Texas Department of Transportation

125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | WWW.TXDOT.GOV

Mon, 25 August 2025

STATE OF TEXAS §

This is to certify that I, Jim Markham, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Mon, 11 August 2025, which occurred in Tarrant County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.



Jim Markham
Director, Crash Data & Analysis Section
Traffic Safety Division
125 East 11th Street
Austin, TX 78701-2483



Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
3	4	[redacted]

Texas Department of Transportation

Texas Peace Officer's Crash Report (Form CR-3 4/1/2023)

Refer to the attached code sheet for numbered fields. Questions? Call 844/274-7457

*=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)	*Crash Time (24HRMM)	Case ID	Local Use
08/11/2025	1754	[redacted]	

*County Name	*City Name	☐ Outside City Limit
TARRANT	FORT WORTH	

In your opinion, did this crash result in at least $1000 damage to any one person's property? ☒ Yes ☐ No

Latitude (decimal degrees): | Longitude — (decimal degrees):

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
IH	35W	1	1001		NORTH	FWY

☐ Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	☐ Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Secondary Crash	Street Desc.
	N		60	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	

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

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☐ Yes ☒ No	LR		1	700		ROSEDALE	ST

Distance from Int. or Ref. Marker	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
500		N		30		

VEHICLE, DRIVER & PERSONS

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num.	VI
1	1			TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2014	GLD	CHEVROLET	MALIBU	P4

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)
	NO	NO AUTOMATION	

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)
1	MS	[redacted]	98	96	98	[redacted]

Address (Street, City, State, ZIP): [redacted]

Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	[redacted]	B	34	[redacted]	2	1	1	1	97	N	96		96	97	97

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

☒ Owner ☐ Lessee — Owner/Lessee Name & Address: [redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.	Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
☒ Yes ☐ No ☐ Expired ☐ Exempt	2	[redacted]	[redacted]	[redacted]	12-FD-4		☐ Yes ☒ No

Towed By	Towed To
THOMAS TOWING	[redacted]

VEHICLE, DRIVER & PERSONS

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num.	VI
2	1			TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2017	WHI	KIA	SPORTAGE	SV

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)
	NO	NO AUTOMATION	

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	A	[redacted]

Address (Street, City, State, ZIP): [redacted]

Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	[redacted]	N	43	[redacted]	2	1	1	1	97	N	96		96	97	97
2	2	4	[redacted]	N	5	[redacted]	2	1	1	1	97	N					

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

☒ Owner ☐ Lessee — Owner/Lessee Name & Address: [redacted]

Copy from Custodial File

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.	Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	[redacted]	[redacted]	[redacted]	6-BD-3	12-FD-2	☐ Yes ☒ No

Towed By	Towed To
BIVINS TOWING	[redacted]

DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
1	1	NOT TRANSPORTED	REFUSED EMS		

CHARGES

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
1	1	FAIL TO CONTROL SPEED	[redacted]

DAMAGE

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

CMV

Unit Num.	☐ 10,001+ LBS.	☐ Transporting Hazardous Material	☐ 9+ Capacity	CMV Disabling Damage? ☐ Yes ☐ No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.					32 Veh. Type
33 Bus Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	34 HazMat Class Num.	HazMat ID Num.	34 HazMat Class Num.	HazMat ID Num.	35 Cargo Body Type
Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
Sequence Of Events	37 Seq. 1	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit ☐ Yes ☐ No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS

38 Contributing Factors (Investigator's Opinion)			39 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control
1	22				1	1	97	3	1	1	17

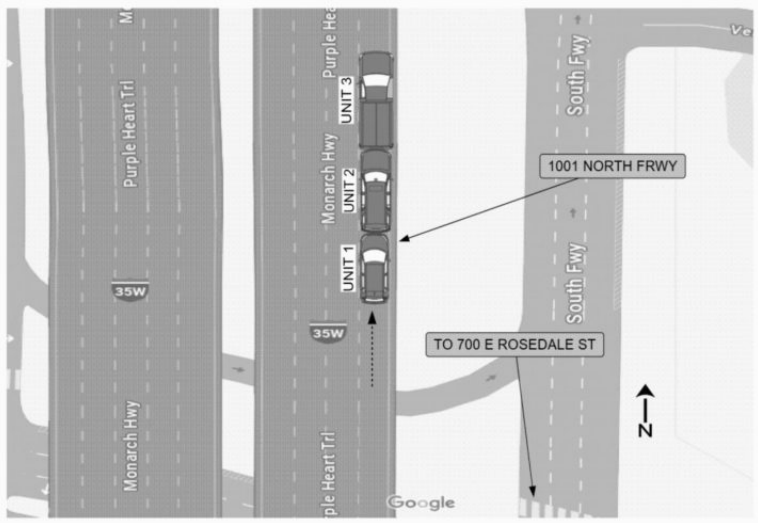
NARRATIVE AND DIAGRAM

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

UNIT 3 WAS TRAVELING NORTH BOUND AT 1001 NORTH FRWY IN THE RIGHT LANE, AND WAS AT A COMPLETE STOP FOR HEAVY TRAFFIC. UNIT 2 WAS TRAVELING NORTH BOUND AT 1001 NORTH FRWY IN THE RIGHT LANE, AND CAME TO A STOP BEHIND UNIT 3. UNIT 1 WAS TRAVELING NORTH BOUND AT 1001 NORTH FRWY IN THE RIGHT LANE BEHIND UNIT 2. UNIT 1 FAILED TO CONTROL SPEED AND STRUCK FD TO UNIT 2 RD. UNIT 2 WAS THEN PUSHED FORWARD AND STRUCK FD TO UNIT 3 BD

Indicate North

Field Diagram - Not to Scale



INVESTIGATOR

Date Notified (MM/DD/YYYY) 08/11/2025	Time Notified (24HRMM) 1754	How Notified Dispatched	
Date Arrived (MM/DD/YYYY) 08/11/2025	Time Arrived (24HRMM) 1809	Report Date (MM/DD/YYYY) 08/11/2025	
Date Roadway Cleared (MM/DD/YYYY) 08/11/2025	Time Roadway Cleared (24HRMM) 1842	Date Scene Cleared (MM/DD/YYYY) 08/11/2025	Time Scene Cleared (24HRMM) 1842
Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed) Hernandez, Olimpo		ID Num. 3135
ORI Num. TX2201200	*Agency FORT WORTH POLICE DEPARTMENT		Service/ Region/DA CENTRL

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

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08/11/2025	1754	[redacted]	

*County Name	*City Name	Outside City Limit
TARRANT	FORT WORTH	☐

In your opinion, did this crash result in at least $1000 damage to any one person's property? ☒ Yes ☐ No

Latitude (decimal degrees): . Longitude — (decimal degrees): .

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
IH	35W	1	1001		NORTH	FWY

Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Secondary Crash	Street Desc.
☐	N	☐	60	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	

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

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☐ Yes ☒ No	LR		1	700		ROSEDALE	ST

Distance from Int. or Ref. Marker	FT / MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
500	☒ FT ☐ MI	N		30		

VEHICLE, DRIVER & PERSONS

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
3	1	☐	☐	TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2011	WHI	FORD	F150	PK

Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	Police, Fire, EMS on Emergency (Explain in Narrative if checked)
☐	NO	NO AUTOMATION	☐

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZIP): [redacted]

Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	[redacted]	C	37	[redacted]	1	1	96	1	97	N	96		96	97	97

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

Owner / Lessee	Owner/Lessee Name & Address
☒ Owner ☐ Lessee	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]	6-BD-2	-	☐ Yes ☒ No

Towed By	Towed To

VEHICLE, DRIVER & PERSONS

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

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☐			☐

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						/ /

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Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
	-	-	☐ Yes ☐ No

Towed By	Towed To

DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
3	1	NOT TRANSPORTED	POSS PRIVATE VEHICLE TO JPS		

CHARGES

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

DAMAGE

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

CMV

Unit Num.	☐ 10,001+ LBS.	☐ Transporting Hazardous Material	☐ 9+ Capacity	CMV Disabling Damage? ☐ Yes ☐ No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.
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Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
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Indicate North

Field Diagram - Not to Scale

INVESTIGATOR

Date Notified (MM/DD/YYYY) 08/11/2025

Time Notified (24HRMM) 1754

How Notified Dispatched

Date Arrived (MM/DD/YYYY) 08/11/2025

Time Arrived (24HRMM) 1809

Report Date (MM/DD/YYYY) 08/11/2025

Copy from Custodial File

Date Roadway Cleared (MM/DD/YYYY) 08/11/2025

Time Roadway Cleared (24HRMM) 1842

Date Scene Cleared (MM/DD/YYYY) 08/11/2025

Time Scene Cleared (24HRMM) 1842

Investigation Complete ☒ Yes ☐ No

Investigator Name (Printed) Hernandez, Olimpo

ID Num. 3135

ORI Num. TX2201200

*Agency FORT WORTH POLICE DEPARTMENT

Service/Region/DA CENTRL