

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units: **0,0,2** Total Num. Prsns.: **0,0,5** TxDOT Crash ID: **14013220-1**
 /2015556297



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)
 Mail to: Texas Department of Transportation, Crash Data & Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844-274-7457
 Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.) Page **1** of **2**

*Crash Date (MM/DD/YYYY) **1,2,0,4,2,0,1,5** *Crash Time (24HRMM) **1,6,3,8** Case ID **15-035598** Local Use
 *County Name **WEBB** *City Name **LAREDO** Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) _____ Longitude (decimal degrees) _____

ROAD ON WHICH CRASH OCCURRED
 *1 Rdwy. Sys. **US** *Hwy. Num. **59** 2 Rdwy Part **1** Block Num. **6800** 3 Street Prefix _____ *Street Name **US HIGHWAY 59** 4 Street Suffix _____
 Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit **45** Const. Yes No Workers Present Yes No Street Desc. _____

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
 At Int. Yes No 1 Rdwy. Sys. **LR** Hwy. Num. _____ 2 Rdwy Part **1** Block Num. **6300** 3 Street Prefix _____ Street Name **CASA DEL SOL** 4 Street Suffix _____
 Distance from Int. or Ref. Marker FT MI 3 Dir. from Int. or Ref. Marker _____ Reference Marker _____ Street Desc. _____ RRX Num. _____

Unit Num. **1** 5 Unit Desc. **1** Parked Vehicle Hit and Run LP State **TX** LP Num. **98CWNZ** VIN **1,F,M,P,U,1,6,L,0,1,L,B,1,9,3,3,4**

Veh. Year **2,0,0,1** 6 Veh. Color **WHI** Veh. Make **FORD** Veh. Model **EXPEDITION** 7 Body Style **SV** Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/D Type **1** DL/D State **TX** DL/D Num. **25587783** 9 DL Class **C** 10 CDL End. **96** 11 DL Rest. **96** DOB (MM/DD/YYYY) **0,6,1,1,0,1,9,8,8**

Address (Street, City, State, ZIP) **11170 CAPISTRAN LOOP, LAREDO, TX 78045**

Person Num.	12 Prm. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	HERNANDEZ, REBECCA	B	27	H	2	1	1	1	97	N	96		96	97	97
2	2	3	MELLENDEZ, ESMERALDA	C	41	H	2	1	1	1	97	N					

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

Owner Lessee Owner/Lessee Name & Address **WEBB COUNTY 1110 WASHINGTON ST., LAREDO, TX 78040**

Proof of Fin. Resp. Yes Expired No Exempt 28 Fin. Resp. Type **1** Fin. Resp. Name **ATLANTIC SPECIALTY INS** Fin. Resp. Num. **7910002420005**

Fin. Resp. Phone Num. **(781) 532-7000** 27 Vehicle Damage Rating 1 **3** **R,P** **2** 27 Vehicle Damage Rating 2 _____ Vehicle Yes No

Towed By **OWNER** Towed To **TOWED AWAY BY OWNER**

Unit Num. **2** 5 Unit Desc. **1** Parked Vehicle Hit and Run LP State **TX** LP Num. **BYZ9125** VIN **3,G,N,E,C,1,3,T,2,2,G,1,0,5,1,1,9**

Veh. Year **2,0,0,2** 6 Veh. Color **WHI** Veh. Make **CHEVROLET** Veh. Model **AVALANCHE** 7 Body Style **PK** Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/D Type **5** DL/D State _____ DL/D Num. _____ 9 DL Class **5** 10 CDL End. **5** 11 DL Rest. **5** DOB (MM/DD/YYYY) **0,8,2,8,1,9,7,2**

Address (Street, City, State, ZIP) **6601 ADENIA LOOP, LAREDO, TX 78043**

Person Num.	12 Prm. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	GARCIA-DE LA CRUZ, DIANA, MARIA	A	43	H	2	1	1	2	97	N	96		96	97	97
2	2	3	MARQUEZ, JUAN	C	17	H	1	1	1	2	97	N					
3	2	6	FLORES, JADEN	C	BB	H	1	1	4	2	97	N					

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

Owner Lessee Owner/Lessee Name & Address **GARCIA, ADRIANA 930 FLAG ST., LAREDO, TX 78043**

Proof of Fin. Resp. Yes Expired No Exempt 28 Fin. Resp. Type **1** Fin. Resp. Name **DAIRYLAND COUNTY MUTUAL INS** Fin. Resp. Num. **434766325**

Fin. Resp. Phone Num. **(800) 334-0090** 27 Vehicle Damage Rating 1 **1,2** **F,C** **2** 27 Vehicle Damage Rating 2 **1,2** **F,D** **2** Vehicle Yes No

Towed By **WILLYS TOWING SERVICE** Towed To **2920 ANNA AVE., LAREDO, TX 78040**

Copy from Custodial File

Case ID **15-035598**

TxDOT Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1	DOCTORS HOSPITAL	RQ 9107		
	1	2	DOCTORS HOSPITAL	RQ 9107		
	2	1	LAREDO MEDICAL CENTER	RQ 9111		
	2	2	LAREDO MEDICAL CENTER	RQ 9111		
	2	3	LAREDO MEDICAL CENTER	RQ 9111		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	DISREGARDED RED LIGHT (TRAFFIC SIGNAL)	2766052
2	1	NO DRIVER'S LICENSE (WHEN UNLICENSED)	2766053	

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	CONCRETE BRIDGE BARCADE	TEXAS DEPARTMENT OF	1817 BOB BULLOCK LOOP 20 LAREDO, TX 78046

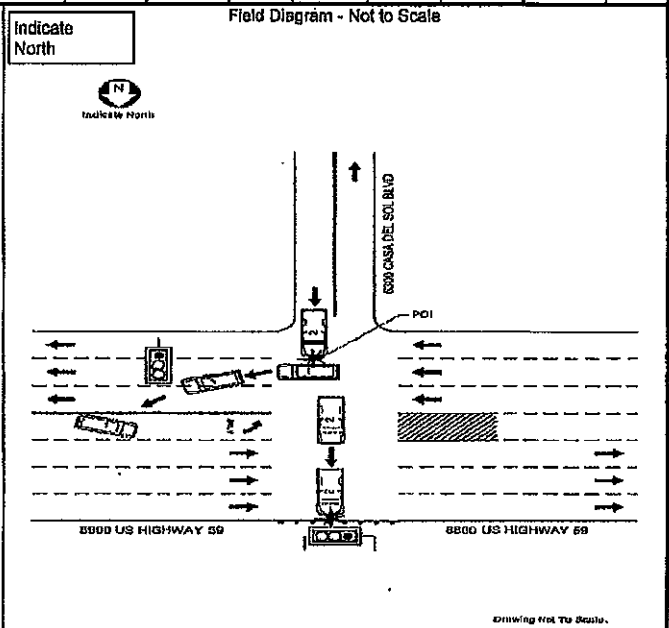
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's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

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	15		98					1	1	97	2	1	1	5
2															

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

Unit #1 traveling east on the 6800 block of U.S. Hwy 59 and about to cross the intersection towards the 6900 block of U.S. Hwy 59, when Unit # 2, traveling north on the 6300 block of Casa del Sol Blvd. collided with Unit #1. Unit #1 after striking Unit #2 traveled north and collided with a cement bridge barcade, located on the Northside of U.S. Hwy 59. Unit # 2 driver advised she had the green light when she entered U.S. Hwy 59, and Unit #1 driver advised that the Sun's glare was very bright that it did not allow her to determine the color on the traffic light. Photograph of traffic light was taken by LPD CSI.

* * E N D * *



INVESTIGATOR	Time Notified (24HRMM)	1,6,3,8	How Notified	RADIO DISPATCHED	Time Arrived (24HRMM)	1,7,2,0	Report Date (MM/DD/YYYY)	1,2,0,4,2,0,1,5
	Invest. <input checked="" type="checkbox"/> Yes	Investigator Name (Printed)	HERNANDEZ, RICARDO				ID Num.	1829
	Comp. <input type="checkbox"/> No	ORI Num.	T, X, 2, 4, 0, 0, 1, 0, 0	*Agency	LAREDO POLICE DEPARTMENT	Service/Region/DA	1,9	

CAR EVALUATION ANALYSIS BASED ON LOCAL MARKET

Owner ADIANA GARCIA				Claim Number C612-15-21275	Policy Number UNASSIGNED
Date of Loss 12042016	Date Reported	Date Storage Charges Stop	Date Completed	Insured WEBB COUNTY	

YEAR	MAKE	NO. CYL	MODEL	BODY TYPE	MILEAGE	IDENTIFICATION
2002	CHEVROLET	8	AYALAN	4 DOOR		3GNEC13T22G105119
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS FOR USE OF EVALUATION SHEET:

- Selected car should be visibly inspected.
- Obtain cash purchase price from owners of dealerships or used car managers.
- Cash purchase price should reflect "Cash-No Trade" value of fully reconditioned cars, ready for resale.
- Selected car nearest resembling the damaged car, in its pre-accident condition.
- Deduct or add for warranty.

NO.	DEALER	PERSON	MODEL	EQUIPMENT									CASH PURCHASE PRICE	
				1	2	3	4	5	6	7	8	9		
1	QUALITY MOTO	877-937-5194	2002 CHEV AVALANC											7,800.00
2														
3														

Comparison Car Selected #	Guide Book	JANUARY	2016	CASH DIFFERENCE	
Guide Book Selected	Avg. Wholesale	\$ 3,725.00	\$ 4,775.00	\$ 5,650.00	
DGD CAR	Avg. Retail	\$ 8,150.00	\$	\$	
Chrome and Sheet Metal					300.00
Paint					200.00
Glass					
Trim					400.00
Front and Rear Susp.					
Tires					
Engine					
Transmission					
Int. Cleaned					
Incl. Engine					
Exterior Clean Up					

Explain all cash differences between car selected and damaged car.	TOTAL DIFFERENCE
NADA AVERAGE IS \$5575.00	DEALER'S QUOTED PRICE \$ 7,800.00
	ADDITIONS \$
Explain where agreed replacement value varies from net value:	TOTAL VALUE \$
RECOMMENDED ACV \$6,687.5 PLUS TAX, TITLE AND LIC	DEDUCTIONS \$
Estimated Salvage: \$ 600.00	NET VALUE (Insured Car) \$ 6,687.50

Appraiser: **ARMANDO VALENCIA** Company: **THE LITTLETON GROU** City and state: **LAREDO, TEXAS**