

Law Enforcement and TxDOT Use Only

FATAL CMV SCHOOL BUS RAILROAD IAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 0, 0, 2 Total Num. Prns. 0, 0, 2 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780 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 AND LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

* Crash Date (MM/DD/YYYY) 0, 1 / 1, 5 / 2, 0, 1, 0 * Crash Time (24HRMM) 0, 2, 4, 0 Case ID 10-008959 Local Use OS

* County Name Collin * City Name Plano 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. 75 2 Rdwy. Part 2 Block Num. 6900 3 Street Prefix Street Name Central 4 Street Suffix EXPY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 50 Const. Zone Yes No Workers Present Yes No Street Desc. Northbound Service Road

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 700 3 Street Prefix Street Name Legacy 4 Street Suffix DR

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. VIN

Veh. Year 2, 0, 0, 6 6 Veh. Color BLK Veh. Make Ford Veh. Model F-150 7 Body Style PK Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/D Type 1 DL/D State TX DL/D Num. 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Person Num.	12 Prsn. 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	WILDES, RAY ARTHUR	B	37	W	1	1	1	2	97	N	2	.11	2	99	99
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

Owner Lessee Owner/Lessee Name & Address WILDES, RAY ARTHUR

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name GEICO Insurance Co. Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 F, R, 5 27 Vehicle Damage Rating 2 R, B, Q, 1 Vehicle Inventoried Yes No

Towed by Signature Towing of Texas Towed To 1204 Municipal Avenue, Plano Texas 75074

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN

Veh. Year 2, 0, 0, 6 6 Veh. Color MUL Veh. Make Ford Veh. Model Crown Victoria 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Person Num.	12 Prsn. 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	FOALE, KENNETH W.	B	29	W	1	1	1	2	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

Owner Lessee Owner/Lessee Name & Address City of Plano 4200 W. Plano Parkway, Plano Texas 75093

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name City of Plano Fin. Resp. Num. Self-Insured

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 L, F, Q, 5 27 Vehicle Damage Rating 2 L, B, Q, 1 Vehicle Inventoried Yes No

Towed by Signature Towing Towed To 4200 W. Plano Parkway, Plano Texas 75093

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1		Medical Center of Plano	Plano Fire Dept Ambulance	___/___/___
2	1		Medical Center of Plano	Plano Fire Dept Ambulance	___/___/___	___:___
					___/___/___	___:___
					___/___/___	___:___
					___/___/___	___:___

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1		Intoxication Assault

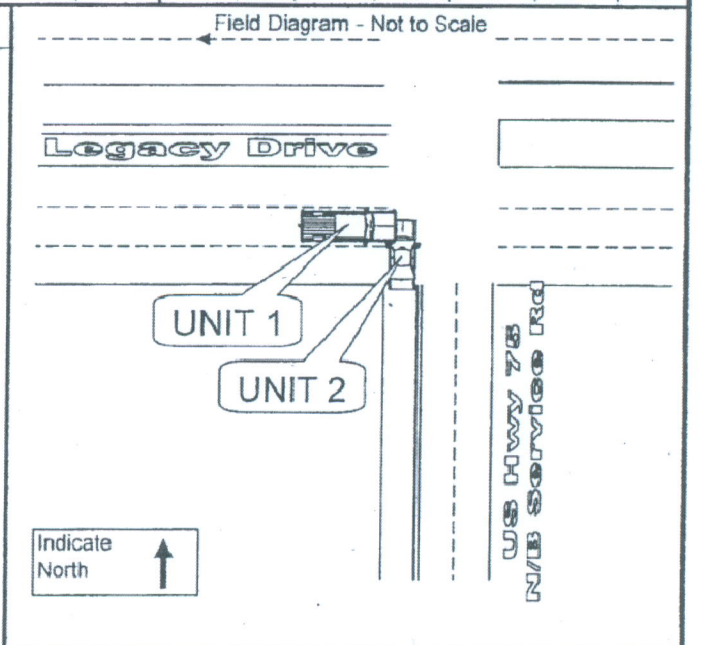
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001 + LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rdwy. Access	31 Veh. 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 HazMat ID Num.
33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	Unit Num.
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

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	61	67			2	3	4	2	1	2	5
2												

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

Unit #1 eastbound 700 Legacy Drive in the center lane of traffic approaching the intersection of US Hwy 75 Northbound Service Road. Unit #2, a marked Plano Police vehicle, northbound 6900 US Hwy 75 Service Road in the left turn lane to westbound Legacy Drive, entering the intersection of Legacy Drive on a green light. Unit #1 disregard a solid red light and entered the intersection resulting in the FR of Unit #1 striking the LFQ of Unit #2. The impact caused both units to strike one another a second time, Unit #1 RBQ to Unit #2 LBQ. Driver Unit #1 had an odor of an alcoholic beverage coming from his breath and was intoxicated. Crash analysis indicated Unit #1 was speeding over the limit.



INVESTIGATOR	Time Notified (24HRMM)	0, 2, 4, 2	How Notified	Radio Dispatched	Time Arrived (24HRMM)	0, 2, 4, 4	Report Date (MM/DD/YYYY)	0, 1, /, 1, 9, /, 2, 0, 1, 0
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Steven C. Van Note	ID Num.	1183	District/Area	A, 6
	ORI Num.	T, X, 0, 4, 3, 0, 6, 0, 0	* Agency	Plano Police Department				