

PLACE WHERE ACCIDENT OCCURRED
 COUNTY TARRANT CITY OR TOWN ARLINGTON
SHOW ONLY IF INSIDE CITY LIMITS

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES OF _____ CITY OR TOWN
NORTH S E W

ROAD ON WHICH ACCIDENT OCCURRED 5300 HWY 157 CONSTR YES NO SPEED LIMIT 15
BLOCK NO. STREET OR ROAD NAME ROUTE NO. OR STREET CODE

INTERSECT'G STREET OR RR X'ING NUMBER _____ CONSTR YES NO SPEED LIMIT _____
BLOCK NO. STREET OR ROAD NAME ROUTE NO. OR STREET CODE

NOT AT INTERSECTION 200 FT. OF HWY 30
 Mi. N S E W
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

LOC. NO. 654897

DO NOT WRITE IN THIS SPACE

DPS NO. _____

LOC. _____

CODE _____

SEVERITY _____

FAT. REC. _____

DR. REC. _____

DATE OF ACCIDENT 03/01/2004 DAY OF WEEK Monday HOUR 8:30 A.M. MIDNIGHT
 P.M. NOON

UNIT NO. 1 MOTOR VEHICLE TRAIN PEDAL CYCLIST
 TOWED PEDESTRIAN OTHER VEH IDENT NO 1FDKR34R9XC326870 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR MODEL 94 COLOR RED MAKE FORD MODEL NAME F150 BODY STYLE PICKUP LICENSE PLATE 03 TX 987654
COLOR MAKE MAKE NAME

DRIVER'S NAME WILSON JOHN L ADDRESS 873 N RIVER RD CITY ARLINGTON STATE TX ZIP 76015 PHONE NUMBER 817-690-2335
LAST FIRST MI ADDRESS CITY STATE ZIP

DRIVER'S LICENSE AZ ABC 1234 DOB 08/12/1935 RACE W SEX M OCCUPATION RETIRED
STATE NUMBER CLASS/TYPE

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

LESSEE OWNER (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)

LIABILITY INSURANCE YES NO AMERICAN FAMILY QRE-3456-KW43 VEHICLE DAMAGE RATING _____
INSURANCE COMPANY NAME POLICY NUMBER

UNIT NO. 2 MOTOR VEHICLE TRAIN PEDAL CYCLIST
 TOWED PEDESTRIAN OTHER VEH IDENT NO _____ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR MODEL _____ COLOR & MAKE _____ MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____
COLOR MAKE MAKE NAME

DRIVER'S NAME MARY JOHNSON A ADDRESS 65 N FIRST #32 CITY ARLINGTON STATE TX ZIP 76010 PHONE NUMBER 817-543-7474
LAST FIRST MI ADDRESS CITY STATE ZIP

DRIVER'S LICENSE AZ HJK 6543 DOB 02/15/1986 RACE H SEX F OCCUPATION HAIR DRESSER
STATE NUMBER CLASS/TYPE

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

LESSEE OWNER (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)

LIABILITY INSURANCE YES NO _____ VEHICLE DAMAGE RATING _____
INSURANCE COMPANY NAME POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT _____ NAME (LAST, FIRST, MI) _____ ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FT. FROM CURB _____ DAMAGE ESTIMATE \$ _____

LIGHT CONDITION <u>4</u>	WEATHER <u>2</u>	SURFACE CONDITIONS <u>2</u>	TYPE ROAD SURFACE <u>2</u>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <u>WET AND SLICK</u>
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-SNOW/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER _____

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED

NAME _____ CHARGE _____ CITATION NO. _____

NAME _____ CHARGE _____ CITATION NO. _____

TIME NOTIFIED OF ACCIDENT 03/01/2004 8:40 A.M. P.M. HOW 911

TIME ARRIVED AT SCENE OF ACCIDENT 03/01/2004 8:40 A.M. P.M.

NAME OF INVESTIGATOR JEFF DAVIS DATE REPORT MADE 03/02/2004 IS REPORT COMPLETE? YES NO

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

UNIT NO. 1	TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO _____ BY _____
DAMAGE RATING		

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 CODE)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
DRIVER	SEE FRONT		N	C	A	N	4	68	M	5

UNIT NO. 2 (COMPLETE ONLY IF UNIT WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO OWNER'S HOME BY MOTHER
DAMAGE RATING		

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 CODE)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
DRIVER	SEE FRONT		N	B	N	N	1	18	F	3

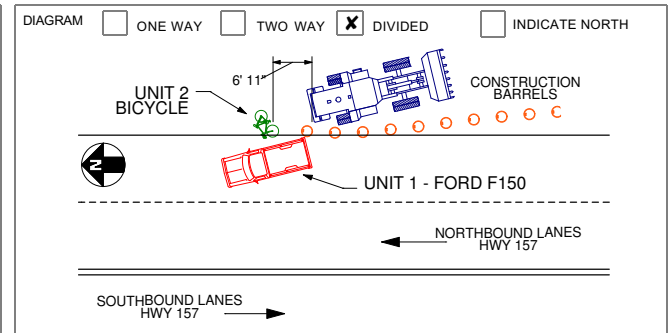
PEDESTRIAN, PEDALCYCLIST, ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP CODE)	SOL	TYPE SPECIMAN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED			IN AMBULANCE USED, SHOW		
ITEM NUMBER	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INCLUDING DRIVER

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)

DRIVER OF UNIT 1 WAS PROCEEDING THROUGH CONSTRUCTION ZONE AT REDUCED SPEED. BICYCLIST (JOHNSON) EMERGED FROM BEHIND FRONTLOADER AT HIGH RATE OF SPEED AND STRUCK PASSENGER SIDE OF UNIT 1. JOHNSON FELL FROM BICYCLE AND STRUCK HEAD, BUT WAS WEARING A HELMET. JOHNSON SUSTAINED BRUISES AND SCRAPES, WAS TAKEN TO EMERGENCY BY MOTHER. JOHNSON ADMITTED FAULT AND DRIVER OF UNIT 1 WAS NOT CITED.



FACTORS AND CONDITIONS INDICATED ARE INVESTIGATOR'S OPINION		TRAFFIC CONTROL	
FACTORS / CONDITIONS CONTRIBUTING	OTHER FACTORS / CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	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 STRIP OR DIVIDER 10 - NO PASSING ZONE 11 - OTHER CONTROL
UNIT 1: 48	UNIT:		6
UNIT 2: 21	UNIT:		