

<input type="checkbox"/> FATAL	<input checked="" type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE	Total Num. Units 3	Total Num. Prsns. 3	TxDOT Crash ID 15471499.1 /2016625413
--------------------------------	---	-------------------------------------	-----------------------------------	------------------------------	-------------------------------------	---	--------------------------	---------------------------	---------------------------------------



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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) 12 / 03 / 2016	*Crash Time (24HRMM) 0507	Case ID	Local Use
*County Name ANDERSON	*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) 31.67575	Longitude (decimal degrees) 095.58566	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. US	*Hwy. Num. 287	2 Rdwy. Part 1	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 70	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. CR	Hwy. Num. 1435	2. Rdwy. Part 1
Block Num.		3 Street Prefix	
Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker 100	<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 LA	LP Num. C273968	VIN 1F8W3DTXBEC14281																
Veh. Year 2011	6. Veh. Color WHI	Veh. Make FORD	Veh. Model F350	7 Body Style PK	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type 1	DL/ID State LA	DL/ID Num. 009087370	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98	DOB (MM/DD/YYYY) 05/30/1990																
Address (Street, City, State, ZIP) 52 KNAPP RD PITKIN, LA 70656																						
Person Num.	12 Prsn. 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	MARICLE, TYE JERRICK			N	26	W	1	1	1	1	97	N	96		96	97	97			
2	2	3	BAILEY, STACEY			N	30	W	2	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
3	2	6	CONN, RICKY			B	43	W	1	1	96	1	97	N								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address THOMPSON, GARY, 456 DONALD PERKINS RD PITKIN, LA 70656					Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 2		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 911208708		Fin. Resp. Phone Num. 1-800-776-4737		27 Vehicle Damage Rating 1 3 - R P - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ISSAC'S WRECKER, 903-729-4482				Towed To 4526 W.OAK, PALESTINE, TEXAS																		

VEHICLE, DRIVER, & PERSONS

Unit Num. 2	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State LA	LP Num. L940290	VIN 3A9SN4034FM216441																
Veh. Year 2015	6. Veh. Color GRY	Veh. Make ALL OTHER MAKES	Veh. Model UNKNOWN	7 Body Style TL	<input type="checkbox"/> 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 Prsn. 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			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address THOMPSON CATTLE LLC, JACOB, 456 DONALD PERKINS RD PITKIN, LA 70656					Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 2		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 911208708		Fin. Resp. Phone Num. 1-800-776-4737		27 Vehicle Damage Rating 1 1 2 - F C - 1		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ISSAC'S (HEAVY DUTY), 903-729-4482				Towed To 4526 W. OAK, PALESTINE, TEXAS																		

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)
	1	3	PALESTINE REGIONAL MEDICAL CENTER	AMBULANCE		

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

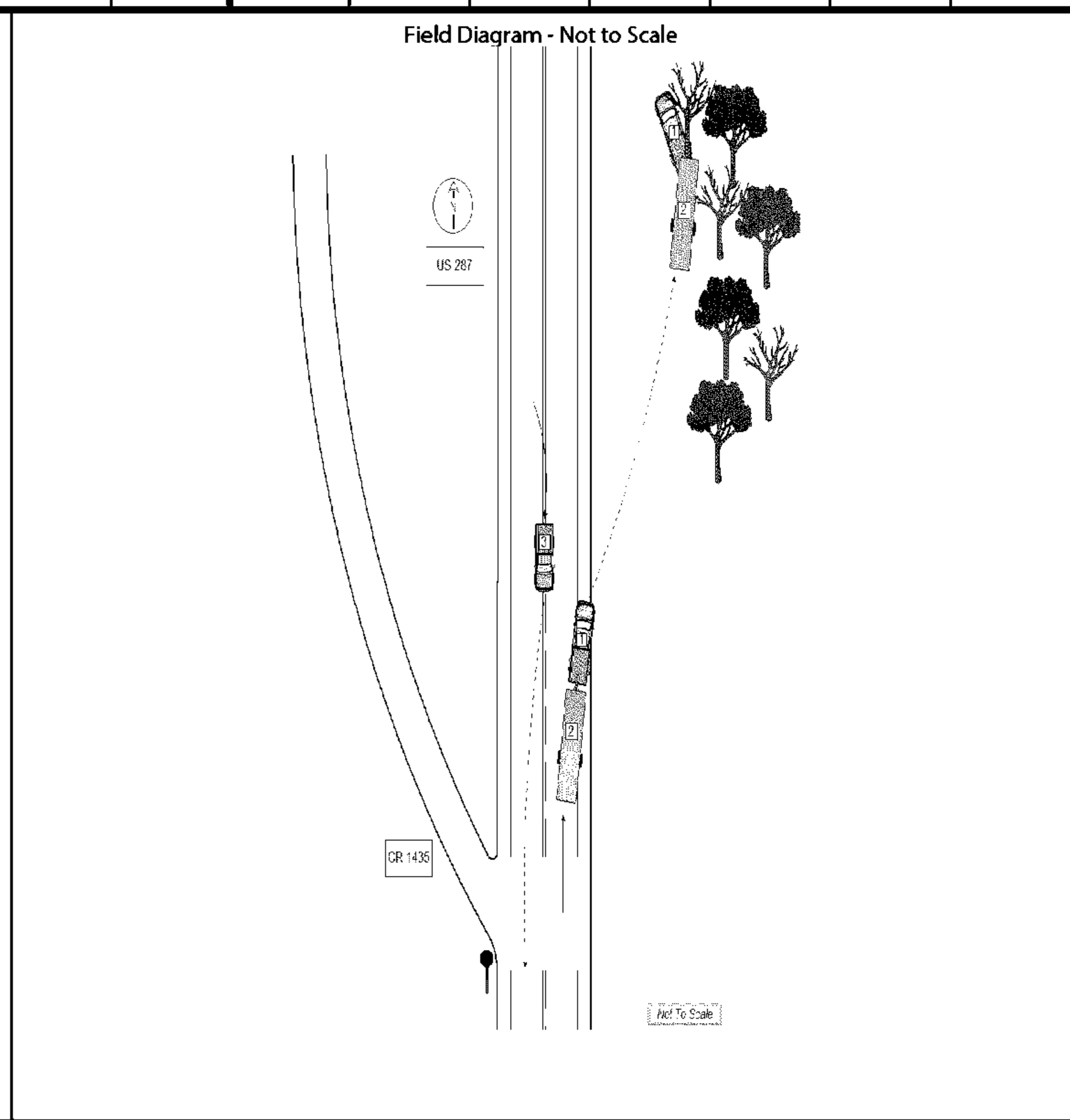
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 5	29 Carrier ID Type 96	Carrier ID Num.
Carrier's Corp. Name JACOB THOMPSON CATTLE LLC		Carrier's Primary Addr. 456 DONALD PERKINS RD PITKIN, LA 70656			30 Veh. Type 7		
31 Bus Type 0	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR 1 4 0 0 0	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 98
Trailer 1 Unit Num. 2	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR 2 4 0 0 0	34 Trlr. Type	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1 1	35 Seq. 2 18	35 Seq. 3	35 Seq. 4			

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			41						3	2	97	1	2	2

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

UNIT 1 TOWING UNIT 2 (LARGE HORSE TRAILER) WAS TRAVELING NORTH ON US 287 SOUTH NEAR CR 1435, WHEN UNIT 3, THAT WAS TRAVELING SOUTH, CROSSED OVER INTO THE WRONG LANE (NOT PASSING). UNIT 1 TOOK EVASIVE ACTION GOING RIGHT AND RAN OFF THE ROADWAY. UNIT 1 THEN STRUCK A LARGE TREE WITH RP. UNIT 2 ROLLED PARTIALLY RIGHT WITH ITS LIVE CARGO. UNIT 1 AND 2 CAME TO REST AT THE POINT OF IMPACT WITH THE TREE. UNIT 2 WAS TRANSPORTING 14 HORSES, BUT SEVERAL WERE KILLED OR SEVERLY INJURED FROM THE IMPACT. UNIT 3 DID NOT STOP AND CONTINUED SOUTHBOUND. UNIT 3 IS ONLY DESCRIBED AS A WHITE CHEVROLET PICKUP (NO FURTHER DESCRIPTION). THE HORSES WERE NOT LISTED IN OTHER DAMAGED PROPERTY DUE TO THE MAJORITY OF THEM HAVING SEVERAL OWNERS.



INVESTIGATOR	Time Notified (24HR:MM) 0 5 0 7	How Notified DISPATCHED	Time Arrived (24HRMM) 0 5 3 8	Report Date (MM/DD/YYYY) 12 / 03 / 2016
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Hallock, Jack L	ID Num. 13473	
	ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA H P 1 B 1 1	



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

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) 1 2 / 0 3 / 2 0 1 6 *Crash Time (24HRMM) 0 5 0 7 Case ID Local Use

*County Name ANDERSON *City Name 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) 3 1 . 6 7 5 7 5 Longitude (decimal degrees) 0 9 5 . 5 8 5 6 6

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US *Hwy. Num. 287 2 Rdwy. Part 1 Block Num. 3 Street Prefix * Street Name 4 Street Suffix

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 70 Const. Zone Yes No Workers Present Yes No Street Desc.

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

At Int. Yes No 1 Rdwy. Sys. CR Hwy. Num. 1435 2. Rdwy. Part 1 Block Num. 3 Street Prefix Street Name 4 Street Suffix

Distance from Int. or Ref. Marker 100 FT MI 3 Dir. from Int. or Ref. Marker N Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 3 5 Unit Desc. 7 Parked Vehicle Hit and Run LP State UN LP Num. VIN

Veh. Year 6. Veh. Color WHI Veh. Make CHEVROLET Veh. Model 7 Body Style PK 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)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 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. Includes a note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address

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 Towed To

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)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 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. Includes a note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address

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 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)	

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"/> RGWV <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"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <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			

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
	3	70												

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0 5 0 7	How Notified	DISPATCHED	Time Arrived (24HRMM)	0 5 3 8	Report Date (MM/DD/YYYY)	12 / 03 / 2016
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	Hallock, Jack L	ID Num.	13473		
	ORI Num.		*Agency	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	Service/Region/DA	H P 1 B 1 1		