

Thu, 18 May 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 Sat, 21 January 2023, which occurred in Potter 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) 01 / 21 / 2023		*Crash Time (24HRMM) 2 0 0 3		Case ID 23-501212		Local Use		
*County Name POTTER				*City Name AMARILLO				<input 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)		Longitude (decimal degrees)		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. LR		*Hwy. Num.	2 Rdwy. Part 1	Block Num. 2800	3 Street Prefix S	* Street Name OSAGE	4 Street Suffix ST	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit 40	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. LR	Hwy. Num.	2. Rdwy. Part 1	Block Num. 2100	3 Street Prefix SE	Street Name 27TH	4 Street Suffix AVE	
Distance from Int. or Ref. Marker 75		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker N	Reference Marker	Street Desc.	RRX Num.		

VEHICLE, DRIVER, & PERSONS

Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. #####	VIN 1 M E F M 4 0 1 2 5 G 6 1 4 6 1 1													
Veh. Year 2 0 0 5	6. Veh. Color TAN	Veh. Make MERCURY	Veh. Model MONTEGO	7 Body Style P4	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. #####	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) # # / # # / 1 9 5 2													
Address (Street, City, State, ZIP) ##### # ##### # ##### 79109																			
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 71	15 Ethnicity H	16 Sex 2	17 Eject. 1	18 Restr. 1	19 Airbag 1	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 #####, ##### # ####, #### # ##### # ##### 79109																		
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 1	Fin. Resp. Name ##### # # #			Fin. Resp. Num. #####													
Fin. Resp. Phone Num. #####		27 Vehicle Damage Rating 1 1 1 -			F L - 2			27 Vehicle Damage Rating 2 -			Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Towed By	Towed To																		

Unit Num. 2	5 Unit Desc. 4	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN													
Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 4	DL/ID State CO	DL/ID Num. #####	9 DL Class 5	10 CDL End. 5	11 DL Rest. 5	DOB (MM/DD/YYYY) # # / # # / 1 9 9 0													
Address (Street, City, State, ZIP) ##### # # ##### # #####, # # 80906																			
Person Num. 1	12 Prsn. Type 4	13 Seat Position 16	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity K	Age 32	15 Ethnicity W	16 Sex 1	17 Eject. 97	18 Restr. 97	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
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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address																		
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name			Fin. Resp. Num.													
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -			-			27 Vehicle Damage Rating 2 -			Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No								
Towed By	Towed To																		

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)
	2	1	#####	#####	#####	2 0 1 1

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

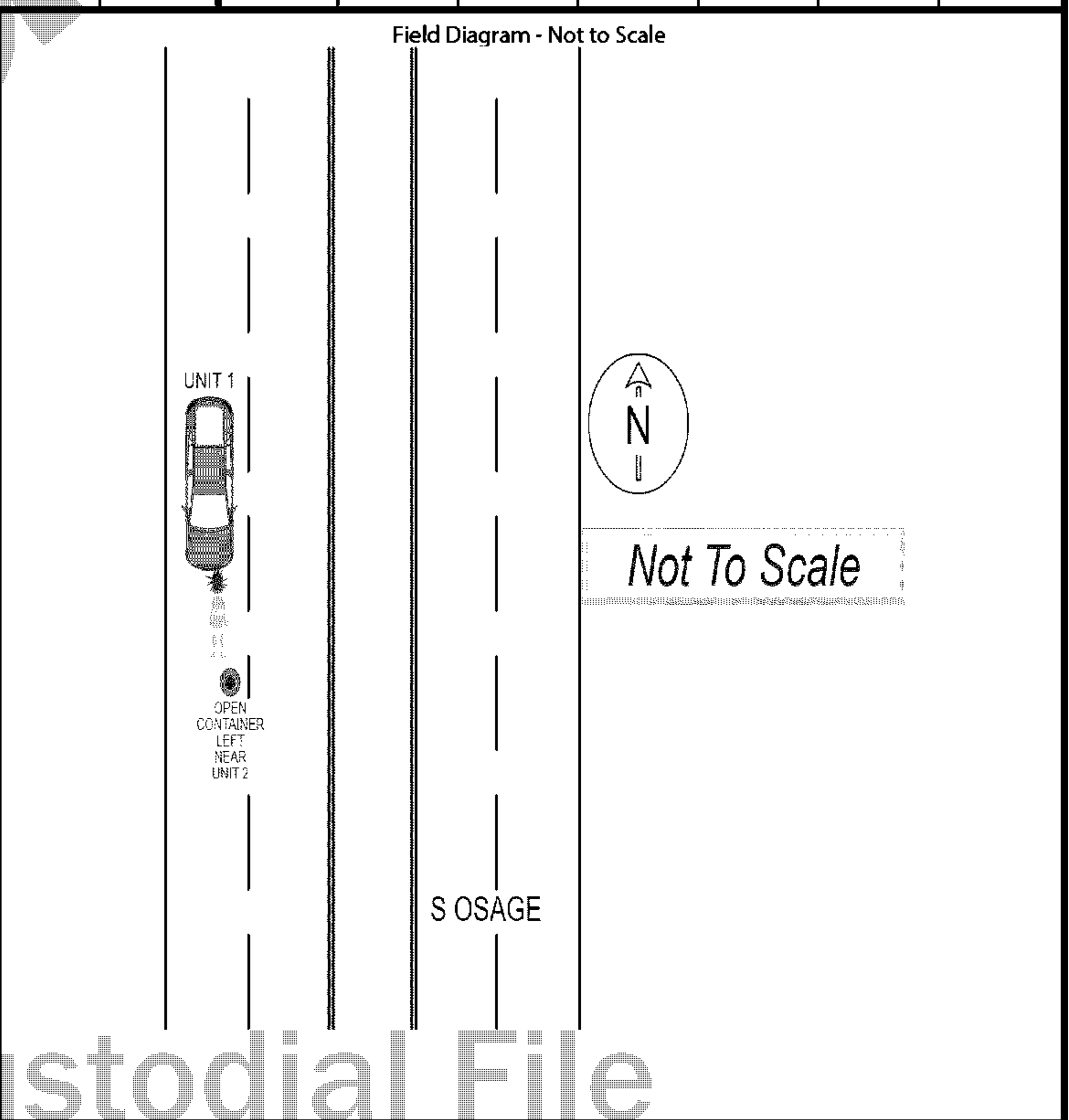
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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

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							2	3	2	1	1	1
2	45													

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

Unit 1 was SB on Osage in the right lane. Unit 2 (pedestrian) was in the roadway. Driver of unit 1 did not see unit 2 until unit 1 FL made impacted unit 2.



INVESTIGATOR	Time Notified (24HR:MM)	2 0 0 3	How Notified/Dispatched	Time Arrived (24HRMM)	2 0 0 6	Report Date (MM/DD/YYYY)	#####
	Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) #####, #####				ID Num.	####
	ORI Num.	T X 1 8 8 0 1 0 0	*Agency AMARILLO POLICE DEPARTMENT				Service/Region/DA