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 Department of Transportation

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.).

Page ___ of ___

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 an 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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Towed By	Towed To

Show Code Sheet for Numbered Fields

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Case ID	TxDOT Crash ID

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. ☐ Yes ☐ No | Investigator Name (Printed) | ID Num.

ORI Num. | *Agency | District/ Area

Contact / Help

Print Form

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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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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)