

PLACE WHERE ACCIDENT OCCURRED

COUNTY POTTER CITY OR TOWN AMARILLO SHOW ONLY IF INSIDE CITY LIMITS

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 S.E. 3RD AVE CONSTR. ZONE ☐ YES ☒ NO SPEED LIMIT 35

BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_

INTERSECTING STREET OR RR X'ING NUMBER S. VAN BUREN ST CONSTR. ZONE ☐ YES ☒ NO SPEED LIMIT 30

BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER OR STREET CODE \_\_\_\_\_

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. 05-46845

DO NOT WRITE IN THIS SPACE

DPS NO.

LOC. \_\_\_\_\_

CODE \_\_\_\_\_

SEVERITY \_\_\_\_\_

FAT. REC. \_\_\_\_\_

DR. REC. \_\_\_\_\_

DATE OF ACCIDENT April 23 2005 DAY OF WEEK Saturday HOUR 10:03 ☐ A.M. IF EXACTLY NOON OR P.M. MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEHICLE IDENT. NO. 423XETERBOWRA27763 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR MODEL 1998 COLOR & MAKE Red Freightliner MODEL NAME Firetruck BODY STYLE 40 LADDER LICENSE PLATE EXEMPT TX 744534

DRIVER'S NAME [REDACTED] PHONE NUMBER [REDACTED]

DRIVER'S LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]

DRIVER'S LICENSE STATE NUMBER CLASS/TYPE DOB NO DAY YEAR RACE SEX OCCUPATION FIRE FIGHTER

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☒ ALCOHOL/DRUG ANALYSIS RESULT -0.0- PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☒ YES ☐ NO

LESSOR OWNER City of Amarillo Fire Dept. 400 S. VAN BUREN AMARILLO TX 79101

NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY INSURANCE ☒ YES ☐ NO City of Amarillo SELF-INSURED VEHICLE DAMAGE RATING N/A

INSURANCE COMPANY NAME POLICY NUMBER

UNIT NO. 2 - ☐ TOWED ☐ PEDESTRIAN ☐ OTHER ☐ VEHICLE IDENT. NO. \_\_\_\_\_ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY \_\_\_\_\_

YEAR MODEL \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DRIVER'S LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

DRIVER'S LICENSE STATE NUMBER CLASS/TYPE DOB NO DAY YEAR RACE SEX OCCUPATION \_\_\_\_\_

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

LESSOR OWNER \_\_\_\_\_ NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY INSURANCE ☐ YES ☐ NO \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_

INSURANCE COMPANY NAME POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLES

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

LIGHT CONDITION 4 WEATHER 1 - SURFACE CONDITION 1 TYPE ROAD SURFACE 1 DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)

1-DAYLIGHT 1-CLEAR/CLOUDY 6-SMOKE 1-DRY 1-BLACKTOP

2-DAWN 2-RAINING 7-SLEETING 2-WET 2-CONCRETE

3-DARK-NOT LIGHTED 3-SNOWING 8-HIGH WINDS 3-MUDDY 3-GRAVEL

4-DARK-LIGHTED 4-FOG 9-OTHER 4-SNOWY/ICY 4-SHELL

5-DUSK 5-BLOWING DUST 5-OTHER 5-DIRT 5-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 \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION NUMBER \_\_\_\_\_

TIME NOTIFIED OF ACCIDENT April 23, 2005 10:03 p M HOW Dispatch TIME ARRIVED AT SCENE OF ACCIDENT April 23, 2005 10:05 p M

TYPED OR PRINTED NAME OF INVESTIGATOR M. DUNN DATE REPORT MADE April 23, 2005 IS REPORT COMPLETE ☒ YES ☐ NO

SIGNATURE OF INVESTIGATOR [Signature] ID NO. 250 DEPARTMENT AMARILLO PD DIST/AREA 61

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

UNIT NO. 1	TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE REMOVED TO <u>400 S. VAN BUREN AMARILLO TX 79101</u> BY <u>OWNER</u>
DAMAGE RATING <u>N/A</u>		

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 NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT									
2											
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE REMOVED TO BY									
DAMAGE RATING											
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 NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT									
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	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND/OR INJURED

ITEM NUMBERS	TO WHOM	BY	IF AMBULANCE USED, SHOW TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INCLUDING DRIVER
4	1501 S. Coulter North	AMS	7203	7209	3

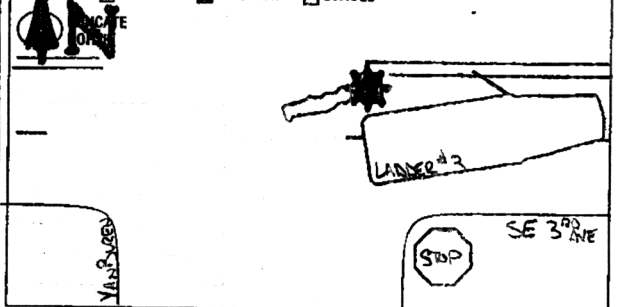
COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH
4	4-25-05	0953						

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

Unit #1, a ladder truck came emergency call, was NPS on Van Buren, turning EB onto SE 3rd Ave. The LR pass door opened and firefighter LRP was EJECTED. TRANS to MATH by AMS.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			TRAFFIC CONTROL			10-NO PASSING ZONE 11-OTHER CONTROL		
UNIT 1	1	74	UNIT 1	1	2	0-NO CONTROL OR INOPERATIVE	5-TURN MARKS	10-NO PASSING ZONE	3		
UNIT 2	1	2	UNIT 2	1	2	1-OFFICER OR FLAGMAN	6-WARNING SIGN	11-OTHER CONTROL			
						2-STOP AND GO SIGNAL	7-RR GATES OR SIGNALS				
						3-STOP SIGN	8-YIELD SIGN				
						4-FLASHING RED LIGHT	9-CENTER STRIPE OR DIVIDER				

1. ANIMAL ON ROAD - DOMESTIC	19. DISTRACTION IN VEHICLE	37. FAILED TO YIELD ROW - TURNING LEFT	66. PARKED WITHOUT LIGHTS
2. ANIMAL ON ROAD - WILD	20. DRIVER INATTENTION	38. FAILED TO YIELD ROW - TURN ON RED	67. PASSED IN NO PASSING ZONE
3. BACKED WITHOUT SAFETY	21. DROVE WITHOUT HEADLIGHTS	39. FAILED TO YIELD ROW - YIELD SIGN	68. PASSED ON RIGHT SHOULDER
4. CHANGED LANE WHEN UNSAFE	22. FAILED TO CONTROL SPEED	40. FATIGUED OR ASLEEP	69. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
5. DEFECTIVE OR NO HEADLAMPS	23. FAILED TO DRIVE IN SINGLE LANE	41. FAULTY EVASIVE ACTION	70. SPEEDING - UNDER LIMIT
6. DEFECTIVE OR NO STOP LAMPS	24. FAILED TO GIVE HALF OF ROADWAY	42. FIRE IN VEHICLE	71. SPEEDING - OVER LIMIT
7. DEFECTIVE OR NO TAIL LAMPS	25. FAILED TO HEED WARNING SIGN	43. FLEEING OR EVADING POLICE	72. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
8. DEFECTIVE OR NO TURN SIGNAL LAMPS	26. FAILED TO PASS TO LEFT SAFELY	44. FOLLOWED TOO CLOSELY	73. TURNED IMPROPERLY - CUT CORNER OR LEFT
9. DEFECTIVE OR NO TRAILER BRAKES	27. FAILED TO PASS TO RIGHT SAFELY	45. HAD BEEN DRINKING	74. TURNED IMPROPERLY - WIDE RIGHT
10. DEFECTIVE OR NO VEHICLE BRAKES	28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL	46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)	75. TURNED IMPROPERLY - WRONG LANE
11. DEFECTIVE STEERING MECHANISM	29. FAILED TO STOP AT PROPER PLACE	47. ILL (EXPLAIN IN NARRATIVE)	76. TURNED WHEN UNSAFE
12. DEFECTIVE OR SLICK TIRES	30. FAILED TO STOP FOR SCHOOL BUS	48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)	77. UNDER INFLUENCE - ALCOHOL
13. DEFECTIVE TRAILER HITCH	31. FAILED TO STOP FOR TRAIN	49. IMPROPER START FROM PARKED POSITION	78. UNDER INFLUENCE - DRUGS
14. DISABLED IN TRAFFIC LANE	32. FAILED TO YIELD ROW - EMERGENCY VEHICLE	50. LOAD NOT SECURED	79. WRONG SIDE - APPROACH OR IN INTERSECTION
15. DISOBEY STOP AND GO SIGNAL	33. FAILED TO YIELD ROW - OPEN INTERSECTION	51. OPENED DOOR INTO TRAFFIC LANE	80. WRONG SIDE - NOT PASSING
16. DISOBEY STOP SIGN OR LIGHT	34. FAILED TO YIELD ROW - PRIVATE DRIVE	52. OVERSIZE VEHICLE OR LOAD	81. WRONG WAY - ONE WAY ROAD
17. DISOBEY TURN MARKS AT INTERSECTION	35. FAILED TO YIELD ROW - STOP SIGN	53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE	82. DRIVER INATTENTION - (CELL/MOBILE PHONE USE)
18. DISOBEY WARNING SIGN AT CONSTRUCTION	36. FAILED TO YIELD ROW - TO PEDESTRIAN	54. PARKED AND FAILED TO SET BRAKES	83. ROAD RAGE
		55. PARKED IN TRAFFIC LANE	84. OTHER FACTOR (WRITE ON LINE BELOW)

DEF EQUIP DOOR HANDLE