;
- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;
- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In its design of the fuel supply system in an uncrashworthy manner;
- l. Failing to conduct adequate testing of the design of the fuel supply system for the subject vehicle;
- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these

Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;

- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;
- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
- r. In the design of the subject vehicle which failed to restrict foreseeable fires from rapidly entering into the occupant compartment of the vehicle thus limiting the timely rescue of accident victims;
- s. In failing to provide adequate warnings concerning the rear structural crash performance of the vehicle when fitted with a trailer two hitch;
- t. In failing to design the vehicle in such a manner that the rear structure was crashworthy when fitted with a trailer hitch;
- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and



w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

16. Plaintiffs further allege that such defects in the design of the vehicle were a producing cause of the death of Cassidy Jarmon, and the injuries and damages sustained by Plaintiffs.

**D. Breach of Implied Warranty of Merchantability**

17. The vehicle in question is a "good" for purposes of the TEX. BUS. & COMM. CODE, and Defendant DC was a "merchant" with respect to goods of that kind. Defendant DC breached the implied warranty of merchantability set forth in TEX. BUS. & COMM. CODE, §2.314, by selling the vehicle in question when it was defective; that is, not fit for the ordinary purposes for which such goods are used because of the and crashworthiness deficiencies described more fully herein. Such breach of warranty was a proximate cause of the injuries and damages to Plaintiffs.

**E. Breach of Warranty of Fitness for Particular Purpose**

18. Defendant DC impliedly warranted to the public generally and specifically to Plaintiffs that the 1993 Jeep Grand Cherokee was fit for the particular purpose for which the vehicle was intended. Defendant DC, at the time of the design, manufacture, and sale of the vehicle, had reason to know of the particular purpose for which the vehicle and its fuel supply system were required. The Plaintiffs relied upon Defendant DC's skill and judgment to select and furnish suitable goods and components. The vehicle in question was unfit for the purpose for which it was intended to be used, in one or more of the following particulars:

- a. In failing to design the vehicle fuel supply system to be crashworthy;
- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;

- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;
- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;
- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In its design of the fuel supply system in an uncrashworthy manner;
- l. Failing to conduct adequate testing of the design of the fuel supply system for the subject vehicle;
- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;

- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;
- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
- r. In the design of the subject vehicle which failed to restrict foreseeable fires from rapidly entering into the occupant compartment of the vehicle thus limiting the timely rescue of accident victims;
- s. In failing to provide adequate warnings concerning the rear structural crash performance of the vehicle when fitted with a trailer two hitch;
- t. In failing to design the vehicle in such a manner that the rear structure was crashworthy when fitted with a trailer hitch;
- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and
- w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

19. Plaintiffs suffered injuries and damages as set forth hereafter as a proximate result of the breach of this warranty.

**F. Misrepresentation/Strict Liability of Defendant DC**

20. Plaintiffs allege that Defendant DC was in the business of marketing and selling automobiles and made misrepresentations to the public of material facts concerning the character and/or quality of the vehicle that is the subject of this lawsuit. Purchasers of the vehicle justifiably relied upon these misrepresentations that induced and influenced them to purchase and transport others in the Jeep Grand Cherokee sport utility vehicle, including the vehicle in question. As a result, Plaintiffs sustained severe, traumatic, debilitating injuries during the incident, and Cassidy Jarmon lost her life. Plaintiffs, therefore, invoke the Doctrine of Strict Liability contained in Section 402B of the RESTATEMENT (2ND) OF TORTS. Furthermore, Plaintiffs allege that these misrepresentations of material fact were a producing cause of the injuries and damages sustained by Plaintiffs. Defendant DC misrepresented its product as being safe, in spite of the following defects:

- a. In failing to design the vehicle fuel supply system to be crashworthy;
- b. In failing to design the vehicle in such manner that gasoline would not escape from the fuel supply system in the event of foreseeable collisions;
- c. In failing to construct the fuel supply system so that it would contain fuel in the event of foreseeable collisions;
- d. In failing to design the fuel supply system in such a manner so as to prevent post-collision fuel fed fires;
- e. In failing to properly test and evaluate the vehicle;
- f. In failing to properly guard or shield the vehicle's fuel tank and delivery system;

- g. In the placement and packaging of the vehicle's fuel tank and fuel supply system;
- h. In its design of the fuel supply system in positioning the vehicle's fuel tank at a location on the vehicle that subjected it to hazards associated with the environment in which it was located;
- i. In designing the fuel supply system such that the vehicle's tank was inadequately protected from environmental hazards in, on, and about its surrounding tank;
- j. Failing to warn of dangers associated with the design of the fuel supply system and its position on the vehicle;
- k. In its design of the fuel supply system in an uncrashworthy manner;
- l. Failing to conduct adequate testing of the design of the fuel supply system for the subject vehicle;
- m. In failing to warn of the inadequate testing of the design of the fuel supply system for the subject vehicle;
- n. Failing to provide adequate warnings to the public in general, and to these Plaintiffs and deceased specifically of the dangerous propensities of the flawed design of the fuel supply system on the subject vehicle;
- o. In acting to conceal defects and dangers in its products from the public, from injured persons and governmental entities rather than fulfilling its common law and statutory obligations to provide adequate warnings and to remedy such defects;
- p. In continuing to design, market, and sell this line of sport utility vehicles without substantial change after receiving sufficient knowledge as to the nature of the defects and the danger to the public;

- q. In the design of the subject vehicle which failed to correct serious rear structure design deficiencies in location, mounting, and protection of the fuel tank from environmental hazards;
- r. In the design of the subject vehicle which failed to restrict foreseeable fires from rapidly entering into the occupant compartment of the vehicle thus limiting the timely rescue of accident victims;
- s. In failing to provide adequate warnings concerning the rear structural crash performance of the vehicle when fitted with a trailer two hitch;
- t. In failing to design the vehicle in such a manner that the rear structure was crashworthy when fitted with a trailer hitch;
- u. In failing to design the rear structure of the vehicle in such a manner that the vehicle would be crashworthy in rear impacts;
- v. In failing to design the vehicle with adequate rear under-ride protection in the event of a rear crash; and
- w. In designing the fuel tank for the vehicle in such a manner that it was dangerously exposed to impacts and was not adequately protected within structure of the vehicle.

**G. Joint and Several Liability**

21. Plaintiffs would further show this honorable Court and jury that each and all of the foregoing acts and omissions taken singularly, or in combination with the other, were the proximate and/or producing cause of the death of Cassidy Jarmon and the injuries and damages suffered by Plaintiffs. Therefore, Plaintiffs complain of Defendants, jointly and severally.

**VII.**

**SURVIVAL ACTION - §71.021 et seq. TEX. CIV. PRAC. & REM. CODE**

22. Plaintiffs Jennifer Jarmon and Cassius Jarmon, Individually and as Co-Administrators of the Estate of Cassidy Jarmon, sue pursuant to §71.021 *et seq.* TEX. CIV. PRAC. & REM. CODE, for Defendants' negligence and strict liability in tort, misrepresentations and breach of warranty which were a proximate/producing cause of the injuries and damages sustained by Cassidy Jarmon prior to her death as well as for all other damages allowed by law, including the following elements, in an amount within the jurisdictional limits of this Court:

- a. The reasonable and customary expenses for autopsy, funeral, and burial for decedent;
- b. Reasonable and necessary hospital and medical expenses;
- c. Physical pain, agony, and suffering experienced by decedent; and
- d. Mental anguish and suffering, including the fear and distress associated with imminent death.

**VIII.**

**WRONGFUL DEATH - § 71.001 et seq. TEX. CIV. PRAC. & REM. CODE**

23. In addition to the other legal bases previously pleaded herein, this action is brought by Plaintiffs Jennifer Jarmon and Cassius Jarmon, Individually, as statutory beneficiaries of Cassidy Jarmon, pursuant to §71.001 *et seq.* of the TEX. CIV. PRAC. & REM. CODE, commonly referred to as the "Wrongful Death Act", on behalf of statutory beneficiaries of Cassidy Jarmon, pursuant to §71.004 TEX. CIV. PRAC. & REM. CODE, for damages sustained by Plaintiffs of which the negligence and strict liability in tort of Defendants was a producing/proximate cause.

Plaintiffs should be compensated in an amount in excess of the jurisdictional limits of this Court, considering the following elements of damages:

- a. Pecuniary loss, including loss of care, maintenance, support, services, advice, counsel, and reasonable contributions of a pecuniary value that Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, would in reasonable probability have received from the decedent, Cassidy Jarmon, had she lived;
- b. Loss of companionship and society, including the loss of the positive benefits flowing from the love, comfort, affection, companionship, and society that Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, would in reasonable probability have received from the decedent, Cassidy Jarmon, had she lived
- c. Mental depression and mental anguish; and
- d. Reasonable and necessary expenses associated with autopsy, funeral, and burial.

#### **IX.** **DAMAGES**

24. As a result of the injuries to and death of Cassidy Jarmon, Deceased, as herein set out, Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, are entitled to the recovery of survival and wrongful death damages including, but not limited to, the following:

- a. The reasonable and customary funeral and burial expenses for decedent;
- b. Physical pain, agony, and suffering; and



- c. Mental anguish and suffering, including the fear and distress associated with imminent death.

25. As a result of the injuries to and death of Cassidy Jarmon as herein set out, Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, are entitled to the recovery of survival and wrongful death damages including, but not limited to the following:

- a. Mental anguish, grief, sorrow, emotional pain, torment, and suffering experienced by Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child, in the past associated with the loss of the decedent;
- b. Mental anguish, mental depression, grief, sorrow, emotional pain, torment, and suffering experienced by Plaintiffs Jennifer and Cassius Jarmon, Individually, and as Co-Administrators of the Estate of Cassidy Jarmon, and as Next Friends of Callie Jarmon, a minor child which in all reasonable probability will continue in the future;
- c. Loss of consortium and society in the past;
- d. Loss of consortium and society which, in all reasonable probability, will continue in the future;
- e. Loss of pecuniary benefits in the past; and
- f. Loss of pecuniary benefits which, in all reasonable probability, will continue in the future.

**X.**  
**PERSONAL INJURY DAMAGES TO CALLIE JARMON**

26. Plaintiffs Jennifer and Cassius Jarmon, as Next Friends of Callie Jarmon, a minor child, would show that as a proximate/producing result of the conduct of the Defendants, both in negligence and strict liability, Callie Jarmon sustained severe, permanent, disability and disfiguring injuries, which have caused her damage, and in reasonable probability will continue to cause her damages for the remainder of her natural life. As a result of those injuries, Plaintiffs should be compensated considering the following elements of damage:

- a. Pain, suffering and mental anguish in the past;
- b. Pain, suffering and mental anguish, which in reasonable probability she will sustain in the future;
- c. Past medical, hospital, surgical, and rehabilitative expenses;
- d. Medical, hospital, surgical, and rehabilitative expenses, which in reasonable probability she will sustain in the future;
- e. Disfigurement in the past;
- f. Disfigurement, which in reasonable probability she will sustain in the future;
- g. Physical impairment in the past;
- h. Physical impairment which is reasonably probable that she will suffer in the future;
- i. Lost earnings and earning capacity, which in reasonable probability she will sustain in the future, after her eighteenth birthday; and
- j. Reasonable and necessary costs for attendant care, which in reasonable probability she will require in the future.

**XI.**  
**DIRECT PERSONAL INJURY DAMAGES TO JENNIFER JARMON AND**  
**BYSTANDER CLAIMS OF JENNIFER JARMON AND CASSIUS JARMON**

27. As a direct and proximate result of the Defendants' negligence as above described, Plaintiff Jennifer Jarmon sustained severe personal injuries, which she will endure in the future. Additionally, Jennifer Jarmon and Cassius Jarmon suffered severe mental pain and suffering since the perception of the occurrence made the basis of this suit and of the injuries and harm sustained by their daughters Cassidy Jarmon and Callie Jarmon. In particular, Plaintiffs will show that immediately after the occurrence made the basis of this suit, they have experienced extreme nervousness, distractibility, physical illness, difficulty sleeping, difficulty concentrating, and fear. They have incurred and will continue to incur reasonable and necessary expenses for medical care and treatment of these conditions. Plaintiffs sue for a sum within the jurisdictional limits of this Court for these injuries

**XII.**  
**EXEMPLARY DAMAGES**

28. In addition to and including the above, Plaintiffs would show this honorable Court and the jury that the acts, practices and omissions of Defendant DC constitute clear and convincing evidence, as defined by §41.001 of the Texas Civil Practice and Remedies Code, of gross negligence on the part of Defendant, in that such acts, practices and/or omissions: a) when viewed objectively from the standpoint of the Defendant at the time of its occurrence involved an extreme degree of risk, considering the probability and magnitude of the potential harm to others, and b) of which the Defendant had actual, subjective awareness of the risks involved, but nevertheless proceeded with conscious indifference to the rights, safety, or welfare of others, including Plaintiffs and Cassidy Jarmon, Deceased. It is from these specified circumstances, constituting gross negligence on the part of Defendant DC that the injuries and damages

complained of herein arose. Accordingly, Plaintiffs seek recovery of exemplary damages herein against Defendant DC in an amount equal to the *greater* of two times the amount of economic damages herein, plus an amount equal to any non-economic damages found by the jury, not to exceed \$750,000.00; or \$200,000.00.

**XIII.**  
**PREJUDGMENT INTEREST**

29. The above and foregoing acts and/or omissions of Defendant DC have caused damages to Plaintiffs that entitle them to the recovery of prejudgment interest on the damages sustained.

**PRAYER**

WHEREFORE, PREMISES CONSIDERED, Plaintiffs pray that upon final trial hereof, Plaintiffs have judgment against Defendants jointly and severally, in an amount in excess of the jurisdictional limits of this Court together with their costs, pre-judgment and post-judgment interest as allowed by law, attorneys fees as allowed by law, exemplary damages as determined by the trier of fact, and that Plaintiffs be granted such other and further relief, at law or in equity, general or special, to which they may show themselves justly entitled.

Respectfully submitted,

**WALTMAN & GRISHAM**

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Facsimile 817/558-1846

**ATTORNEYS FOR PLAINTIFFS**

**PLAINTIFFS REQUEST A TRIAL BY JURY.**

**CERTIFICATE OF SERVICE**

I hereby certify that, pursuant to TEX. R. CIV. P. 21a, a true and correct copy of the foregoing has been forwarded via hand delivery, telephonic document transfer and/or overnight mail and/or U.S. Mail Certified, Return Receipt Requested, to all attorneys of record on this the \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Lynn A. Grisham

**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCESSOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
5230 Medical Center Drive  
Dallas, Texas 75235

Case No. 0541-06-0383RQ

Name: Jarmon, Cassidy

Age: 4

Race: Black

Sex: Female

Date of Death: 14 FEB 2006

Date of Examination: 16 FEB 2006

Time of Death: 4:00 pm

Time of Examination: 8:00 am

Pronounced at: Parkland Memorial Hospital  
Dallas, Dallas County, Texas

## AUTOPSY REPORT:

## ORGAN WEIGHTS:

Brain	1400 g	R. Lung	160 g	R. Kidney	•
Heart	90 g	L. Lung	140 g	L. Kidney	*
Liver	470 g	Spleen	50 g	Thymus	40 g

\*Organ/tissue procurement

## EXTERNAL EXAMINATION:

The body is identified by toe tag. Photographs and footprints are taken.

When first viewed, the body is nude. There is no jewelry present.

The body is that of a well-developed, well-nourished, black female whose appearance is compatible with the stated age of 4 years. Her body, when nude, weighs 46 pounds (20.9 kg) and is 43 inches (109.2 cm) long. The body is cold, rigor is fully developed, and there is ill-defined blanching posterior lividity.

The scalp hair is absent due to extensive thermal injury of the scalp. The irides are brown, the corneae are slightly cloudy, and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose, and lips are unremarkable. The teeth are natural and in good condition. The neck is unremarkable. The chest is symmetrical, and the abdomen is flat. The external genitalia, anus, and perineum are unremarkable. The extremities are symmetrical. The back is unremarkable.

## IDENTIFYING MARKS AND SCARS:

None.

Case No: 0541-06-0383RQ

Name: Jarmon, Cassidy

Page  
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DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

**FINDINGS:**

**Thermal injuries:**

- a. Second- and third-degree burns of the scalp, face, neck, chest, upper back, and upper extremities (45% total body surface area).
- b. History that the decedent was trapped in a car fire.

**CONCLUSION:**

Based on the case history and autopsy findings, it is my opinion that Cassidy Jarmon, a 4-year-old black female, died as the result of thermal injuries.

**MANNER OF DEATH:** Accident.

*R.A. Quinton* 4-24-06  
Reade A. Quinton, M.D.  
Medical Examiner

**TOXICOLOGY:** None performed.

Protocol typed by Maybelle Doughty



## 2006 Fatality Analysis Reporting System ACCIDENT LEVEL

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

STATE (GSA Code) <input type="text" value="48"/>	CONSECUTIVE NUMBER <input type="text" value="273"/>	Number of Forms Submitted for Persons Not in Motor Vehicles <input type="text" value="0"/>	Number of Vehicle Forms Submitted <input type="text" value="2"/>	Number of Person Forms Submitted <input type="text" value="4"/>																
COUNTY <input type="text" value="251"/>	CITY <input type="text" value="1370"/>	DATE Month, Day, Year <input type="text" value="02122006"/>	TIME Military Time <input type="text" value="1725"/>																	
NATIONAL HIGHWAY SYSTEM <input type="text" value="0"/> <small>LOOKUP NATIONAL HIGHWAY SYSTEM CODES</small>		SPEED LIMIT <input type="text" value="60"/> <small>Actual Miles Per Hour Except: 00-No Statutory Limit 99-Unknown</small>																		
ROADWAY FUNCTION CLASS <input type="text" value="14"/> <small>RURAL URBAN 99-Unknown</small>		ROADWAY ALIGNMENT <input type="text" value="1"/> <small>1-Straight 2-Curve 9-Unknown</small>																		
<table style="width: 100%; font-size: small;"> <tr> <td>01-Principal Arterial - Interstate</td> <td>11-Principal Arterial - Interstate</td> </tr> <tr> <td>02-Principal Arterial - Other</td> <td>12-Principal Arterial - Other (Freeways or Expressways)</td> </tr> <tr> <td>03-Minor Arterial</td> <td>13-Other Principal Arterial</td> </tr> <tr> <td>04-Major Collector</td> <td>14-Minor Arterial</td> </tr> <tr> <td>05-Minor Collector</td> <td>15-Collector</td> </tr> <tr> <td>06-Local Road or Street</td> <td>16-Local Road or Street</td> </tr> <tr> <td>08-Local Road or Street</td> <td>19-Unknown Urban</td> </tr> <tr> <td>09-Unknown Rural</td> <td></td> </tr> </table>		01-Principal Arterial - Interstate	11-Principal Arterial - Interstate	02-Principal Arterial - Other	12-Principal Arterial - Other (Freeways or Expressways)	03-Minor Arterial	13-Other Principal Arterial	04-Major Collector	14-Minor Arterial	05-Minor Collector	15-Collector	06-Local Road or Street	16-Local Road or Street	08-Local Road or Street	19-Unknown Urban	09-Unknown Rural		ROADWAY PROFILE <input type="text" value="1"/> <small>1-Level 2-Grade 3-Hillcrest 4-Sag 9-Unknown</small>		
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02-Principal Arterial - Other	12-Principal Arterial - Other (Freeways or Expressways)																			
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05-Minor Collector	15-Collector																			
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08-Local Road or Street	19-Unknown Urban																			
09-Unknown Rural																				
ROUTE SIGNING <input type="text" value="3"/> <small>1-Interstate 2-U.S. Highway 3-State Highway 4-County Road 5-Township 6-Municipality 7-Frontage Road 8-Other 9-Unknown</small>		ROADWAY SURFACE TYPE <input type="text" value="2"/> <small>1-Concrete 2-Blacktop, Bituminous, Asphalt 3-Brick or Block 4-Slag, Gravel or Stone 5-Dirt 8-Other 9-Unknown</small>																		
TRAFFIC IDENTIFIER <input type="text" value="SR-174"/> <small>Actual Posted Number, Assigned Number, or Common Name (If No Posted or Assigned Number) Except: Nine-Fill if Unknown</small>		ROADWAY SURFACE CONDITIONS <input type="text" value="1"/> <small>1-Dry 2-Wet 3-Snow or Slush 4-Ice 5-Sand, Dirt, Oil 8-Other 9-Unknown</small>																		
MILEPOINT <input type="text" value="00014"/> <small>Actual to Nearest .1 Mile (Assumed Decimal) Except: 00000-None 99999-Unknown</small>		CONSTRUCTION/MAINTENANCE ZONE <input type="text" value="0"/> <small>0-None 1-Construction 2-Maintenance 3-Utility 4-Work Zone, Type Unknown</small>																		
GLOBAL POSITION LATITUDE: <input type="text" value="32"/> <input type="text" value="19"/> <input type="text" value="16.97"/> LONGITUDE: <input type="text" value="097"/> <input type="text" value="22"/> <input type="text" value="58.98"/>		TRAFFIC CONTROL DEVICE <input type="text" value="0"/> <small>LOOKUP TRAFFIC CONTROL DEVICE CODES</small>																		
SPECIAL JURISDICTION <input type="text" value="0"/> <small>LOOKUP SPECIAL JURISDICTION CODES</small>		TRAFFIC CONTROL DEVICE FUNCTIONING <input type="text" value="0"/> <small>0-No controls 1-Device Not Functioning 2-Device Functioning Improperly 3-Device Functioning Properly 9-Unknown</small>																		
FIRST HARMFUL EVENT <input type="text" value="12"/> <small>LOOKUP FIRST HARMFUL EVENT CODES</small>		LIGHT CONDITION <input type="text" value="1"/> <small>1-Daylight 2-Dark 3-Dark but Lighted 4-Dawn 5-Dusk 9-Unknown</small>																		
MANNER OF COLLISION <input type="text" value="01"/> <small>00-Not Collision with Motor Vehicle 01-Front-to-Rear (includes Rear-End) 02-Front-to-Front (includes Head-On) 03-Front-to-Side, Same Direction 04-Front-to-Side, Opposite Direction 05-Front-to-Side, Right Angle (includes Broadside) 06-Front-to-Side/Angle-Direction Not Specified 07-Sideswipe-Same Direction 08-Sideswipe-Opposite Direction 09-Rear-to-Side 10-Rear-to-Rear 11-Other(End Swipes and Others) 99-Unknown</small>		ATMOSPHERIC CONDITIONS <input type="text" value="1"/> <small>1-No Adverse Atmospheric Conditions 2-Rain 3-Sleet/Hail 4-Snow 5-Fog 6-Rain and Fog 7-Sleet and Fog 8-Other; Smog, Smoke, Blowing Sand or Dust 9-Unknown</small>																		
RELATION TO JUNCTION <input type="text" value="01"/> <small>NON-INTERCHANGE 01-Non-Junction 02-Intersection 03-Intersection Related 04-Driveway, Alley Access, etc. INTERCHANGE AREA 10-Intersection 11-Intersection Related 12-Driveway Access 13-Entrance/Exit Ramp Related</small>		HIT AND RUN <input type="text" value="0"/> <small>0-No Hit and Run DRIVER LEFT SCENE AFTER COLLISION WITH: 1-Motor Vehicle in Transport 2-Person Not in a Motor Vehicle 3-Parked/Stopped Off Roadway/ Working/ In Motion Outside Trafficway Motor Vehicle or Object 4-Driver Left Scene After Non-Collision Accident 5-Hit &amp; Run - Other Involved Person Left Scene</small>																		
		SCHOOL BUS RELATED <input type="text" value="0"/>																		
		RAIL GRADE CROSSING IDENTIFIER <input type="text" value="0000000"/>																		
		NOTIFICATION TIME EMS <input type="text" value="1732"/> <small>Military Time Except: 0000-Not Notified 9998-Unknown if Notified 9999-Unknown</small>																		



05-Entrance/Exit Ramp Related 06-Rail Grade Crossing 07-Crossover-Related 08-Driveway Access Related 09-Unknown - Non-Interchange	14-Crossover-Related 15-Other Location In Interchange 19-Unknown, Interchange Area 99-Unknown	<b>ARRIVAL TIME EMS</b> <span style="float:right">1742</span> Military Time Except: 0000-Not Notified 9998-Unknown if Arrived 9997-Canceled 9999-Unknown
<b>RELATION TO ROADWAY</b> <span style="float:right">01</span> 01-On Roadway 02-Shoulder 03-Median 04-Roadside 08-Gore 05-Outside Trafficway/Outside Right-of-Way	06-Off Roadway - Location Unknown 07-In Parking Lane 10-Separator 11-Two-way Continuous Left-Turn Lane 99-Unknown	<b>EMS TIME AT HOSPITAL</b> <span style="float:right">1835</span> Military Time Except: 0000-Not Transported 9998-Unknown if Transported 9997-Canceled 9999-Unknown
<b>TRAFFICWAY FLOW</b> <span style="float:right">1</span> 1-Not Physically Divided (Two-Way Trafficway) 5-Not Physically Divided (With Two-Way Continuous Left-Turn Lane) 2-Divided Highway, Median Strip (Without Traffic Barrier) 3-Divided Highway, Median Strip (With Traffic Barrier)	4-One-Way Trafficway 6-Entrance/Exit Ramp 9-Unknown	<b>RELATED FACTORS</b> <span style="float:right">0 0 0</span> LOOKUP ACCIDENT RELATED FACTORS CODES
<b>NUMBER OF TRAVEL LANES</b> <span style="float:right">2</span> Actual Value Except: 7-Seven or More Lanes 9-Unknown	<b>ADDITIONAL STATE INFORMATION</b> 48793 SK	



### 2006 Fatality Analysis Reporting System VEHICLE LEVEL

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

<b>STATE NUMBER (GSA CODES)</b> 48	<b>CONSECUTIVE NUMBER</b> 273	<b>VEHICLE NUMBER</b> 2	<b>NUMBER OF OCCUPANTS</b> 3 <small>Actual Value if Total Known Except: 96-98 or More 99- 97-Unknown-Only Injured Unknown Reported</small>
<b>DRIVER INFORMATION</b>		<b>IMPACT POINT - INITIAL</b> 06	
<b>UNIT TYPE</b> 1 <small>1-Motor Vehicle in Transport 2-Motor Vehicle Not in Transport Within Trafficway 3-Motor Vehicle Not in Transport Outside Trafficway 4-Working Motor Vehicle Highway Construction, Maintenance, Utility Only</small>		<b>IMPACT POINT - PRINCIPAL</b> 06 <small>00-Non-Collision 01-12-Clock Points 13-Top 14-Undercarriage 18-"Set-in-Motion" Condition 99-Unknown</small>	
<b>REGISTRATION STATE</b> 48 <small>GSA CODES Except: 00-Not Applicable 92-No Registration 93-Multiple State Registration 95-U.S. Government Tags 96-Military Vehicle 97-Foreign Country 98-Other Registration 99-Unknown</small>		<b>VEHICLE ROLE</b> 2 <small>0-Non-Collision 1-Striking 2-Struck 3-Both 9-Unknown</small>	
<b>REGISTERED VEHICLE OWNER</b> 2 <small>0-Not Applicable, Vehicle Not Registered 1-Driver (this crash) Registered Owner 2-Driver (this crash) Not Registered Owner (Other Private Owner Listed) 3-Vehicle Registered as Business/Company/Government Vehicle 4-Vehicle Registered as Rental Vehicle 5-Vehicle Stolen (Reported by Police) 6-Driverless/Motor Vehicle Parked/Stopped Off Roadway/In Motion Outside Trafficway 9-Unknown</small>		<b>UNDERRIDE/OVERRIDE</b> 0 <small>0-No Underride or Override UNDERRIDING A MOTOR VEHICLE IN-TRANSPORT 1-Underride (Compartment Intrusion) 2-Underride (No Compartment Intrusion) 3-Underride Compartment Intrusion (Unknown) UNDERRIDING A MOTOR VEHICLE NOT IN TRANSPORT 4-Underride (Compartment Intrusion) 5-Underride (No Compartment Intrusion) 6-Underride Compartment Intrusion (Unknown) 7-Overriding a Motor Vehicle In-Transport 8-Overriding a Motor Vehicle Not In-Transport 9-Unknown if Underride or Override</small>	
<b>VEHICLE MAKE</b> 02 <small>LOOKUP VEHICLE MAKE CODES</small>		<b>EXTENT OF DEFORMATION</b> 4 <small>0-None 2-Other 4-Functional (Minor) (Moderate) 6-Disabling (Severe) 9-Unknown</small>	
<b>VEHICLE MODEL</b> 404 <small>LOOKUP VEHICLE MODEL CODES</small>		<b>MANNER OF LEAVING SCENE</b> 2 <small>1-Driven 2-Towed Away 3-Abandoned / Left at Scene 9-Unknown</small>	
<b>BODY TYPE</b> 14 <small>LOOKUP BODY TYPE CODES</small>		<b>MOTOR CARRIER IDENTIFICATION NUMBER</b> 000000000000	
<b>MODEL YEAR</b> 1993 <small>Actual Value Except: 9999-Unknown</small>		<b>VEHICLE CONFIGURATION</b> 00 <small>00-Not Applicable, Not a Med/Heavy Truck, Bus or Vehicle Displaying Hazardous Material Placard 01-Single Unit Truck (Two Axles, 6 Tires) 02-Single Unit Truck (Three or More Axles) 03-Single Unit Truck (Unkn. No. of Axles, Tires) 04-Truck/Trailer(s) 05-Truck Tractor (Bobtail) 06-Tractor/Semi-Trailer (one trailer) 07-Tractor/Doubles (two trailers) 08-Tractor/Triples (three trailers) 19-Med/Heavy Truck, cannot classify 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 15 people, including driver) 70-Light Truck (van, mini van, panel, pickup, sport utility displaying a hazardous materials placard) 80-Passenger Car (only when displaying a hazardous materials placard) 99-Unknown If Light or Med/Heavy Truck/Bus</small>	
<b>VEHICLE IDENTIFICATION NUMBER</b> 1J4GZ58S6PC6		<b>VEHICLE TRAILING</b> 0 <small>0-No 1-Yes, One Trailer 2-Yes, Two Trailers 3-Yes, Three or More Trailers 4-Yes, Number of Trailers Unknown 5-Vehicle Towing Another Motor Vehicle 9-Unknown</small>	
<b>BUS USE</b> 0 <small>0-Not Used as a Bus 1-Used as a Public School Bus 2-Used as a Private School Bus 3-Used as a School Bus, Public or Private Unknown 4-Used as a Scheduled Service Bus 5-Used as a Tour Bus 6-Used as a Commuter Bus 7-Used as a Shuttle Bus 8-Modified for Personal/Private Use 9-Unknown Bus Use</small>		<b>NUMBER OF AXLES</b> 00 <small>LOOKUP NUMBER OF AXLES CODES</small>	
<b>SPECIAL USE</b> 0 <small>0-No Special Use 1-Taxi 2-Vehicle Used as School Bus 3-Vehicle Used as Other Bus 4-Military 5-Police 6-Ambulance 7-Fire Truck 9-Unknown</small>		<b>GROSS VEHICLE WEIGHT RATING</b> 0 <small>0- Not Applicable 1-10,000 lbs. or less 2- 10,001 - 26,000 lbs. 3- 26,001 lbs. or more 9-Unknown</small>	
<b>EMERGENCY USE</b> 0 <small>0-No 1-Yes</small>		<b>CARGO BODY TYPE</b> 00 <small>00-Not Applicable, Not a Med/Heavy Truck/Bus 01-Van/Enclosed Box 08-Grain, Chips, Gravel 09-Pole 20-Bus (seats 9-15 people, including driver)</small>	
<b>TRAVEL SPEED</b> 00 <small>Actual Miles Per Hour Except: 00-Stopped Motor Vehicle In-Transport 97-Ninety-seven MPH or Greater 98- Not Reported 99-Unknown</small>			
<b>VEHICLE MANEUVER</b> 04			

<p>01-Going Straight                  02-Slowing or Stopping in Traffic Lane                  03-Starting in Traffic Lane                  04-Stopped in Traffic Lane                  05-Passing or Overtaking Another Vehicle                  06-Leaving a Parked Position                  07-Parked                  08-Entering a Parked Position                  09-Controlled Maneuvering to Avoid*                  10-Turning Right: RTOR** Permitted                  11-Turning Right: RTOR Not Permitted</p>	<p>12-Turning Right: RTOR Not Applicable or Not Known if Permitted                  13-Turning Left                  14-Making a U-Turn                  15-Backing Up (Not Parking)                  16-Changing Lanes or Merging                  17-Negotiating a Curve                  98-Other                  99-Unknown</p> <p>*See instruction Manual for Detail **RTO R = "Right Turn on Red"</p>	<p>02-Cargo Tank                  03-Flatbed                  04-Dump                  05-Concrete Mixer                  06-Auto Transporter                  07-Garbage / Refuse</p>	<p>21-Bus (seats more than 15 people, including driver)                  96-No Cargo Body Type                  97-Med/Heavy Truck or Bus, Other Cargo Body Type (not codes 01-09, 20-21)                  98-Med/Heavy Truck or Bus, Unkn. Cargo Body Type                  99-Unknown if Light or Med/Heavy Truck/Bus</p>
<p><b>CRASH AVOIDANCE MANEUVER</b> <input type="text" value="0"/></p> <p>0-No Avoidance Maneuver Reported                  1-Braking (skid marks evident)                  2-Braking (no skid marks; driver stated)                  3-Braking (other reported evidence)                  4-Steering (evidence or stated)</p> <p>5-Steering and Braking (evidence or stated)                  6-Other Avoidance Maneuver                  8-Not Reported / Inconclusive (by police)</p>		<p><b>HAZARDOUS CARGO</b> <input type="text" value="0"/></p> <p>0-No                  1-Yes, Placarded                  2-Yes, Not Placarded                  3-Yes, Unknown if Placarded                  9-Unknown</p>	
<p><b>ROLLOVER</b> <input type="text" value="0"/></p> <p>0-No Rollover                  1-First Event                  2-Subsequent Event</p>		<p><b>SEQUENCE OF EVENTS</b> <input type="text" value="12 00 00 00 00 00"/></p> <p>LOOKUP SEQUENCE OF EVENTS CODES</p>	
<p><b>JACKKNIFE</b> <input type="text" value="0"/></p> <p>0-Not an Articulated Vehicle                  1-No                  2-First Event                  3-Subsequent Event</p>		<p><b>MOST HARMFUL EVENT</b> <input type="text" value="12"/></p> <p>LOOKUP MOST HARMFUL EVENT CODES</p>	
		<p><b>RELATED FACTORS</b> <input type="text" value="00 00"/></p> <p>LOOKUP RELATED FACTORS - VEHICLE LEVEL CODES</p>	
		<p><b>FIRE OCCURRENCE</b> <input type="text" value="0"/></p> <p>0-No Fire                  1-Fire Occurred in Vehicle During Accident</p>	

Rodney Wood

FARS # 481432



FATAL     CMV INVOLVED     SCHOOL BUS RELATED     RAILROAD RELATED     MEDICAL ADVISORY BOARD     HIT AND RUN     AMENDMENT/SUPPLEMENT



# Texas Peace Officer's Crash Report

Form CR-3  
(Rev. 03/09)  
Page 1 of 2

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714.  
Questions? Call: 512/486-5780

PLACE WHERE CRASH OCCURRED  
 COUNTY TARRANT CITY OR TOWN FORT WORTH LOC # 09-076903  
 IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN \_\_\_\_\_ MILES     OF \_\_\_\_\_  
 ORI # \_\_\_\_\_  
 TxDOT # \_\_\_\_\_

ROAD ON WHICH CRASH OCCURRED 2350 NE LOOP 820 CONSTRUCTION ZONE  YES  NO SPEED LIMIT 65  
 BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT  YES  NO  
 INTERSECTING STREET OR RR X'ING NUMBER \_\_\_\_\_ CONSTRUCTION ZONE  YES  NO SPEED LIMIT \_\_\_\_\_  
 BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT  YES  NO  
 NOT AT INTERSECTION 100  FT.     OF 5300 MARK IV PARKWAY MILEPOST \_\_\_\_\_  
 MI. N S E W SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT LATITUDE \_\_\_\_\_  
 LONGITUDE \_\_\_\_\_

DATE OF CRASH JULY 10 2009 DAY OF WEEK FRIDAY HOUR 5:35  AM  PM # EXACTLY MOON OR MIDNIGHT, SO STATE

UNIT # 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 1VH2B1E20Y6200129 ALTERED VEHICLE HEIGHT  YES  NO  
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER  
 3-PEDALCYCLIST 6-TOWED  
 YEAR MODEL 00 COLOR & MAKE WHITE - ORION MODEL NAME BUS BODY STYLE \_\_\_\_\_ LICENSE PLATE EXMP TX YEAR STATE 869182 NUMBER  
 DRIVER'S NAME WARE RONNIE D 4008 HILLDALE FTWORTH, TX 76119 PHONE NUMBER 817-449-9925  
 LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE TX 14869672 B-CDL 12/06/1970 LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN  
 STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH

DRIVER'S ETHNICITY 3 1-WHITE 4-ASIAN DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION BUS DRIVER POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE  
 2-HISPANIC 5-OTHER

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED

LESSEE  OWNER FT WORTH TRANSIT AUTH 1600 E LANCASTER FTW TX 76102  
 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE  YES  NO  EXP INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING 12-VB-7-FD-3

UNIT # 2 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 1J4GX48S94C249693 ALTERED VEHICLE HEIGHT  YES  NO  
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER  
 3-PEDALCYCLIST 6-TOWED  
 YEAR MODEL 04 COLOR & MAKE BLK / JEEP MODEL NAME GRAND CHEROKEE BODY STYLE SUV LICENSE PLATE 09 TX YEAR STATE X34BBC NUMBER  
 DRIVER'S NAME WOOD RODNEY R 16125 HOLLYHILL CT JUSTIN TX 76247 PHONE NUMBER \_\_\_\_\_  
 LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE TX 19721212 CM 12/12/1972 LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN  
 STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH

DRIVER'S ETHNICITY W 1-WHITE 4-ASIAN DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION \_\_\_\_\_ POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE  
 2-HISPANIC 5-OTHER

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED

LESSEE  OWNER SAME AS DRIVER \_\_\_\_\_  
 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE  YES  NO  EXP INSURANCE COMPANY PROGRESSIVE INS POLICY NUMBER 62491286 VEHICLE DAMAGE RATING 06-BD7-FD4-VB7

DAMAGE TO PROPERTY OTHER THAN VEHICLES \_\_\_\_\_

OBJECT \_\_\_\_\_ NAME AND ADDRESS OF OWNER \_\_\_\_\_ FEET FROM CURB \_\_\_\_\_ DAMAGE ESTIMATE \$ \_\_\_\_\_

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED  
 NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION # \_\_\_\_\_  
 NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION # \_\_\_\_\_

TIME NOTIFIED OF CRASH 07/10/09 6:23PM HOW POLICE RADIO TIME ARRIVED AT SCENE 07/10/09 6:53PM DATE OF REPORT 07/11/09  
 DATE HOUR DATE HOUR

TYPED OR PRINTED NAME OF INVESTIGATOR DETECTIVE TDP DAVIS ID # 1965 AGENCY FWPD DIST/AREA D13 REPORT COMPLETE  YES  NO

<b>SEAT POSITION</b> 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT 7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	<b>SOLICITATION</b> INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOLEICIT, N=NO SOLICIT)	<b>EJECTED</b> 1-NO 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	<b>RESTRAINT USED</b> 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN	<b>7-BOOSTER SEAT</b> 8-NONE 9-OTHER 10-UNKNOWN	<b>AIRBAG</b> 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	<b>HELMET USE</b> 1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGE 4-NOT WORN 5-UNKNOWN IF WORN	<b>INJURY SEVERITY</b> K-KILLED A-INCAPACITATING INJURY B-NON INCAPACITATING INJURY C-POSSIBLE INJURY N-NOT INJURED U-UNKNOWN
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UNIT # **1** TOWED DUE TO  YES  NO **DISABLING DAMAGE** VEHICLE REMOVED TO **1600 E LANCASTER** BY **ABC WRECKER**

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	SEE FRONT	N	1	1	2	4	38	M	B
2	3	RAGLAND, GARY 4601 GOLD ROCK FTW, TX. 76137	N	1	9	1	4	45	M	C
3										
4										
5										

UNIT # **2** TOWED DUE TO  YES  NO **DISABLING DAMAGE** VEHICLE REMOVED TO **1301 E NORTHSIDE DR** BY **FORT WORTH WRECKER**

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	SEE FRONT	N	1	1	6	4	36	M	K
7										
8										
9										
10										

PED., PEDAL, MOT., CONVEY, ETC.	COMPLETED IF CASUALTIES NOT IN MOTOR VEHICLE	CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

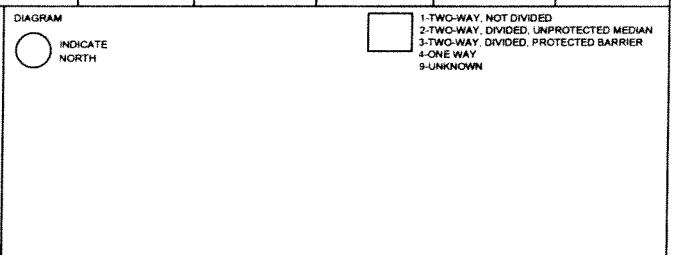
ITEM #S	TAKEN TO	BY	IF AMBULANCE USED, SHOW				
			TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT
1	HARRIS DOWNTOWN	MED-STAR 49	5:38P	5:43P	49	2	
6	TCME OFFICE	WL LAWSON FOUNDATIO	1930	2000		2	1

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH
6	071009	1735									

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Unit 1 was E/B 2350 NE Loop 820 in left lane. Driver 1 said unit 2 slammed on brakes. Unit 2 was struck by unit 1. Unit 2 then struck unit 3. Unit 5 states unit 4 who was behind him was driving fast and he tried to move out of the way and was then rear ended by unit 4. Driver unit 2 was deceased on the scene.



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT #	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED
1	22			

- 1-ANIMAL ON ROAD - DOMESTIC
- 2-ANIMAL ON ROAD - WILD
- 3-BACKED WITHOUT SAFETY
- 4-CHANGED LANE WHEN UNSAFE
- 5-13 SEE VEHICLE DEFECTS
- 14-DISABLED IN TRAFFIC LANE
- 15-DISREGARD STOP AND GO SIGNAL
- 16-DISREGARD STOP SIGN OR LIGHT
- 17-DISREGARD TURN MARKS AT INTERSECTION
- 18-DISREGARD WARNING SIGN AT CONSTRUCTION
- 19-DISTRACTION IN VEHICLE
- 20-DRIVER INATTENTION
- 21-DRIVE WITHOUT HEADLIGHTS
- 22-FAILED TO CONTROL SPEED
- 23-FAILED TO DRIVE IN SINGLE LANE
- 24-FAILED TO GIVE HALF OF ROADWAY
- 25-FAILED TO NEED WARNING SIGN
- 26-FAILED TO PASS TO LEFT SAFELY
- 27-FAILED TO PASS TO RIGHT SAFELY
- 28-FAILED TO GIVE SIGNAL OR WRONG SIGNAL
- 29-FAILED TO STOP AT PROPER PLACE
- 30-FAILED TO STOP FOR SCHOOL BUS
- 31-FAILED TO STOP FOR TRAIN
- 32-FAILED TO YIELD ROW - EMERGENCY VEHICLE
- 33-FAILED TO YIELD ROW - OPEN INTERSECTION
- 34-FAILED TO YIELD ROW - PRIVATE DRIVE
- 35-FAILED TO YIELD ROW - STOP SIGN
- 36-FAILED TO YIELD ROW - TO PEDESTRIAN
- 37-FAILED TO YIELD ROW - TURNING LEFT
- 38-FAILED TO YIELD ROW - TURN ON RED
- 39-FAILED TO YIELD ROW - YIELD SIGN
- 40-FATIGUED OR ASLEEP
- 41-FAULTY EVASIVE ACTION
- 42-FIRE IN VEHICLE
- 43-FLEEING OR EVADING POLICE
- 44-FOLLOWED TOO CLOSELY
- 45-HAD BEEN DRIVING
- 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
- 47-ILL (EXP. IN NARRATIVE)
- 48-IMPARED VISIBILITY (EXP. IN NARRATIVE)
- 49-IMPROPER START FROM PARKED POSITION
- 50-LOAD NOT SECURED
- 51-OPENED DOOR INTO TRAFFIC LANE
- 52-OVERSIZE VEHICLE OR LOAD
- 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
- 54-PARKED AND FAILED TO SET BRAKES
- 55-PARKED IN TRAFFIC LANE
- 56-PARKED WITHOUT LIGHTS
- 57-PASSED IN NO PASSING ZONE
- 58-PASSED ON RIGHT SHOULDER
- 59-PEDAL MOT. CON. FTYROW TO VEHICLE
- 60-SPEEDING-UNSAFE (UNDER LIMIT)
- 61-SPEEDING-OVER LIMIT
- 62-TAKING MEDICATION (EXP. IN NARRATIVE)
- 63-TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64-TURNED IMPROPERLY - WIDE RIGHT
- 65-TURNED IMPROPERLY - WRONG LANE
- 66-TURNED WHEN UNSAFE
- 67-UNDER INFLUENCE - ALCOHOL
- 68-UNDER INFLUENCE - DRUG
- 69-WRONG SIDE APPROACH OR IN INTERSECTION
- 70-WRONG SIDE NOT PASSING
- 71-WRONG WAY - ONE WAY ROAD
- 72-CELLMOBILE PHONE USE
- 73-ROAD RAGE
- 74-OTHER FACTOR (WRITE ON LINE)

- VEHICLE DEFECTS**
- 5-DEFECTIVE OR NO HEADLAMPS
  - 9-DEFECTIVE OR NO STOP LAMPS
  - 7-DEFECTIVE OR NO TAIL LAMPS
  - 8-DEFECTIVE OR NO TURN SIG. LAMPS
  - 10-DEFECTIVE OR NO TRAILER BRAKES
  - 11-DEFECTIVE OR NO VEHICLE BRAKES
  - 12-DEFECTIVE OR NO STEERING MECH
  - 13-DEFECTIVE OR SLICK TIRES
  - 13-DEFECTIVE TRUCK HITCH

TRAFFIC CONTROL	ROADWAY RELATION	PART OF ROADWAY	ROADWAY ALIGNMENT	LIGHT CONDITION	TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION
1-NONE 2-NONOPERATIVE 3-FLASHER 4-FLASHER 5-SIGNAL LIGHT 6-FLASHING RED LIGHT	7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPED DIVIDER 12-NO PASSING ZONE	13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER	1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-STRAIGHT HILLCREST 4-CURVE LEVEL 5-CURVE GRADE 6-CURVE HILLCREST 7-OTHER 8-UNKNOWN	1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNK. LIGHTED 5-DAWN 6-DUSK 7-OTHER 8-UNKNOWN 9-UNKNOWN	1-CONCRETE 2-BLACKTOP 3-BROCK 4-GRAVEL 5-DIRT 6-OTHER 7-UNKNOWN	1-CLEAR/LOUDLY 2-RAIN 3-SLEET/RAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN	1-DRY 2-WET 3-STANDING WATER/PUNK 4-SNOW 5-SLUSH 6-ICE 7-SAND/MUD/DIRT 8-OTHER

FATAL  CMV INVOLVED  SCHOOL BUS RELATED  RAILROAD RELATED  MEDICAL ADVISORY BOARD  HIT AND RUN  AMENDMENT/SUPPLEMENT



# Texas Peace Officer's Crash Report

Form CR-3  
(Rev. 03/09)  
Page 1 of 2

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714.  
Questions? Call: 512/486-5780

PLACE WHERE CRASH OCCURRED  
 COUNTY TARRANT CITY OR TOWN FORT WORTH  
 IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN \_\_\_\_\_ MILES     OF \_\_\_\_\_  
 LOC # 09-076903  
 ORI # \_\_\_\_\_  
 TxDOT # \_\_\_\_\_

ROAD ON WHICH CRASH OCCURRED 2350 NE LOOP 820 CONSTRUCTION ZONE  YES  NO SPEED LIMIT 65  
 BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT  YES  NO  
 INTERSECTING STREET OR RR X'ING NUMBER \_\_\_\_\_ CONSTRUCTION ZONE  YES  NO SPEED LIMIT \_\_\_\_\_  
 BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT  YES  NO  
 NOT AT INTERSECTION 100  FT.     OF 5300 MARK IV PARKWAY MILEPOST \_\_\_\_\_  
 MI. N S E W SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT LATITUDE \_\_\_\_\_  
 LONGITUDE \_\_\_\_\_

DATE OF CRASH JULY 10 2009 DAY OF WEEK FRIDAY HOUR 5:35  
 MONTH DAY YEAR DAY OF WEEK HOUR  
 AM # EXACTLY NOON  PM OR MIDNIGHT, 50 STATE

UNIT # 3 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 2CNDL63F966034560 ALTERED VEHICLE HEIGHT  YES  NO  
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER  
 3-PEDALCYCLIST 6-TOWED  
 YEAR MODEL 06 COLOR & MAKE MAROON - CHEVY MODEL NAME EQUINOX BODY STYLE SUV LICENSE PLATE 09 TX BMN903  
 YEAR STATE NUMBER  
 DRIVER'S NAME HORN PAUL D 9025 BAYARD ST KELLER, TX. 76248 PHONE NUMBER \_\_\_\_\_  
 LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE TX 19640406 CM 04/06/1964 LICENSE STATUS 1 1-VALID 4-CANCELLED/DENIED  
 STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH STATUS 2-NOT VALID 5-EXPIRED  
 3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY 1 1-WHITE 4-ASIAN DRIVER'S SEX  MALE DRIVER'S OCCUPATION \_\_\_\_\_ POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE  
 2-HISPANIC 5-OTHER  FEMALE  
 3-BLACK

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1. \_\_\_\_\_  
 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED 2. \_\_\_\_\_

LESSEE  OWNER SAME AS DRIVER ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_  
 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)  
 LIABILITY INSURANCE  YES  NO PROGRESSIVE INS 62491286 VEHICLE DAMAGE RATING 06,VB7,BD4,FD4  
 EXP INSURANCE COMPANY POLICY NUMBER

UNIT # 4 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # 1D7HA16K62J219983 ALTERED VEHICLE HEIGHT  YES  NO  
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER  
 3-PEDALCYCLIST 6-TOWED  
 YEAR MODEL 02 COLOR & MAKE BLUE - DODGE MODEL NAME 1500 BODY STYLE P/U LICENSE PLATE 09 TX 55RFT2  
 YEAR STATE NUMBER  
 DRIVER'S NAME DIAL TRACY N 1235 GILLILAND RD SPRINGTOWN, TX. 76082 PHONE NUMBER 817-614-0608  
 LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE TX 13714203 C 12/20/1984 LICENSE STATUS 1 1-VALID 4-CANCELLED/DENIED  
 STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH STATUS 2-NOT VALID 5-EXPIRED  
 3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY 1 1-WHITE 4-ASIAN DRIVER'S SEX  FEMALE DRIVER'S OCCUPATION \_\_\_\_\_ POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE  
 2-HISPANIC 5-OTHER  MALE  
 3-BLACK

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1. \_\_\_\_\_  
 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED 2. \_\_\_\_\_

LESSEE  OWNER SAME AS DRIVER ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_  
 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)  
 LIABILITY INSURANCE  YES  NO STATE FARM 4332595686002 VEHICLE DAMAGE RATING 06,BD3,FD,2,RP2  
 EXP INSURANCE COMPANY POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLES \_\_\_\_\_

OBJECT \_\_\_\_\_ NAME AND ADDRESS OF OWNER \_\_\_\_\_ FEET FROM CURB \_\_\_\_\_ \$ \_\_\_\_\_ DAMAGE ESTIMATE \_\_\_\_\_

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED  
 NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION # \_\_\_\_\_  
 NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION # \_\_\_\_\_

TIME NOTIFIED OF CRASH 07/10/09 6:23P HOW POLICE RADIO TIME ARRIVED AT SCENE 07/10/09 6:53P DATE OF REPORT 07/11/09  
 DATE HOUR DATE HOUR DATE HOUR

TYPED OR PRINTED NAME OF INVESTIGATOR DETECTIVE TDP DAVIS ID # 1965 AGENCY FWOP DIST/AREA D13 REPORT COMPLETE  YES  NO

<b>SEAT POSITION</b> 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT		7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN		<b>SOLICITATION</b> INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOLEICIT, N=NO SOLICIT)		<b>EJECTED</b> 1-NONE 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN		<b>RESTRAINT USED</b> 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN		7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN		<b>AIRBAG</b> 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN		<b>HELMET USE</b> 1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGE 4-NOT WORN 5-UNKNOWN IF WORN		<b>INJURY SEVERITY</b> A-KILLED B-INCAPACITATING INJURY C-NON INCAPACITATING INJURY D-POSSIBLE INJURY E-NOT INJURED F-UNKNOWN	
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UNIT # **3** TOWED DUE TO  YES  NO DISABLING DAMAGE VEHICLE REMOVED TO **1301 E NORTHSIDE DR** BY **WESTLOOP TOWING**

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	SEE FRONT		N	1	1	6	4	44	M	B
2											
3											
4											
5											

UNIT # **4** TOWED DUE TO  YES  NO DISABLING DAMAGE VEHICLE REMOVED TO **1301 E NORTHSIDE DR** BY **ABC WRECKER**

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	SEE FRONT		N	1	1	2	4	23	F	B
7	3	PARKS, SHAWNA		N	1	1	2	4		F	B
8											
9											
10											

PED., PEDAL, MOT. CONVEY, ETC.	COMPLETED IF CASUALTIES NOT IN MOTOR VEHICLE	CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW				
ITEM #S	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT	
1	HARRIS HOSPITAL	MED STAR	5:46P	5:52P	60	2	3	
6&7	PARKLAND MEM HOSP	MED STAR	5:45P	5:49P	43	2		

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

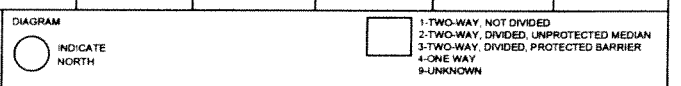
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\_\_\_\_\_

\_\_\_\_\_



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT #	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED
1	1	2	3	4
1	2	3	4	5

- 1-ANIMAL ON ROAD - DOMESTIC
- 2-ANIMAL ON ROAD - WILD
- 3-BACKED WITHOUT SAFETY
- 4-CHANGED LANE WHEN UNSAFE
- 5-13 SEE VEHICLE DEFECTS
- 14-DISABLED IN TRAFFIC LANE
- 15-DISREGARD STOP AND GO SIGNAL
- 16-DISREGARD STOP SIGN OR LIGHT
- 17-DISREGARD TURN MARKS AT INTERSECTION
- 18-DISREGARD WARNING SIGN AT CONSTRUCTION
- 19-DISTRACTION IN VEHICLE
- 20-DRIVER INATTENTION
- 21-DROVE W/OUT HEADLIGHTS
- 22-FAILED TO CONTROL SPEED
- 23-FAILED TO DRIVE IN SINGLE LANE
- 24-FAILED TO GIVE HALF OF ROADWAY
- 25-FAILED TO HEED WARNING SIGN
- 26-FAILED TO PASS TO LEFT SAFELY
- 27-FAILED TO PASS TO RIGHT SAFELY
- 28-FAILED TO GIVE SIGNAL OR WRONG SIGNAL
- 29-FAILED TO STOP AT PROPER PLACE
- 30-FAILED TO STOP FOR SCHOOL BUS
- 31-FAILED TO STOP FOR TRAIN
- 32-FAILED TO YIELD ROW - EMERGENCY VEHICLE
- 33-FAILED TO YIELD ROW - OPEN INTERSECTION
- 34-FAILED TO YIELD ROW - PRIVATE DRIVE
- 35-FAILED TO YIELD ROW - STOP SIGN
- 36-FAILED TO YIELD ROW - TO PEDESTRIAN
- 37-FAILED TO YIELD ROW - TURNING LEFT
- 38-FAILED TO YIELD ROW - TURN ON RED
- 39-FAILED TO YIELD ROW - YIELD SIGN
- 40-FATIGUED OR ASLEEP
- 41-FAULTY EVASIVE ACTION
- 42-FIRE IN VEHICLE
- 43-FLEEING OR EVADING POLICE
- 44-FOLLOWED TOO CLOSELY
- 45-HAD BEEN DRIVING
- 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
- 47-ILL (EXP. IN NARRATIVE)
- 48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE)
- 49-IMPROPER START FROM PARKED POSITION
- 50-LOAD NOT SECURED
- 51-OPENED DOOR INTO TRAFFIC LANE
- 52-OVERSIZE VEHICLE OR LOAD
- 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
- 54-PARKED AND FAILED TO SET BRAKES
- 55-PARKED IN TRAFFIC LANE
- 56-PARKED WITHOUT LIGHTS
- 57-PASSED IN NO PASSING ZONE
- 58-PASSED ON RIGHT SHOULDER
- 59-PEDAL MOT. CON. FT/W/O VEHICLE
- 60-PEDESTRIAN
- 61-SPEEDING - UNSAFE (UNDER LIMIT)
- 62-TAKING MEDICATION (EXP. IN NARRATIVE)
- 63-TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64-TURNED IMPROPERLY - WIDE RIGHT
- 65-TURNED IMPROPERLY - WRONG LANE
- 66-TURNED WHEN UNSAFE
- 67-UNDER INFLUENCE - ALCOHOL
- 68-UNDER INFLUENCE - DRUG
- 69-WRONG SIDE APPROACH OR IN INTERSECTION
- 70-WRONG SIDE NOT PASSING
- 71-WRONG WAY - ONE WAY ROAD
- 72-CELL/MOBILE PHONE USE
- 73-ROAD RAGE
- 74-OTHER FACTOR (WRITE ON LINE)

**VEHICLE DEFECTS**

5-DEFECTIVE OR NO HEADLAMPS  
6-DEFECTIVE OR NO STOP LAMPS  
7-DEFECTIVE OR NO TAIL LAMPS  
8-DEFECTIVE OR NO TURN SIG LAMPS  
9-DEFECTIVE OR NO TRAILER BRAKES  
10-DEFECTIVE OR NO VEHICLE BRAKES  
11-DEFECTIVE OR NO STEERING MECH  
12-DEFECTIVE OR SLICK TIRES  
13-DEFECTIVE TRAILER HITCH

<b>TRAFFIC CONTROL</b> 1-NONE 2-INOPERATIVE 3-OFFICER 4-FLAGMAN 5-SIGNAL LIGHT 6-FLASHING RED LIGHT 7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPED DIVIDER 12-NO PASSING ZONE 13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER		<b>ROADWAY RELATION</b> 1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN
<b>PART OF ROADWAY</b> 1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-TOUR 7-OTHER	<b>ROADWAY ALIGNMENT</b> 1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST 7-OTHER 8-UNKNOWN	<b>LIGHT CONDITION</b> 1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNLIGHTED 5-DAWN 6-DUSK 7-OTHER 8-UNKNOWN
<b>TYPE OF ROAD SURFACE</b> 1-CONCRETE 2-BLACKTOP 3-BRICK 4-GRAVEL 5-DIRT 6-OTHER 7-UNKNOWN	<b>WEATHER</b> 1-CLEAR/LOUDY 2-RAIN 3-SLEET/HAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN	<b>SURFACE CONDITION</b> 1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLUSH 6-ICE 7-SAND/MUD/DIRT 8-OTHER 9-UNKNOWN



FATAL  CMV INVOLVED  SCHOOL BUS RELATED  RAILROAD RELATED  MEDICAL ADVISORY BOARD  HIT AND RUN  AMENDMENT/SUPPLEMENT



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PLACE WHERE CRASH OCCURRED  
COUNTY TARRANT CITY OR TOWN FORT WORTH  
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN \_\_\_\_\_ MILES  N  S  E  W OF \_\_\_\_\_  
LOC # 09-076903  
ORI # \_\_\_\_\_  
TxDOT # \_\_\_\_\_

ROAD ON WHICH CRASH OCCURRED 2350 NE LOOP 820 CONSTRUCTION ZONE  YES  NO SPEED LIMIT 65  
BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE WORKERS PRESENT  YES  NO  
INTERSECTING STREET OR RR X'ING NUMBER 100  FT.  MI.  N  S  E  W OF 5300 MARK IV PARKWAY MILEPOST \_\_\_\_\_ LATITUDE \_\_\_\_\_  
NOT AT INTERSECTION \_\_\_\_\_ OF \_\_\_\_\_ SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT \_\_\_\_\_ LONGITUDE \_\_\_\_\_

DATE OF CRASH JULY 10 2009 DAY OF WEEK FRIDAY HOUR 5:35  
MONTH DAY YEAR WEEK  
 AM IF EXACTLY NOON  PM OR MIDNIGHT, 50 STATE

UNIT # 5 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT ALTERED VEHICLE HEIGHT  YES  NO  
2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER VIN # 2C3LA63H26H336630  
3-PEDALCYCLIST 6-TOWED  
YEAR MODEL 06 COLOR & MAKE BLACK CHRY MODEL NAME 300 C BODY STYLE 4DR LICENSE PLATE 10 TX 919KKG  
YEAR STATE NUMBER

DRIVER'S NAME ZAVALA ROBERT JR 2501 DURINGER RD FORT WORTH, TX 76133  
LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP) PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE TX 16346783 C 07/05/1976 LICENSE STATUS 1 1-VALID 4-CANCELLED/DENIED  
STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH STATUS 2-NOT VALID 5-EXPIRED  
3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY 2 1-WHITE 4-ASIAN DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION \_\_\_\_\_ POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE  
2-HISPANIC 5-OTHER  
3-BLACK

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1. \_\_\_\_\_  
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED 2. \_\_\_\_\_

LESSEE  OWNER DANIEL MARTINEZ 3601 FULLER FT WORTH, TX 76133  
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE  YES  NO FARMERS TX COUNTY MUTUAL 68759945 VEHICLE DAMAGE RATING 06,BD-2  
 EXP INSURANCE COMPANY POLICY NUMBER

UNIT # \_\_\_\_\_ 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT ALTERED VEHICLE HEIGHT  YES  NO  
2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER VIN # \_\_\_\_\_  
3-PEDALCYCLIST 6-TOWED  
YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
YEAR STATE NUMBER

DRIVER'S NAME \_\_\_\_\_ LAST FIRST M.I. ADDRESS (STREET, CITY, STATE, ZIP) PHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ STATE NUMBER CLASS/TYPE ENDORSEMENTS RESTRICTIONS DATE OF BIRTH LICENSE STATUS \_\_\_\_\_ 1-VALID 4-CANCELLED/DENIED  
2-NOT VALID 5-EXPIRED  
3-SUSPENDED/REVOKED 6-UNKNOWN

DRIVER'S ETHNICITY \_\_\_\_\_ 1-WHITE 4-ASIAN DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION \_\_\_\_\_ POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE  
2-HISPANIC 5-OTHER  
3-BLACK

TYPE OF ALCOHOL SPECIMEN TAKEN \_\_\_\_\_ TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN \_\_\_\_\_ TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 1. \_\_\_\_\_  
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED 2. \_\_\_\_\_

LESSEE  OWNER \_\_\_\_\_ ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_  
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)

LIABILITY INSURANCE  YES  NO \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_  
 EXP INSURANCE COMPANY POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLES \_\_\_\_\_  
OBJECT \_\_\_\_\_ NAME AND ADDRESS OF OWNER \_\_\_\_\_ FEET FROM CURB \_\_\_\_\_ \$ \_\_\_\_\_ DAMAGE ESTIMATE \_\_\_\_\_

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED  
NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION # \_\_\_\_\_  
NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION # \_\_\_\_\_

TIME NOTIFIED OF CRASH 07/10/09 6:23P HOW POLICE RADIO TIME ARRIVED AT SCENE 07/10/09 6:53P DATE OF REPORT 07/11/09  
DATE HOUR DATE HOUR  
TYPED OR PRINTED NAME OF INVESTIGATOR DETECTIVE TDP DAVIS ID # 1965 AGENCY FWPD DIST/AREA D13 REPORT COMPLETE  YES  NO

<b>SEAT POSITION</b> 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT	7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	<b>SOLICITATION</b> INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOLEICIT, N=NO SOLICIT)	<b>EJECTED</b> 1-NONE 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	<b>RESTRAINT USED</b> 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN	7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN	<b>AIRBAG</b> 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	<b>HELMET USE</b> 1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGE 4-NOT WORN 5-UNKNOWN IF WORN	<b>INJURY SEVERITY</b> K-KILLED A-INCAPACITATING INJURY B-NON-INCAPACITATING INJURY C-POSSIBLE INJURY N-NOT INJURED U-UNKNOWN
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UNIT # **5** TOWED DUE TO  YES  NO DISABLING DAMAGE  YES  NO VEHICLE REMOVED TO **DRIVEN AWAY** BY **DRIVER**

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	SEE FRONT		N	1	1	2	4	32	M	N
2											
3											
4											
5											

UNIT #  YES  NO TOWED DUE TO DISABLING DAMAGE  YES  NO VEHICLE REMOVED TO \_\_\_\_\_ BY \_\_\_\_\_

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6											
7											
8											
9											
10											

PED., PEDAL, MOT. CONVEY, ETC.	COMPLETED IF CASUALTIES NOT IN MOTOR VEHICLE	CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW			
ITEM #S	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT

COMPLETE THIS SECTION IF PERSON KILLED (if a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

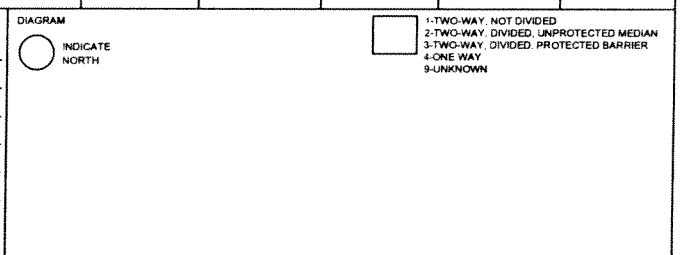
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**FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION**

UNIT #	FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5

- 1-ANIMAL ON ROAD - DOMESTIC
- 2-ANIMAL ON ROAD - WILD
- 3-BACKED WITHOUT SAFETY
- 4-CHANGED LANE WHEN UNSAFE
- 5-SEE VEHICLE DEFECTS
- 14-DISABLED IN TRAFFIC LANE
- 15-DISREGARD STOP AND GO SIGNAL
- 16-DISREGARD STOP SIGN OR LIGHT
- 17-DISREGARD TURN MARKS AT INTERSECTION
- 18-DISREGARD WARNING SIGN AT CONSTRUCTION
- 19-OBSTRUCTION IN VEHICLE
- 20-DRIVER INATTENTION
- 21-DROVE WITHOUT HEADLIGHTS
- 22-FAILED TO CONTROL SPEED
- 23-FAILED TO DRIVE IN SINGLE LANE
- 24-FAILED TO GIVE HALF OF ROADWAY
- 25-FAILED TO HEED WARNING SIGN
- 26-FAILED TO PASS TO LEFT SAFELY
- 27-FAILED TO PASS TO RIGHT SAFELY
- 28-FAILED TO GIVE SIGNAL OR WRONG SIGNAL
- 29-FAILED TO STOP AT PROPER PLACE
- 31-FAILED TO STOP FOR TRAIN
- 32-FAILED TO YIELD ROW - EMERGENCY VEHICLE
- 33-FAILED TO YIELD ROW - OPEN INTERSECTION
- 34-FAILED TO YIELD ROW - PRIVATE DRIVE
- 35-FAILED TO YIELD ROW - STOP SIGN
- 36-FAILED TO YIELD ROW - TO PEDESTRIAN
- 37-FAILED TO YIELD ROW - TURNING LEFT
- 38-FAILED TO YIELD ROW - TURN ON RED
- 39-FAILED TO YIELD ROW - YIELD SIGN
- 40-FATIGUED OR ASLEEP
- 41-FAULTY EVASIVE ACTION
- 42-FIRE IN VEHICLE
- 43-FLEEING OR EVADING POLICE
- 44-FOLLOWED TOO CLOSELY
- 45-HAD BEEN DRUNK
- 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE)
- 47-ALL (EXP. IN NARRATIVE)
- 48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE)
- 49-IMPROPER START FROM PARKED POSITION
- 50-LOAD NOT SECURED
- 51-OPENED DOOR INTO TRAFFIC LANE
- 52-OVERSIZE VEHICLE OR LOAD
- 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
- 54-PARKED AND FAILED TO SET BRAKES
- 55-PARKED IN TRAFFIC LANE
- 56-PARKED WITHOUT LIGHTS
- 57-PASSED IN NO PASSING ZONE
- 58-PASSED ON RIGHT SHOULDER
- 59-PEDESTAL MOT. CON. FTYROW TO VEHICLE
- 60-SPEEDING-UNSAFE (UNDER LIMIT)
- 61-SPEEDING OVER LIMIT
- 62-TAKING MEDICATION (EXP. IN NARRATIVE)
- 63-TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64-TURNED IMPROPERLY - WIDE RIGHT
- 65-TURNED IMPROPERLY - WRONG LANE
- 66-TURNED WHEN UNSAFE
- 67-UNDER INFLUENCE - ALCOHOL
- 68-UNDER INFLUENCE - DRUG
- 69-WRONG SIDE APPROACH OR IN INTERSECTION
- 70-WRONG SIDE NOT PASSING
- 71-WRONG WAY - ONE WAY ROAD
- 72-CELLPHONE PHONE USE
- 73-ROAD RAGE
- 74-OTHER FACTOR (WRITE ON LINE)
- 8-DEFECTIVE OR NO HEADLAMPS
- 9-DEFECTIVE OR NO STOP LAMPS
- 7-DEFECTIVE OR NO TAIL LAMPS
- 8-DEFECTIVE OR NO TURN SIG. LAMPS
- 9-DEFECTIVE OR NO TRAILER BRAKES
- 10-DEFECTIVE OR NO VEHICLE BRAKES
- 11-DEFECTIVE OR NO STEERING MECH.
- 12-DEFECTIVE OR SLOTTED TIRES
- 13-DEFECTIVE TRAILER HITCH

<b>TRAFFIC CONTROL</b> 1-NONE 2-INOPERATIVE 3-OFFICER 4-FLIC/SMAN 5-SIGNAL LIGHT 6-FLASHING RED LIGHT 7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPED/DIVIDER 12-NO PASSING ZONE 13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-SIDE LANE 17-OTHER	<b>ROADWAY RELATION</b> 1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN	
<b>PART OF ROADWAY</b> 1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CORRECTOR 6-DETOUR 7-OTHER	<b>ROADWAY ALIGNMENT</b> 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-STRAIGHT HILLCREST 4-CURVE LEVEL 5-CURVE GRADE 6-CURVE HILLCREST 7-OTHER 8-UNKNOWN	<b>LIGHT CONDITION</b> 1-DAYLIGHT 2-DARK NOT LIGHTED 3-DARK LIGHTED 4-DARK UNK LIGHTED 5-DAWN 6-DUSK 7-OTHER 8-OTHER 9-UNKNOWN
<b>TYPE OF ROAD SURFACE</b> 1-CONCRETE 2-BLACKTOP 3-BROCK 4-GRVEL 5-DIRT 6-OTHER 7-UNKNOWN	<b>WEATHER</b> 1-CLEAR/LOUDY 2-RAIN 3-SLEET/HAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN	<b>SURFACE CONDITION</b> 1-DRY 2-WET 3-STANDING WATER 4-SLOW 5-SLUSH 6-ICE 7-SAND/MUD/DIRT 8-OTHER 9-UNKNOWN



# Commercial Motor Vehicle Enforcement Supplement to the Texas Peace Officer's Crash Report

Questions? Call: 512/486-5780

10,001 LBS OR MORE  HAZARDOUS MATERIAL  9 OR MORE PASSENGER CAPACITY (DRIVER INCLUDED)

<b>CRASH INFORMATION</b>		LOC # <u>09-076903</u>
1. COUNTY <u>TARRANT</u>	2. CITY OR TOWN <u>FORT WORTH</u>	ORI # _____
3. ROAD ON WHICH CRASH OCCURRED <u>2350</u>	<u>NE LOOP 820</u>	TxDOT # _____
BLOCK #	STREET OR ROAD NAME	ROUTE #
4. DATE OF CRASH <u>07/10/2009</u>	5. HOUR <u>5:35</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		<b>ROADWAY ACCESS</b>
		<input checked="" type="checkbox"/> 1-FULL ACCESS CONTROL
		<input type="checkbox"/> 2-PARTIAL ACCESS CONTROL
		<input type="checkbox"/> 3-NO ACCESS CONTROL

<b>DRIVER INFORMATION</b>	6. NAME <u>WARE, RONNIE</u>	7. DRIVER'S LICENSE CLASS <input checked="" type="checkbox"/> 2	1-A 2-B 3-C	4-M 5-UNK 6-AM	7-BM 8-CM
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<b>CARRIER INFORMATION</b>	8. VEHICLE OPERATION <input type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE <input type="checkbox"/> NOT IN COMMERCE <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> PERSONAL			
9. CARRIER'S CORPORATE NAME <u>FORT WORTH TRANSIT AUTHORITY</u>				
10. CARRIER'S PRIMARY ADDRESS <u>1600</u> <u>E LANCASTER</u> <u>FT WORTH</u> <u>TX</u> <u>76102</u>				
NUMBER	STREET	CITY	STATE	ZIP
11. CARRIER ID TYPE <input type="checkbox"/> ICC <input type="checkbox"/> US DOT <input type="checkbox"/> TxDOT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	12. CARRIER ID NUMBER _____			

<b>MOTOR VEHICLE INFORMATION</b>	13. UNIT NUMBER ON CR-3 <input checked="" type="checkbox"/> 1	14. LICENSE PLATE <u>EXM</u> <u>TX</u> <u>869182</u>	15. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/>	REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input checked="" type="checkbox"/> <u>26000</u>
YEAR	STATE	NUMBER		

<b>16. VEHICLE TYPE</b>	<input checked="" type="checkbox"/> 3	1-PASSENGER CAR (ONLY IF VEHICLE DISPLAYS HM PLACARDS)	7-TRUCK TRAILER
		2-LIGHT TRUCK (ONLY IF VEHICLE DISPLAYS HM PLACARDS)	8-TRUCK TRACTOR (BOB TAIL)
		3-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER)	9-TRACTOR/SEMITRAILER
		4-BUS (SEATS FOR > 15 PEOPLE, INCLUDING DRIVER)	10-TRACTOR/DOUBLE TRAILER
		5-SINGLE UNIT TRUCK (2 AXLES, 6 TIRES)	11-TRACTOR/TRIPLE TRAILER
		6-SINGLE UNIT TRUCK (3 OR MORE AXLES)	99-UNKNOWN HEAVY TRUCK OVER 10,000 LBS (CANNOT CLASSIFY)

<b>17. CARGO BODY STYLE</b>	<input checked="" type="checkbox"/> 1	1-BUS (SEATS FOR 9-15 PEOPLE, INCLUDING DRIVER)	7-CONCRETE MIXER	98-OTHER _____
		2-BUS (SEATS FOR > 15 PEOPLE, INCLUDING DRIVER)	8-AUTO TRANSPORTER	
		3-VAN/ENCLOSED BOX	9-GARBAGE/REFUSE	
		4-CARGO TANK	10-GRAIN, CHIPS, GRAVEL	
		5-FLATBED	11-POLE	
		6-DUMP	12-NOT APPLICABLE	

<b>18. HAZARDOUS MATERIAL</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAZARDOUS MATERIALS RELEASED OR SPILLED	(DO NOT INCLUDE FUEL FROM THE VEHICLE FUEL TANK)
TRANSPORTING PLACARDABLE HAZARDOUS MATERIAL				
1 DIGIT CLASS # <input type="checkbox"/> 4 DIGIT ID # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1 DIGIT CLASS # <input type="checkbox"/> 4 DIGIT ID # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

<b>TRAILER NUMBER 1 INFORMATION</b>	19. LICENSE PLATE _____	20. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/>	REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input type="checkbox"/>	TRAILER TYPE
YEAR	STATE	NUMBER		<input type="checkbox"/> 1-FULL TRAILER
				<input type="checkbox"/> 2-SEMI TRAILER
				<input type="checkbox"/> 3-POLE TRAILER

<b>TRAILER NUMBER 2 INFORMATION</b>	21. LICENSE PLATE _____	22. GROSS VEHICLE WEIGHT RATING (GVWR) <input type="checkbox"/>	REGISTERED GROSS VEHICLE WEIGHT (RGVW) <input type="checkbox"/>	TRAILER TYPE
YEAR	STATE	NUMBER		<input type="checkbox"/> 1-FULL TRAILER
				<input type="checkbox"/> 2-SEMI TRAILER
				<input type="checkbox"/> 3-POLE TRAILER

<b>23. SEQUENCE OF EVENTS - UNIT</b> <u>1</u>	24. TOTAL NUMBER OF AXLES <input checked="" type="checkbox"/> 2
SEQ 1 <input checked="" type="checkbox"/> 13	25. TOTAL NUMBER OF TIRES <input checked="" type="checkbox"/> 4
SEQ 2 <input type="checkbox"/>	
SEQ 3 <input type="checkbox"/>	
SEQ 4 <input type="checkbox"/>	
1-NONCOLLISION RAN OFF ROAD	12-COLLISION INVOLVING PEDESTRIAN
2-NONCOLLISION JACKKNIFE	13-COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT
3-NONCOLLISION OVERTURN (ROLLOVER)	14-COLLISION INVOLVING PARKED MOTOR VEHICLE
4-NONCOLLISION DOWNHILL RUNAWAY	15-COLLISION INVOLVING TRAIN
5-NONCOLLISION CARGO LOSS OR SHIFT	16-COLLISION INVOLVING PEDALCYCLE
6-NONCOLLISION EXPLOSION OR FIRE	17-COLLISION INVOLVING ANIMAL
7-NONCOLLISION SEPARATION OF UNITS	18-COLLISION INVOLVING FIXED OBJECT
8-NONCOLLISION CROSS MEDIAN/CENTERLINE	19-COLLISION WITH WORK ZONE MAINTENANCE EQUIPMENT
9-NONCOLLISION EQUIPMENT FAILURE	20-COLLISION WITH OTHER MOVABLE OBJECT
10-NONCOLLISION OTHER	21-COLLISION WITH UNKNOWN MOVABLE OBJECT
11-NONCOLLISION UNKNOWN	98-OTHER _____

26. OFFICER'S PRINTED NAME <u>DETECTIVE TDP DAVIS 1965</u>	DEPT. <u>FT WORTH PD</u>	DATE <u>07/11/2009</u>
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## GENERAL

A separate commercial supplement is to be completed on **each** commercial motor vehicle involved in a motor vehicle crash. This supplement(s) must be attached to the basic peace officer's crash report. A commercial motor vehicle for supplemental reporting is defined as:

1. Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles where the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.
  - 1.1 GVWR and RGVW are both defined as the weight of the fully equipped vehicle plus its net carrying capacity. The GCWR is the combined weight rating of a motor vehicle and a towed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this form must be completed.
  - 1.2 The GVWR of a motor vehicle normally can be found on an information plate on the driver's door or door post. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not have an information plate or it is illegible, use RGVW. For combination or token trailers, see 1.6 below.
  - 1.3 On vehicles registered in Texas, the RGVW is shown on the registration receipt under "gross weight." Commercial motor vehicles are required to carry the registration receipt.
  - 1.4 In the event the registration receipt is not available, RGVW can normally be obtained by a **complete** registration check. Exception: If the vehicle has exempt license plates (i.e. owned by a government entity) no RGVW will be shown. In those instances, GVWR must be used.
  - 1.5 If GVWR is used to determine the need to complete this supplement, GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate blank(s).
  - 1.6 If RGVW is used to determine the need to complete this supplement, the RGVW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a **combination/token** vehicle or as an **apportioned** vehicle. In those situations the license plates will indicate combination/token or apportioned. If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s).
  - 1.7 RGVW for out-of-state vehicles and trailer(s) may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards or other documents or as in 1.4 above.
2. Any bus, which shall include every motor vehicle with a seating capacity of nine (9) or more passengers (**including the driver**) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.
3. Any motor vehicle hauling hazardous materials which is required to be placarded under the Hazardous Materials Transportation Act.

## INSTRUCTIONS FOR COMPLETION OF FORM CR-3C

Detailed instructions for completion of this supplement are included in the Instructions to Police for Reporting Crashes.

### Check Boxes (Top of Report)

Check appropriate box indicating if the vehicle was over 10,001 pounds, Hazardous Material(s), or 9 or more passenger capacity (driver included). More than one box may be checked.

**Roadway Access** - Code the access control characteristics which best describes the roadway which the vehicle was traveling on at the time of the crash.

Full Access Control is an expressway or freeway where the only means of entry to or exit from the roadway is by ramps connecting to other streets or highways.

No Access Control is a street or highway where driveways provide access to and egress from adjacent properties and where cross streets intersect at a grade. Partial Access Control is a street or highway which does not clearly fit the above definitions.

### CRASH INFORMATION (Items 1-5)

Complete the information in this section exactly as shown on the basic report (CR-3).

### DRIVER INFORMATION (Items 6-7)

Complete items 6 and 7 exactly as shown on the basic report (CR-3).

### CARRIER INFORMATION (Items 8-12)

Indicate whether the operation of the commercial motor vehicle at the time of this crash is defined as an interstate, intrastate, government or personal operation.

An interstate operation is one where the transportation of the property originated in one state or country and passed through or terminated in another state or country. An intrastate operation is one where the transportation of the property did not cross a state or international boundary. The bill of lading origin and destination information may be one source available to make this determination. Government and Personal use will be determined through investigation.

Indicate the Carrier's corporate name and primary business address in items 9 and 10. The Carrier is defined as the entity responsible for the operation of the vehicle at the time of the crash. This may be the actual owner of the vehicle or the lessee. The information should match Owner/Lessee shown on the CR-3. Show the type of carrier identification by checking the appropriate box in item 11. Show the ID number in item 12, if applicable.

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Case No.:

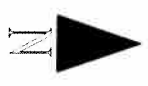
09076903

Address 1:

2350 NE Loop 820 E/B

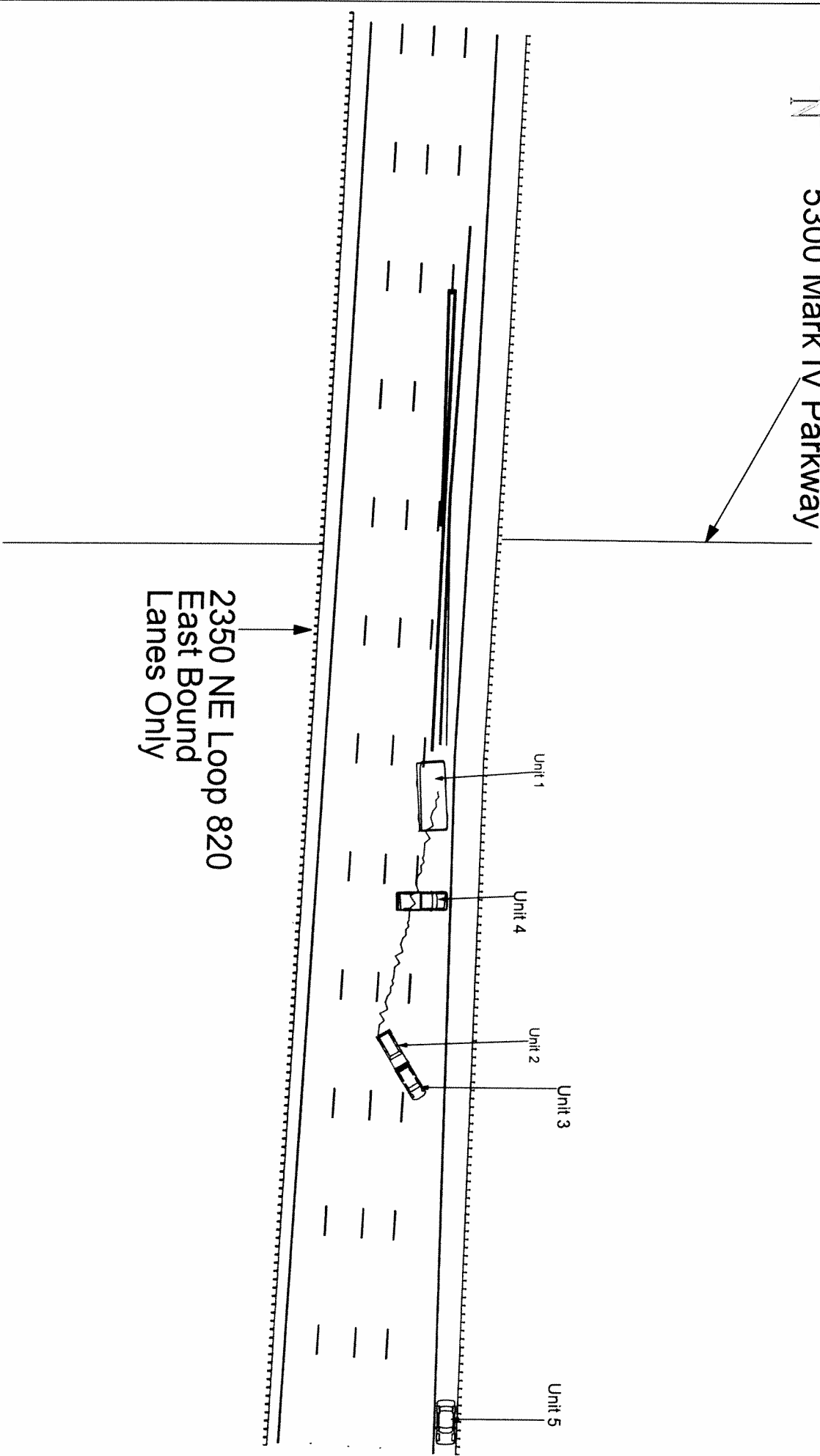
County:

Tarrant



5300 Mark IV Parkway

2350 NE Loop 820  
East Bound  
Lanes Only



Officer:

Detective TDP Davis 1965

FWPD

Date:

071009

Time:

5:35 pm

Rodney Wood, FARS # 481432

EWR Summary, 2010 Quarter 1 Chrysler Submissions

**Make:** JEEP

**Deaths:** 1

**Model:** GRAND CHEROKEE

**Injuries:** 0

**Model Year:** 2004

**VIN:** 1J4GX48S94C...

**State/Foreign Country:** TX

**Incident Date:** 07/10/2009

**Sequence ID:** 28

**Reported Components:**

A. Fire Related

B. Fuel System



## 2009 Fatality Analysis Reporting System CRASH LEVEL

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

<b>STATE (GSA Code)</b> <input type="text" value="48"/>	<b>CONSECUTIVE NUMBER</b> <input type="text" value="1432"/>	<b>Number of Forms Submitted for Persons Not in Motor Vehicles</b> <input type="text" value="0"/>	<b>Number of Vehicle Forms Submitted</b> <input type="text" value="5"/>	<b>Number of Person Forms Submitted</b> <input type="text" value="7"/>									
<b>COUNTY</b> <input type="text" value="439"/>	<b>CITY</b> <input type="text" value="2450"/>	<b>DATE</b> <input type="text" value="07102009"/> Month, Day, Year	<b>TIME</b> <input type="text" value="1735"/> Military Time 9999-Unknown										
<b>NATIONAL HIGHWAY SYSTEM</b> <input type="text" value="1"/> <small>LOOKUP NATIONAL HIGHWAY SYSTEM CODES</small>		<b>SPEED LIMIT</b> <input type="text" value="65"/> <small>Actual Miles Per Hour Except: 00-No Statutory Limit 99-Unknown</small>											
<b>ROADWAY FUNCTION CLASS</b> <input type="text" value="11"/> <small>RURAL URBAN 99-Unknown</small> 01-Principal Arterial - Interstate 02-Principal Arterial - Other 03-Minor Arterial 04-Major Collector 05-Minor Collector 06-Local Road or Street 09-Unknown Rural 11-Principal Arterial - Interstate 12-Principal Arterial - Other (Freeways or Expressways) 13-Other Principal Arterial 14-Minor Arterial 15-Collector 18-Local Road or Street 19-Unknown Urban		<b>ROADWAY ALIGNMENT</b> <input type="text" value="1"/> 1-Straight 2-Curve 9-Unknown											
<b>ROUTE SIGNING</b> <input type="text" value="8"/> 1-Interstate 2-U.S. Highway 3-State Highway 4-County Road LOCAL STREET 5-Township 6-Municipality 7-Frontage Road 8-Other 9-Unknown		<b>ROADWAY PROFILE</b> <input type="text" value="3"/> 1-Level 2-Grade 3-Hillcrest 4-Sag 9-Unknown											
<b>TRAFFIC IDENTIFIER</b> <small>Actual Posted Number, Assigned Number, or Common Name (If No Posted or Assigned Number) Except: Nine-Fill if Unknown</small> <input type="text" value="SL820"/>		<b>ROADWAY SURFACE TYPE</b> <input type="text" value="2"/> 1-Concrete 2-Blacktop, Bituminous, Asphalt 3-Brick or Block 4-Slag, Gravel or Stone 5-Dirt 6-Other 8-Other 9-Unknown											
<b>MILEPOINT</b> <input type="text" value="00174"/> <small>Actual to Nearest .1 Mile (Assumed Decimal) Except: 00000-None 99999-Unknown</small>		<b>ROADWAY SURFACE CONDITIONS</b> <input type="text" value="1"/> 1-Dry 2-Wet 3-Snow or Slush 4-Ice/Frost 5-Sand, Dirt, Mud, Gravel 6-Water (standing or moving) 7-Oil 8-Other 9-Unknown											
<b>GLOBAL POSITION</b> <table style="width: 100%;"><tr><td><b>Degrees</b></td><td><b>Minutes</b></td><td><b>Seconds</b></td></tr><tr><td><b>LATITUDE:</b> <input type="text" value="32"/></td><td><input type="text" value="50"/></td><td><input type="text" value="22.09"/></td></tr><tr><td><b>LONGITUDE:</b> <input type="text" value="097"/></td><td><input type="text" value="19"/></td><td><input type="text" value="14.61"/></td></tr></table>		<b>Degrees</b>	<b>Minutes</b>	<b>Seconds</b>	<b>LATITUDE:</b> <input type="text" value="32"/>	<input type="text" value="50"/>	<input type="text" value="22.09"/>	<b>LONGITUDE:</b> <input type="text" value="097"/>	<input type="text" value="19"/>	<input type="text" value="14.61"/>	<b>WORK ZONE</b> <input type="text" value="0"/> 0-None 1-Construction 2-Maintenance 3-Utility 4-Work Zone, Type Unknown		
<b>Degrees</b>	<b>Minutes</b>	<b>Seconds</b>											
<b>LATITUDE:</b> <input type="text" value="32"/>	<input type="text" value="50"/>	<input type="text" value="22.09"/>											
<b>LONGITUDE:</b> <input type="text" value="097"/>	<input type="text" value="19"/>	<input type="text" value="14.61"/>											
<b>SPECIAL JURISDICTION</b> <input type="text" value="0"/> <small>LOOKUP SPECIAL JURISDICTION CODES</small>		<b>TRAFFIC CONTROL DEVICE</b> <input type="text" value="0"/> <small>LOOKUP TRAFFIC CONTROL DEVICE CODES</small>											
<b>FIRST HARMFUL EVENT</b> <input type="text" value="12"/> <small>LOOKUP FIRST HARMFUL EVENT CODES</small>		<b>TRAFFIC CONTROL DEVICE FUNCTIONING</b> <input type="text" value="0"/> 0-No controls 1-Device Not Functioning 2-Device Functioning - Functioning Improperly 3-Device Functioning Properly 9-Unknown											
<b>MANNER OF COLLISION</b> <input type="text" value="01"/> 00-Not Collision with Motor Vehicle 01-Front-to-Rear (includes Rear-End) 02-Front-to-Front (includes Head-On) 03-Front-to-Side, Same Direction 04-Front-to-Side, Opposite Direction 05-Front-to-Side, Right Angle (includes Broadside) 06-Front-to-Side/Angle-Direction Not Specified 07-Sideswipe-Same Direction 08-Sideswipe-Opposite Direction 09-Rear-to-Side 10-Rear-to-Rear 11-Other(End Swipes and Others) 99-Unknown		<b>LIGHT CONDITION</b> <input type="text" value="1"/> 1-Daylight 2-Dark-Not Lighted 3-Dark but Lighted 4-Dawn 5-Dusk 6-Dark-Unknown Lighting 7-Other 9-Unknown											
<b>RELATION TO JUNCTION</b> <input type="text" value="01"/> NON-INTERCHANGE 01-Non-Junction 02-Intersection 03-Intersection Related 04-Driveway, Alley Access, etc. INTERCHANGE AREA 10-Intersection 11-Intersection Related 12-Driveway Access 13-Entrance/Exit Ramp Related		<b>ATMOSPHERIC CONDITIONS</b> <input type="text" value="110"/> 0-No Additional Atmospheric Conditions 1-Clear/Cloudy (No Adverse Conditions) 2-Rain 3-Sleet(Hail) 4-Snow or Blowing Snow 5-Fog, Smog, Smoke 6-Severe Crosswinds 7-Blowing Sand, Soil, Dirt 8-Other 9-Unknown											
<b>SCHOOL BUS RELATED</b> <input type="text" value="0"/> 0-No 1-Yes		<b>SCHOOL BUS RELATED</b> <input type="text" value="0"/>											
<b>RAIL GRADE CROSSING IDENTIFIER</b> <input type="text" value="0000000"/>		<b>RAIL GRADE CROSSING IDENTIFIER</b> <input type="text" value="0000000"/>											
<b>NOTIFICATION TIME EMS</b> <input type="text" value="1738"/> <small>Military Time Except: 8888-Not Applicable (Not Notified) 9998-Unknown if Notified 9999-Unknown</small>		<b>NOTIFICATION TIME EMS</b> <input type="text" value="1738"/>											
<b>ARRIVAL TIME EMS</b> <input type="text" value="1743"/> <small>Military Time Except: 8888-Not Applicable (Not Notified) 9998-Unknown if Arrived 9997-Officially Canceled 9999-Unknown</small>		<b>ARRIVAL TIME EMS</b> <input type="text" value="1743"/>											
<b>EMS TIME AT HOSPITAL</b> <input type="text" value="1829"/>		<b>EMS TIME AT HOSPITAL</b> <input type="text" value="1829"/>											

05-Entrance/Exit Ramp Related 06-Rail Grade Crossing 07-Crossover-Related 08-Driveway Access Related 09-Unknown - Non-Interchange	14-Crossover-Related 15-Other Location in Interchange 19-Unknown, Interchange Area 99-Unknown	Military Time Except: 8888-Not Applicable (Not Transported) 9998-Unknown if Transported 8897-Officially Canceled 9999-Unknown EMS Hospital Arrival Time
<b>RELATION TO TRAFFICWAY</b> <span style="float:right">01</span>		<b>RELATED FACTORS</b> <span style="float:right">01010</span>
01-On Roadway 02-Shoulder 03-Median 04-Roadside 08-Gore 05-Outside Trafficway/Outside Right-of-Way		06-Off Roadway - Location Unknown 07-In Parking Lane/Zone 10-Separator 11-Two-way Continuous Left-Turn Lane 99-Unknown
<b>TRAFFICWAY FLOW</b> <span style="float:right">3</span>		LOOKUP ACCIDENT RELATED FACTORS CODES
1-Not Physically Divided (Two-Way Trafficway) 5-Not Physically Divided (With Two-Way Continuous Left-Turn Lane) 2-Divided Highway, Median Strip (Without Traffic Barrier) 3-Divided Highway, Median Strip (With Traffic Barrier)		4-One-Way Trafficway 8-Entrance/Exit Ramp 9-Unknown
<b>NUMBER OF TRAVEL LANES</b> <span style="float:right">4</span>		<b>ADDITIONAL STATE INFORMATION</b>
Actual Value Except: 7-Seven or More Lanes 9-Unknown		1593 MB





## 2009 Fatality Analysis Reporting System VEHICLE LEVEL

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

<b>STATE NUMBER (GSA CODES)</b> <input type="text" value="48"/>	<b>CONSECUTIVE NUMBER</b> <input type="text" value="1432"/>	<b>VEHICLE NUMBER</b> <input type="text" value="2"/>	<b>NUMBER OF OCCUPANTS</b> <input type="text" value="1"/> <small>Actual Value if Total Known Except: 98-Ninety-Six or More 99-Unknown</small>
<b>DRIVER INFORMATION</b>		<b>IMPACT POINT - INITIAL</b> <input type="text" value="06"/>	<b>IMPACT POINT - PRINCIPAL</b> <input type="text" value="06"/>
<b>UNIT TYPE</b> <input type="text" value="1"/> <small>1-Motor Vehicle In-Transport (Inside or Outside the Trafficway) 2-Motor Vehicle Not In-Transport Within Trafficway 3-Motor Vehicle Not In-Transport Outside Trafficway 4-Working Motor Vehicle (Highway Construction, Maintenance, Utility Only)</small>		<small>00-Non-Collision 01-12-Clock Points 13-Top 14-Undercarriage 18-"Set-in-Motion" Condition 99-Unknown</small>	
<b>REGISTRATION STATE</b> <input type="text" value="48"/> <small>GSA CODES Except: 00-Not Applicable 92-No Registration 93-Multiple State Registration 94-U.S. Government Tags (includes military) 95-Canada 96-Mexico 97-Other Foreign Country 98-Other Registration (incl. Native American Indian Nations) 99-Unknown</small>		<b>VEHICLE ROLE</b> <input type="text" value="2"/> <small>0-Non-Collision 1-Striking 2-Struck 3-Both 9-Unknown</small>	
<b>REGISTERED VEHICLE OWNER</b> <input type="text" value="1"/> <small>0-Not Applicable, Vehicle Not Registered 1-Driver (this crash) Registered Owner 2-Driver (this crash) Not Registered Owner (Other Private Owner Listed) 3-Vehicle Registered as Business/Company/Government Vehicle 4-Vehicle Registered as Rental Vehicle 5-Vehicle Stolen (Reported by Police) 6-Driverless/Motor Vehicle Parked/Stopped Off Roadway 9-Unknown</small>		<b>UNDERRIDE/OVERRIDE</b> <input type="text" value="0"/> <small>0-No Underride or Override UNDERRIDING A MOTOR VEHICLE IN-TRANSPORT 1-Underride (Compartment Intrusion) 2-Underride (No Compartment Intrusion) 3-Underride Compartment Intrusion (Unknown) 7-Overriding a Motor Vehicle In-Transport 8-Overriding a Motor Vehicle Not In-Transport 9-Unknown if Underride or Override UNDERRIDING A MOTOR VEHICLE NOT IN-TRANSPORT 4-Underride (Compartment Intrusion) 5-Underride (No Compartment Intrusion) 6-Underride Compartment Intrusion (Unknown)</small>	
<b>VEHICLE MAKE</b> <input type="text" value="02"/> <small>LOOKUP VEHICLE MAKE CODES</small>		<b>EXTENT OF DAMAGE</b> <input type="text" value="6"/> <small>0-No Damage 2-Minor Damage 4-Functional Damage 6-Disabling Damage 9-Unknown</small>	
<b>VEHICLE MODEL</b> <input type="text" value="404"/> <small>LOOKUP VEHICLE MODEL CODES</small>		<b>VEHICLE REMOVAL</b> <input type="text" value="2"/> <small>1-Driven Away 2-Towed Due to Disabling Damage 3-Towed Not Due to Disabling Damage 4-Abandoned / Left at Scene 9-Unknown if Towed</small>	
<b>BODY TYPE</b> <input type="text" value="14"/> <small>LOOKUP BODY TYPE CODES</small>		<b>MOTOR CARRIER IDENTIFICATION NUMBER</b> <input type="text" value="0000000000"/>	
<b>MODEL YEAR</b> <input type="text" value="2004"/> <small>Actual Value Except: 9999-Unknown</small>		<b>VEHICLE CONFIGURATION</b> <input type="text" value="00"/> <small>00-Not Applicable, Not a Med/Heavy Truck, Bus or Vehicle Displaying Hazardous Material Placard 01-Single Unit Truck (Two Axles, 6 Tires) 02-Single Unit Truck (Three or More Axles) 03-Single Unit Truck (Unkn. No. of Axles, Tires) 04-Truck/Trailer(s) 05-Truck Tractor (Bobtail) 06-Tractor/Semi-Trailer (One Trailer) 07-Tractor/Doubles (Two Trailers) 08-Tractor/Triples (Three Trailers) 19-Med/Heavy Truck, cannot classify 20-Bus (seats 9-15 people, including driver) 21-Bus (seats more than 16 people, including driver) 70-Light Truck (van, mini van, panel, pickup, sport utility displaying a hazardous materials placard) 80-Passenger Car (only when displaying a hazardous materials placard) 99-Unknown If Light or Med/Heavy Truck/Bus</small>	
<b>VEHICLE IDENTIFICATION NUMBER</b> <input type="text" value="1J4GX48S94C2"/>		<b>VEHICLE TRAILING</b> <input type="text" value="0"/> <small>0-No Trailing Units 1-Yes, One Trailing Unit 2-Yes, Two Trailing Units 3-Yes, Three or More Trailing Units 4-Yes, Number of Trailers Unknown 5-Vehicle Towing Another Motor Vehicle - Fixed Linkage 6 - Vehicle Towing Another Motor Vehicle - Non-Fixed Linkage 9-Unknown</small>	
<b>BUS USE</b> <input type="text" value="0"/> <small>0-Not Used as a Bus 1-Used as a Public School Bus 2-Used as a Private School Bus 3-Used as a School Bus, Public or Private Unknown 4-Used as a Scheduled Service Bus 5-Used as a Tour Bus 6-Used as a Commuter Bus 7-Used as a Shuttle Bus 8-Modified for Personal/Private Use 9-Unknown Bus Use</small>		<b>GROSS VEHICLE WEIGHT RATING</b> <input type="text" value="0"/> <b>GROSS COMBINATION WEIGHT RATING</b> <input type="text" value="0"/> <small>0- Not Applicable 1-10,000 lbs. or less 2- 10,001 - 26,000 lbs. 3- 26,001 lbs. or more 9-Unknown</small>	
<b>SPECIAL USE</b> <input type="text" value="0"/> <small>0-No Special Use 1-Taxi 2-Vehicle Used as School Bus 3-Vehicle Used as Other Bus 4-Military 5-Police 6-Ambulance 7-Fire Truck 8-Emergency Services Vehicle 9-Unknown</small>		<b>CARGO BODY TYPE</b> <input type="text" value="00"/>	
<b>EMERGENCY USE</b> <input type="text" value="0"/> <small>0-No 9-Unknown 1-Yes</small>			
<b>TRAVEL SPEED</b> <input type="text" value="998"/> <small>Actual Miles Per Hour Except: 000-Stopped Motor Vehicle In-Transport 001-151 Reported Speed up to 151 MPH 997-Greater than 151 MPH 998- Not Reported 999-Unknown</small>			

<p style="text-align: center;"><b>VEHICLE MANEUVER</b> <span style="float: right;">01</span></p> <p>01-Going Straight                  02-Slowing or Stopping in Traffic Lane                  03-Starting in Traffic Lane                  04-Stopped in Traffic Lane                  05-Passing or Overtaking Another Vehicle                  06-Leaving a Parked Position                  07-Parked                  08-Entering a Parked Position                  09-Controlled Maneuvering to Avoid**                  10-Turning Right: RTOR** Permitted                  11-Turning Right: RTOR Not Permitted</p> <p>12-Turning Right: RTOR Not Applicable or Not Known if Permitted                  13-Turning Left                  14-Making a U-Turn                  15-Backing Up (Not Parking)                  16-Changing Lanes or Merging                  17-Negotiating a Curve                  98-Other                  99-Unknown</p> <p style="text-align: right; font-size: small;">*See Instruction Manual for Detail **RTO R = "Right Turn on Red"</p>	<p>00-Not Applicable                  01-Van/Enclosed Box                  02-Cargo Tank                  03-Flatbed                  04-Dump                  05-Concrete Mixer                  06-Auto Transporter                  07-Garbage / Refuse                  08-Grain, Chips, Gravel                  09-Pole - Trailer                  10-Log                  11-Intermodal Container Chassis                  12-Vehicle Towing Another Motor Vehicle                  21-Bus (seats 16 or more people, including driver)                  22-Bus                  96-No Cargo Body Type                  97-Other                  98-Unknown Cargo Body Type                  99-Unknown</p>																														
<p style="text-align: center;"><b>CRASH AVOIDANCE MANEUVER</b> <span style="float: right;">8</span></p> <p>0-No Avoidance Maneuver Reported                  1-Braking (skid marks evident)                  2-Braking (no skid marks; driver stated)                  3-Braking (other reported evidence)                  4-Steering (evidence or stated)</p> <p>5-Steering and Braking (evidence or stated)                  6-Other Avoidance Maneuver                  8-Not Reported / Inconclusive (by police)</p>	<p style="text-align: center;"><b>HAZARDOUS MATERIAL INVOLVEMENT/PLACARD</b></p> <p style="text-align: center;">1 0 0000 0 0</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>HM1 (Involvement)</th> <th>HM2 (Placard)</th> <th>HM3 (Identification Number)</th> <th>HM4(Class Number)</th> <th>HM5 (Released)</th> </tr> </thead> <tbody> <tr> <td>Blank</td> <td>Blank</td> <td>Blanks</td> <td>Blank</td> <td>Blank</td> </tr> <tr> <td>1-No</td> <td>0-Not Applicable</td> <td>0000-Not Applicable</td> <td>00-Not Applicable</td> <td>0-Not Applicable</td> </tr> <tr> <td>2-Yes</td> <td>1-Yes</td> <td>Actual 4-digit Number</td> <td>Actual 1-digit Number(with leading zero)</td> <td>1-No</td> </tr> <tr> <td></td> <td>2-Yes</td> <td>8888-Not Reported</td> <td>88-Not Reported</td> <td>2-Yes</td> </tr> <tr> <td></td> <td>8-Not Reported</td> <td>Reported</td> <td>Reported</td> <td>8-Not Reported</td> </tr> </tbody> </table>	HM1 (Involvement)	HM2 (Placard)	HM3 (Identification Number)	HM4(Class Number)	HM5 (Released)	Blank	Blank	Blanks	Blank	Blank	1-No	0-Not Applicable	0000-Not Applicable	00-Not Applicable	0-Not Applicable	2-Yes	1-Yes	Actual 4-digit Number	Actual 1-digit Number(with leading zero)	1-No		2-Yes	8888-Not Reported	88-Not Reported	2-Yes		8-Not Reported	Reported	Reported	8-Not Reported
HM1 (Involvement)	HM2 (Placard)	HM3 (Identification Number)	HM4(Class Number)	HM5 (Released)																											
Blank	Blank	Blanks	Blank	Blank																											
1-No	0-Not Applicable	0000-Not Applicable	00-Not Applicable	0-Not Applicable																											
2-Yes	1-Yes	Actual 4-digit Number	Actual 1-digit Number(with leading zero)	1-No																											
	2-Yes	8888-Not Reported	88-Not Reported	2-Yes																											
	8-Not Reported	Reported	Reported	8-Not Reported																											
<p style="text-align: center;"><b>ROLLOVER</b> <span style="float: right;">0</span></p> <p>1 - Rollover, Tripped by Object/Vehicle                  2 - Rollover, Untripped                  9 - Rollover, Unknown Type</p>	<p style="text-align: center;"><b>SEQUENCE OF EVENTS</b> <span style="float: right;">12 00 00 00 00 00</span></p> <p>LOOKUP SEQUENCE OF EVENTS CODES</p>																														
<p style="text-align: center;"><b>LOCATION OF ROLLOVER</b> <span style="float: right;">0</span></p> <p>0 - No Rollover                  1 - On Roadway                  2 - On Shoulder                  3 - On Median/Separator                  4 - In Roadside Gore                  5 - On Roadside                  6 - Outside of Traffic way                  9 - Unknown</p>	<p style="text-align: center;"><b>MOST HARMFUL EVENT</b> <span style="float: right;">12</span></p> <p>LOOKUP MOST HARMFUL EVENT CODES</p>																														
<p style="text-align: center;"><b>JACKKNIFE</b> <span style="float: right;">0</span></p> <p>0-Not an Articulated Vehicle                  1-No                  2-Yes, First Event                  3-Yes, Subsequent Event</p>	<p style="text-align: center;"><b>RELATED FACTORS</b> <span style="float: right;">00 00</span></p> <p>LOOKUP RELATED FACTORS - VEHICLE LEVEL CODES</p>																														
<p style="text-align: center;"><b>FIRE OCCURRENCE</b> <span style="float: right;">0</span></p> <p>0-No Fire                  1-Fire Occurred in Vehicle During Accident</p>	<p style="text-align: center;"><b>HIT AND RUN</b> <span style="float: right;">0</span></p> <p>0-No                  1-Yes                  9-Unknown</p>																														