

Law Enforcement and TxDOT Use Only

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 1 Total Num. Crashes 2 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 140349, Austin, TX 78714 Questions? Call (512)486-5780
Refer to Attached Code Sheet for Numbered Fields

Page 1 of 3

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

IDENTIFICATION AND LOCATION

*Crash Date (MM/DD/YYYY) 1, 2 / 0, 8 / 2, 0, 1, 2 *Crash Time (24-HRMM) 0, 2, 1, 9 Case ID 12-28613 Local Use 1 UNIT FATALITY

*County Name Dallas *City Name Irving 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 (decimal degrees) Longitude (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. SH *Hwy. Num. 114 2 Rdwy. Part 2 Block Num. 1400 3 Street Prefix E *Street Name John Carpenter 4 Street Suffix FWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 45 Const. Zone Yes No Workers Present Yes No Street Desc. 3 LANE, ONE WAY SERVICE ROAD

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part Block Num. 3 Street Prefix Street Name Tom Braniff 4 Street Suffix DR

Distance from Int. or Ref. Marker 491 FT MI 3 Dir. From Int. or Ref. Marker W 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. DD6K816 VIN W, D, D, N, G, 7, 6, X, 2, 7, A, 0, 9, 0, 1, 4, 6

Veh. Year 2, 0, 0, 7 8 Veh. Color WHI Veh. Make MERCEDES Veh. Model S600 7 Body Style P4 Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State IL DL/ID Num. P82142188030 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY) 0, 1 / 3, 0 / 1, 9, 8, 8

Address (Street, City, State, ZIP) IRVING TX 75039

Person Num.	12 Prin. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	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
1	1	1	PRICE-BRENT, JOSHUA AARON	B	24	B	1	1	96	5	97	N	2	.189	2	2	97
2	2	3	BROWN, JERRY J JR	K	25	B	1	1	96	5	97	N					

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address PRICE-BRENT, JOSHUA AARON, IRVING TX 75039

Proof of Fin. Resp. Yes No Expired 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 Yes No

Towed by PRO TOW 972-721-7700 Towed To IRVING POLICE IMPOUND

Unit Num. 5 Unit Desc. Parked Vehicle Hit and Run LP State LP Num. VIN

Veh. Year 8 Veh. Color Veh. Make Veh. Model 7 Body Style Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Person Num.	12 Prin. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	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

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Towed by Towed To

VEHICLE, DRIVER, & PERSONS

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Total Num. Units 1 Total Num. Trans. 2 TxDOT Crash ID



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IDENTIFICATION AND LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

* Crash Date (MM/DD/YYYY) 1, 2 / 0, 8 / 2, 0, 1, 2 * Crash Time (24HRMM) 0, 2, 1, 9 Case ID 12-28613 Local Use 1 UNIT FATALITY

* County Name Dallas * City Name Irving 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 (decimal degrees) _____ Longitude (decimal degrees) _____

ROAD ON WHICH CRASH OCCURRED
* 1 Rdwy. Sys. SH * Hwy. Num. 114 2 Rdwy. Part 2 Block Num. 1400 3 Street Prefix E * Street Name John Carpenter 4 Street Suffix FWY
 Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 45 Const. Zone Yes No Workers Present Yes No Street Desc. 3 LANE, ONE WAY SERVICE ROAD

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER
At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. _____ 2 Rdwy. Part _____ Block Num. _____ 3 Street Prefix _____ Street Name Tom Braniff 4 Street Suffix DR

Distance from Int. or Ref. Marker 491 FT MI 3 Dir. From Int. or Ref. Marker W Reference Marker _____ Street Desc. _____ RRX Num. _____

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. DD6K816 VIN W, D, D, N, G, 7, 6, X, 2, 7, A, 0, 9, 0, 1, 4, 6

Veh. Year 2, 0, 0, 7 6 Veh. Color WHI Veh. Make MERCEDES Veh. Model S600 7 Body Style P4 Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State IL DL/ID Num. P62142188030 9 DL Class 98 10 CDL End. 98 11 DL Rest. 98 DOB (MM/DD/YYYY) 0, 1 / 3, 0 / 1, 9, 8, 8

Address (Street, City, State, ZIP) 350 E. LAS COLINAS BLVD APT # 4050 IRVING TX 75039

Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	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
1	1	1	PRICE-BRENT, JOSHUA AARON	B	24	B	1	1	96	5	97	N	2	.189	2	2	97
2	2	3	BROWN, JERRY J JR	K	25	B	1	1	96	5	97	N					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

Owner Lessee Owner/Lessee Name & Address PRICE-BRENT, JOSHUA AARON, 350 E. LAS COLINAS BLVD APT # 4050 IRVING TX 75039

Proof of Fin. Resp. Yes No Expired 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 Yes No

Towed by PRO TOW 972-721-7700 Towed To IRVING POLICE IMPOUND

Unit Num. _____ 5 Unit Desc. _____ Parked Vehicle Hit and Run LP State _____ LP Num. _____ VIN _____

Veh. Year _____ 6 Veh. Color _____ Veh. Make _____ Veh. Model _____ 7 Body Style _____ Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type _____ DL/ID State _____ DL/ID Num. _____ 9 DL Class _____ 10 CDL End. _____ 11 DL Rest. _____ DOB (MM/DD/YYYY) _____

Address (Street, City, State, ZIP) _____

Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	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
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Owner Lessee Owner/Lessee Name & Address _____

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Fin. Resp. Phone Num. _____ 27 Vehicle Damage Rating 1 _____ 27 Vehicle Damage Rating 2 _____ Vehicle Inventoried Yes No

Towed by _____ Towed To _____

Case ID 12-28613

TxDOT Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	1	1	REFUSED	REFUSED		
	1	2	PARKLAND HOSPITAL	IRVING FIRE DEPT	1, 2, / 0, 8, / 2, 0, 1, 2,	0, 2, 5, 7,

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
1	1	1) INTOXICATION MANSLAUGHTER 2) FMFR 3) NO DL	12-28613/T-01516360

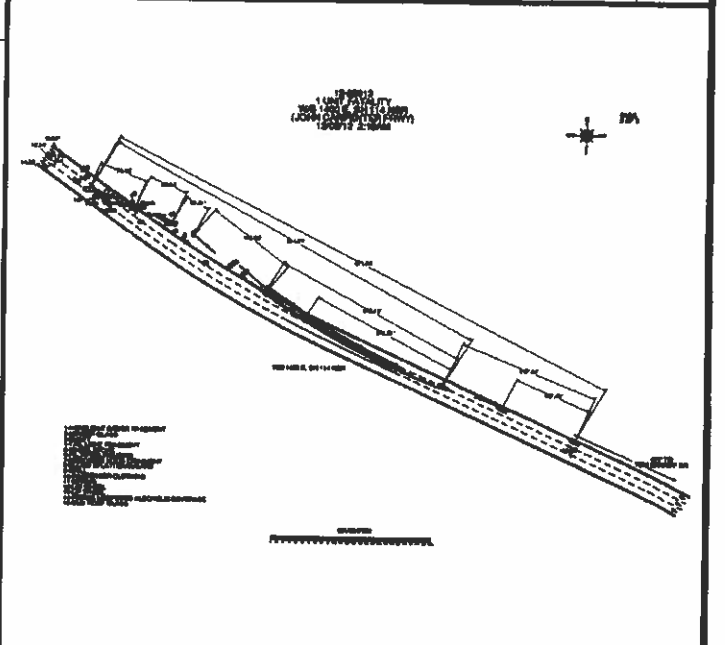
Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	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. HazMat ID Num.
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
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

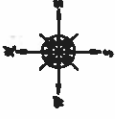
36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions						
Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	67	61	23			1	3	97	3	5	1	17

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

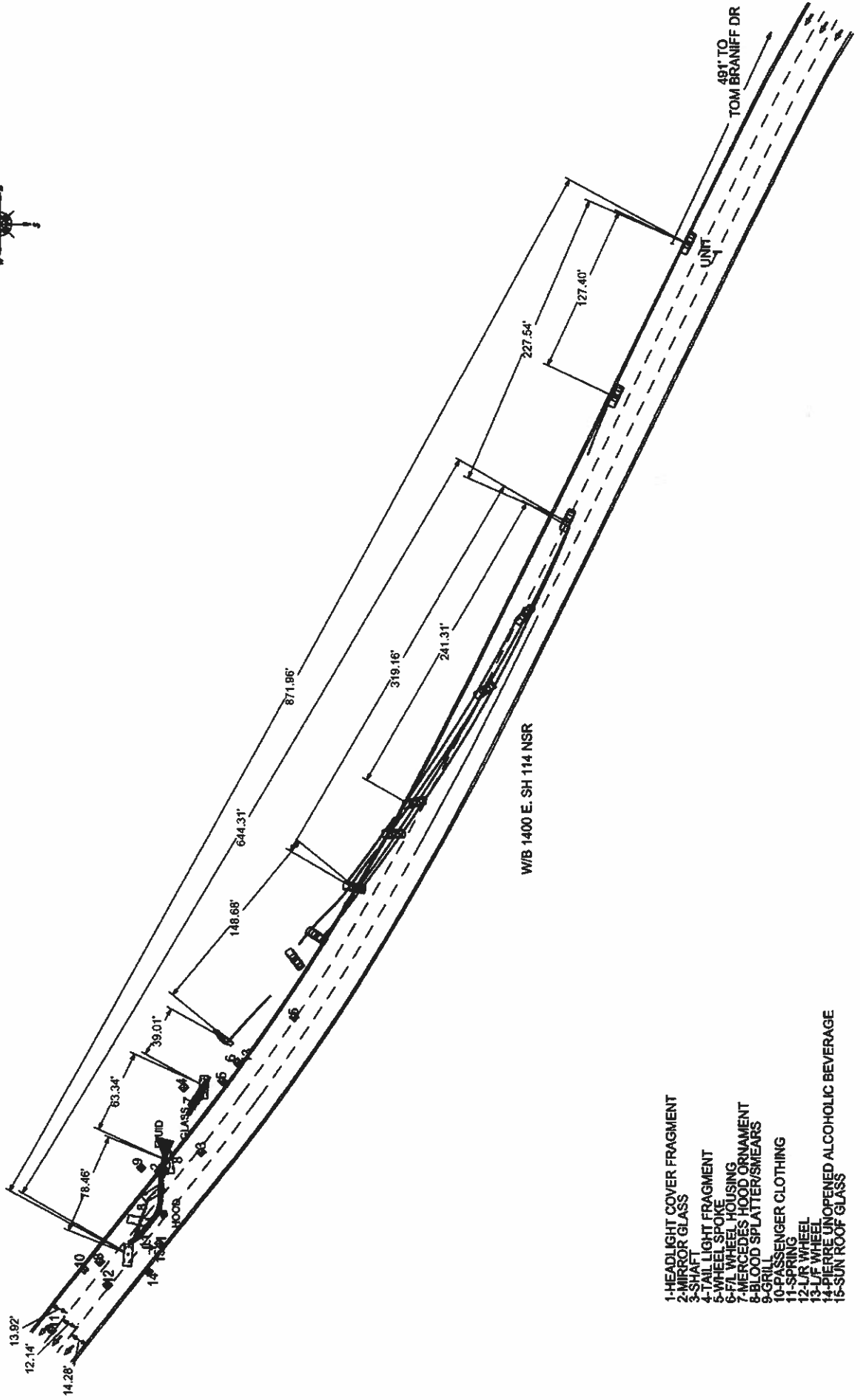
Unit 1 was traveling W/B 1400 E. SH 114 NSR (John Carpenter Frwy). Unit 1 operator was intoxicated, speeding over the limit, failed to drive in a single lane and struck the north (right) curb causing the operator to lose control of Unit 1. Unit 1 driver steered to the left then back to the right overcorrecting causing Unit 1 to slide out of control into the north (right) ditch, slide into the north (right) ditch, overturn, slid on the roof back onto the roadway and come to rest in the center lane on its roof. Unit 1 passenger was killed. Unit 1 driver had an expired and suspended IL driver license and he was arrested for Intoxication Manslaughter.



Time Notified (24HRMM)	0, 2, 2, 1	How Notified	DISPATCHED	Time Arrived (24HRMM)	0, 2, 2, 4	Report Date (MM/DD/YYYY)	1, 2, / 0, 8, / 2, 0, 1, 2,
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	J. FAIRBAIRN	ORI Num.	T, X, 0, 5, 7, 1, 5, 0, 0	*Agency	IRVING POLICE DEPARTMENT
ID Num.	661	District/Area					



12-28613
1 UNIT FATALITY
W/B 1400 E. SH 114 NSR
(JOHN CARPENTER FRWY)
12/08/12 2:19AM



- 1-HEADLIGHT COVER FRAGMENT
- 2-MIRROR GLASS
- 3-SHAFT
- 4-TAIL LIGHT FRAGMENT
- 5-WHEEL SPOKE
- 6-WHEEL HOUSING
- 7-MERCEDES HOOD ORNAMENT
- 8-BLOOD SPLATTER/SMEARS
- 9-GRILL
- 10-PASSENGER CLOTHING
- 11-SPRING
- 12-L/R WHEEL
- 13-L/F WHEEL
- 14-PIERRE UNOPENED ALCOHOLIC BEVERAGE
- 15-SUN ROOF GLASS



661/520909