Law Enforcement and TxDOT Use Only

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MEDICAL ADVISORY BOARD

Total Num. Units	Total Num. Prsns	TxDOT Crash ID

☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE ☐ ON PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/PARKING LOT

Texas Peace Officer's Crash Report (Form CR-3 ALTERNATE 7/1/11)

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

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

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

*County Name	*City Name	Outside City Limits
		☐ Yes ☐ No

Roadway Part ☐ 1-Main/Proper Lane ☐ 2-Service/Frontage Road ☐ 3-Entrance/On Ramp ☐ 4-Exit/Off Ramp ☐ 5-Connector/Flyover ☐ 98-Other (Narrative)

Toll Road/Lane ☐ Yes ☐ No

Speed Limit

Construction Zone ☐ No ☐ Yes, no workers ☐ Yes, workers present

Latitude (Decimal) ___ ___ . ___ ___ ___ ___ ___

Longitude (Decimal) − ___ ___ ___ . ___ ___ ___ ___ ___

*Address

In your opinion, did crash result in at least $1,000 damage to any one person's property? ☐ Yes ☐ No

Intersecting Road, Or If Crash Not At Intersection, Provide Nearest Intersecting Road Or Reference Marker

Crash at Intersection ☐ Yes ☐ No

If No, Distance from Intersection/Reference Marker ☐ FT ☐ MI

Direction From Intersection/Reference Marker

☐ Address ☐ Reference Marker

Railroad Crossing Num.

Unit, Driver and Persons Information

Unit Number

Parked Vehicle ☐ Yes ☐ No

Did this unit "Hit and Run"? ☐ Yes ☐ No

☐ Police, Fire, EMS on Emergency (Narrative)

Unit Descript. ☐ 1-Motor Vehicle ☐ 2-Train ☐ 3-Pedalcyclist ☐ 4-Pedestrian ☐ 5-Motorized Conveyance ☐ 6-Towed/Trailer ☐ 7-Non-Contact ☐ 98-Other (Narrative)

LP State	LP Number	VIN

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color

Body Style ☐ P2 (2DR Passenger Car) ☐ P4 (4DR Passenger Car) ☐ PK (Pickup) ☐ AM (Ambulance) ☐ BU (Bus) ☐ SB (Yellow School Bus) ☐ FE (Farm Equip.) ☐ FT (Fire Truck) ☐ MC (Motorcycle) ☐ SV (SUV) ☐ PC (Police Car/Truck) ☐ PM (Police Motorcycle) ☐ TL (Trailer, Semi, Pole) ☐ TR (Truck) ☐ TT (Truck Tractor) ☐ VN (Van) ☐ 98-Other (Narrative) ☐ 99-Unknown

DL/ID Type ☐ 1-Driver License ☐ 2-Commercial Driver License ☐ 3-Occupational ☐ 4-ID Card ☐ 5-Unlicensed ☐ 98-Other ☐ 99-Unknown

DL/ID State	DL/ID Number	DL Class	DOB (MM/DD/YYYY)	CDL Endorse.	DL Restrict.

Address (Street, City, State, Zip)

☐ Owner ☐ Lessee

Owner/Lessee Name & Address

Proof of Insurance ☐ Yes ☐ No ☐ Exempt ☐ Expired

Insurance Company	Policy Number	Ins. Company Phone Number

Vehicle Inventoried ☐ Yes ☐ No

Towed By

Towed To

1. Person Type
1-Driver
2-Passenger/Occupant
3-Pedalcyclist
4-Pedestrian
5-Motorcycle Driver
6-Motorcycle Passenger
98-Other (Narrative)
99-Unknown

2. Seat Position
1-Front Left
2-Front Center
3-Front Right
4-2nd Seat Left
5-2nd Seat Center
6-2nd Seat Right
7-3rd Seat Left
8-3rd Seat Center
9-3rd Seat Right
10-Cargo Area
11-Outside Vehicle
13-Other in Vehicle
14-Passenger in Bus
16-Pedestrian, Pedalcyclist, or Motorized Conveyance
98-Other (Narrative)
99-Unknown

3. Injury Severity
A - Incapacitating Injury
B - Non-Incapacitating Injury
C - Possible Injury
K - Killed
N - Not Injured
99 - Unknown

4. Ethnicity
W - White
B - Black
H - Hispanic
A - Asian
I - Amer. Indian/Alaskan Native
98 - Other
99 - Unknown

5. Ejected
1-No
2-Yes
3-Yes, Partial
97-Not Applicable
99-Unknown

6. Restraint Used
1-Shoulder & Lap Belt
2-Shoulder Belt Only
3-Lap Belt Only
4-Child Seat Facing Forward
5-Child Seat Facing Rear
6-Child Seat, Unknown
7-Child Booster Seat
96-None
97-Not Applicable
98-Other (Narrative)
99-Unknown

7. Airbag
1-Not Deployed
2-Deployed, Front
3-Deployed, Side
4-Deployed, Rear
5-Deployed, Multiple
97-Not Applicable
99-Unknown

8. Helmet Use
1-Not Worn
2-Worn, Damaged
3-Worn, Not Damaged
4-Worn, Unknown Damage
97-Not Applicable
99-Unknown If Worn

Person Num.	1. Person Type	2. Seat Position	Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed)	3. Injury Severity	Age	4. Ethnicity	Sex	5. Ejected	6. Restraint	7. Airbag	8. Helmet	Sol. (Y or N)

Driver/Primary Person: Alcohol Specimen ☐ 1-Breath ☐ 2-Blood ☐ 3-Urine ☐ 4-Refused ☐ 96-None ☐ 98-Other (Narrative)

Alcohol Test Result ___ . ___ ___ ___

Drug Specimen ☐ 2-Blood ☐ 3-Urine ☐ 4-Refused ☐ 96-None ☐ 98-Other (Narrative)

Drug Test Result ☐ 1-Positive ☐ 2-Negative ☐ 97-Not Applicable ☐ 99-Unknown

Drug Category ☐ 2-CNS Depressants ☐ 3-CNS Stimulants ☐ 4-Hallucinogens ☐ 6-Narcotic Analgesics ☐ 7-Inhalants ☐ 8-Cannabis ☐ 10-Disassociative Anesthetics ☐ 11-Multiple Drugs (Narrative) ☐ 97-Not Applicable ☐ 98-Other Drugs (Narrative) ☐ 99-Unknown

Additional Unit, Driver and Persons Information

Unit Number	**Parked Vehicle** ☐ Yes ☐ No	**Did this unit "Hit and Run"?** ☐ Yes ☐ No	☐ Police, Fire, EMS on Emergency (Narrative)

Unit Descript. ☐ 1-Motor Vehicle ☐ 2-Train ☐ 3-Pedalcyclist ☐ 4-Pedestrian ☐ 5-Motorized Conveyance ☐ 6-Towed/Trailer ☐ 7-Non-Contact ☐ 98-Other (Narrative)

LP State	**LP Number**	**VIN**

Vehicle Year	**Vehicle Make**	**Vehicle Model**	**Vehicle Color**

Body Style
☐ P2 (2DR Passenger Car) ☐ P4 (4DR Passenger Car) ☐ PK (Pickup) ☐ AM (Ambulance) ☐ BU (Bus) ☐ SB (Yellow School Bus)
☐ FE (Farm Equip.) ☐ FT (Fire Truck) ☐ MC (Motorcycle) ☐ SV (SUV) ☐ PC (Police Car/Truck) ☐ PM (Police Motorcycle)
☐ TL (Trailer, Semi, Pole) ☐ TR (Truck) ☐ TT (Truck Tractor) ☐ VN (Van) ☐ 98-Other (Narrative) ☐ 99-Unknown

DL/ID Type ☐ 1-Driver License ☐ 2-Commercial Driver License ☐ 3-Occupational ☐ 4-ID Card ☐ 5-Unlicensed ☐ 98-Other ☐ 99-Unknown

DL/ID State	**DL/ID Number**	**DL Class**	**DOB** (MM/DD/YYYY)	**CDL Endorse.**	**DL Restrict.**

Address (Street, City, State, Zip)

☐ Owner ☐ Lessee **Owner/Lessee Name & Address**

Proof of Insurance ☐ Yes ☐ No ☐ Exempt ☐ Expired

Insurance Company	**Policy Number**	**Ins. Company Phone Number**

Vehicle Inventoried ☐ Yes ☐ No **Towed By** **Towed To**

1. Person Type
1-Driver
2-Passenger/ Occupant
3-Pedalcyclist
4-Pedestrian
5-Motorcycle Driver
6-Motorcycle Passenger
98-Other (Narrative)
99-Unknown

2. Seat Position
1-Front Left
2-Front Center
3-Front Right
4-2nd Seat Left
5-2nd Seat Center
6-2nd Seat Right
7-3rd Seat Left
8-3rd Seat Center
9-3rd Seat Right
10-Cargo Area
11-Outside Vehicle
13-Other in Vehicle
14-Passenger in Bus
16-Pedestrian, Pedalcyclist, or Motorized Conveyance
98-Other (Narrative)
99-Unknown

3. Injury Severity
A - Incapacitating Injury
B - Non-Incapacitating Injury
C - Possible Injury
K - Killed
N - Not Injured
99 - Unknown

4. Ethnicity
W - White
B - Black
H - Hispanic
A - Asian
I - Amer. Indian/ Alaskan Native
98 - Other
99 - Unknown

5. Ejected
1-No
2-Yes
3-Yes, Partial
97-Not Applicable
99-Unknown

6. Restraint Used
1-Shoulder & Lap Belt
2-Shoulder Belt Only
3-Lap Belt Only
4-Child Seat Facing Forward
5-Child Seat Facing Rear
6-Child Seat, Unknown
7-Child Booster Seat
96-None
97-Not Applicable
98-Other (Narrative)
99-Unknown

7. Airbag
1-Not Deployed
2-Deployed, Front
3-Deployed, Side
4-Deployed, Rear
5-Deployed, Multiple
97-Not Applicable
99-Unknown

8. Helmet Use
1-Not Worn
2-Worn, Damaged
3-Worn, Not Damaged
4-Worn, Unknown Damage
97-Not Applicable
99-Unknown If Worn

Person Num.	1. Person Type	2. Seat Position	Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed)	3. Injury Severity	Age	4. Ethnicity	Sex	5. Ejected	6. Restraint	7. Airbag	8. Helmet	Sol. (Y or N)

Driver/Primary Person: Alcohol Specimen ☐ 1-Breath ☐ 2-Blood ☐ 3-Urine ☐ 4-Refused ☐ 96-None ☐ 98-Other (Narrative)

Alcohol Test Result ___ . ___ ___ ___

Drug Specimen ☐ 2-Blood ☐ 3-Urine ☐ 4-Refused ☐ 96-None ☐ 98-Other (Narrative)

Drug Test Result ☐ 1-Positive ☐ 2-Negative ☐ 97-Not Applicable ☐ 99-Unknown

Drug Category
☐ 2-CNS Depressants ☐ 3-CNS Stimulants ☐ 4-Hallucinogens ☐ 6-Narcotic Analgesics ☐ 7-Inhalants ☐ 8-Cannabis
☐ 10-Disassociative Anesthetics ☐ 11-Multiple Drugs (Narrative) ☐ 97-Not Applicable ☐ 98-Other Drugs (Narrative) ☐ 99-Unknown

Disposition of Injured/Killed (If additional lines are needed use the "Disposition of Additional Injured/Killed Form")

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

Damage Other Than Vehicles

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

Environmental & Roadway Conditions (Only check one box in each section)

Roadway Type
- ☐ 1-Two Way, Not Divided
- ☐ 2-Two Way, Divided Unprotected Median
- ☐ 3-Two Way, Divided Protected Median
- ☐ 4-One Way
- ☐ 98-Other (Narrative)

Entering Roads
- ☐ 2-Three Entering Roads - T
- ☐ 3-Three Entering Roads - Y
- ☐ 4-Four Entering Roads
- ☐ 5-Five Entering Roads
- ☐ 6-Six Entering Roads
- ☐ 7- Traffic Circle
- ☐ 8- Cloverleaf
- ☐ 97- Not Applicable
- ☐ 98-Other (Narrative)

Roadway Alignment
- ☐ 1-Straight, Level
- ☐ 2-Straight, Grade
- ☐ 3-Straight, Hillcrest
- ☐ 4-Curve, Level
- ☐ 5-Curve, Grade
- ☐ 6-Curve, Hillcrest
- ☐ 98-Other (Narrative)
- ☐ 99-Unknown

Traffic Control
- ☐ 2-Inoperative (Narrative)
- ☐ 3-Officer
- ☐ 4-Flagman
- ☐ 5-Signal Light
- ☐ 6-Flashing Red Light
- ☐ 7-Flashing Yellow Light
- ☐ 8-Stop Sign
- ☐ 9-Yield Sign
- ☐ 10-Warning Sign
- ☐ 11-Center Stripe/Divider
- ☐ 12-No Passing Zone
- ☐ 13-RR Gate/Signal
- ☐ 15-Crosswalk
- ☐ 16-Bike Lane
- ☐ 17-Marked Lanes
- ☐ 18-Signal Light w/Red Light Running Camera
- ☐ 96-None
- ☐ 98-Other (Narrative)

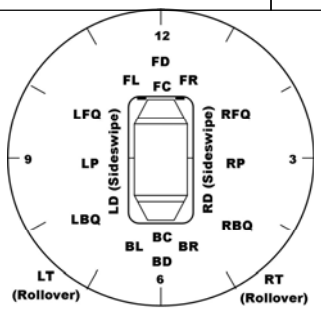
Weather Condition
- ☐ 1-Clear
- ☐ 2-Cloudy
- ☐ 3-Rain
- ☐ 4-Sleet/Hail
- ☐ 5-Snow
- ☐ 6-Fog
- ☐ 7-Blowing Sand/Snow
- ☐ 8-Severe Crosswinds
- ☐ 98-Other (Narrative)
- ☐ 99-Unknown

Surface Condition
- ☐ 1-Dry
- ☐ 2-Wet
- ☐ 3-Standing Water
- ☐ 4-Snow
- ☐ 5-Slush
- ☐ 6-Ice
- ☐ 7-Sand, Mud, Dirt
- ☐ 98-Other (Narrative)
- ☐ 99-Unknown

Light Condition
- ☐ 1-Daylight
- ☐ 2-Dark, Not Lighted
- ☐ 3-Dark, Lighted
- ☐ 4-Dark, Unknown Lighting
- ☐ 5-Dawn
- ☐ 6-Dusk
- ☐ 98-Other (Narrative)
- ☐ 99-Unknown

Damage Rating (See diagram)

Unit Num.	Damage Rating1 (Most Severe) Direction of Force (1-12)	Damage Rating1 (Most Severe) Area of Damage	Damage Rating1 (Most Severe) Damage Severity (0-7)	Damage Rating 2 Direction of Force (1-12)	Damage Rating 2 Area of Damage	Damage Rating 2 Damage Severity (0-7)



Special Cases:
VB-1 (Vehicle burned, NOT due to collision)
VB-7 (Vehicle caught fire due to collision)
TP-0 (Top damage only)
VX-0 (Undercarriage damage only)
MC-1 (Motorcycle, moped, scooter, etc.)
NA (Not applicable (farm tractor, etc.))

Narrative and Diagram

Investigator's Narrative Opinion of What Happened
(Explain all "98-Other" answers in narrative. Attach additional sheets if necessary.)

Field Diagram - Not to Scale

Indicate North

Commercial Motor Vehicle

Unit Num. ☐ 10,001+ LBS ☐ TRANSPORTING HAZARDOUS MATERIAL ☐ 9+ CAPACITY

Vehicle Operation ☐ 1-Interstate Commerce ☐ 2-Intrastate Commerce ☐ 3-Not in Commerce ☐ 4-Government ☐ 5-Personal

Carrier ID Type ☐ 1-US DOT ☐ 2-TxDOT ☐ 3-ICC/MC ☐ 96-None ☐ 98-Other (Narravtive)

Carrier ID Num.

Carrier Corp. Name

Carrier Primary Address

Total Num. Axles

Total Num. Tires

Vehicle Type ☐ 1-Passenger Car ☐ 2-Light Truck ☐ 3-Bus (9-15) ☐ 4-Bus (>15) ☐ 5-Single Unit Truck (2 Axles 6 Tires) ☐ 6-Single Unit Truck (3 or More Axles) ☐ 7-Truck Trailer ☐ 8-Truck Tractor (Bobtail) ☐ 9-Tractor/Semi Trailer ☐ 10-Tractor/Double Trailer ☐ 11-Tractor/Triple Trailer ☐ 98-Other (Narrative) ☐ 99-Unknown Heavy Truck

Roadway Access ☐ 1-Full Access Control ☐ 2-Partial Access Control ☐ 3-No Access Control

☐ RGVW ☐ GVWR

Haz Mat. Released ☐ Yes ☐ No

Haz Mat. Class Num. ☐ 1-Explosives ☐ 2-Gases ☐ 3-Flammable Liquids ☐ 4-Flammable Solids ☐ 5-Oxidizers & Organic Peroxides ☐ 6-Toxic Materials & Infectious Substances ☐ 7-Radioactive Materials ☐ 8-Corrosive Materials ☐ 9-Miscellanous Dangerous Goods

Hazardous Material ID Number

Haz Mat. Class Num. ☐ 1-Explosives ☐ 2-Gases ☐ 3-Flammable Liquids ☐ 4-Flammable Solids ☐ 5-Oxidizers & Organic Peroxides ☐ 6-Toxic Materials & Infectious Substances ☐ 7-Radioactive Materials ☐ 8-Corrosive Materials ☐ 9-Miscellanous Dangerous Goods

Hazardous Material ID Number

Cargo Body Style ☐ 1-Bus (9-15) ☐ 2-Bus (>15) ☐ 3-Van/Enclosed Box ☐ 4-Cargo Tank ☐ 5-Flatbed ☐ 6-Dump ☐ 7-Concrete Mixer ☐ 8-Auto Transporter ☐ 9-Garbage Refuse ☐ 10-Grain Chips Gravel ☐ 11-Pole ☐ 13-Intermodal ☐ 14-Logging ☐ 15-Vehicle Towing Another Vehicle ☐ 97-Not Applicable ☐ 98-Other (Narrative)

Trailer 1 **Unit Num.** ☐ RGVW ☐ GVWR

Type ☐ 1-Full Trailer ☐ 2-Semi-Trailer ☐ 3-Pole Trailer

Trailer 2 **Unit Num.** ☐ RGVW ☐ GVWR

Type ☐ 1-Full Trailer ☐ 2-Semi-Trailer ☐ 3-Pole Trailer

9. Sequence of Events

1-Non-Collision: Ran Off Road
2-Non-Collision: Jackknife
3-Non-Collision: Overturn Rollover
4-Non-Collision: Downhill Runaway
5-Non-Collision: Cargo Loss/Shift
6-Non-Collision: Explosion/Fire
7-Non-Collision: Separation of Units
8-Non-Collision: Cross Median/Centerline
9-Non-Collision: Equipment Failure
10-Non-Collision: Other
11-Non-Collision: Unknown
12-Collision: Pedestrian
13-Collision: Motor Vehicle in Transport
14-Collision: Parked Motor Vehicle
15-Collision: Train
16-Collision: Pedalcycle
17-Collision: Animal
18-Collision: Fixed Object
19-Collision: Work Zone Maintenance Equip.
20-Collision: Other Movable Object
21-Collision: Unknown Movable Object
98-Other (Narrative)

9. Sequence of Events

Event 1	Event 2	Event 3	Event 4

Contributing Factors, Vehicle Defects, and Damage Rating

10. Factors and Conditions

1-Animal on Road, Domestic
2-Animal on Road, Wild
3-Backed Without Safety
4-Changed Lane when Unsafe
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 Heed Warning Sign
26-Failed to Pass to Left Safely
27-Failed to Pass to Right 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-FTYROW, Emergency Vehicle
33-FTYROW, Open Intersection
34-FTYROW, Private Drive
35-FTYROW, Stop Sign
36-FTYROW, To Pedestrian
37-FTYROW, Turning Left
38-FTYROW, Turn on Red
39-FTYROW, 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 (Narrative)
47-Ill (Narrative)
48-Impaired Visibility (Narrative)
49-Improper Start from Parked Position
50-Load Not Secure
51-Opened Door into Traffic Lane
52-Oversized 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 Lane
58-Passed on Right Shoulder
59-Pedestrian FTYROW to Vehicle
60-Unsafe Speed
61-Speeding, (Over Limit)
62-Taking Medication (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 Intersection
70-Wrong Side, Not Passing
71-Wrong Way, One Way Road
72-Cell/Mobile Phone Use
73-Road Rage
98-Other (Narrative)

10. Contributing Factors (Investigator's Opinion)

Unit Num.	Contributing			May Have Contributed	

11. Vehicle Defects

5-Defective or No Headlamps
6-Defective or No Stop Lamps
7-Defective or No Tail Lamps
8-Defective or No Turn Signal Lamps
9-Defective or No Trailer Brakes
10-Defective or No Vehicle Brakes
11-Defective Steering Mechanism
12-Defective or Slick Tires
13-Defective Trailer Hitch
98-Other (Narrative)

11. Vehicle Defects (Investigator's Opinion)

Unit Num.	Contributing			May Have Contributed	

Charges

Unit Num.	Person Num.	Charge	Citation/Reference Num.

Investigator Information

Time Notified (24HRMM)

How Notified

Time Arrived (24HRMM)

Report Date (MM/DD/YYYY)

Investigation Complete ☐ Yes ☐ No

Investigators Name (Print) First Initial, Last Name

Badge/ID Num.

District/ Area

ORI Num.

***Agency**

Law Enforcement and TxDOT Use Only

Texas Peace Officer's Crash Report, Additional Persons (Form CR-3 ALTERNATE 7/1/11)

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

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

Page _____ of _____ v

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	TxDOT Crash ID
*County Name		*City Name	
*Address			
ORI Num.	*Agency		District/ Area

Additional Persons

1. Person Type	2. Seat Position	3. Injury Severity	4. Ethnicity	5. Ejected	6. Restraint Used	7. Airbag	8. Helmet Use
1-Driver 2-Passenger/ Occupant 3-Pedalcyclist 4-Pedestrian 5-Motorcycle Driver 6-Motorcycle Passenger 98-Other (Narrative) 99-Unknown	1-Front Left 2-Front Center 3-Front Right 4-2nd Seat Left 5-2nd Seat Center 6-2nd Seat Right 7-3rd Seat Left 8-3rd Seat Center 9-3rd Seat Right 10-Cargo Area 11-Outside Vehicle 13-Other in Vehicle 14-Passenger in Bus 16-Pedestrian, Pedalcyclist, or Motorized Conveyance 98-Other (Narrative) 99-Unknown	A - Incapacitating Injury B - Non-Incapacitating Injury C - Possible Injury K - Killed N - Not Injured 99 - Unknown	W - White B - Black H - Hispanic A - Asian I - Amer. Indian/ Alaskan Native 98 - Other 99 - Unknown	1-No 2-Yes 3-Yes, Partial 97-Not Applicable 99-Unknown	1-Shoulder & Lap Belt 2-Shoulder Belt Only 3-Lap Belt Only 4-Child Seat Facing Forward 5-Child Seat Facing Rear 6-Child Seat, Unknown 7-Child Booster Seat 96-None 97-Not Applicable 98-Other (Narrative) 99-Unknown	1-Not Deployed 2-Deployed, Front 3-Deployed, Side 4-Deployed, Rear 5-Deployed, Multiple 97-Not Applicable 99-Unknown	1-Not Worn 2-Worn, Damaged 3-Worn, Not Damaged 4-Worn, Unknown Damage 97-Not Applicable 99-Unknown If Worn

Unit Num.	Person Num.	1. Person Type	2. Seat Position	Name: Last, First, Middle (Driver or Primary Person on first line) (Attach "Additional Persons Continuation Form" if needed)	3. Injury Severity	Age	4. Ethnicity	Sex	5. Ejected	6. Restraint	7. Airbag	8. Helmet	Sol. (Y or N)

Law Enforcement and TxDOT Use Only

Texas Peace Officer's Crash Report, Disposition of Additional Injured/Killed Form (Form CR-3 ALTERNATE 7/1/11)

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

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

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	TxDOT Crash ID
*County Name			
*Address		*City Name	
ORI Num.	*Agency		District/ Area

Disposition of Additional Injured/Killed

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