

TEXAS PEACE OFFICER'S CRASH REPORT (CRB-3) (01/01/08)

MAIL TO: CRASH RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4067, AUSTIN, TX 78773-0360

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT/SUPPLEMENT

PLACE WHERE CRASH OCCURRED		LOG # SA070401559
COUNTY <u>HARRIS</u>	CITY OR TOWN	ORI # 1010000
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN <u>1</u> MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W OF <u>HOUSTON</u>		DPS #

ROAD ON WHICH CRASH OCCURRED	CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPEED LIMIT <u>50</u>
<u>2700 Hwy 6 South</u>	WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
BLOCK NUMBER	STREET OR ROAD NAME	ROUTE NUMBER OR STREET CODE
INTERSECTING STREET OR RR XING NUMBER	CONSTRUCTION ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPEED LIMIT
BLOCK NUMBER	WORKERS PRESENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
STREET OR ROAD NAME	ROUTE NUMBER OR STREET CODE	
NOT AT INTERSECTION <u>30</u>	<input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF <u>Richmond Ave</u>	MILEPOST
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT		LATITUDE
		LONGITUDE

DATE OF CRASH	April	2	2007	DAY OF WEEK	Monday	HOUR	05:00	<input type="checkbox"/> AM IF EXACTLY NOON	<input checked="" type="checkbox"/> PM OR MIDNIGHT, SO STATE
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UNIT # <u>1</u>	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 8-TOWED	7-NON-CONTACT 8-OTHER	VIN # <u>1NXBR32E57Z850716</u>	ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YEAR MODEL	COLOR & MAKE	MODEL NAME	BODY STYLE	LICENSE PLATE	YEAR STATE NUMBER
2007	Gray Toyota	COROLLA	4Dr Hardtop	2008, TX, 296-TXZ	

DRIVER'S NAME	Lawalker Lena Jackson	9227 Hodges Bend Dr., Houston, TX 77083	PHONE NUMBER	281-565-0407
LAST	FIRST	MIDDLE	ADDRESS (STREET, CITY, STATE, ZIP)	

DRIVER'S LICENSE	Texas	20367224	C	N/A	A	01/17/1942	LICENSE STATUS	1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED	4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
STATE	NUMBER	CLASS/TYPE	ENDORSEMENTS	RESTRICTIONS	DATE OF BIRTH				

DRIVER'S ETHNICITY	1-WHITE 2-HISPANIC 3-BLACK	4-ASIAN 5-OTHER	DRIVER'S SEX	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	DRIVER'S OCCUPATION	Retired	POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
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TYPE OF ALCOHOL SPECIMEN TAKEN	1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED	4	TEST RESULTS	None	TYPE OF DRUG SPECIMEN TAKEN	1-BLOOD 2-URINE 3-NONE 4-REFUSED	3	TEST RESULTS	None	DRUG CATEGORY	1- 2-
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LESSEE <input type="checkbox"/>	OWNER <input checked="" type="checkbox"/> Same as driver
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LIABILITY	<input checked="" type="checkbox"/> YES	FD-1
INSURANCE	<input type="checkbox"/> NO State Farm	085882B1906B
	<input type="checkbox"/> EXP INSURANCE COMPANY NAME	POLICY NUMBER
		VEHICLE DAMAGE RATING

UNIT # <u>2</u>	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 8-TOWED	7-NON-CONTACT 8-OTHER	VIN # <u>1G8AJ55F26Z192211</u>	ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YEAR MODEL	COLOR & MAKE	MODEL NAME	BODY STYLE	LICENSE PLATE	YEAR STATE NUMBER
2006	Black Saturn	ION	4Dr Hardtop	2007, TX, 263-MJL	

DRIVER'S NAME	Lopez Louis	4022 Green Crest Dr., Houston, TX 77082	PHONE NUMBER	832-256-9660
LAST	FIRST	MIDDLE	ADDRESS (STREET, CITY, STATE, ZIP)	

DRIVER'S LICENSE	Texas	13826532	C	N/A	N/A	08/30/1970	LICENSE STATUS	1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED	4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN
STATE	NUMBER	CLASS/TYPE	ENDORSEMENTS	RESTRICTIONS	DATE OF BIRTH				

DRIVER'S ETHNICITY	1-WHITE 2-HISPANIC 3-BLACK	4-ASIAN 5-OTHER	DRIVER'S SEX	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER'S OCCUPATION	Self Employed	POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE
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TYPE OF ALCOHOL SPECIMEN TAKEN	1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED	4	TEST RESULTS	None	TYPE OF DRUG SPECIMEN TAKEN	1-BLOOD 2-URINE 3-NONE 4-REFUSED	3	TEST RESULTS	None	DRUG CATEGORY	1- 2-
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LESSEE <input type="checkbox"/>	OWNER <input checked="" type="checkbox"/> Same as driver
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LIABILITY	<input checked="" type="checkbox"/> YES	BD-1
INSURANCE	<input type="checkbox"/> NO Travelers	9751108301221
	<input type="checkbox"/> EXP INSURANCE COMPANY NAME	POLICY NUMBER
		VEHICLE DAMAGE RATING

DAMAGE TO PROPERTY OTHER THAN VEHICLES	
OBJECT	NAME AND ADDRESS OF OWNER

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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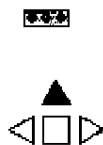
CHARGES FILED	
NAME	CHARGE
NAME	CHARGE
	CITATION #
	CITATION #

TIME NOTIFIED OF CRASH	04/03/2007	10:00 AM	HOW	Other	TIME ARRIVED AT SCENE	04/03/2007	10:00 AM	DATE OF REPORT	04/03/2007
DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE

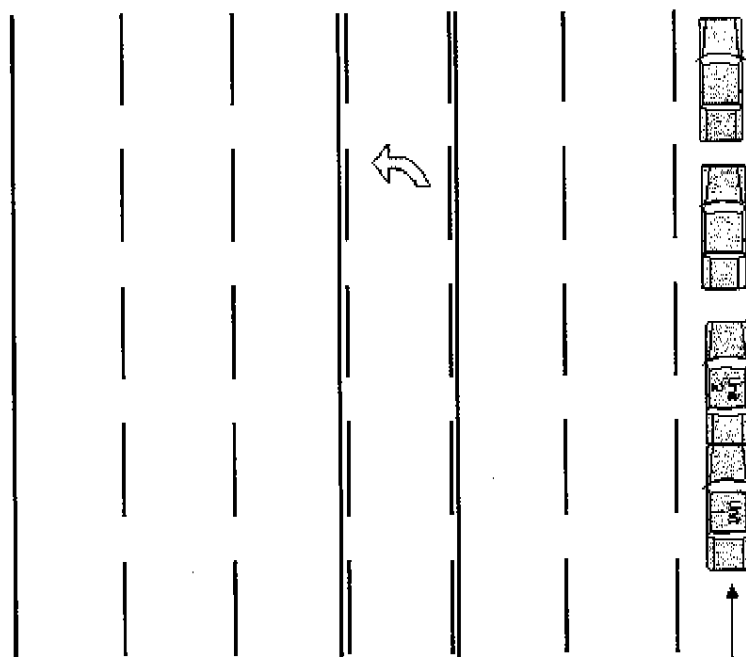
TYPED OR PRINTED									
NAME OF INVESTIGATOR	Deputy David Hilbom	ID #	1841	AGENCY	Harris SO	DIST/AREA	District 4	REPORT COMPLETE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ORIGINAL

SEAT POSITION		SOLICITATION		EJECTED		RESTRAINT USED		7-BOOSTER SEAT		AIRBAG		HELMET USE		INJURY SEVERITY		
1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT	7-THIRD SEAT LEFT 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN	INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPODITOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOUGHT, N=NO SOLICIT).		1-NO 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN		1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNK.		7-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN		1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN		1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGE 4-NOT WORN 5-UNKNOWN IF WORN 6-UNKNOWN		1-KILLED 2-INCAPACITATING INJURY 3-NON INCAPACITATING INJURY 4-POSSIBLE INJURY 5-NOT INJURED 6-UNKNOWN		
UNIT # 1 TOWED DUE TO <input type="checkbox"/> YES DISABLING DAMAGE <input checked="" type="checkbox"/> NO VEHICLE REMOVED TO DRIVEN BY Driver																
ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST, FIRST, MI)				ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE		
01	1	Lawalker Lena Jackson				9227 Hodges Bend Dr., Houston, TX 77083	N	4	1	2	N/A	65	F	N		
02																
03																
04																
05																
UNIT # 2 TOWED DUE TO <input type="checkbox"/> YES DISABLING DAMAGE <input checked="" type="checkbox"/> NO VEHICLE REMOVED TO DRIVEN BY Driver																
ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST, FIRST, MI)				ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE		
06	1	Lopez Louis				4022 Green Crest Dr., Houston, TX 77082	N	4	1	2	N/A	36	M	N		
07																
08																
09																
10																
PED. PEDAL, MOT. CONVEY, ETC.		COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRST, MI)				ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE	
DISPOSITION OF KILLED OR INJURED																
ITEM #	TAKEN TO					BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF ATTENDANTS INCLUDING DRIVER	# OF OCCUPANTS TRANSPORTED FOR TREATMENT					
											0					
COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)																
ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH					
INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)						DIAGRAM						2 1-TWO-WAY, NOT DIVIDED 2-TWO-WAY, DIVIDED, UNPROTECTED MEDIAN 3-TWO-WAY, DIVIDED, PROTECTED BARRIER 4-ONE WAY 5-UNKNOWN				
See Attached Narrative Page						See Attached Diagram Page										
FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION																
UNIT #	FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			VEHICLE DEFECTS CONTRIBUTING			VEHICLE DEFECTS MAY HAVE CONTRIBUTED						
1	22	20														
2																
1-ANIMAL ON ROAD - DOMESTIC 2-ANIMAL ON ROAD - WILD 3-BACKED WITHOUT SAFETY 4-CHANGED LANE WHEN UNSAFE 5-19 SEE VEHICLE DEFECTS 14-DISABLED IN TRAFFIC LANE 15-DISREGARD STOP AND GO SIGNAL 15-DISREGARD STOP SIGN OR LIGHT 17-DISREGARD TURN MARKS AT INTERSECTION 18-DISREGARD WARNING SIGN AT CONSTRUCTION 19-DISREGARD WARNING SIGN AT CONSTRUCTION 20-DRIVER INATTENTION 21-CRASH WITHOUT HEADLIGHTS 22-FAILED TO CONTROL SPEED 23-FAILED TO DRIVE IN SINGLE LANE 24-FAILED TO GIVE HALF OF ROADWAY 25-FAILED TO HEED WARNING SIGN 26-FAILED TO PASS TO LEFT SAFELY 27-FAILED TO PASS TO RIGHT SAFELY 28-FAILED TO GIVE SIGNAL OR WRONG SIGNAL 29-FAILED TO STOP AT PROPER PLACE 30-FAILED TO STOP FOR SCHOOL BUS 31-FAILED TO STOP FOR TRAIN 32-FAILED TO YIELD ROW - EMERGENCY VEHICLE 33-FAILED TO YIELD ROW - OPEN INTERSECTION 34-FAILED TO YIELD ROW - PRIVATE DRIVE 35-FAILED TO YIELD ROW - STOP SIGN 36-FAILED TO YIELD ROW - TO PEDESTRIAN 37-FAILED TO YIELD ROW - TURNING LEFT 38-FAILED TO YIELD ROW - TURN ON RED 39-FAILED TO YIELD ROW - YIELD SIGN 40-FATIGUED OR ASLEEP 41-FAULTY EVASIVE ACTION 42-FIRE IN VEHICLE 43-FLEEING OR EVADING POLICE 44-FOLLOWED TOO CLOSELY 45-HAD BEEN DRIVING 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE) 47-ILL (EXP. IN NARRATIVE) 48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE) 49-IMPROPER START FROM PARKED POSITION 50-LOAD NOT SECURED 51-OPENED DOOR INTO TRAFFIC LANE 52-OVERSIDE VEHICLE OR LOAD 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE 54-PARKED AND FAILED TO SET BRAKES 55-PARKED IN TRAFFIC LANE 56-PARKED WITHOUT LIGHTS 57-PASSED IN NO PASSING ZONE 58-PASSED ON RIGHT SHOULDER 59-PEDESTAL/ON-ROADY CON. FTYROW TO VEHICLE 60-SPEEDING/SAFE (ANDER LIMIT) 61-SPRINGING OVER LIMIT 62-TAKING MEDICATION (EXP. IN NARRATIVE) 63-TURNED IMPROPERLY - CUT CORNER ON LEFT 64-TURNED IMPROPERLY - WIDE RIGHT 65-TURNED IMPROPERLY - WRONG LANE 66-TURNED WHEN UNSAFE 67-UNDER INFLUENCE - ALCOHOL 68-UNDER INFLUENCE - DRUG 69-WRONG SIDE - APPROACH OR IN INTERSECTION 70-WRONG SIDE-NOT PASSING 71-WRONG WAY - ONE WAY ROAD 72-CELL/MOBILE PHONE USE 73-ROAD RAGE 74-OTHER FACTOR (WRITE ON LINE) VEHICLE DEFECTS 8-DEFECTIVE OR NO HEADLAMPS 9-DEFECTIVE OR NO STOP LAMPS 10-DEFECTIVE OR NO TAIL LAMPS 11-DEFECTIVE OR NO TURN SIG. LAMPS 12-DEFECTIVE OR NO TRAILER BRAKES 13-DEFECTIVE OR NO VEHICLE BRAKES 14-DEFECTIVE OR NO STEERING MECH. 15-DEFECTIVE OR SUEK TIRES 16-DEFECTIVE TRAILER HITCH TRAFFIC CONTROL 1-NONE 2-NONPERMISSIVE 3-OFFICER 4-PLACEMAN 5-SIGNAL LIGHT 6-FLASHING RED LIGHT 7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPES/OMDER 12-NO PASSING ZONE 13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-SIDE LANE 17-OTHER ROADWAY RELATION 1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN PART OF ROADWAY 1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-DETOUR 7-OTHER ROADWAY ALIGNMENT 1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILL/CLIMB 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILL/CLIMB 7-OTHER LIGHT CONDITION 1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNLIGHTING 5-DOWN 6-UP 7-OTHER TYPE OF ROAD SURFACE 1-CONCRETE 2-BLACKTOP 3-GRASS 4-GRABEL 5-OTHER 6-UNKNOWN 7-UNKNOWN WEATHER 1-CLEAR/CLOUDY 2-RAIN 3-SLEET/HAUL 4-SNOW 5-ICE 6-FOG 7-SERIOUS CROSSWINDS 8-OTHER 9-UNKNOWN SURFACE CONDITION 1-DRY 2-WET 3-STANDING WATER 4-SLUSH 5-ICE 6-SAND, MUD, DIRT 7-UNKNOWN 8-UNKNOWN 9-UNKNOWN																



Richmond Ave.



SH 6 South

NOT TO SCALE

ORIGINAL

Page 4 Of 4

(DATA= 04-05-2007/09:24/622) TX0015-622-070403-124400-1009
(IMAGE= 04-05-2007/09:28/622) SA070401559 (L) M/OE/S.S.10

TEXAS PEACE OFFICER'S CRASH REPORT CRB-3 (Eff. 1/1/06)

MAIL TO: CRASH RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0350

Both Unit's traveling S/B on Hwy 6 South. Both Unit's were in the right lane approaching Richmond Ave.

Driver #2 stated that other vehicles along with himself passed Unit#1 which was traveling approx 10mph in the right lane on HWY 6 South approaching Richmond Ave. He moved back into the right lane and ultimately stopped behind two other vehicles that were stopped at the intersection for the red light. Unit#1 approached and struck Unit#2 while he was stopped. Driver #2 also stated that he thought Driver#1 was impaired on some type of medication by her behavior, and believed she was going to leave the scene until her sister arrived. He stated that there was some minor scratches on his bumper and the impact had knocked items around in the passenger compartment at the time of the impact. He stated that the license plate left an impression of the digits in the dirt on the bumper.

Driver #1 stated that she had left the Walgreens Drug Store and was driving on Hwy 6 South and stopped at Richmond Ave. when a man got out of his car and approached her vehicle. The man(Driver#2) addressed her by name "Lena" asking her to pull over because she had "bumped" him. She stated that the numbers on his bumper looked hand written and that she did not have any damage to her vehicle. She also stated that the scratches looked as if they could be buffed out or to just wash the car. She stated that she was hesitant to give her information at first and claimed that she never touched his car.

Driver #2 stated that he had originally called HPD several times and after 3 hrs, the dispatcher told him to go to the substation. After arriving at an HPD substation he was given a blue form and they would not take a report from him. The location of the accident was outside the city limits and occurred in the unincorporated portion of Harris County.

Both parties were referred to their respective insurance companies to handle the damages claimed.

Scene was recreated from drivers statements. The report was taken the following day of the accident at the sub-station.