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Law Enforcement and TxDOT Use ONLY

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 2 Total Num. Prsns. 5 TxDOT 13614950.2
Crash ID /2013502460

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780
Refer to Attached Code Sheet for Numbered Fields

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* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) <u>12/21/2013</u>		*Crash Time (24HRMM) <u>1028</u>		Case ID <u>296760</u>		Local Use		
*County Name <u>BURNET</u>				*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) <u>31.0228</u>		Longitude (decimal degrees) <u>-098.18493</u>				
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. <u>US</u>	*Hwy. Num. <u>281</u>	2 Rdwy. Part <u>1</u>	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 <u>75</u>	Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Street Desc.		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name		
Distance from Int. or Ref. Marker <u>0.6</u>		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker <u>s</u>	Reference Marker <u>418</u>	Street Desc.		RRX Num.	
Unit Num. <u>1</u>	5 Unit Desc. <u>1</u>	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. <u>AL11186</u>	VIN <u>5TFHW5F17AX130171</u>		
Veh. Year <u>2010</u>	6 Veh. Color <u>BLK</u>	Veh. Make <u>TOYOTA</u>		Veh. Model <u>TUNDRA</u>		7 Body Style <u>PK</u>	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type <u>1</u>	DL/ID State TX	DL/ID Num. <u>07787878</u>	9 DL Class <u>C</u>	10 CDL End. <u>96</u>	11 DL Rest. <u>96</u>	DOB (MM/DD/YYYY) <u>05/17/1962</u>		
Address (Street, City, State, ZIP) <u>175 WHITE TAIL CREEK DR CHINA SPRING, TX 76633</u>								
Person Num. <u>1</u>		12 Prsn. Type <u>1</u>	13 Seat Position <u>1</u>	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity <u>B</u>
15 Age <u>51</u>		16 Ethnicity <u>W</u>	16 Sex <u>1</u>	17 Eject <u>1</u>	18 Restr. <u>1</u>	19 Airbag <u>3</u>	20 Helmet <u>97</u>	
21 Sol. <u>N</u>		22 Alc. Spec. <u>96</u>	23 Drug Spec. <u>96</u>	24 Drug Result <u>97</u>	25 Drug Category <u>97</u>	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.		
1 <u>JORDAN, JACK MANN</u>								
2 <u>YANES, MARCILA</u>								
3 <u>JORDAN, EVAN NOAH</u>								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address <u>JORDAN, JACK MANN, 175 WHITE TAIL CREEK DR CHINA SPRING, TX 76633</u>								
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 <u>PROGRESSIVE COUNTY MUTUAL INSURANCE CO</u>		Fin. Resp. Num. <u>46877898</u>		
Fin. Resp. Phone Num. <u>800-776-4737</u>		27 Vehicle Damage Rating 1 <u>2</u> "R F Q" <u>5</u>		27 Vehicle Damage Rating 2 <u>5</u> "R B Q" <u>2</u>		Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By <u>GARY'S WRECKER</u>				Towed To <u>204 Repo Dr, Burnet Tx 78611</u>				
Unit Num. <u>2</u>	5 Unit Desc. <u>1</u>	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. <u>CMH0904</u>	VIN <u>JHMGE8H43AC006993</u>		
Veh. Year <u>2010</u>	6 Veh. Color <u>BLU</u>	Veh. Make <u>HONDA</u>		Veh. Model <u>FIT</u>		7 Body Style <u>P4</u>	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type <u>1</u>	DL/ID State TX	DL/ID Num. <u>25800708</u>	9 DL Class <u>C</u>	10 CDL End. <u>96</u>	11 DL Rest. <u>96</u>	DOB (MM/DD/YYYY) <u>06/25/1980</u>		
Address (Street, City, State, ZIP) <u>355 E VISTA RIDGE MALL DR LEWISVILLE, TX 75067</u>								
Person Num. <u>1</u>		12 Prsn. Type <u>1</u>	13 Seat Position <u>1</u>	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity <u>A</u>
15 Age <u>33</u>		16 Ethnicity <u>W</u>	16 Sex <u>1</u>	17 Eject <u>1</u>	18 Restr. <u>1</u>	19 Airbag <u>2</u>	20 Helmet <u>97</u>	
21 Sol. <u>N</u>		22 Alc. Spec. <u>96</u>	23 Drug Spec. <u>96</u>	24 Drug Result <u>97</u>	25 Drug Category <u>97</u>	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.		
1 <u>SEEBACHAN, MATTHEW WILLIAM</u>								
2 <u>SEEBACHAN, MARCIA MICHELE</u>								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address <u>SEEBACHAN, MATTHEW W, 355 E VISTA RIDGE MALL DR LEWISVILLE, TX 75067</u>								
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 <u>GARRISON PROPERTY & CASUALTY INS CO</u>		Fin. Resp. Num. <u>010552955</u>		
Fin. Resp. Phone Num. <u>800-531-8111</u>		27 Vehicle Damage Rating 1 <u>11</u> "F D" <u>7</u>		27 Vehicle Damage Rating 2 <u>7</u> "L B Q" <u>2</u>		Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By <u>R & M TOWING</u>				Towed To <u>1727 HWY 29, BURNET TX 78611</u>				

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1	SETON HIGHLAND LAKES HOSPITAL	BURNET EMS		
	1	2	SETON HIGHLAND LAKES	BURNET EMS		
	1	3	SETON HIGHLAND LAKES HOSPITAL	BURNET EMS		
	2	1	SCOTT & WHITE HOSPITAL, TEMPLE TX	CAPITAL EMS		
	2	2	METROPLEX HOSPITAL, KILLEEN TX	CAPITAL EMS		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Unsafe Speed (Rain/Wet Road)	TX3XWB0PXA2W

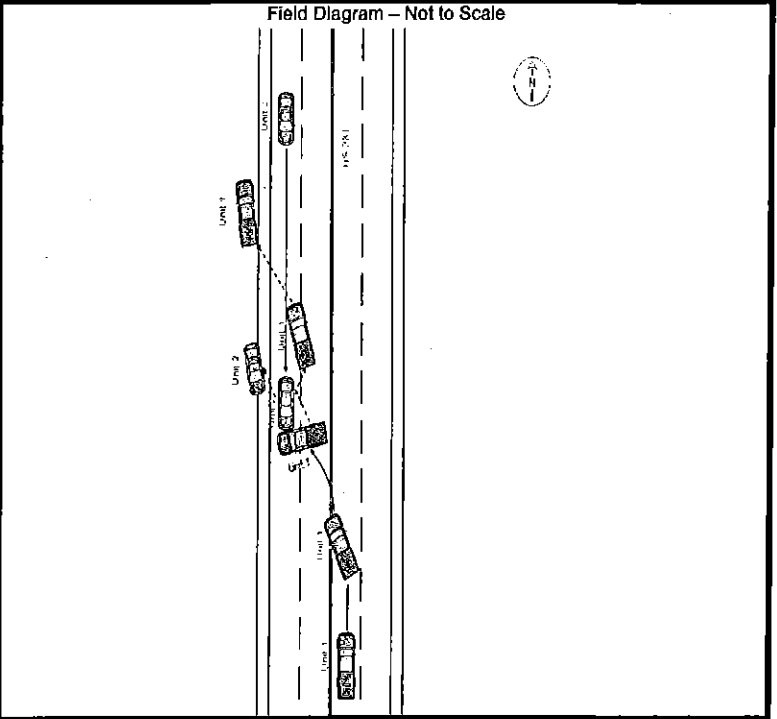
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CIVIL	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name				Carrier's Primary Addr.			
	30 Rdwy. Access	31 Veh. 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. 34 Trlr. Type
	33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	

FACTORS & CONDITIONS	38 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit Num.	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	60	70					3	1	97	2	1	2	17

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

Unit 1 was traveling Northbound on US 281 in the inside Northbound lane. Unit 2 was traveling Southbound on US 281 in the southbound outside lane. Unit 1 began to hydroplane due to the driver's unsafe speed (rain/wet road). Unit 1 rotated counterclockwise and crossed into the Southbound lanes of US 281. While in a right side skid Unit 1 struck Unit 2's front bumper area with Unit 1's right front quarter area. At impact Unit 1 rotated counter clockwise striking Unit 2's left rear quarter area with Unit 1's right rear quarter area. Unit 2 traveled backwards from the impact with Unit 1 and came to rest facing Southbound in the west side ditch of US 281. Unit 1 continued it's counter clockwise rotation, rotating 360 degrees before coming to rest facing Northbound in the Southbound bar ditch of US 281.



INVESTIGATOR	Time Notified (24HRMM)	How Notified	Time Arrived (24HR.MM)	Report Date (MM/DD/YYYY)
	1 0 3 1	Burnet Dispatch	1 0 4 8	0 1 / 2 7 / 2 0 1 4
	Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) Lietz, Bryan	ID Num. 14074	District/Area H P 6 B 0 5