Attachment B Police Crash Report

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns	TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	Local Use

*County Name	*City Name	☐ Outside City Limit

In your opinion, did this crash result in at least $1,000 damage to any one person's property? ☐ Yes ☐ No	Latitude - (decimal degrees)	Longitude - (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy Sys	*Hwy Num	2 Rdwy Part	Block Num	3 Street Prefix	* Street Name	4 Street Suffix

☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	☐ Toll Road/ Toll Lane	Speed Limit	Const. Zone ☐ Yes ☐ No	Workers Present ☐ Yes ☐ No	Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. ☐ Yes ☐ No	1 Rdwy Sys	Hwy Num	2 Rdwy Part	Block Num	3 Street Prefix	Street Name	4 Street Suffix

Distance from Int. or Ref. Marker	☐ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num

VEHICLE, DRIVER, & PERSONS

Unit Num	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num	VIN

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

☐ Owner ☐ Lessee	Owner/Lessee Name & Address

Proof of Fin. Resp. ☐ Yes ☐ No	☐ Expired ☐ Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried ☐ Yes ☐ No

Towed By	Towed To

VEHICLE, DRIVER, & PERSONS

Unit Num	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num	VIN

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried ☐ Yes ☐ No

Towed By	Towed To

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Case ID	TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR MM)

CHARGES

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV

Unit Num.	☐ 10,001+ LBS.	☐ TRANSPORTING HAZARDOUS MATERIAL	☐ 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rdwy Access	31 Veh. Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num. / HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	Trailer 2 Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

FACTORS & CONDITIONS

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

NARRATIVE AND DIAGRAM

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

Indicate North

Field Diagram - Not to Scale

INVESTIGATOR

Time Notified (24HR MM)	How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)

Invest Comp.	Investigator Name (Printed)	ID Num
☐ Yes ☐ No		

ORI Num.	*Agency	District/ Area

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Case ID

TxDOT Crash ID

* Crash Date (MM/DD/YYYY)

*Crash Time (24HRMM)

*County Name

* City Name

* 1 Rdwy. Sys.

* Hwy. Num.

* Street Name

ORI Num.

*Agency

District/ Area

ADDITIONAL PERSONS

Unit Num.	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.

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* City Name	* 1 Rdwy. Sys.	* Hwy. Num.
* Street Name		
ORI Num.	*Agency	District/ Area

DISPOSITION OF ADDITIONAL INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)