

# SOUTH TEXAS AUTO REBUILDERS

Keeping your fleet moving forward!  
2720 GUADALUPE ST, LAREDO, TX 78043  
Phone: (956) 723-8711  
FAX: (956) 723-1768

Workfile ID: 706904b5  
Federal ID: 742611073

## Preliminary Estimate

**Customer: Webb Co Sheriff Dept**

**Job Number:**

Insured: Webb Co Sheriff Dept  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #: 27-309  
Days to Repair: 0

**Owner:**  
Webb Co Sheriff Dept

**Inspection Location:**  
SOUTH TEXAS AUTO REBUILDERS  
2720 GUADALUPE ST  
LAREDO, TX 78043  
Repair Facility  
(956) 723-8711 Business

**Insurance Company:**

## VEHICLE

2017 CHEV Tahoe Commercial (Fleet) 4D UTV 8-5.3L Flex Fuel Direct Injection

VIN: 1GNLCDEC6HR365585  
License:  
State:

Interior Color:  
Exterior Color:  
Production Date:

Mileage In: 32,102  
Mileage Out:  
Condition:

Vehicle Out:  
Job #:

### TRANSMISSION

Automatic Transmission  
Overdrive

### POWER

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat  
Power Passenger Seat

### DECOR

Dual Mirrors  
Privacy Glass

Console/Storage

### CONVENIENCE

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Rear Window Wiper  
Climate Control  
Dual Air Condition  
Backup Camera w/Parking Sensors

### RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

### SAFETY

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags

Communications System

Hands Free Device

Positraction

### SEATS

Cloth Seats  
Reclining/Lounge Seats  
3rd Row Seat

### WHEELS

Styled Steel Wheels

### PAINT

Clear Coat Paint

### TRUCK

Trailer Hitch  
Trailer Package  
Running Boards/Side Steps

*AM Radio - replaced  
Rear of the vehicle done  
10/10/19*

**Preliminary Estimate**

**Customer: Webb Co Sheriff Dept**

**Job Number:**

2017 CHEV Tahoe Commercial (Fleet) 4D UTV 8-5.3L Flex Fuel Direct Injection

| Line | Oper | Description                          | Part Number | Qty | Extended Price \$ | Labor       | Paint |
|------|------|--------------------------------------|-------------|-----|-------------------|-------------|-------|
| 1    |      | <b>FRONT DOOR</b>                    |             |     |                   |             |       |
| 2    | *    | Repl LT Door shell Tahoe & Yukon     | 23331913    | 1   | 999.97            | <u>8.4</u>  | 3.1   |
| 3    |      | Add for Clear Coat                   |             |     |                   |             | 1.2   |
| 4    |      | <b>REAR DOOR</b>                     |             |     |                   |             |       |
| 5    | *    | Repl LT Door shell Tahoe & Yukon     | 84253581    | 1   | 889.45            | <u>7.6</u>  | 3.1   |
| 6    |      | Overlap Major Adj. Panel             |             |     |                   |             | -0.4  |
| 7    |      | Add for Clear Coat                   |             |     |                   |             | 0.5   |
| 8    |      | <b>FENDER</b>                        |             |     |                   |             |       |
| 9    | *    | Rpr LT Fender Tahoe                  |             |     |                   | <u>4.0</u>  | 2.2   |
| 10   |      | Overlap Major Adj. Panel             |             |     |                   |             | -0.4  |
| 11   |      | Add for Clear Coat                   |             |     |                   |             | 0.4   |
| 12   |      | <b>PILLARS, ROCKER &amp; FLOOR</b>   |             |     |                   |             |       |
| 13   |      | Repl LT Running board                | 22813702    | 1   | 489.95            | 1.0         |       |
| 14   | *    | Rpr LT Uniside assy                  |             |     |                   | <u>12.0</u> | 5.4   |
| 15   |      | Overlap Major Adj. Panel             |             |     |                   |             | -0.4  |
| 16   | *    | Add for Clear Coat                   |             |     |                   |             | 1.0   |
| 17   |      | <b>FRONT BUMPER</b>                  |             |     |                   |             |       |
| 18   | *    | Rpr Bumper cover w/o park asst       |             |     |                   | <u>2.0</u>  | 2.8   |
| 19   |      | Add for Clear Coat                   |             |     |                   |             | 1.1   |
| 20   |      | <b>FRONT LAMPS</b>                   |             |     |                   |             |       |
| 21   |      | R&I LT Headlamp assy w/o HID lamps   |             |     |                   | 0.5         |       |
| 22   |      | <b>QUARTER PANEL</b>                 |             |     |                   |             |       |
| 23   | *    | Rpr LT Quarter panel                 |             |     |                   | <u>6.0</u>  | 3.1   |
| 24   |      | Overlap Major Adj. Panel             |             |     |                   |             | -0.4  |
| 25   | *    | Add for Clear Coat                   |             |     |                   |             | 0.5   |
| 26   |      | <b>RESTRAINT SYSTEMS</b>             |             |     |                   |             |       |
| 27   |      | Repl Psngr air bag Tahoe & Yukon     | 84249345    | 1   | 765.00 m          | 0.6         |       |
| 28   |      | Air bag system diagnosis             |             |     |                   | m 0.5       |       |
| 29   |      | Repl RT Head air bag                 | 84246083    | 1   | 765.00 m          | 0.6         |       |
| 30   |      | Repl LT Head air bag                 | 84246084    | 1   | 765.00 m          | 0.6         |       |
| 31   |      | Repl RT Ft seat air bag outer        | 23425292    | 1   | 765.00 m          | 0.2         |       |
| 32   |      | Repl LT Ft seat air bag outer        | 23425293    | 1   | 765.00 m          | 0.2         |       |
| 33   |      | Repl Clockspring w/o strng whl heat  | 23381963    | 1   | 152.95 m          | 1.0         |       |
| 34   |      | Repl Air bag switch                  | 15270597    | 1   | 46.42             |             |       |
| 35   |      | Repl Diagnostic unit cover           | 23233999    | 1   | 33.53             |             |       |
| 36   |      | Repl Diagnostic unit                 | 13507217    | 1   | 510.00 m          | 0.4         |       |
| 37   |      | Repl Occupant sensor                 | 22886642    | 1   | 203.98            |             |       |
| 38   |      | Repl RT Ft impact sensor             | 13578676    | 1   | 216.39 m          | 0.3         |       |
| 39   |      | Repl LT Ft impact sensor             | 13578676    | 1   | 216.39 m          | 0.3         |       |
| 40   |      | Repl RT Side impact sens front door  | 13578677    | 1   | 203.98 m          | 0.3         |       |
| 41   |      | Repl LT Side impact sens front door  | 13578677    | 1   | 203.98 m          | 0.3         |       |
| 42   |      | Repl RT Side impact sens lock pillar | 13578678    | 1   | 203.98 m          | 0.3         |       |

**Preliminary Estimate**

**Customer: Webb Co Sheriff Dept**

**Job Number:**

2017 CHEV Tahoe Commercial (Fleet) 4D UTV 8-5.3L Flex Fuel Direct Injection

|                  |             |   |          |   |                  |             |
|------------------|-------------|---|----------|---|------------------|-------------|
| 43               | Repl        | LT Side impact sens lock pillar             | 13578678 | 1 | 203.98 m         | 0.3         |
| 44               | Repl        | RT Outer belt assy w/auto tightening black  | 19356118 | 1 | 176.66           | 0.4         |
| 45               | Repl        | LT Outer belt assy w/auto tightening black  | 19356089 | 1 | 147.52           | 0.4         |
| 46               | Repl        | RT Outer buckle black                       | 19300830 | 1 | 138.67           | 0.3         |
| 47               | Repl        | LT Outer buckle black                       | 19300830 | 1 | 138.67           | 0.3         |
| 48               | Repl        | RT Tensioner black                          | 19328685 | 1 | 138.67           |             |
| 49               | Repl        | LT Tensioner black                          | 19328683 | 1 | 96.90            |             |
| 50               | Repl        | Center belt assy black                      | 19300850 | 1 | 138.67           | 0.3         |
| 51               | Repl        | RT Adjuster                                 | 13519683 | 1 | 51.66            |             |
| 52               | Repl        | LT Adjuster                                 | 13519683 | 1 | 51.66            |             |
| 53               | <b>ROOF</b> |   |          |   |                  |             |
| 54               | Repl        | Headliner w/o rear DVD, w/noise cancel gray | 84061945 | 1 | 1,400.00         | 3.7         |
| 55               | #           | Remove cages and interior pnls              |          | 1 |                  | 30.0 M      |
| 56               | #           | Left side De cal's                          |          | 1 | 900.00           |             |
| 57               | #           | Reprogram all modules                       |          | 1 |                  | 6.0 M       |
| 58               | #           | Cover and mask                              |          | 1 |                  | 3.0         |
| 59               | #           | Diss and ass complete interior              |          | 1 |                  | 8.0         |
| <b>SUBTOTALS</b> |             |   |          |   | <b>11,779.03</b> | <b>99.8</b> |
|                  |             |   |          |   |                  | <b>22.8</b> |

**ESTIMATE TOTALS**

| Category             | Basis          | Rate         | Cost \$          |
|----------------------|----------------|--------------|------------------|
| Parts                |                |              | 11,779.03        |
| Body Labor           | 63.8 hrs @     | \$ 28.00 /hr | 1,786.40         |
| Paint Labor          | 22.8 hrs @     | \$ 28.00 /hr | 638.40           |
| Mechanical Labor     | 36.0 hrs @     | \$ 30.00 /hr | 1,080.00         |
| Paint Supplies       | 22.8 hrs @     | \$ 30.00 /hr | 684.00           |
| Subtotal             |                |              | 15,967.83        |
| Sales Tax            | \$ 11,779.03 @ | 8.2500 %     | 971.77           |
| <b>Grand Total</b>   |                |              | <b>16,939.60</b> |
| Deductible           |                |              | 0.00             |
| <b>CUSTOMER PAY</b>  |                |              | <b>0.00</b>      |
| <b>INSURANCE PAY</b> |                |              | <b>16,939.60</b> |

**MyPriceLink Estimate ID / Quote ID:**

542766844969230336 / 45687638

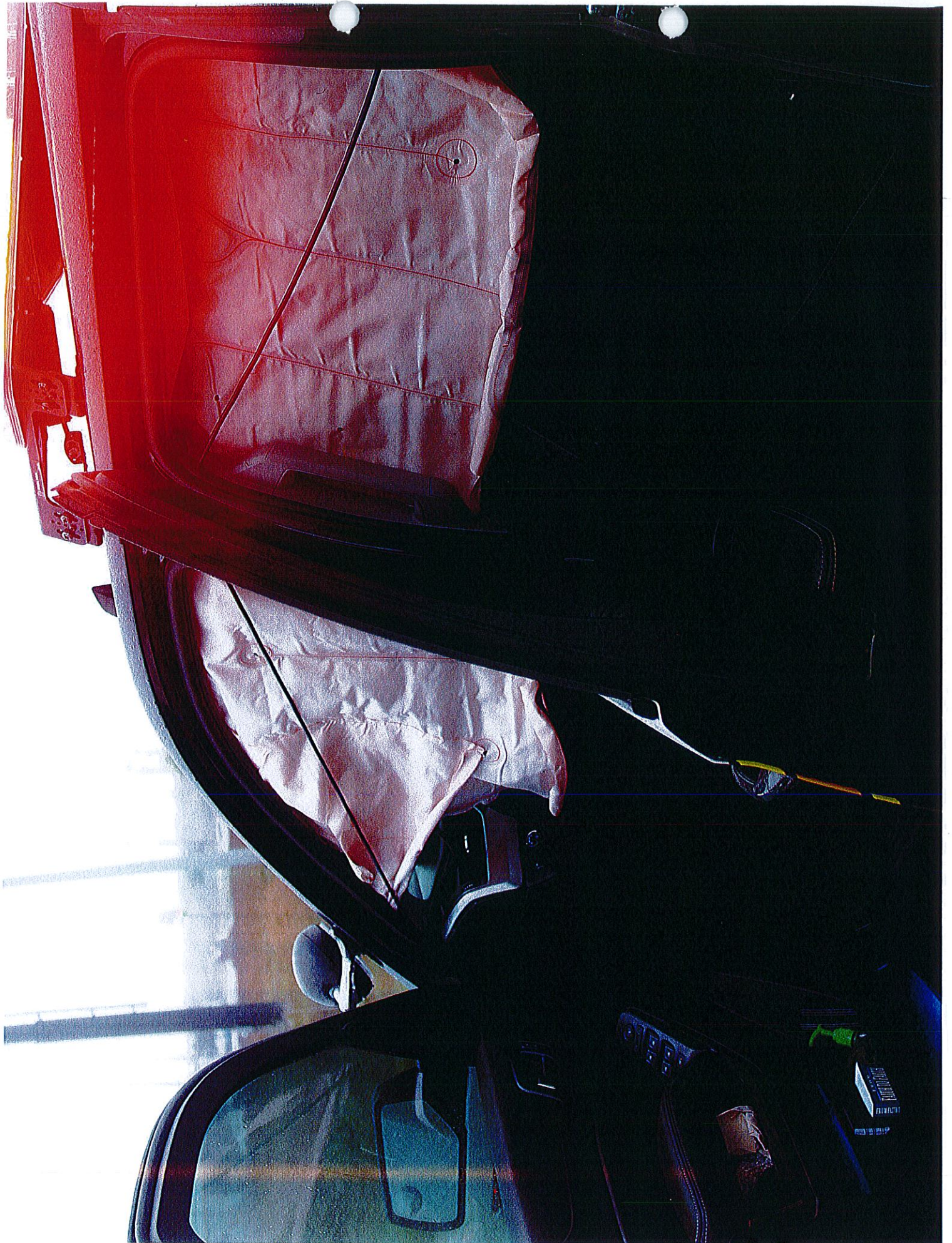
Serving Laredo SINCE 1973

ALL PARTS COME WITH 12MO OR 12,000 MILE WARRANTY

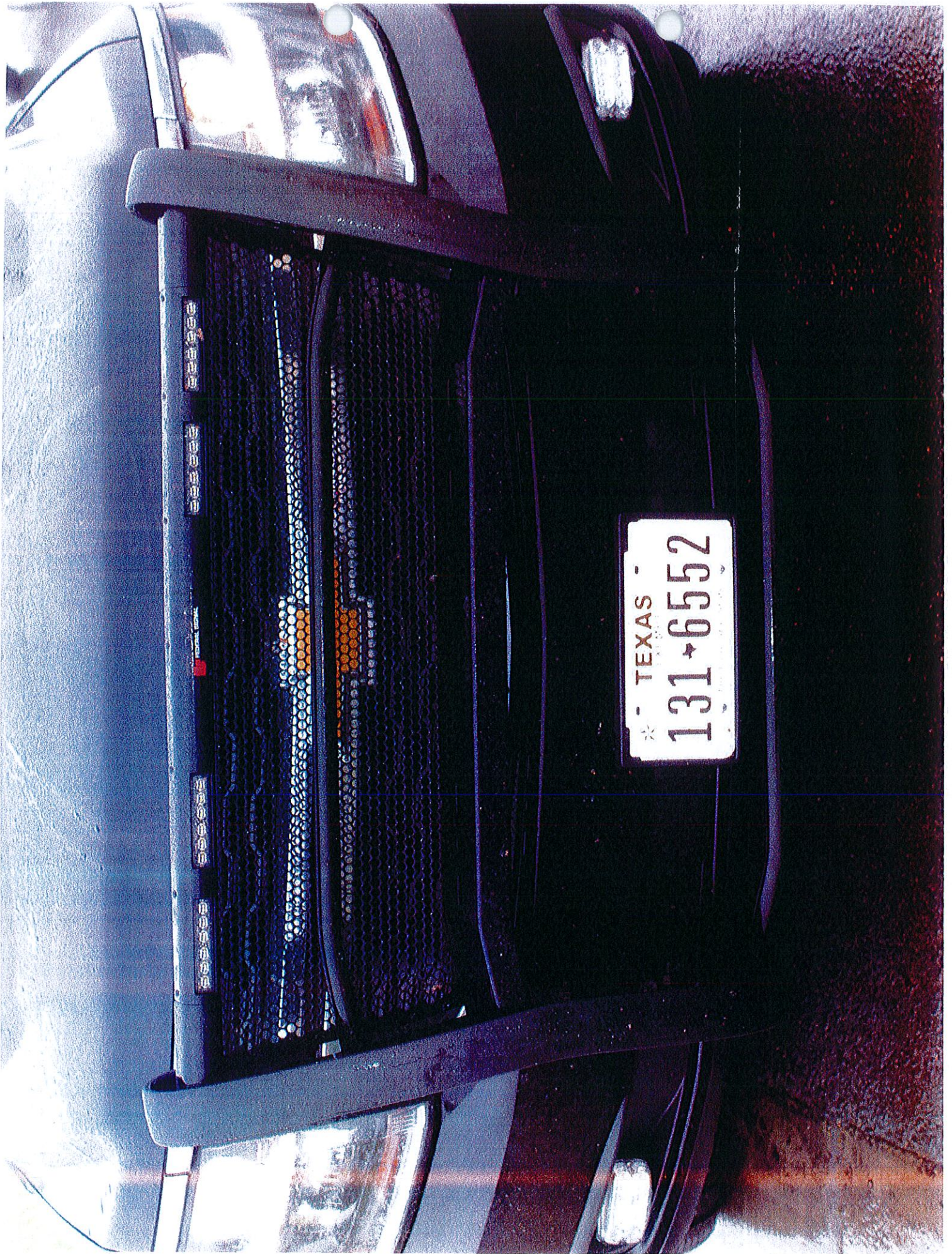
ALL PAINT WORK COMES WITH A LIFETIME WARRANTY.

THANK YOU FOR LETTING US SERVE YOU





Unit 2





Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)
Mail to: Texas Department of Transportation, Crash Data & Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844-274-7457
Refer to Attached Code Sheet for Numbered Fields

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

\*Crash Date (MM/DD/YYYY) 02/19/2019 \*Crash Time (24HRMM) 0858 Case ID 19-004463 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 Longitude

ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. Sys. SL \*Hwy. Num. 20 2 Rdwy Part 1 Block Num. 3200 3 Street Prefix \*Street Name BOB BULLOCK 4 Street Suffix LOOP

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 45 Const Zone 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. US Hwy. Num. 59 2 Rdwy Part 1 Block Num. 5000 3 Street Prefix E Street Name SAUNDERS 4 Street Suffix

Distance from Int. or Ref. Marker 800 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. BF98571 VIN 1D3H B18K69S751282

Veh. Year 2009 6 Veh. Color GRY Veh. Make RAM Veh. Model 1500 7 Body Style PK Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 41946069 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 11/21/1977

Address (Street, City, State, ZIP) 5204 BREWSTER DR, LAREDO, TX 78043

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject, 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, GUTIERREZ, FRANCISCO, J, N, 41, H, 1, 1, 1, 1, 97, N, 96, 96, 97, 97

Owner Lessee Name & Address GUTIERREZ, FRANCISCO, J 5204 BREWSTER DR, LAREDO, TX 78043

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 27 Vehicle Damage Rating 1 3 - R F Q - 3 27 Vehicle Damage Rating 2 Vehicle Yes No Inventoried

Towed By CITY TOWING Towed To 1205 N JARVIS AVE

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. 1316552 VIN 1G N L C D E C 6 H R 3 6 5 5 8 5

Veh. Year 2017 6 Veh. Color BLK Veh. Make CHEVROLET Veh. Model TAHOE 7 Body Style SV Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 18484614 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 04/27/1980

Address (Street, City, State, ZIP) 4021 CALLE TUXPAN, LAREDO, TX 78046

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject, 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, RODRIGUEZ, ERIC, IVAN, N, 38, H, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

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

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 27 Vehicle Damage Rating 1 7 - L D - 3 27 Vehicle Damage Rating 2 Vehicle Yes No Inventoried

Towed By M&M TOWING Towed To WEBB COUNTY SHOP

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. 1316552 VIN 1G N L C D E C 6 H R 3 6 5 5 8 5

Veh. Year 2017 6 Veh. Color BLK Veh. Make CHEVROLET Veh. Model TAHOE 7 Body Style SV Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 18484614 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 04/27/1980

Address (Street, City, State, ZIP) 4021 CALLE TUXPAN, LAREDO, TX 78046

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject, 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, RODRIGUEZ, ERIC, IVAN, N, 38, H, 1, 1, 1, 5, 97, N, 96, 96, 97, 97

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

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 27 Vehicle Damage Rating 1 7 - L D - 3 27 Vehicle Damage Rating 2 Vehicle Yes No Inventoried

Towed By M&M TOWING Towed To WEBB COUNTY SHOP

| DISPOSITION OF INJURED/KILLED | Unit Num | Prsn Num | Taken To | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |  |
|-------------------------------|----------|----------|----------|----------|----------------------------|------------------------|--|
|                               |          |          |          |          |                            |                        |  |
|                               |          |          |          |          |                            |                        |  |
|                               |          |          |          |          |                            |                        |  |
|                               |          |          |          |          |                            |                        |  |

| CHARGES | Unit Num | Prsn Num | Charge | Citation/Reference Num  |
|---------|----------|----------|--------|---|
|         | <b>1</b> | <b>1</b> |        | <b>FAILED TO MAINTAIN FINANCIAL RESPONSIBILITY/NO LIABILITY INS</b> |

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

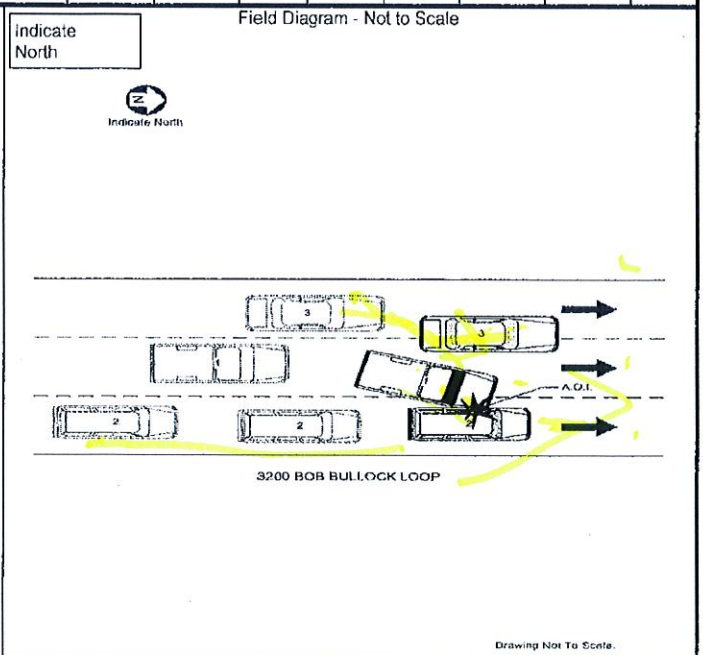
|                      |  |  |   |   |   |                     |   |
|----------------------|--|--|---|---|---|---------------------|---|
| Unit Num             | <input type="checkbox"/> 10,001+ LBS.                          | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL                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

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                  |  | 37 Vehicle Defects (Investigator's Opinion) |                  |  |  | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|------------------|--|---|------------------|--|--|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num   | Contributing | May Have Contrib |  | Contributing                                | May Have Contrib |  |  | 38 Weather Cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | <b>1</b>   | <b>41</b>    |                  |  |   |                  |  |  |                                      | <b>3</b>       | <b>1</b>          | <b>97</b>       | <b>4</b>             | <b>1</b>             | <b>2</b>           |

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

Unit 2 was traveling north in the east most lane on 3200 Bob Bullock Loop. Unit 3, a non contact vehicle, was traveling North on 3200 Bob Bullock Loop on the west most lane and advised when the lane was clear attempted to change lanes into the middle lane. Unit 1 was traveling north on 3200 Bob Bullock Loop on the middle lane and was approaching Unit 3 from the rear. After Unit 3 began to make the attempt to change lanes Unit 1 made a faulty evasive maneuver and collided into Unit 2.

\* \* E N D \* \*



|              |                        |   |                             |                                 |                       |             |                          |                   |
|--------------|------------------------|---|-----------------------------|---------------------------------|-----------------------|-------------|--------------------------|-------------------|
| INVESTIGATOR | Time Notified (24HRMM) | <b>0901</b>   | How Notified                | <b>DISPATCHED</b>               | Time Arrived (24HRMM) | <b>0912</b> | Report Date (MM/DD/YYYY) | <b>02/19/2019</b> |
|              | Invest. Comp           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>FERNANDEZ, ROBERTO J.</b>    | ID Num.               | <b>8223</b> | Service/Region/DA        | <b>19</b>         |
|              | ORI Num.               | <b>T X 2 4 0 0 1 0 0</b>  | *Agency                     | <b>LAREDO POLICE DEPARTMENT</b> |                       |             |                          |                   |





Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)
Mail to: Texas Department of Transportation, Crash Data & Analysis, P O Box 149349, Austin, TX 78714. Questions? Call 844-274-7457
Refer to Attached Code Sheet for Numbered Fields

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

\*Crash Date (MM/DD/YYYY) 02/19/2019 \*Crash Time (24HRMM) 0858 Case ID 19-004463 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 Longitude

ROAD ON WHICH CRASH OCCURRED

\*1 Rdwy Sys. SL \*Hwy Num. 20 2 Rdwy Part 1 Block Num. 3200 3 Street Prefix \*Street Name BOB BULLOCK 4 Street Suffix LOOP
Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 45 Const. Zone 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. US Hwy. Num. 59 2 Rdwy Part 1 Block Num. 5000 3 Street Prefix E Street Name SAUNDERS 4 Street Suffix
Distance from Int. or Ref. Marker 800 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRR Num.

Unit Num. 3 5 Unit Desc. 7 Parked Vehicle Hit and Run LP State TX LP Num. LGY0760 VIN 3VW C 5 7 B U X K M 0 8 0 9 1 4

Veh. Year 2019 6 Veh. Color GRY Veh. Make VOLKSWAGEN Veh. Model JETTA 7 Body Style P4 Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 41462018 9 DL Class C 10 CDL End 96 11 DL Rest. A DOB (MM/DD/YYYY) 01/24/1992

Address (Street, City, State, ZIP) 2820 PALO BLANCO ST, LAREDO, TX 78046

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject, 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., 23 Drug Result, 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, REYES, JENNIFER, JOYCE, N, 26, H, 2, 97, 1, 1, 97, N, 96, 96, 97, 97

Owner/Lessee Name & Address REYES, JENNIFER, JOYCE 2820 PALO BLANCO ST, LAREDO, TX 78046

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num. 917757801

Fin. Resp. Phone Num. (800) 876-5581 27 Vehicle Damage Rating 1 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed By DRIVER Towed To DRIVEN AWAY

Unit Num. 5 Unit Desc. Parked Vehicle Hit and Run LP State LP Num. VIN

Veh. Year 6 Veh. Color Veh. Make Veh. Model 7 Body Style Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

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

Owner/Lessee Name & Address

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

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

Towed By Towed To

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

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

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

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

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   |  | 37 Vehicle Defects (Investigator's Opinion) |                   |  |  | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|-------------------|--|---|-------------------|--|--|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib. |  | Contributing                                | May Have Contrib. |  |  | 38 Weather Cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      |  |              |                   |  |   |                   |  |  |                                      | 3              | 1                 | 97              | 4                    | 1                    | 2                  |

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

\* \* E N D \* \*

|              |                        |   |                             |                                 |                       |                |                          |                            |             |
|--------------|------------------------|---|-----------------------------|---------------------------------|-----------------------|----------------|--------------------------|----------------------------|-------------|
| INVESTIGATOR | Time Notified (24HRMM) | <b>0 9 0 1</b>  | How Notified                | <b>DISPATCHED</b>               | Time Arrived (24HRMM) | <b>0 9 1 2</b> | Report Date (MM/DD/YYYY) | <b>0 2 / 1 9 / 2 0 1 9</b> |             |
|              | Invest. Comp.          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) | <b>FERNANDEZ, ROBERTO J.</b>    |                       |                |                          | ID Num.                    | <b>8223</b> |
|              | ORI Num.               | <b>T X 2 4 0 0 1 0 0</b>  | *Agency                     | <b>LAREDO POLICE DEPARTMENT</b> |                       |                |                          | Service/Region/DA          | <b>1 9</b>  |