HOW TO READ YOUR ACCIDENT REPORT FOR WEINSTEIN

	ncludes infor luding city or			.ROA	D 🔲 MAI	B 🔄 SUPPLE		ACTIVE SCHOOL	. ZONE	Total Num Units			Total Num Prsns.	í í	i	TxD Cras	OT :h ID		
put down	cting streets. the exact G will also be	. The police PS coordina	officer	100000	sportation	as Peace Offic n, Crash Data a Refer to Attac ditional sheets	and Analy hed Code	sis, P.O Sheet f	Box 14 or Numb	9349, A bered Fie	ustin, 1 elds	FX 787						7 Page	9
.rash D MM/DD/				*Cra (24)	ish Time HRMM)	1. 1. 1	Cas	e					Loca	al Use					
*County Name							*City Name												Outs City
In your op	pinion, did this o amage to any on				Latitude (decimal degree s)		Ivanie				ongitud ecinal degi		l.			ł	Ļ	Ţ	city
2	N WHICH CR	and the second in		NO	(decisial degrees)		-				ecanal degr	sea)						-	-
*1 Rdwy. Sys.		"Hwy. Num.		2 Rdwy Part	у.	Block Num.		3 Street Prefix		* Street Name							4 Stree Suffix	t	
	sh Occurred on a d/PrivateProper			Toll Road/ Toll Lane	Speed		Const. Zone	Yes	Workers Present	Yes	Street								
		-			122322	AREST INTERSE					10000								
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Distance or Ref. M	from Int.		FT	3 Dir. fro or Ref. M		Refer			treet esc.	100					RRX Num.		1 1		ļ
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Num. Veh.	Desc.	6. Veh.	Vehicle	Run	State Veh.	Nun	n-	1	Veh.			1 1		Body	1_1	4	Pol,	ire, EM	on
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Туре	s	tate	Num.				ass	End.		Re				o//////)	11	1	11	Ē.	į.
Address City, Stat																			
DHIVEK, & PEKSON Person Num. 12 Prsn	Type 13 Seat Position	Đ	nter Driv		ne: Last, Firs nary Person	for this Unit on	first line		14 Injur) Severity	Age 15	Ethnicity 16 Sex	17 Eject.	18 Restr 19	Airbag 20 Helmet	21 Sol.	22 AIC Spec	Alc		Result
																1401			
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PAGE 1

Towed To

WEINSTEIN TAW

Towed

FREE CASE CONSULTATION 903-677-5333

DISPOSITION OF INJURED/KILLED

This section lists any injuries or fatalities from the crash. It will list the hospital each victim was transported to, along with information about the ambulance. If a crash victim dies, the date and time of death will be recorded.

HOW TO READ YOUR ACCIDENT REPORT For You By WEINSTEIN

						TxDOT Crash ID				Page of
	Unit Num.	Prsn. Num	Taken	То		Taken By		Date of D (MM/DD/Y	eath YYY)	Time of Death (24HR:MM)
										1 i i
INJURED/KILLED								with a crime	, that informatio charges filed a	ccident is charged n will appear in this nd citation number
Uni Nun	it Pr n. Nu	isn. um,			Charge					
		D	CMV If a commercial motor ve volved in your crash, the information about the ve This includes the compa cle, the weight and detai	police officer will re hicle in this section. ny that owns the ve	cord hi-	ner's Name			Owner's Address	5
Init			material being			Yes 28 Veh.	29 Carrier		Carrier	
Num Carri Corp 31 Bi Fype Jnit Num Sequ Of Ev	i. Name lus e uence vents	35 Seq.	LBS. HAZARDOUS N RGVW GVWR GVWR Image: Comparison of the second se	Carrier's Primary Addr. HazMat Yes 32 Released No Cli 34 Trir. Type 35 Seq. 3	CITY CMV Disabling Damage? HazMat HazMat ass Num ID Num CMV Disabling Yes Damage? No 35 Seq. 4 Yehicle Defects (Inves Contributing	No Oper.	ID Type 32 HazMat Class Num. RGVW GVWR GVWR No odal Shipping Ye ner Permit No 38 38 Weather Lig	HazMat ID Num. 34 S Actual S Actual Environmental ar 9 40	D Num.	43 44
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PAGE 2

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