

Tue, 09 February 2021

STATE OF TEXAS      §

This is to certify that I, Jim Hollis, 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 Sun, 24 January 2021, which occurred in Haskell 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 Hollis  
Director, Crash Data & Analysis Section  
125 East 11<sup>th</sup> Street  
Austin, TX 78701-2483  
1-844-274-7457







## 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.).

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IDENTIFICATION &amp; LOCATION

VEHICLE, DRIVER, &amp; PERSONS

*Crash Date (MM/DD/YYYY) 01 / 24 / 2021		*Crash Time (24HRMM) 1 4 3 5		Case ID		Local Use	
*County Name HASKELL				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 33.03767		Longitude — (decimal degrees) 099.76967	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. US		*Hwy. Num. 277		2 Rdwy. Part 1		Block Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 75		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. FM		Hwy. Num. 618		2 Rdwy. Part 1	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker 0.1		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State CA		LP Num. XP70851		VIN 1XKYD49X3GJ463757			
Veh. Year 2016		6. Veh. Color BLU		Veh. Make KENWORTH		Veh. Model T680	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 2		DL/ID State TX		DL/ID Num. 37180621		9 DL Class A	
10 CDL End. N, T, H		11 DL Rest. P27		DOB (MM/DD/YYYY) 02 / 11 / 1983			
Address (Street, City, State, ZIP) 6229 CADIZ ST EL PASO, TX 79912							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 37		15 Ethnicity I		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 97		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CANNON, GREGGORY, 1491 PASEO AURORA SAN DIEGO, CA 92154					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name MARQEE INSURANCE GROUP LLC	
Fin. Resp. Phone Num. 678-483-8151		27 Vehicle Damage Rating 1 8 - L P - 4		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By JD'S WRECKER SERVICE 325-823-3633				Towed To 3200 CR 195 ANSON, TX 79501			
Unit Num. 2		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TN		LP Num. 126302T		VIN 1GRAP06298T541816			
Veh. Year 2008		6. Veh. Color WHI		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> 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)							
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					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MEISLER TRAILERS LLC, 5900 OLD BOONVILLE HWY EVANSVILLE, IN 47715					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name MARQEE INSURANCE GROUP LLC	
Fin. Resp. Phone Num. 678-483-8151		27 Vehicle Damage Rating 1 1 0 - L F Q - 2		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By JD'S WRECKER SERVICE 325-823-3633				Towed To 3200 CR 195 ANSON, TX 79501			

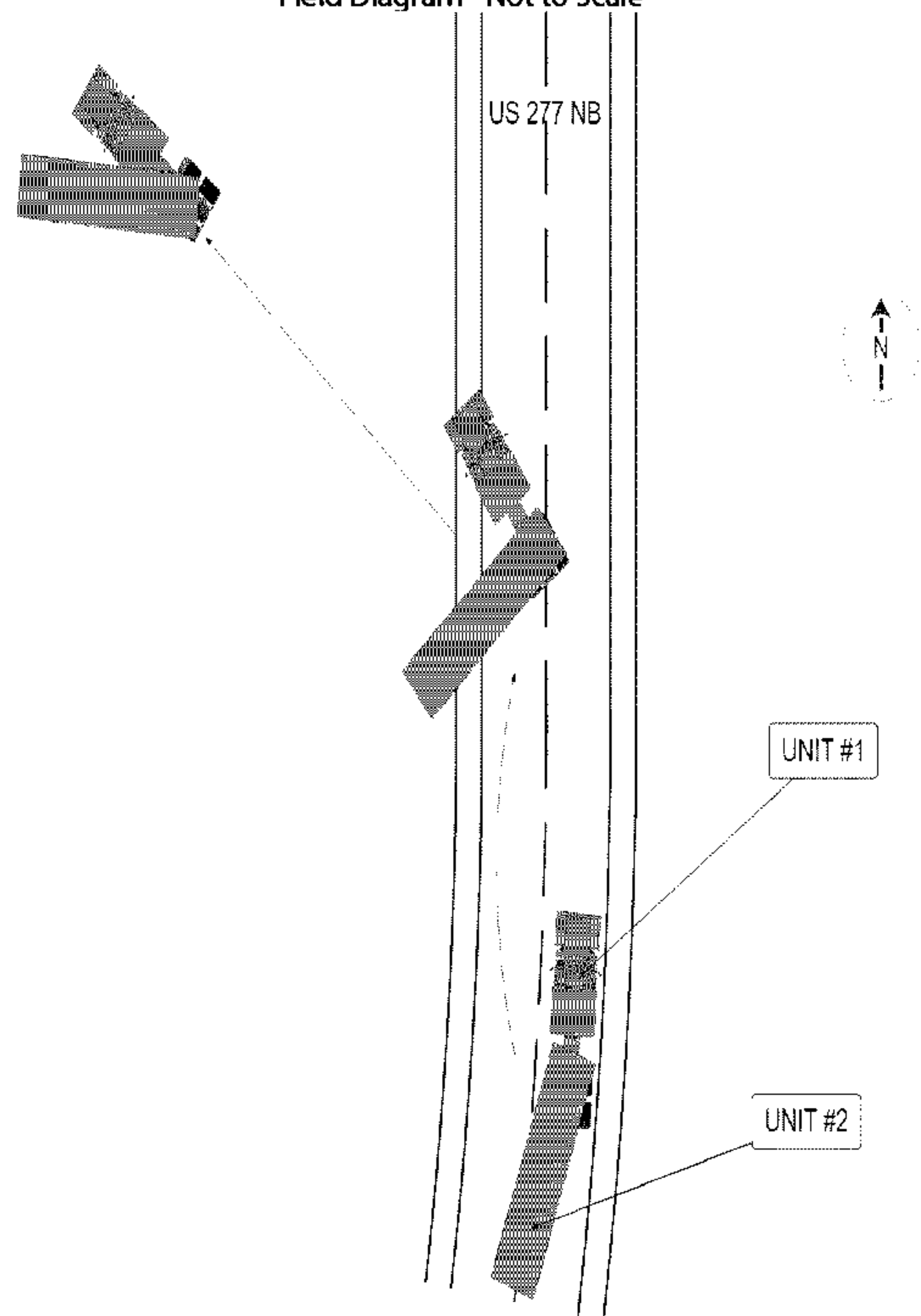
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

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

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

Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	03353821							
Carrier's Corp. Name KINGNQUEEN ENTERPRISES LLC				Carrier's Primary Addr. 111 W PORT PLAZA STE ST. LOUIS, MO 63146								30 Veh. Type	9						
31 Bus Type	0	<input checked="" type="checkbox"/> RGWV <input type="checkbox"/> GVWR	8	0	0	0	0	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	3
Unit Num.	2	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR	6	8	0	0	0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" 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		2		35 Seq. 2		1		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" 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	98			60								3	1	97	2	4	2	11

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	Unit #1 was traveling n on US 277 towing Unit #2. The road conditions were wet at the time of the crash. Unit #1 entered a curve and Unit #2 jackknifed and pushed Unit #1 into the median. Unit #1 came to a rest in the median facing northwest. Unit #2 came to a rest still attached facing east. While its possible the driver of U1 was traveling at an unsafe speed the driver was not cited as this short section of roadway has experienced numerous CMV crashes under similar weather and roadway conditions. Its possible there is a design flaw/issue with the roadway leading to these types of crashes.	

INVESTIGATOR	Time Notified (24HR:MM)	1	4	3	6	How Notified	DISPATCHED	Time Arrived (24HRMM)	1	4	3	9	Report Date (MM/DD/YYYY)	0	1	/	2	7	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) OVERTON, CHAD NEIL											ID Num.	11429								
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS											Service/Region/DA	H	P	5	C	0	7			