

L O C A T I O N	PLACE WHERE ACCIDENT OCCURRED	County <u>N. H. H. E. L. E. S.</u> City or town <u>CORPUS CHRISTI</u>	DO NOT WRITE IN THIS SPACE	Local No. _____
		If accident was outside city limits, indicate distance from nearest town _____ miles <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ City or Town _____		DPS No. _____
		ROAD OR WHICH ACCIDENT OCCURRED <u>2000 BLK. MORGAN AVENUE</u> Under <input type="checkbox"/> Yes Construction? <input checked="" type="checkbox"/> No		Loc. _____
	Check and complete one only	AT ITS INTERSECTION WITH _____ Name of intersecting street or highway number		Fat. rec. _____
	IF NOT AT INTERSECTION <u>9.0</u> feet <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of <u>CROSTOWN ACCESS, NORTH BOWEN</u> Show nearest intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.			Dr. rec. _____
T I M E	Date of Accident <u>DECEMBER 30</u> 19 <u>70</u> Day of Week <u>WEDNESDAY</u> Hour <u>11:21</u> <input type="checkbox"/> A.M. If exactly noon or midnight, so state. <input checked="" type="checkbox"/> P.M.			Type _____
				FAT. P.I. P.D.

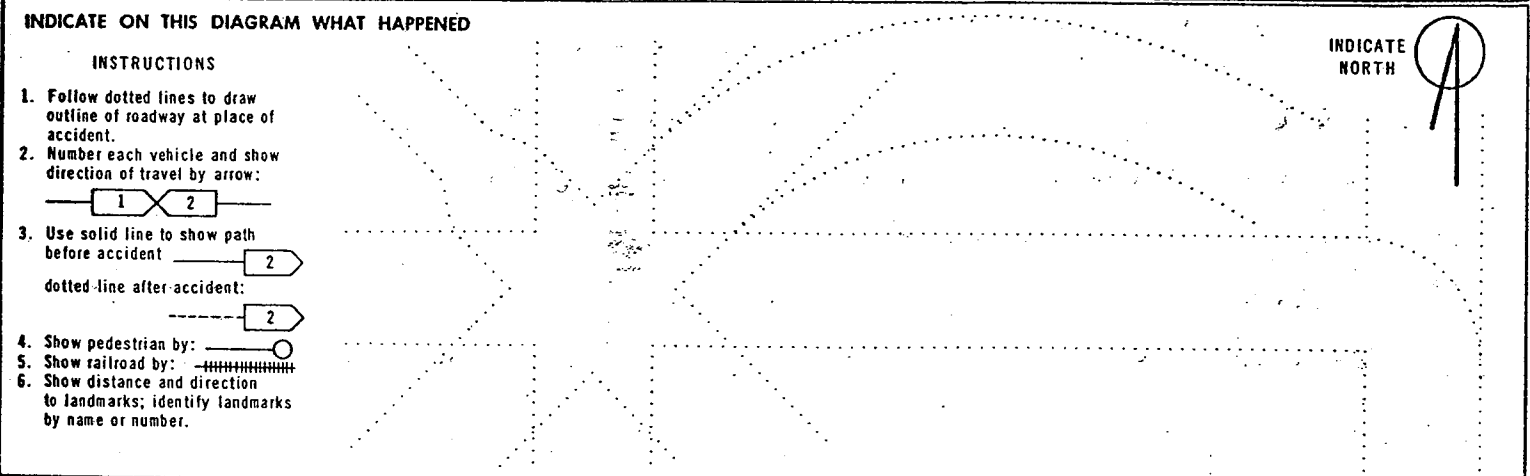
V E H I C L E S	VEHICLE NO. 1	Year <u>1969</u> Make and Type of Vehicle <u>PONTIAC 2DR</u> Sedan, tractor-semi-trailer, taxi, etc.	Vehicle Registration <u>70 TEX JCU-470</u> Year State Number	Vehicle Identification Number <u>242378P226427</u>	Had Seat Belts <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER <u>HERNANDEZ, CARLOS</u> Name Address <u>2302 Kingsolving C.C. TEXAS</u> City and State Sex <u>M</u> Drinking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Race of Driver <u>WHITE</u> Driver's Occupation <u>LABORER</u> Carpenter, doctor, sales clerk, etc.	Date of Birth <u>07-14-54</u> Month, Day, Year Driver's License <u>NONE</u> State Number	Speed Before Accident <u>100+</u> m.p.h. Legal Speed Limit <u>30</u> m.p.h. Maximum Safe Speed <u>0</u> m.p.h. Physical Condition <u>NORMAL</u> Approximate cost to repair vehicle * <u>2700⁰⁰</u>	<input type="checkbox"/> Chauffeur <input type="checkbox"/> Operator <input type="checkbox"/> Com. Op.
	OWNER <u>SISSAMIS, LOUIS V.</u> Name Address <u>Box 3543 CABINASS FIELD C.C. TEXAS</u> Vehicle Removed To <u>LEWIS BOYOUS WRECKER</u> Name of garage, home by owner, driven away, etc.				
	VEHICLE NO. 2	Year <u>1966</u> Make and Type of Vehicle <u>CHEV 4DR</u> Sedan, tractor-semi-trailer, taxi, etc.	Vehicle Registration <u>70 TEX HYR-781</u> Year State Number	Vehicle Identification Number <u>UNKNOWN</u>	Had Seat Belts <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER <u>ZAMORA, NICANOR L.</u> Name Address <u>2905 SOKOL ST. C.C. TEXAS</u> City and State Sex <u>M</u> Drinking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Race of Driver <u>White</u> Driver's Occupation <u>STOCK BOY</u> Carpenter, doctor, sales clerk, etc.	Date of Birth <u>01-10-52</u> Month, Day, Year Driver's License <u>TEX 7002873</u> State Number	Speed Before Accident <u>25-30</u> m.p.h. Legal Speed Limit <u>30</u> m.p.h. Maximum Safe Speed <u>30</u> m.p.h. Physical Condition <u>NORMAL</u> Approximate cost to repair vehicle * <u>1500⁰⁰</u>	<input type="checkbox"/> Chauffeur <input type="checkbox"/> Operator <input type="checkbox"/> Com. Op.	
	OWNER <u>ZAMORA, I. C.</u> Name Address <u>SAME</u> Vehicle Removed To <u>CUSTOM WRECKER</u> Name of garage, home by owner, driven away, etc.				

DAMAGE TO PROPERTY OTHER THAN VEHICLES	CODE FOR INJURY SEVERITY (Use only the most serious one in each space for injury.) A - Serious visible injury, as deep, bleeding wound, distorted member, etc. B - Minor visible injury, as bruises, abrasions, swelling, limping, etc. C - No visible injury but complaint of pain or momentary unconsciousness.
Name object and state nature of damage _____ Estimated Cost * _____	
Name and address of owner of damaged property _____	

C A S U A L T I E S	NO. 1	Name <u>HERNANDEZ, CARLOS</u> Address <u>2302 Kingsolving C.C. TEXAS</u> Date of Birth _____	Age <u>16</u> Sex <u>M</u> Race <u>WHITE</u> Was person killed? <u>NO</u> Death <u>NONE</u>	Severity <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	In veh. # <u>1</u>
	Taken to <u>MEMORIAL MEDICAL CENTER</u> By <u>CUSTOM AMBULANCE</u>	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	Seat Belt <input type="checkbox"/> Used <input checked="" type="checkbox"/> Not Used		
	NO. 2	Name <u>ZAMORA, NICANOR L.</u> Address <u>2905 SOKOL ST. C.C. TEXAS</u> Date of Birth _____	Age <u>18</u> Sex <u>M</u> Race <u>WHITE</u> Was person killed? <u>NO</u> Death <u>NONE</u>	Severity <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	In veh. # <u>2</u>
Total <u>6</u>	Taken to <u>MEMORIAL MEDICAL CENTER</u> By <u>CUSTOM AMBULANCE</u>	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	Seat Belt <input type="checkbox"/> Used <input checked="" type="checkbox"/> Not Used		

PASSENGERS AND/OR WITNESSES		
Name <u>MENTIEL, JUAN</u>	Address <u>824 S. ALAMEDA C.C. TEXAS</u>	Location <u>BEHIND VEH #2</u> <small>In veh. 2 RF, ped. 60 ft. east, etc.</small>
Name <u>MARTINEZ JR, L.</u>	Address <u>1118 7TH ST. C.C. TEXAS</u>	Location <u>LEFT OF VEH #2</u>
Name <u>CASTILLO, ERMA</u>	Address <u>1317 17TH C.C. TEXAS</u>	Location <u>100' E OF P.O.I.</u>
Name <u>CASTILLO, LUPY</u>	Address <u>1317 17TH C.C. TEXAS</u>	Location <u>100' E OF P.O.I.</u>
Name _____	Address _____	Location _____
Name _____	Address _____	Location _____
Name _____	Address _____	Location _____
Name _____	Address _____	Location _____

KIND OF LOCALITY (Check one) 1. <input checked="" type="checkbox"/> Apartments, Stores, Factories, Schools, One-family homes 2. <input type="checkbox"/> Farms, Fields 3. <input type="checkbox"/> No marginal development	ROAD LANES (TOTAL) (Check lanes on road used by each driver.) Driver 1 2 1. <input type="checkbox"/> 1 lane 2. <input type="checkbox"/> 2 lanes 3. <input type="checkbox"/> 3 lanes 4. <input checked="" type="checkbox"/> 4 or more lanes <input type="checkbox"/> Divided roadway <input type="checkbox"/> Expressway, free-way, toll road, etc.	WHAT DRIVERS WERE GOING TO DO BEFORE ACCIDENT (Check one for each driver)			
		Driver 1 2 1. <input checked="" type="checkbox"/> Go straight ahead 2. <input type="checkbox"/> Overtake and pass 3. <input type="checkbox"/> Make right turn	Driver 1 2 4. <input type="checkbox"/> Make left turn 5. <input type="checkbox"/> Make U turn 6. <input type="checkbox"/> Slow or stop	Driver 1 2 7. <input type="checkbox"/> Start in traffic lane 8. <input type="checkbox"/> Start from Parked position 9. <input type="checkbox"/> Back	Driver 1 2 10. <input type="checkbox"/> Remain stopped in traffic lane 11. <input type="checkbox"/> Remain parked
TRAFFIC CONTROL (Check one or more) 1. <input type="checkbox"/> Stop sign 2. <input type="checkbox"/> Stop-and-go signal 3. <input type="checkbox"/> Officer or watchman 4. <input type="checkbox"/> R.R. gates or signals 5. <input checked="" type="checkbox"/> M. LANES 6. <input type="checkbox"/> No traffic control	ROAD SURFACE (Check one) 1. <input checked="" type="checkbox"/> Dry 2. <input type="checkbox"/> Wet 3. <input type="checkbox"/> Snowy or icy 4. <input type="checkbox"/> Specify other	WHAT PEDESTRIAN WAS DOING Pedestrian was going <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Along <input type="checkbox"/> Across or into (Street name, highway No.) From (N.E. corner to S.E. corner or west to east side, etc.) To 1. <input type="checkbox"/> Crossing or entering at intersection 2. <input type="checkbox"/> Crossing or entering not at intersection 3. <input type="checkbox"/> Getting on or off vehicle 4. <input type="checkbox"/> Walking in roadway - with traffic 5. <input type="checkbox"/> Walking in roadway - against traffic 6. <input type="checkbox"/> Standing in roadway 7. <input type="checkbox"/> Pushing or working on vehicle 8. <input type="checkbox"/> Other working in roadway 9. <input type="checkbox"/> Playing in roadway 10. <input type="checkbox"/> Other in roadway 11. <input type="checkbox"/> Not in roadway 12. <input type="checkbox"/> Had been Drinking			
LIGHT CONDITIONS (Check one) 1. <input type="checkbox"/> Daylight 2. <input type="checkbox"/> Dawn 3. <input checked="" type="checkbox"/> Darkness 4. <input type="checkbox"/> Dusk	ROAD CHARACTER (Check two) 1. <input checked="" type="checkbox"/> Straight road 2. <input type="checkbox"/> Curve 3. <input checked="" type="checkbox"/> Level 4. <input type="checkbox"/> On grade 5. <input type="checkbox"/> Hillcrest	VIOLATIONS CONTRIBUTING TO ACCIDENT (Check one or more for each driver)			
WEATHER (Check one) 1. <input checked="" type="checkbox"/> Clear 2. <input type="checkbox"/> Raining 3. <input type="checkbox"/> Snowing 4. <input type="checkbox"/> Fog 5. <input type="checkbox"/> Specify other	Driver 1 2 1. <input checked="" type="checkbox"/> Speeding - over limit 2. <input type="checkbox"/> Speed - under limit - unsafe 3. <input type="checkbox"/> Fail to Yield - ROW to Vehicle 4. <input type="checkbox"/> Disregard Stop Sign or light 5. <input type="checkbox"/> Disregard Stop or Go Signal 6. <input type="checkbox"/> Disregard Flashing Yellow Signal 7. <input type="checkbox"/> Improper turn - wide right 8. <input type="checkbox"/> Improper lane - cut corner on left		Driver 1 2 9. <input type="checkbox"/> Improper turn - wrong lane 10. <input checked="" type="checkbox"/> Wrong side - not passing 11. <input type="checkbox"/> Wrong way 1 way road 12. <input type="checkbox"/> Following too closely 13. <input type="checkbox"/> Overtake and pass - insufficient clearance 14. <input type="checkbox"/> Pass in No Passing Zone 15. <input type="checkbox"/> All other illegal passing 16. <input type="checkbox"/> No signal or wrong signal of intention 17. <input type="checkbox"/> Improper start from parked position		
		Driver 1 2 18. <input type="checkbox"/> Fail to yield ROW to pedestrian 19. <input type="checkbox"/> Improper parking 20. <input type="checkbox"/> Driving under influence (liquor or drugs) 21. <input type="checkbox"/> Defective Brakes 22. <input type="checkbox"/> Defective lights 23. <input type="checkbox"/> Other Defective equipment 24. <input type="checkbox"/> Other Violations 25. <input checked="" type="checkbox"/> No violation as accident cause			



DESCRIBE WHAT HAPPENED
 (Refer to vehicles by number) VEHICLE #1 WAS TRAVELING WEST ON MORGAN AVE. AT A HIGH RATE OF SPEED, APPLIED BRAKES, SKIDDED 487' INTO THE EAST BOUND LANES, SKIDDED 38' SIDWAYS AND STRUCK VEHICLE #2 THAT WAS EAST BOUND ON MORGAN AVE. VEHICLE #2 WAS KNOCKED BACKWARDS 33'.

POLICE ACTIVITY

SHOW ARRESTS AND CHARGES

Name	Charge	Ticket No.
Name	Charge	Ticket No.

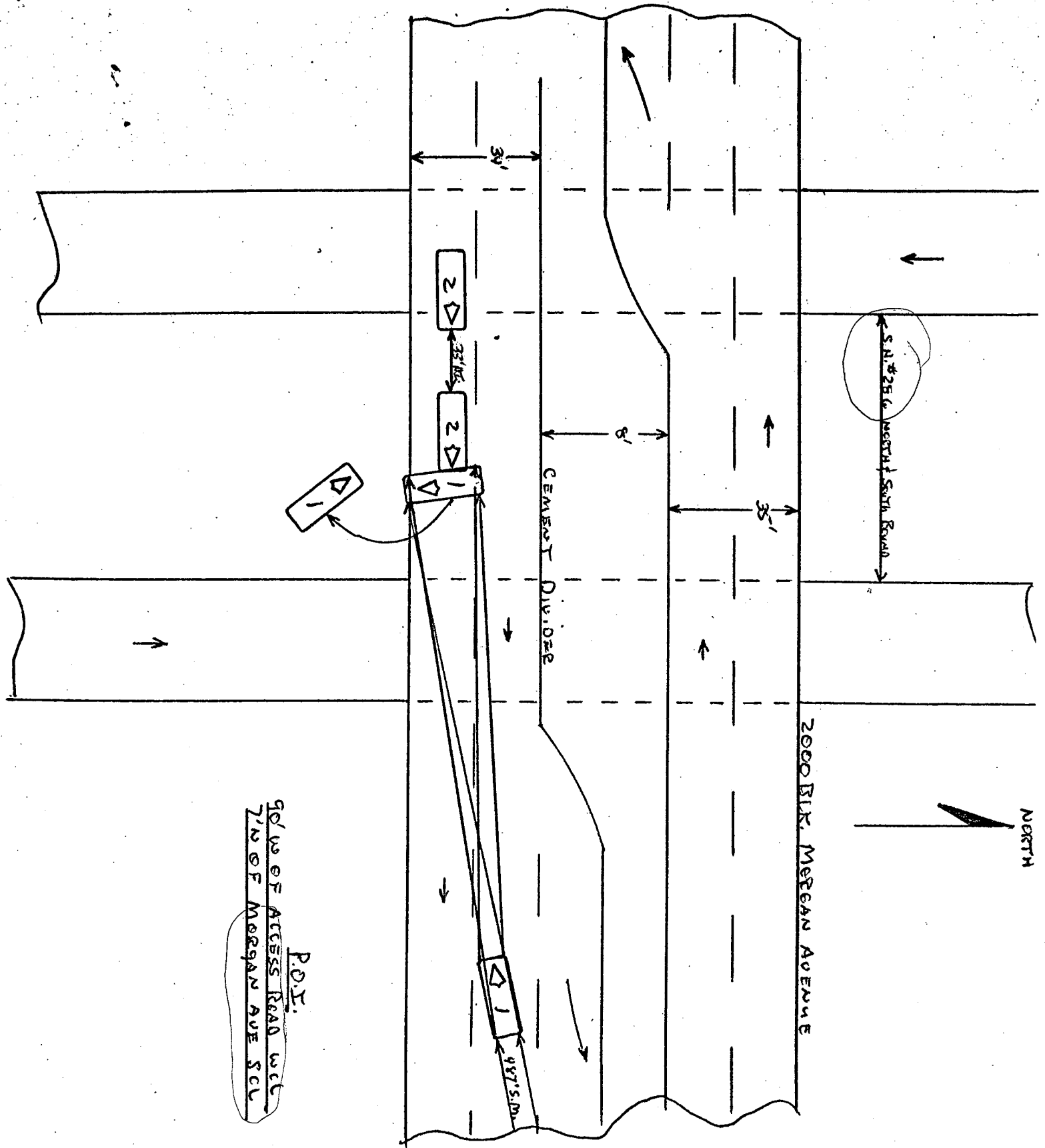
Time notified of accident: DEC. 30, 70 Date
 Time arrived at scene of accident: 11:23 P.M. 11:25 P.M. Hour

Was investigation made at scene of accident? Yes No
 Driver report form furnished to Driver 1 Driver 2

Where else was investigation made? MEMORIAL MEDICAL CENTER
 Were photo-graphs taken? Yes No
 Is investigation complete? YES

SIGNATURE W.C. MOUND C.C.P.D. TRAFFIC SECTION Date of report DECEMBER 31, 1970
 Investigator's name and rank or number Department

CASUALTIES	NO. 3	Name SISSAMIS, LOUIS V.	Address BOX 3543 CABINASS FIELD, TEXAS	<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	In veh. # 1 RR.
	Age 19	Sex M	Race WHITE	Was person killed? YES	Date of Death 1-7-71 4:00AM
Total	6	Taken to MEMORIAL MEDICAL CENTER By POLICE UNIT #54			Severity <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Seat Belt <input type="checkbox"/> Used <input checked="" type="checkbox"/> Not Used
CASUALTIES	NO. 4	Name PENA, GUADALUPE	Address 1225 15th ST. C.C. TEXAS	<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	In veh. # 1 HART.
	Age 18	Sex F	Race WHITE	Was person killed? NO	Date of Death NONE
Total	6	Taken to MEMORIAL MEDICAL CENTER By CANALES AMBULANCE			Severity <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Seat Belt <input type="checkbox"/> Used <input checked="" type="checkbox"/> Not Used
CASUALTIES	NO. 5	Name MUQUERA, JIMMY	Address 321 CHEYENE C.C. TEXAS	<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	In veh. # 2 RR.
	Age 19	Sex M	Race WHITE	Was person killed? NO	Date of Death NONE
Total	6	Taken to MEMORIAL MEDICAL CENTER By CANALES AMBULANCE			Severity <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Seat Belt <input type="checkbox"/> Used <input checked="" type="checkbox"/> Not Used
CASUALTIES	NO. 6	Name HERNANDEZ, PAULINE	Address 2302 Kingsolving CB C.C. TEX	<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	In veh. # 1 HART.
	Age 17	Sex F	Race WHITE	Was person killed? NO	Date of Death NONE
Total	6	Taken to MEMORIAL MEDICAL CENTER By CANALES AMBULANCE			Severity <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Seat Belt <input type="checkbox"/> Used <input checked="" type="checkbox"/> Not Used



P.O.I.
 9' W OF ACCESS ROAD WITH
 7' W OF MORGAN AVE SCL

2000 BLK. MORGAN AVENUE

CONCRETE DIVIDER

S.N. # 2516 NORTH SOUTH ROW

NORTH