

PLACE WHERE ACCIDENT OCCURRED
 COUNTY Houston County CITY OR TOWN Houston
 IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN

ROAD ON WHICH ACCIDENT OCCURRED Westheimer RD
 BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____
 CONSTR. ZONE YES NO SPEED LIMIT _____

INTERSECTING STREET OR RR X'ING NUMBER Briarhurst Dr.
 BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____
 CONSTR. ZONE YES NO SPEED LIMIT _____

NOT AT INTERSECTION FT. MI. N S E W OF _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

LOC. _____

DO NOT WRITE IN THIS SPACE

DPS NO. _____

LOC. _____

CODE _____

SEVERITY _____

FAT. REC. _____

DR. REC. _____

DATE OF ACCIDENT 10/23/2002 DAY OF WEEK Friday HOUR 8:30 A.M. IF EXACTLY NOON OR P.M. MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEHICLE IDENT. NO. 356848-38122954-846385 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR MODEL 2002 COLOR & MAKE Red Dodge MODEL NAME Viper BODY STYLE Sport LICENSE PLATE 02 TX DBV 583
 DRIVER'S NAME Thomlin, Lee ADDRESS (STREET, CITY, STATE, ZIP) 1388 North Post Oak PHONE NUMBER 429 555 4231

DRIVER'S LICENSE TX 55896187 A DOB 05/08/77 RACE W SEX M OCCUPATION Teacher

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

LESSEE OWNER Thomlin, Lee 1388 North Post Oak
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE YES NO Spencer & Associates 4658465434 VEHICLE DAMAGE RATING FC6 + BD4 + FD4
INSURANCE COMPANY NAME POLICY NUMBER

UNIT NO. 2 - MOTOR VEHICLE TRAIN PEDALCYCLIST TOWED PEDESTRIAN OTHER VEHICLE IDENT. NO. 58456-51484-487512 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR MODEL 1966 COLOR & MAKE Green Ford MODEL NAME _____ BODY STYLE Truck LICENSE PLATE 02 TX BC 5487
 DRIVER'S NAME Bone, Chris ADDRESS (STREET, CITY, STATE, ZIP) 19483 Main Street. PHONE NUMBER 531 555 6482

DRIVER'S LICENSE TX 54655415 B DOB _____ RACE A SEX M OCCUPATION Construction Worker

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

LESSEE OWNER Bone, Chris 19483 Main Street.
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

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

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT _____ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ \$ _____ DAMAGE ESTIMATE _____

LIGHT CONDITION <u>1</u>	WEATHER <u>1 9</u>	SURFACE CONDITION <u>2</u>	TYPE ROAD SURFACE <u>1</u>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <u>Roads were damp with the morning moisture.</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 <u>Overcast.</u>	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? YES NO

CHARGES FILED

NAME Lee Thomlin CHARGE Undue care and attention, speeding over posted limit CITATION NUMBER 3523423

NAME _____ CHARGE _____ CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT 10/23/02 8:41 A HOW Radio Dispatch TIME ARRIVED AT SCENE OF ACCIDENT 10/23/02 8:55 A

TYPED OR PRINTED NAME OF INVESTIGATOR John Fredrickson DATE REPORT MADE 10/23/02 IS REPORT COMPLETE YES NO

SIGNATURE OF INVESTIGATOR _____ ID NO. 56585 DEPARTMENT TSP DIST / AREA _____

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, CHIROPRACTOR, 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	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED 1

UNIT NO. 1 DAMAGE FC6 + BD4 + FD4 RATING	TOWED DUE TO DAMAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO Bobs Towing BY Bob Jones
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ITEM NO.	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	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT Thomlin, Lee NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP) 1388 North Post Oak	Y	A	A	Y		25	M	C
2										
3										
4										
5										

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE) DAMAGE RATING	TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO _____ BY _____
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ITEM NO.	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	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT Bone, Chris NAME (LAST NAME FIRST) ADDRESS (STREET, CITY, STATE, ZIP) 19483 Main Street	Y	Y	N	Y		42	M	K
7										
8										
9										
10										

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE										
PEDESTRIAN, PEDALCYCLIST, ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE	

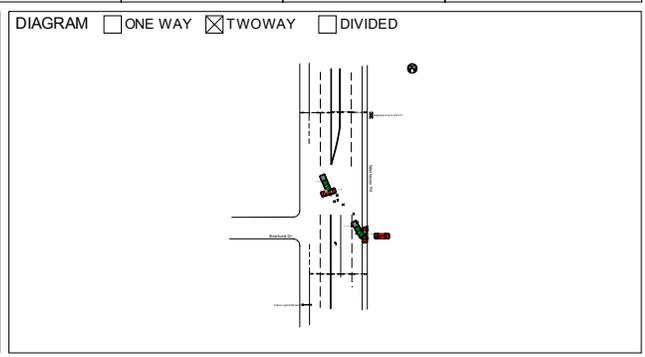
DISPOSITION OF KILLED AND/OR INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INCLUDING DRIVER
1	Houston Hospital	Officer Jane McDermiano	8:41 AM	9:01 AM	4

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
1	10/23/02	8:45 AM						

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

Lee Thomlin was speeding excessively. He swerved and collided with Chris Bones' Ford pickup on Westheimer Rd. Lee Thomlin's vehicle was thrown from the road, striking property, while causing Bones' vehicle to flip over and skid across the road for 140 feet.

When arriving at scene, there was an overturned red vehicle facing east in the #1 W/Bound lane of Westheimer Rd. The vehicle had major front and driver side damage. I also saw a green pickup facing SE on the NE section of the avenue.



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION				OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED				TRAFFIC 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 NOT TAIL LAMPS	8. DEFECTIVE OR NOT TURN SIGNAL LAMPS	9. DEFECTIVE OR NOT TRAILER BRAKES	10. DEFECTIVE OR NO VEHICLE BRAKES	11. DEFECTIVE STEERING MECHANISM	12. DEFECTIVE OR SLICK TIRES	13. DEFECTIVE TRAILER HIT OH	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 PASS TORIGHT SAFELY	26. FAILED TO PASS TOLEFT SAFELY	27. FAILED TO PASS TORIGHT 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 TRAIN	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. FOLLOWED 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. OVERTAKE AND PASS INSUFFICIENT CLEARANCE	54. PARKED AND FAILED TO SET BRAKE	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 RAGE	74. OTHER FACTOR (WRITE ON LINE BELOW)	10. NO PASSING ZONE	11. OTHER CONTROL	0