

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (EH, 1/1/00)

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN, TX 78773-0350

PLACE WHERE ACCIDENT OCCURRED

COUNTY BEXAR CITY OR TOWN SAN ANTONIO

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH SOUTH EAST WEST OF _____ CITY OR TOWN _____

ROAD ON WHICH ACCIDENT OCCURRED BIANCO RD CONSTN. ZONE YES NO SPEED LIMIT 40

INTERSECTING STREET OR RR X'ING NUMBER WEST AVE. CONSTN. ZONE YES NO SPEED LIMIT 40

NOT AT INTERSECTION FT. MI. N S E W OF _____

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

10002-473228

DO NOT WRITE IN THIS SPACE

LOC _____

CODE _____

SEVERITY _____

FAT REC _____

DR REC _____

DPS NO _____

DATE OF ACCIDENT 1-13 2002 DAY OF WEEK SATURDAY HOUR 0325 A.M. IF EXACTLY NOON OR P.M. MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEHICLE IDENT NO 1FAPF33P22W306462 IF BODY STYLE = VAN OR BUS INDICATE SEATING CAPACITY _____

YEAR 2002 COLOR & MAKE GOLD/FORD MODEL NAME FOCUS BODY STYLE 4DR LICENSE PLATE 03 TX R0SP36

DRIVER'S NAME ATUNA, GEORGE JR. 9011 CHAMINADO LANE SAN ANTONIO, TX 78224 PHONE NUMBER 922-8332

DRIVER'S LICENSE TX 12150459 C DOB 05-04-68 RACE W B H O A M SEX M OCCUPATION SALES MGR.

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? YES NO

LESSEE OWNER ENTERPRISE RENT-A-CAR 1505 HARBET DURRBAUGH, SAN ANTONIO TX 78209

LIABILITY INSURANCE YES NO UNL POLICY NUMBER _____ VEHICLE DAMAGE RATING FN-5, RBQ-3

UNIT NO. 2 - MOTOR VEHICLE TRAILER PEDALCYCLIST TOWED PEDESTRIAN OTHER VEHICLE IDENT NO 1HGEG36671V L016760 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR 1997 COLOR & MAKE SILVER HONDA MODEL NAME CIVIC BODY STYLE SD LICENSE PLATE 03 TX XHT876

DRIVER'S NAME MCKEE, ANN MARGARET 522 GENERAL KROEGER SAN ANTONIO TX 78213 PHONE NUMBER 284-5606

DRIVER'S LICENSE TX 15336330 C DOB 08-12-80 RACE W B H O A M SEX F OCCUPATION _____

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? YES NO

LESSEE OWNER SAME ADDRESS (STREET, CITY, STATE, ZIP) _____

LIABILITY INSURANCE YES NO STATE FARM POLICY NUMBER 394548 FOS 53 VEHICLE DAMAGE RATING LP-34Q-2

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT NONE NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ \$ _____ DAMAGE ESTIMATE _____

LIGHT CONDITION <input checked="" type="checkbox"/> 1-DAYLIGHT <input type="checkbox"/> 2-DAWN <input type="checkbox"/> 3-DARK-NOT LIGHTED <input type="checkbox"/> 4-DARK-LIGHTED <input type="checkbox"/> 5-DUSK	WEATHER <input type="checkbox"/> 1-CLEAR/CLOUDY <input type="checkbox"/> 2-RAINING <input type="checkbox"/> 3-SNOWING <input type="checkbox"/> 4-FOG <input type="checkbox"/> 5-BLOWING DUST	<input type="checkbox"/> 6-SMOKE <input type="checkbox"/> 7-SLEETING <input type="checkbox"/> 8-HIGH WINDS <input type="checkbox"/> 9-OTHER	SURFACE CONDITION <input type="checkbox"/> 1-DRY <input type="checkbox"/> 2-WET <input type="checkbox"/> 3-MUDDY <input type="checkbox"/> 4-SNOWY/ICY <input type="checkbox"/> 5-OTHER	TYPE ROAD SURFACE <input type="checkbox"/> 1-BLACKTOP <input type="checkbox"/> 2-CONCRETE <input type="checkbox"/> 3-GRAVEL <input type="checkbox"/> 4-SHELL <input type="checkbox"/> 5-DIRT <input type="checkbox"/> 6-OTHER	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <u>LARGE INTERSECTION</u>
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IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED

NAME <u>NONE</u>	CHARGE _____	CITATION NUMBER _____
NAME _____	CHARGE _____	CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT 01-13-02 3:33A M HOW SIGHT TIME ARRIVED AT SCENE OF ACCIDENT 01-13-02 3:33A M

TYPED OR PRINTED NAME OF INVESTIGATOR DANIEL ANDERS DATE REPORT MADE 7-13-02 IS REPORT COMPLETE YES NO

SIGNATURE OF INVESTIGATOR DANIEL ANDERS ID NO 1140 DEPARTMENT San Antonio Police DIST/AREA 7230

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATE PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CONTRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y=0 & TO SOLICIT N=NO SOLICITATION	A-NOT APPLICABLE V-YES H=NO P-PARTIALLY U-UNKNOWN	A-SEATBELT & SHOULDER STRAP B-SEATBELT & NO SHOULDER STRAP C-CHILD RESTRAINT E-SHOULDER STRAP ONLY N-NONE	Y-DEPLOYED N-NO DEPLOYMENT U-UNKNOWN IF DEPLOYED	1-WORN DAMAGED 2-WORN-NOT DAMAGED 3-WORN-UNEVIL DAMAGED 4-NOT WORN 5-UNKNOWN IF WORN	A-KILLED B-INCAPACITATING INJURY C-NON-INCAPACITATING D-POSSIBLE INJURY N-NOT INJURED	1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED

UNIT NO. 1
 DAMAGE RATING: FD 5, RBR-3
 TOWED DUE TO DAMAGE: YES NO
 VEHICLE REMOVED TO: GROUSEN POND
 BY: CONTRACT WRECKER

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC., HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
DRIVER	SEE FRONT	SAME	N	N	A	Y	Y	M	B	

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)
 DAMAGE RATING: D-3, LFR-2
 TOWED DUE TO DAMAGE: YES NO
 VEHICLE REMOVED TO: 9800 San Pedro
 BY: CONTRACT WRECKER

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC., HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
DRIVER	SEE FRONT	SAME	N	N	A	Y	Y	F	C	

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET CITY STATE ZIP)	SEX	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND/OR INJURED

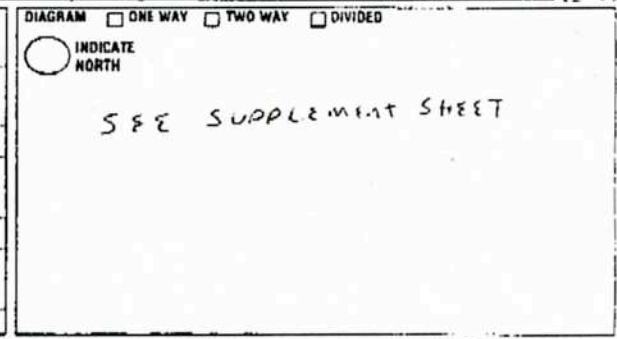
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO ATTENDANTS INCLUDING DRIVER
1, 6	UNIVERSITY HOSP	EMS	0335	0527	2

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

SEE SUPPLEMENT SHEET



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	TRAFFIC CONTROL
UNIT 1 1 15 2 2 UNIT 2 1 2 3	UNIT 1 1 45 2 UNIT 2 1 2	0-NO CONTROL OR INOPERATIVE 1-OFFICER OR FLAGMAN 2-STOP AND GO SIGNAL 3-STOP SIGN 4-FLASHING RED LIGHT 5-TURN MARKS 6-WARNING SIGN 7-RR GATES OR SIGNALS 8-YIELD SIGN 9-CENTER STRIPE OR DIVIDER 10-NO PASSING ZONE 11-OTHER CONTROL

1 ANIMAL ON ROAD - DOMESTIC
 2 ANIMAL ON ROAD - WILD
 3 BACKED WITHOUT SAFETY
 4 CHANGED LANE WHEN UNSAFE
 5 DEFECTIVE OR NO HEADLAMPS
 6 DEFECTIVE OR NO STOP LAMPS
 7 DEFECTIVE OR NO TAIL LAMPS
 8 DEFECTIVE OR NO TURN SIGNAL LAMPS
 9 DEFECTIVE OR NO TRAILER BRAKES
 10 DEFECTIVE OR NO VEHICLE BRAKES
 11 DEFECTIVE STEERING MECHANISM
 12 DEFECTIVE OR SLICK TIRES
 13 DEFECTIVE TRAILER Hitch
 14 DISABLED 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 DISTRACTION IN VEHICLE
 20 DRIVER INATTENTION
 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 HEED WARNING SIGN
 26 FAILED TO PASS TO LEFT SAFELY
 27 FAILED TO PASS TO RIGHT SAFELY
 28 FAILED TO SIGNAL OR GAVE WRONG SIGNAL
 29 FAILED TO STOP AT PROPER PLACE
 30 FAILED TO STOP FOR SCHOOL BUS
 31 FAILED TO STOP FOR TRAM
 32 FAILED TO YIELD ROW - EMERGENCY VEHICLE
 33 FAILED TO YIELD ROW - OPEN INTERSECTION
 34 FAILED TO YIELD ROW - PRIVATE 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 FLEEING OR EVADING POLICE
 44 FOLLOWING TOO CLOSELY
 45 HAD BEEN DRINKING
 46 HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
 47 ILL (EXPLAIN IN NARRATIVE)
 48 IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
 49 IMPROPER START FROM PARKED POSITION
 50 LOAD NOT SECURED
 51 OPENED DOOR INTO TRAFFIC LANE
 52 OVERSIZE VEHICLE OR LOAD
 53 OVERTAKING AND PASS INSUFFICIENT 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 PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
 60 SPEEDING - UNSAFE (UNDER LIMIT)
 61 SPEEDING - OVER LIMIT
 62 TAKING MEDICATION (EXPLAIN IN NARRATIVE)
 63 TURNED IMPROPERLY - CUT CORNER ON LEFT
 64 TURNED IMPROPERLY - WIDE RIGHT
 65 TURNED IMPROPERLY - WRONG LANE
 66 TURNED WHEN UNSAFE
 67 UNDER INFLUENCE - ALCOHOL
 68 UNDER INFLUENCE - DRUG
 69 WRONG SIDE - APPROACH OR IN INTERSECTION
 70 WRONG SIDE - NOT PASSING
 71 WRONG WAY - ONE WAY ROAD
 72 DRIVER INATTENTION - (CELL/MOBILE PHONE USE)
 73 ROAD RAMP
 74 OTHER FACTOR (WRITE ON UNIT #111111)

2 of 2

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (EH. 1/1/00)

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PLACE WHERE ACCIDENT OCCURRED

COUNTY BEXAR CITY OR TOWN SAN ANTONIO

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH SOUTH EAST WEST OF _____ CITY OR TOWN _____

ROAD ON WHICH ACCIDENT OCCURRED BLANCO RD CONSTR. ZONE YES NO SPEED LIMIT 40

INTERSECTING STREET OR RR X'ING NUMBER WEST AVE CONSTR. ZONE YES NO SPEED LIMIT 40

NOT AT INTERSECTION FT. MI. N S E W OF _____

SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET (NEAREST FIRST)

LOC 02-473228

DO NOT WRITE IN THIS SPACE

LOC _____

CODE _____

SEVERITY _____

FAT. REC _____

DR REC _____

DPS NO _____

DATE OF ACCIDENT 7-13 2002 DAY OF WEEK SATURDAY HOUR 3:25 A.M. IF EXACTLY NOON OR P.M. MIDNIGHT, SO STATE

UNIT NO. 3 - MOTOR VEHICLE VEHICLE IDENT. NO. 4T1BF28K0XU083792 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR MODEL 1999 COLOR & MAKE GOLD/TOYOTA MODEL NAME CAMRY BODY STYLE 4DR LICENSE PLATE 03 TX F30JTW

DRIVER'S NAME GARWOOD, JONATHAN KENDRICK 1444 AILSBURY DR SAN ANTONIO TX 78216 PHONE NUMBER 494-1492

DRIVER'S LICENSE TX 15913520 C DOB 08-29-83 RACE W B H O SEX M OCCUPATION _____

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT _____

LESSEE OWNER SAME NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

LIABILITY INSURANCE YES NO USAA 001132331U71048 VEHICLE DAMAGE RATING RF-4, LP-4

UNIT NO. 4 MOTOR VEHICLE TRAIN PEDALCYCLIST TOWED PEDESTRIAN OTHER VEHICLE IDENT. NO. 1N6ED27T74C328058 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR MODEL 2000 COLOR & MAKE RED/NISSAN MODEL NAME UT BODY STYLE PK LICENSE PLATE 02 TX 3FHF82

DRIVER'S NAME ROSE, MATTHEW BENNET 1002 LA TIERRA, SAN ANTONIO TX 78258 PHONE NUMBER 496-7415

DRIVER'S LICENSE TX 05002831 C DOB 12-19-83 RACE W B H O SEX M OCCUPATION _____

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT _____

LESSEE OWNER SAME NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

LIABILITY INSURANCE YES NO USAA 000290053M21048 VEHICLE DAMAGE RATING RF-3

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT NONE NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE \$ _____

LIGHT CONDITION 4 WEATHER 1 SURFACE CONDITION 1 TYPE ROAD SURFACE 1

1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK

1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST

6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER

1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER

1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) LARGE INTERSECTION

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED

NAME NONE CHARGE _____ CITATION NUMBER _____

NAME _____ CHARGE _____ CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT 07-13-02 3:38A M HOW SIGHT TIME ARRIVED AT SCENE OF ACCIDENT 07-13-02 3:33A M

TYPED OR PRINTED NAME OF INVESTIGATOR DANIEL ANDERS DATE REPORT MADE 7-13-02 IS REPORT COMPLETE YES NO

SIGNATURE OF INVESTIGATOR _____ ID NO 1440 DEPARTMENT San Antonio Police DIST./AREA 7230

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, ENGINEER, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY Y-O.K. TO SOLICIT N-NO SOLICITATION	A-NOT APPLICABLE Y-YES N-NO P-PARTIALLY U-UNKNOWN	A-SEATBELT & SHOULDER STRAP B-SEATBELT & NO SHOULDER STRAP C-CHILD RESTRAINT E-SHOULDER STRAP ONLY N-NONE	Y-DEPLOYED N-NO DEPLOYMENT U-UNKNOWN IF DEPLOYED	1-WORN-DAMAGED 2-WORN NOT DAMAGED 3-WORN-UNK IF DAMAGED 4-NOT WORN 9-UNKNOWN IF WORN	A-KILLED B-INCAPACITATING INJURY C-POSSIBLE INJURY N-NOT INJURED	1-BLURRY 2-BLOOD 3-OTHER 4-NONE 9-REFUSED

UNIT NO. 1
 DAMAGE RATING **RFQ-4, LQ-4**
 TOWED DUE TO DAMAGE YES NO
 VEHICLE REMOVED TO **10515 N. MAGDOCHES**
 BY **CONTRACT WRECKER**

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
DRIVER	SEE FRONT		SAME	N	N	A	Y	Y		M	C
FIR	PAUL WEST		10810 JANET LEE	N	N	A	Y	Y	19	M	L

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)
 DAMAGE RATING **RF-3**
 TOWED DUE TO DAMAGE YES NO
 VEHICLE REMOVED TO **16211 US 281 N**
 BY **CONTRACT WRECKER**

OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
DRIVER	SEE FRONT		SAME	N	N	A	N	Y		M	N

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, BICYCLIST, ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND/OR INJURED

ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS (MED. LEGAL, CHAPLAIN)
1, 2	NE BAPTIST	EMS	3:27	3:30	2
14	UNIVERSITY HOSP	EMS	3:27	3:30	2

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

SEE SUPPLEMENT SHEET

DIAGRAM ONE WAY TWO WAY DIVIDED

INDICATE NORTH

SEE SUPPLEMENT SHEET

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED
UNIT 1 1 2 3 UNIT 2 1 2 3	UNIT 1 1 2 UNIT 2 1 2

1 ANIMAL ON ROAD - DOMESTIC 2 ANIMAL ON ROAD - WILD 3 BACKED WITHOUT SAFETY 4 CHANGED LANE WHEN UNSAFE 5 DEFECTIVE OR NO HEADLAMPS 6 DEFECTIVE OR NO STOP LAMPS 7 DEFECTIVE OR NO TAIL LAMPS 8 DEFECTIVE OR NO TURN SIGNAL LAMPS 9 DEFECTIVE OR NO TRAILER BRAKES 10 DEFECTIVE OR NO VEHICLE BRAKES 11 DEFECTIVE STEERING MECHANISM 12 DEFECTIVE OR SLACK TIGHTS 13 DEFECTIVE TRAILER HITCH 14 DISABLED 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 DISTRACTION IN VEHICLE 20 UNIVER INATTENTION 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 YIELD TO PEDESTRIAN 26 FAILED TO SIGNAL OR GAVE WRONG SIGNAL 27 FAILED TO STOP AT PROPER PLACE 28 FAILED TO STOP FOR SCHOOL BUS 29 FAILED TO STOP FOR TRAIN 30 FAILED TO YIELD ROW - EMERGENCY VEHICLE 31 FAILED TO YIELD ROW - OPEN INTERSECTION 32 FAILED TO YIELD ROW - PRIVATE DRIVE 33 FAILED TO YIELD ROW - STOP SIGN 34 FAILED TO YIELD ROW - TO PEDESTRIAN	35 FAILED TO YIELD ROW - TURNING LEFT 36 FAILED TO YIELD ROW - TURN ON RED 37 FAILED TO YIELD ROW - YIELD SIGN 38 FATIGUED OR ASLEEP 39 FAILURE EVASIVE ACTION 40 FLEEING OR EVADING POLICE 41 FOLLOWED TOO CLOSELY 42 HAD BEEN DRINKING 43 HAZARDOUS DRIVER (EXPLAIN IN NARRATIVE) 44 ILL (EXPLAIN IN NARRATIVE) 45 IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE) 46 IMPROPER START FROM PARKED POSITION 47 LOAD NOT SECURED 48 UNKNOV OR INTO TRAFFIC LANE 49 OVI/SIZL VEHICLE OR LOAD 50 OVI/SIZL AND PASS INSUFFICIENT CLEARANCE 51 PARKED AND FAILED TO SET BRAKES 52 PARKED IN TRAFFIC LANE	53 NO TRAFFIC CONTROL 54 TURN MARKS 55 WARNING SIGN 56 RR GATES OR SIGNALS 57 YIELD SIGN 58 CENTER STRIPE OR DIVIDER 59 NO PASSING ZONE 60 OTHER CONTROL
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ACCIDENT REPORT CONTINUATION SHEET

SAN ANTONIO POLICE DEPARTMENT

Use this form in accordance with Procedure No 707

LOCATION OF ACCIDENT

BLANCO + WEST AVE.

DATE OF ACCIDENT

07-13-02

CASE NUMBER

02-473228

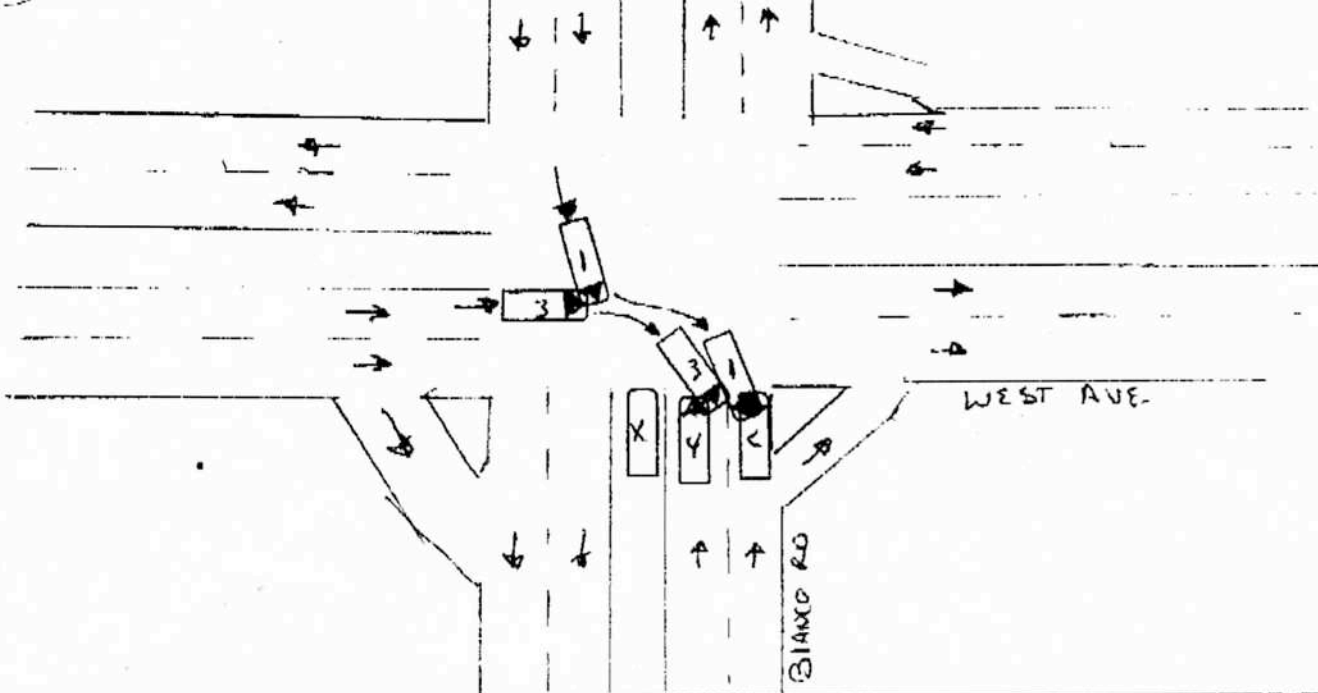
DIAGRAM

One way

Two way

Divided

NOT DRAWN TO SCALE



Skid marks information

Points of impact information

Skid marks before impact	Skid marks after impact	Initial point of impact	Secondary point of impact
UNIT #1 _____ Feet	UNIT #1 _____ Feet	_____ FEET _____ OF _____ CURBLINE	_____ FEET _____ OF _____ CURBLINE
UNIT #2 _____ Feet	UNIT #2 _____ Feet	_____ FEET _____ OF _____ CURBLINE	_____ FEET _____ OF _____ CURBLINE
UNIT #3 _____ Feet	UNIT #3 _____ Feet		

Details:

UNIT #1 TRAVELED NB ON BLANCO, DISREGARDED RED LIGHT. UNIT #1 STRUCK UNIT #3 AS UNIT #3 TRAVELED WB ON WEST AVE. THROUGH THE INTERSECTION. UNITS #2, 4 WERE STOPPED AT RED LIGHT SB ON BLANCO RD. UNITS #1, 3 STRUCK UNITS #2, 4.

SUBJECT #	CONTACT DATA	CODES					
		0	1	2	3	4	5
	Duration		1 - 15	15 - 30	Over 30		
	Video Camera		Yes	No			
	Search	None	Probable Cause	Consensual	Incident to Arrest	Inventory	
	Contraband	None	Evidence	Personal Property	Recovered Stolen	Found	Narcotics
	Reason for Contact	Traffic	Dispatched	Field Contact	Suspicious Conduct	Other	
	Disposition of Contact	Released	Written Warning	Traffic Citation	Misdemeanor Citation	Custodial Arrest	Field Citation

Witnesses	Witness #1	Address	Res Ph	Bus Ph
Other than Passenger				
Passenger	Witness #2	Address	Res Ph	Bus Ph

Investigating Officer's Name, Rank and Badge Number	City of San Antonio	Date of Report
D. R. ANDERS #1440	Bexar County	7-13-02