



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) 06/22/2022 \*Crash Time (24HRMM) 1245 Case ID 2022012348 Local Use

\*County Name JEFFERSON \*City Name BEAUMONT  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. LR \*Hwy. Num. 2 Rdwy. Part 1 Block Num. 1200 3 Street Prefix \* Street Name DowLen Rd 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 35 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. 6300 3 Street Prefix Street Name Gladys St 4 Street Suffix

Distance from Int. or Ref. Marker  FT  MI 3 Dir. from Int. or Ref. Marker 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. 4HORN VIN 1C6SRFU93MN685377

Veh. Year 2021 6. Veh. Color BLU Veh. Make RAM Veh. Model UNKNOWN 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. 00689761 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 10/30/1956

Address (Street, City, State, ZIP) 210 Lavaca St #3502 Austin, TX 78701

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, Naymola Jr, Walter Eugene, A, 65, W, 1, 1, 99, 5, 97, N, 2, 2, 99, 99.

Owner  Lessee Owner/Lessee Name & Address National Tank & Equipment LLC, 500 W 5th St, Ste 750 Austin, TX 78701

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Liberty County Mutual Insurance Company Fin. Resp. Num. Y8303096

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12 - F L - 7 27 Vehicle Damage Rating 2 9 - L P - 4 Vehicle Inventoried  Yes  No

Towed By Top Gun Towed To 1255 Amelia Beaumont, TX 77707

Unit Num. 2 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. MPX4363 VIN 3GYFNAE34CS612519

Veh. Year 2012 6. Veh. Color GLD Veh. Make CADILLAC Veh. Model SRX 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. 41482781 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 09/10/2000

Address (Street, City, State, ZIP) 655 Parson Dr Beaumont, TX 77706

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, [Redacted], A, 21, W, 2, 1, 1, 5, 97, N, 96, 96, 97, 97.

Owner  Lessee Owner/Lessee Name & Address Barnaby, Romona Denise, 655 Parson Dr Beaumont, TX 77706

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Progressive County Mutual Insurance Co Fin. Resp. Num. 958489549

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 - B R - 7 27 Vehicle Damage Rating 2 12 - F R - 5 Vehicle Inventoried  Yes  No

Towed By TNT Wrecker Towed To 5385 Fannett Rd Beaumont, TX 77705

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	St Elizabeth Hospital	Beaumont EMS		
	2	1	St Elizabeth Hospital	Beaumont EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Intoxication Assault	2022-12357

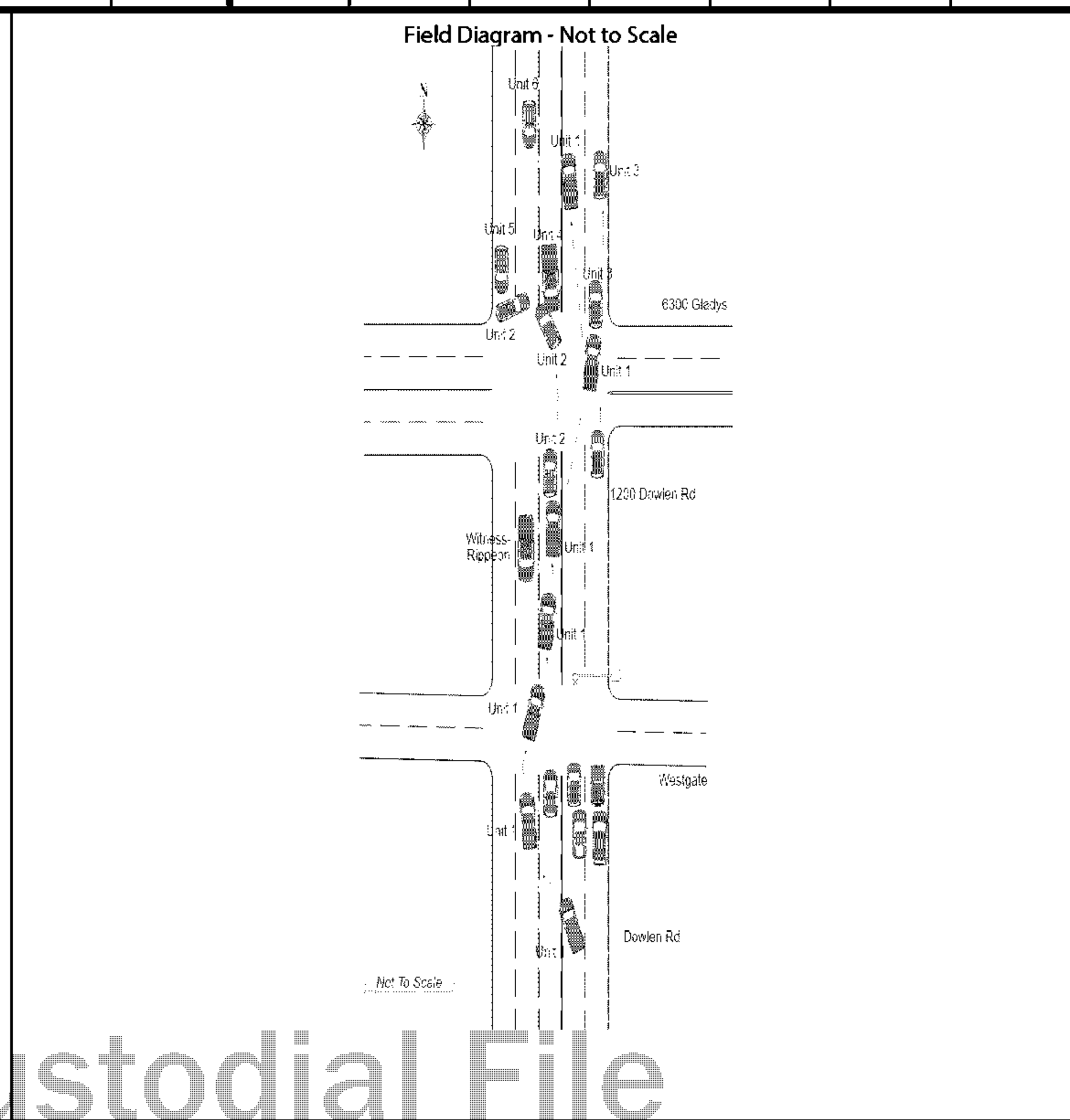
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	22							1	1	98	3	1	1	5	

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

According to witness: Witness was SB on Dowlen. Unit 1 was NB on Dowlen at a high rate of speed. Traffic at Dowlen and Westgate was stopped due to red light. Unit 1 drove into SB lanes at Westgate to get around traffic and was headed directly for Witness' vehicle before he corrected and got back into the NB lanes. Unit 2 was stopped NB in the left turn lane. Unit 3 was stopped in the right lane (according to driver). Unit 4 was SB in the left turn lane. Unit 5 was stopped SB in the right lane. Unit 6 was SB in the middle lane (according to driver). Witness observed Unit 1 strike Unit 2 and become airborne. Impact forced Unit 2 into SB lanes where she struck Unit 4 and Unit 5. After being airborne, Unit 1 then struck Unit 3. Both Unit 1 and Unit 3 continued NB for a distance before coming to a stop. Unit 6 driver stated her vehicle was struck by flying debris. She also stated she was hit her knee when she slammed on her brakes. This indicates she was probably not wearing her seat belt. Witnesses: 1)



Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM)	1   2   4   5	How Notified/Dispatched	Time Arrived (24HRMM)	1   2   5   1	Report Date (MM/DD/YYYY)	06 / 23 / 2022
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Wisby, Darleen		ID Num.	7020
	ORI Num.	T   X   1   2   3   0   1   0   0	*Agency	BEAUMONT POLICE DEPARTMENT		Service/Region/DA	0   1



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\*=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) 06 / 22 / 2022 \*Crash Time (24HRMM) 1 2 4 5 Case ID 2022012348 Local Use

\*County Name JEFFERSON \*City Name BEAUMONT  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. LR \*Hwy. Num. 2 Rdwy. Part 1 Block Num. 1200 3 Street Prefix \* Street Name DowLen Rd 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane Speed Limit 35 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. 6300 3 Street Prefix Street Name Gladys St 4 Street Suffix

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

VEHICLE, DRIVER, & PERSONS

Unit Num. 3 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. PVT4358 VIN 2 T 3 N 1 R F V 7 K W 0 3 5 9 9 7

Veh. Year 2 0 1 9 6. Veh. Color GRY Veh. Make TOYOTA Veh. Model RAV4 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. 06084929 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 1 0 / 2 0 / 1 9 8 7

Address (Street, City, State, ZIP) 8564 Curry Lane Silsbee, TX 77656

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. Includes a large blacked-out area for names.

Owner  Lessee Owner/Lessee Name & Address Esthay, Matthew Bronson, 8564 Curry Ln Silsbee, TX 77656

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name USAA General Indemnity Company Fin. Resp. Num. 025511044

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 - B D - 6 27 Vehicle Damage Rating 2 9 - L P - 4 Vehicle Inventoried  Yes  No

Towed By A & R Wrecker Towed To 5475 Brock Beaumont, TX 77707

Unit Num. 4 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. RHZ1157 VIN 1 F T E W 1 C 8 1 A F D 0 3 6 2 3

Veh. Year 2 0 1 0 6. Veh. Color GRY Veh. Make FORD Veh. Model F150 7 Body Style PK  Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 4 DL/ID State TX DL/ID Num. 24139192 9 DL Class 5 10 CDL End. 5 11 DL Rest. 5 DOB (MM/DD/YYYY) 0 6 / 2 5 / 1 9 7 3

Address (Street, City, State, ZIP) 2652 Harrison St Beaumont, TX 77702

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. Includes a large blacked-out area for names.

Owner  Lessee Owner/Lessee Name & Address Zuniga, Blanca, 2652 Harrison St Beaumont, TX 77702

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Progressive County Mutual Insurance Co Fin. Resp. Num. 955703439

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 5 27 Vehicle Damage Rating 2 - - - - Vehicle Inventoried  Yes  No

Towed By Top Gun Wrecker Towed To 1255 Amelia Beaumont, Texas 77707

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)
	3	1	St Elizabeth Hospital	Beaumont EMS		
	3	2	St Elizabeth Hospital	Beaumont EMS		
	3	3	St Elizabeth Hospital	Beaumont EMS		
	3	4	St Elizabeth Hospital	Beaumont EMS		
	4	1	St Elizabeth Hospital	Private Auto		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	4	1	No Valid DL	Summons

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 <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 <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <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

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

Copy from Custodial File

Time Notified (24HR:MM)	1   2   4   5	How Notified/Dispatched	Time Arrived (24HRMM)	1   2   5   1	Report Date (MM/DD/YYYY)	06 / 23 / 2022	
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed)	Wisby, Darleen			ID Num.	7020
ORI Num.	T   X   1   2   3   0   1   0   0	*Agency	BEAUMONT POLICE DEPARTMENT			Service/Region/DA	0   1



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At Int.  Yes  No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 6300 3 Street Prefix Street Name Gladys St 4 Street Suffix

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

VEHICLE, DRIVER, & PERSONS

Unit Num. 5 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. RNH7776 VIN 1 F M 5 K 8 D 8 8 F G A 1 2 8 7 5

Veh. Year 2 0 1 5 6. Veh. Color BLK Veh. Make FORD Veh. Model EXPLORER 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. 35049660 9 DL Class C 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 1 2 / 0 9 / 1 9 9 3

Address (Street, City, State, ZIP) 5255 Sunbury Rd Beaumont, TX 77707

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, [Redacted], N, 28, W, 1, 1, 98, 1, 97, N, 96, 96, 97, 97. Note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address Lee, Brendan William, 5255 Sunbury Dr Beaumont, TX 77707y

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Government Employees Insurance Name Co Fin. Resp. Num. 6051524756

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 0 - F L - 2 27 Vehicle Damage Rating 2 - - - - Vehicle Inventoried  Yes  No

Towed By Driver Towed To Away

Unit Num. 6 5 Unit Desc. 1  Parked Vehicle  Hit and Run LP State TX LP Num. LDH5884 VIN 1 A 8 H X 5 8 N 7 8 F 1 1 7 3 4 5

Veh. Year 2 0 0 8 6. Veh. Color BLK Veh. Make CHRYSLER Veh. Model ASPEN 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. 13618664 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 0 7 / 2 8 / 1 9 6 2

Address (Street, City, State, ZIP) 2855 Waco St Beaumont, TX 77705

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, [Redacted], C, 59, B, 2, 1, 99, 1, 97, N, 96, 96, 97, 97. Row 2: 2, 2, 3, [Redacted], N, 26, B, 2, 1, 99, 1, 97, N. Row 3: 3, 2, 4, [Redacted], N, 2, B, 1, 1, 4, 1, 97, N. Note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner  Lessee Owner/Lessee Name & Address Edwards, Vanessa, 2855 Waco Beaumont, TX 77705

Proof of Fin. Resp.  Yes  No  Expired  Exempt 26 Fin. Resp. Type 2 Fin. Resp. Allstate Fire & Casualty Name Insurance Co Fin. Resp. Num. 00000836413496

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 0 27 Vehicle Damage Rating 2 - - - - Vehicle Inventoried  Yes  No

Towed By Driver Towed To Away

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)
	6	1	St Elizabeth Hospital	Private Auto		

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 <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 <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <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

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INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

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Time Notified (24HR:MM)	1	2	4	5	How Notified/Dispatched	Time Arrived (24HRMM)	1	2	5	1	Report Date (MM/DD/YYYY)	0	6	2	3	2	0	2	2				
Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Wisby, Darleen									ID Num.	7020											
ORI Num.	T	X	1	2	3	0	1	0	0	*Agency	BEAUMONT POLICE DEPARTMENT								Service/Region/DA	0	1		