

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



Texas Peace Officer's Crash Report

Form CR-2
(Rev. 06/09)
(ESD-EPC)

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714
Questions? Call: 512/496-5780

PLACE WHERE CRASH OCCURRED _____

COUNTY AUSTIN CITY OR TOWN _____

IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN 1.9 MILES N S E W OF SAN FELIPE

LOC# _____

ORI# TXDPS1400

TxDOT# _____

ROAD ON WHICH CRASH OCCURRED IH-10

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT 70

INTERSECTING STREET OR RR X'ING NUMBER _____

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT _____

NOT AT INTERSECTION .8 FT. MI. N S E W OF WALLER COUNTY LINE

MILEPOST 727 LATITUDE 29.77067 LONGITUDE -96.05003

DATE OF CRASH AUGUST 8 2004 DAY OF WEEK SUNDAY HOUR 5:30 AM PM

UNIT # 1 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER VIN# 1GKEK13R5YR133218 ALTERED VEHICLE HEIGHT YES NO 3-PEDALCYCLIST 6-TOWED

YEAR MODEL 2000 COLOR & MAKE BLACK/GMC MODEL NAME YUKON DENALI BODY STYLE SUV LICENSE PLATE 05 TX P33-KGD

DRIVER'S NAME CAVEN HUBBARD SCOTT III 2169 TROON ROAD HOUSTON, TEXAS 77019

DRIVER'S LICENSE TX 19639062 C 9/8/85 LICENSE STATUS 1

DRIVER'S ETHNICITY 1 1-WHITE 4-ASIAN DRIVER'S SEX MALE DRIVER'S OCCUPATION STUDENT

TYPE OF ALCOHOL SPECIMEN TAKEN 2 TEST RESULTS .00 TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS _____ DRUG CATEGORY _____

LESSEE OWNER SCOTT CAVEN 2169 TROON ROAD HOUSTON, TX 77019

LIABILITY INSURANCE YES NO USAA (800) 531-8722 001320247U71068 VEHICLE DAMAGE RATING 3-R&T-7

UNIT # 2 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER VIN# JHMEH9694RS015898 ALTERED VEHICLE HEIGHT YES NO 3-PEDALCYCLIST 6-TOWED

YEAR MODEL 1994 COLOR & MAKE BLACK/HONDA MODEL NAME CIVIC BODY STYLE 4 DOOR SEDAN LICENSE PLATE 04 TX S19-FWH

DRIVER'S NAME CUNE BRITTANY JOY 4114 MEDICAL DRIVE #25106 SAN ANTONIO, TX 78229

DRIVER'S LICENSE TX 18973964 C 9/25/81 LICENSE STATUS 1

DRIVER'S ETHNICITY 1 1-WHITE 4-ASIAN DRIVER'S SEX FEMALE DRIVER'S OCCUPATION BUSINESS PROFESSIONAL

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS _____ DRUG CATEGORY _____

LESSEE OWNER GREGG CUNE 158 N. MAGNOLIA POND PLACE SPRING, TEXAS 77381

LIABILITY INSURANCE YES NO GEICO (800) 861-8380 746-75-23-1 VEHICLE DAMAGE RATING TP-0

DAMAGE TO PROPERTY OTHER THAN VEHICLES NONE

OBJECTS _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

REGS FILED NONE CHARGE _____ CITATION# _____

NAME NONE CHARGE _____ CITATION# _____

TIME NOTIFIED OF CRASH 8/8/04 5:35 PM HOW DISPATCHED TIME ARRIVED AT SCENE 8/8/04 5:43 PM DATE OF REPORT 3/23/09

TYPED OR PRINTED NAME OF INVESTIGATOR RICHARD JACOBS I# 5882 AGENCY HIGHWAY PATROL DIST/AREA 4A09 REPORT COMPLETE YES NO

SEAT POSITION		SOLICITATION		EJECTED		RESTRAINT USED			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-CARETAKER 11-OUTSIDE VEHICLE 12-UNKNOWN	INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AND/OR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURVEYOR, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOLICIT, 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, FRONT FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN	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 6-UNKNOWN	1-KILLED 2-INCAPACITATING INJURY 3-POSSIBLE INJURY 4-NOT INJURED 5-UNKNOWN					

TOWED DUE TO YES NO VEHICLE REMOVED TO **MILLERS TOWING 545 ACRES LANE SEALY, TX 77474** BY **MILLERS (979) 885-4995**

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	COL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	CAVEN HUBBARD SCOTT III 2169 TROON ROAD HOUSTON, TEXAS 77019	N	1	1	2	4	18	M	K
2	3	FINNEGAN, WILLIAM 6404 WESTCHESTER HOUSTON, TX 77005	N	1	1	2	4	18	M	K
3										
4										
5										

UNIT # **2** TOWED DUE TO YES NO VEHICLE REMOVED TO **FERNANDEZ TOWING 2659 FM1093 WALLIS, TX 77485** BY **FERNANDEZ (979) 478-7499**

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	COL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	1	CUNE BRITTANY JOY 4114 MEDICAL DRIVE #25106 SAN ANTONIO, TX 78229	N	1	1	3	4	22	F	K
7										
8										
9										
10										

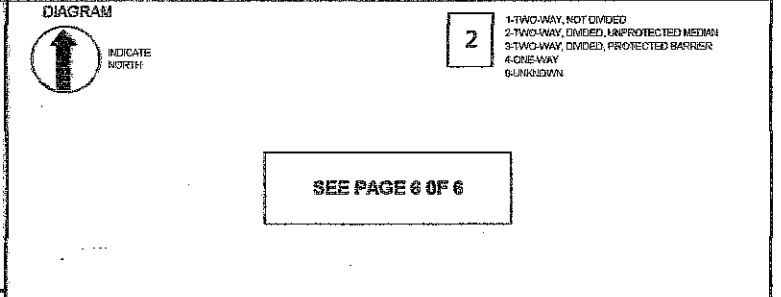
PED., PEDAL, MOT. CONVEY, ETC.	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULTS	DRUG SPECIMEN TAKEN	RESULTS	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW			
ITEMS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT#	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT
2	HERMANN HOSPITAL	LIFELIGHT	5:34 PM	5:45 PM	UNK	3	1
	KNESEK FUNERAL HOME	SAME					
	KNESEK FUNERAL HOME	SAME					

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
1	8/0/04	5:30 PM	2	8/9/03	10:05 AM	6	8/8/04	5:30 PM			

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)
(SEE ATTACHED SHEET-NARRATIVE)



WITNESSES: (SEE ATTACHED Deposition List Section 6 of Crash Packet)

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	1	2	3	72	2	3	10	1	2	
2	1	2	3	1	2	3	1	2	1	2

- 1-ANIMAL ON ROAD-DOMESTIC
2-ANIMAL ON ROAD-WILD
3-BACKED WITHOUT SAFETY
4-CHANGED LANE WHEN UNSAFE
5-NO VEHICLE DEFECTS
14-DRAGGED IN TRAFFIC LANE
15-DISREGARD STOP AND GO SIGNAL
16-DISREGARD STOP SIGN OR LIGHT
17-DISREGARD TURN MARKS AT INTERSECTION
18-DISREGARD WARNING SIGN AT CONSTRUCTION
19-OBSTRUCTION IN VEHICLE
20-DRIVER INATTENTIVE
21-DROVE WITHOUT HEADLIGHTS
22-FAILED TO CONTROL SPEED
23-FAILED TO DRIVE IN SINGLE LANE
24-FAILED TO GIVE HALF OF ROADWAY
25-FAILED TO GIVE 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-EMERGENCY VEHICLE
34-FAILED TO YIELD ROW-PARALLEL 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-FLEES OR EVASIVE 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 TO TRAFFIC LANE
52-OPENED VEHICLE OR LOAD
53-OVERCAME AND PASSED IMPROPER 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-PEDESTRIANLY CANNOT CORRECTLY ROW TO VEHICLE
60-SPENDING UNSAFE (UNDER LIMIT)
61-SPEEDING OVER LIMIT
62-TANGLED MEDICATION (EXP. IN NARRATIVE)
63-TURNED IMPROPERLY - OUT CORNER ON LEFT
64-TURNED IMPROPERLY - WIDE RIGHT
65-TURNED IMPROPERLY - WYING LANE
66-TURNED VEH UNSAFE
67-UNDER INFLUENCE - ALCOHOL
68-UNDER INFLUENCE - DRUG
69-WRONG SIDE OF ROAD (EXP. IN NARRATIVE)
70-WRONG SIDE - NOT PASSED
- 71-WORD WAY - ONE WAY ROAD
72-CELL/MOBILE PHONE USE
73-ROAD NARROW
74-OTHER FACTOR (WRITE ON LINE)
- VEHICLE DEFECTS**
8-DEFECTIVE OR NO HEADLAMPS
9-DEFECTIVE OR NO STOP LAMPS
12-DEFECTIVE OR NO TAIL LAMPS
13-DEFECTIVE OR NO TURN SIG. LAMPS
14-DEFECTIVE OR NO TRAILER BRAKES
15-DEFECTIVE OR NO VEHICLE BRAKES
16-DEFECTIVE OR NO STEERING MECH.
17-DEFECTIVE OR FLAT TIRE
18-DEFECTIVE TRAILER LIGHT

NOT TO SCALE

TRAFFIC CONTROL			ROADWAY RELATION		
1-NONE 2-NONOPERATIVE 3-DEFICER 4-FLASHER 5-SIGNAL LIGHT 6-FLASHING RED LIGHT	7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-RED SIGN 10-WARNING SIGN 11-CENTER STRIPES/ROWDER 12-NO PASSING ZONE	13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-SIDE LANE 17-OTHER	1-TWO WAY, NOT DIVIDED 2-TWO WAY, DIVIDED, UNPROTECTED MEDIAN 3-TWO WAY, DIVIDED, PROTECTED BARRIER 4-ONE WAY 5-UNKNOWN	11	1
PART OF THE ROADWAY			ROADWAY ALIGNMENT		
1-LANE LANE 2-EMERGENCY ROAD 3-BYPASS DRIVE 4-EXIT RAMP 5-CONNECTOR 6-OTHER	1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST	7-OTHER 8-ON RAMP	1-DAWNS 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNLIGHTING 5-DAYS 6-DUSK	1	1
TYPE OF ROAD SURFACE			WEATHER		
1-CONCRETE 2-ASPH 3-DECK 4-GRAVEL	5-SHORT 6-DIAPER 7-UNKNOWN 8-OTHER	1-CLEAR/CLOUDY 2-RAIN 3-DRIZZLE 4-SNOW 5-ICE 6-UNKNOWN	7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN	1	1
			SURFACE CONDITION		
			1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-ICE 6-OTHER	7-SAND, MUD, DIRT 8-UNK 9-UNK 10-UNK	1

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



Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149249, Austin, TX 78714
 Questions? Call: 512/438-5793

Form CR-3
 (Rev. 05/09)
 (GSD-BPC)

PLACE WHERE CRASH OCCURRED _____

COUNTY AUSTIN CITY OR TOWN _____

IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN 1.9 MILES N S E W OF SAN FELIPE

LOC# _____

ORI# TXDPS1400

TxDOT# _____

ROAD ON WHICH CRASH OCCURRED IH-10 CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT 70

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

INTERSECTING STREET OR RR X'ING NUMBER _____ CONSTRUCTION ZONE WORKERS PRESENT YES NO SPEED LIMIT _____

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____

NOT AT INTERSECTION .8 FT. MI. N S E W OF WALLER COUNTY LINE

MILEPOST 727 LATITUDE 29.77067 LONGITUDE -96.05003

SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT

DATE OF CRASH AUGUST 8TH 2004 DAY OF WEEK SUNDAY HOUR 5:30 AM PM IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT # 3 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT ALTERED VEHICLE YES NO
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER HEIGHT

3-PEDALCYCLIST 6-TOWED

YEAR MODEL 1998 COLOR & MAKE BLUE/HONDA MODEL NAME CIVIC BODY STYLE 4 DOOR SEDAN LICENSE PLATE 04 TX Z5W-71R

DRIVER'S NAME SPARKS ANGELA MARIE 4518 SLAYDEN SAN ANTONIO, TX 78228 ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE TX 15156114 C 8/6/82 LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN

DRIVER'S ETHNICITY 1 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION STUDENT POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS

TYPE OF DRUG SPECIMEN TAKEN 3 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS DRUG CATEGORY

LESSEE OWNER REBECCA COOK P.O. BOX 333 MONT BELVIEU, TX 77580 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE YES NO EXP STATE FARM (888) 559-1922 C096825C08530002 VEHICLE DAMAGE RATING TP-0

UNIT # 4 1 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT ALTERED VEHICLE YES NO
 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER HEIGHT

3-PEDALCYCLIST 6-TOWED

YEAR MODEL 1997 COLOR & MAKE RED/FORD MODEL NAME F-150 BODY STYLE PICKUP LICENSE PLATE 05 TX XL4-695

DRIVER'S NAME PAWLOWSKI DAWN MARIE 1595 FM 1456 BELLVILLE, TX 77418 ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER'S LICENSE TX 16253504 C 12/1/86 LICENSE STATUS 1 1-VALID 2-NOT VALID 3-SUSPENDED / REVOKED 4-CANCELLED / DENIED 5-EXPIRED 6-UNKNOWN

DRIVER'S ETHNICITY 1 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION STUDENT POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN 4 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS

TYPE OF DRUG SPECIMEN TAKEN 3 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS DRUG CATEGORY

LESSEE OWNER KATHY PAWLOWSKI P.O. BOX 34 BELLVILLE, TX 77418 NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE YES NO EXP FARM BUREAU (800) 266-5458 20893808 VEHICLE DAMAGE RATING 11-LD-2

DAMAGE TO PROPERTY OTHER THAN VEHICLES

NONE OBJECTS _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

REGS FILED

NAME NONE CHARGE _____ CITATION# _____

NAME NONE CHARGE _____ CITATION# _____

TIME NOTIFIED OF CRASH 8/8/04 5:35 PM HOW DISPATCHED TIME ARRIVED AT SCENE 8/8/04 5:43 PM DATE OF REPORT 3/23/09

TYPED OR PRINTED NAME OF INVESTIGATOR RICHARD JACOBS I.D.# 5882 AGENCY HIGHWAY PATROL DIST/AREA 4A09 REPORT COMPLETE YES NO

COUNTY WHERE ACCIDENT OCCURRED	AUSTIN	ROAD ON WHICH ACCIDENT OCCURRED	IH-10 MP#727
NAME AND ID NO. OF INVESTIGATOR	RICHARD JACOBS, ID#5882	DATE AND TIME OF ACCIDENT	08/08/04 , 5:30 PM

NARRATIVE

Unit #1 was traveling east on IH-10 near milepost #727. Unit #2, #3, and #4 were westbound on IH-10. Driver of unit #1 had been using his cellphone off and on during the trip to text message a friend who was traveling behind him. Traffic began to slow due to traffic backing up in both lanes of the roadway. Driver of Unit #1 attempted to brake and initially moved to the right and then steered hard to the left. Unit #1 began a yaw with right rear leading toward the center median. Unit #1 entered the center median in a counter clockwise rotation and exited onto the inside westbound lane. Unit #1 rolled onto oncoming #2 and then #3. Unit #4 attempted to miss #1 by steering right and braking but struck #1 in the outside westbound lane of traffic. Through the investigation, it was learned the brakes on Unit #1 had been serviced prior to the crash. It was also learned the brakes were improperly adjusted and air was left in the lines causing the driver's inability to safely stop as he approached the slowing traffic.

COUNTY WHERE
ACCIDENT OCCURRED

AUSTIN

ROAD ON WHICH
ACCIDENT OCCURRED

IH-10 MP#727

NAME AND ID NO.
OF INVESTIGATOR

RICHARD JACOBS, ID#5882

DATE AND TIME
OF ACCIDENT

08/08/04 , 5:30 PM



NOT TO SCALE

