

Wed, 01 March 2023

STATE OF TEXAS §

This is to certify that I, Jim Markham, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Mon, 06 February 2023, which occurred in Dallas County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.



Jim Markham
Director, Crash Data & Analysis Section
Traffic Safety Division
125 East 11th Street
Austin, TX 78701-2483





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

Mail to: Texas Department of Transportation, Crash Data and 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.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 02 / 06 / 2023 *Crash Time (24HRMM) 00 | 00 | 00 | 00 Case ID 2300001389 Local Use 2300001389

*County Name DALLAS *City Name HUTCHINS 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) 32.64823 Longitude (decimal degrees) 096.69478

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. LR *Hwy. Num. 2 Rdwy. Part 1 Block Num. 1400 3 Street Prefix * Street Name Dowdy Ferry 4 Street Suffix RD

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 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. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 3 Street Prefix Street Name Michael 4 Street Suffix ST

Distance from Int. or Ref. Marker 1000 FT MI 3 Dir. from Int. or Ref. Marker E Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. RME7433 VIN W D D Z F 4 K B 4 H A 1 6 8 2 4 6

Veh. Year 2017 6. Veh. Color BLK Veh. Make MERCEDES-BENZ Veh. Model E 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. 40142243 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 10 / 20 / 1980

Address (Street, City, State, ZIP) 913 OAK CREEK HUTCHINS, TX 75141

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 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, LOPEZ CANTU, LIEGEE DELORES, K, 42, H, 2, 1, 96, 5, 97, N, 96, 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address LOPEZ CANTU, LIEGEE DELORES, 913 OAK CREEK HUTCHINS, TX 75141

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FIRE INSURANC Fin. Resp. Num. TXY000933000

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F C - 7 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

Towed By 24 HOUR Towed To 616 N Jefferson St, Lancaster, TX 75146

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. RLZ8989 VIN 3 G C P W C E D 7 K G 1 5 8 1 1 7

Veh. Year 2019 6. Veh. Color BLK Veh. Make CHEVROLET Veh. Model SILVERADO 7 Body Style TR Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 24201049 9 DL Class A 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 10 / 30 / 1980

Address (Street, City, State, ZIP) 1108 BLUFFVIEW DR HUTCHINS, TX 75141

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 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, COLEMAN, LAWRENCE ROBERT, A, 42, B, 1, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner Lessee Owner/Lessee Name & Address COLEMAN, LAWRENCE ROBERT, 1108 BLUFFVIEW DR HUTCHINS, TX 75141

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE COUNTY MUTUAL INSURANCE Fin. Resp. Num. 964990738

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 7 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried Yes No

Towed By 24 HOURS Towed To 616 N Jefferson St, Lancaster, TX 75146

Copy from Custodial File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	BAYLOR DALLAS	HUTCHINS FIRE	02/06/2023	0140
	2	1	BAYLOR DALLAS	HUTCHINS FIRE		

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

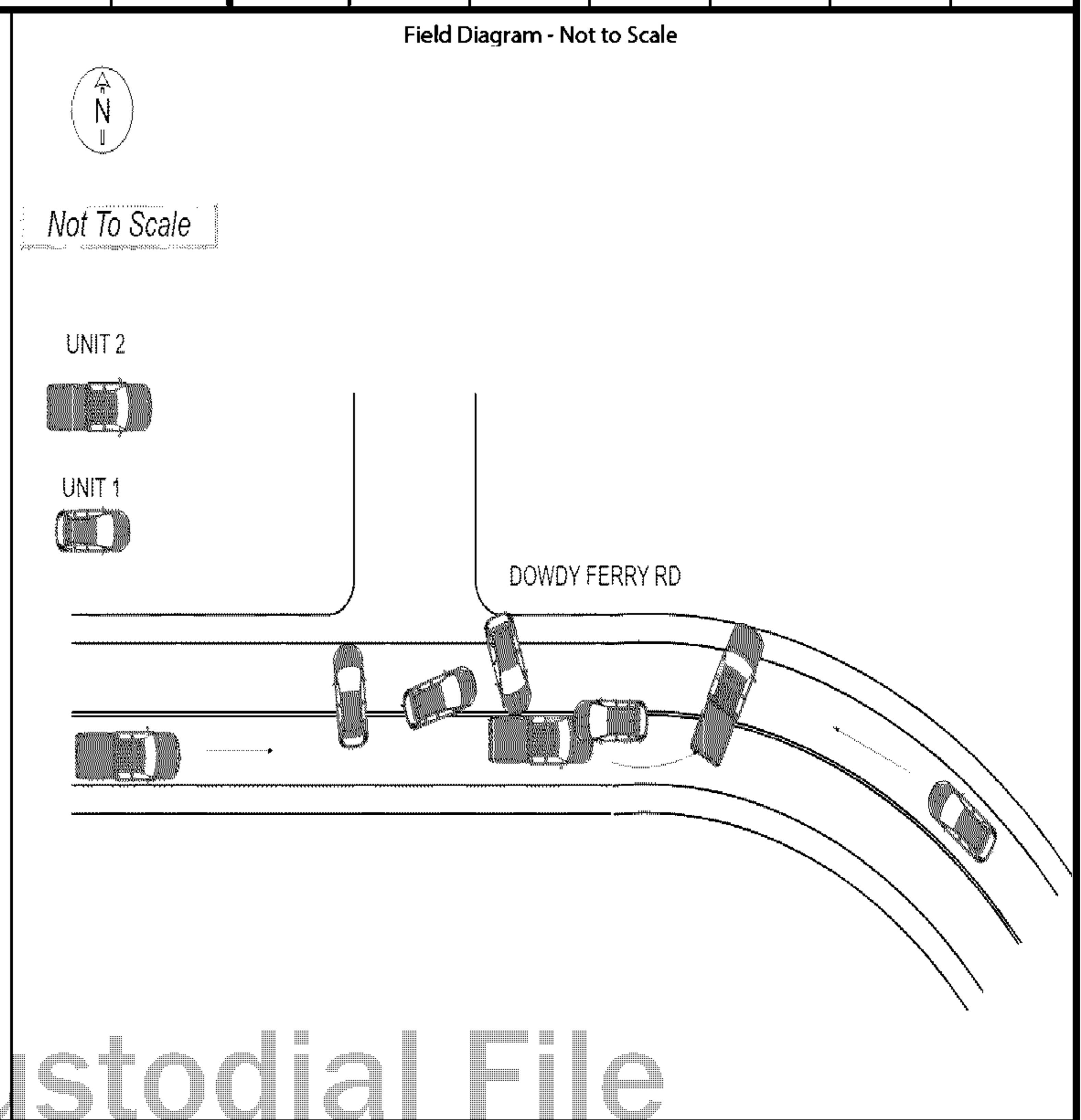
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <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 #	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	45	23					1	2	97	1	4	1	17

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

Unit 1 was going west on Dowdy Ferry crossed over the double solid yellow lane marker and hit Unit 2 head on. Unit 1 driver was unresponsive and transported to Baylor Dallas by Hutchins FD. A open bottle of beer was observed in the driver seat next to the center console. Unit 2 driver appeared to have major injuries and was transported to Baylor Dallas by Hutchins FD. Baylor Dallas called later, relaying that the driver of Unit 1 had died upon arriving.



Copy from Custodial File

Time Notified (24HR:MM)	0 0 0 0	How Notified	Dispatched	Time Arrived (24HRMM)	0 0 0 3	Report Date (MM/DD/YYYY)	02/06/2023
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) McPherson, M.				ID Num.	286
ORI Num.	T X 0 5 7 1 4 0 0	*Agency HUTCHINS POLICE DEPARTMENT				Service/Region/DA	0 1