

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 Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844-274-7457

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 \_\_\_

|  |  |   |  |   |  |  |  |   |
|--|--|---|--|---|--|--|--|---|
| *Crash Date (MM/DD/YYYY)   |  | *Crash Time (24HRMM)  |  | Case ID   |  | Local Use  |  |   |
| *County Name   |  |   |  | *City Name  |  |  |  | <input type="checkbox"/> Outside City Limit |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property?          |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No         |  | Latitude - (decimal degrees)  |  | Longitude - (decimal degrees)  |  |   |
| <b>ROAD ON WHICH CRASH OCCURRED</b>  |  |   |  |   |  |  |  |   |
| *1 Rdwy. Sys.  |  | *Hwy. Num.  |  | 2 Rdwy. Part  |  | Block Num.   |  |   |
| 3 Street Prefix  |  | * Street Name   |  | 4 Street Suffix   |  |  |  |   |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot          |  | <input type="checkbox"/> Toll Road/Toll Lane                        |  | Speed Limit   |  | Const. Zone <input type="checkbox"/> Yes<br><input type="checkbox"/> No                |  |   |
| Workers Present <input type="checkbox"/> Yes<br><input type="checkbox"/> No                              |  | Street Desc.  |  |   |  |  |  |   |
| <b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b> |  |   |  |   |  |  |  |   |
| At Int. <input type="checkbox"/> Yes<br><input type="checkbox"/> 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  |  | <input type="checkbox"/> FT<br><input type="checkbox"/> MI          |  | 3 Dir. from Int. or Ref. Marker   |  | Reference Marker   |  |   |
| Street Desc.   |  | RRX Num.  |  |   |  |  |  |   |
| Unit Num.  |  | 5 Unit Desc.  |  | <input type="checkbox"/> Parked Vehicle<br><input type="checkbox"/> Hit and Run |  | LP State   |  |   |
| LP Num.  |  | VIN   |  |   |  |  |  |   |
| Veh. Year  |  | 6. Veh. Color   |  | Veh. Make   |  | Veh. Model   |  |   |
| 7 Body Style   |  |   |  |   |  | <input type="checkbox"/> 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.     |  |   |  |   |  |  |  |   |
| <input type="checkbox"/> Owner<br><input type="checkbox"/> Lessee  |  | Owner/Lessee Name & Address   |  |   |  |  |  |   |
| Proof of Fin. Resp. <input type="checkbox"/> Yes<br><input type="checkbox"/> No                          |  | <input type="checkbox"/> Expired<br><input type="checkbox"/> Exempt |  | 26 Fin. Resp. Type  |  | Fin. Resp. Name  |  |   |
| 27 Vehicle Damage Rating 1   |  | 27 Vehicle Damage Rating 2  |  |   |  | Vehicle Inventoried <input type="checkbox"/> Yes<br><input type="checkbox"/> No        |  |   |
| Towed By   |  | Towed To  |  |   |  |  |  |   |
| <b>VEHICLE, DRIVER, &amp; PERSONS</b>  |  |   |  |   |  |  |  |   |
| Unit Num.  |  | 5 Unit Desc.  |  | <input type="checkbox"/> Parked Vehicle<br><input type="checkbox"/> Hit and Run |  | LP State   |  |   |
| LP Num.  |  | VIN   |  |   |  |  |  |   |
| Veh. Year  |  | 6. Veh. Color   |  | Veh. Make   |  | Veh. Model   |  |   |
| 7 Body Style   |  |   |  |   |  | <input type="checkbox"/> 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.     |  |   |  |   |  |  |  |   |
| <input type="checkbox"/> Owner<br><input type="checkbox"/> Lessee  |  | Owner/Lessee Name & Address   |  |   |  |  |  |   |
| Proof of Fin. Resp. <input type="checkbox"/> Yes<br><input type="checkbox"/> No                          |  | <input type="checkbox"/> Expired<br><input type="checkbox"/> Exempt |  | 26 Fin. Resp. Type  |  | Fin. Resp. Name  |  |   |
| 27 Vehicle Damage Rating 1   |  | 27 Vehicle Damage Rating 2  |  |   |  | Vehicle Inventoried <input type="checkbox"/> Yes<br><input type="checkbox"/> No        |  |   |
| Towed By   |  | Towed To  |  |   |  |  |  |   |

| 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 |
|--------|--------------------------------------|--------------|-----------------|
|        |                                      |              |                 |

|                      |                                       |  |  |                      |  |  |
|----------------------|---------------------------------------|--|--|----------------------|--|--|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 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                          | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num. | HazMat ID Num.   | 32 HazMat Class Num.<br>HazMat ID Num. |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWV<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | Trailer 2 Unit Num.  | <input type="checkbox"/> RGWV<br><input type="checkbox"/> 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<br>(Attach Additional Sheets if Necessary) | Field Diagram - Not to Scale<br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px 0;">Indicate North</div> |
|-----------------------|--|---|
|-----------------------|--|---|

| INVESTIGATOR | Time Notified (24HR:MM)  | How Notified                | Time Arrived (24HRMM) | Report Date (MM/DD/YYYY) |         |
|--------------|--|-----------------------------|-----------------------|--------------------------|---------|
|              | Invest. Comp. <input type="checkbox"/> Yes <input type="checkbox"/> No | Investigator Name (Printed) |                       |                          | ID Num. |
|              | ORI Num.   | *Agency                     | District/Area         |                          |         |

|         |                |
|---------|----------------|
| 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 |                    |     |              |        |           |           |           |           |         |
| 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. |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |
|                           |             |                       |                  |                           |             |  |                |                    |     |              |        |           |           |           |           |         |

ADDITIONAL PERSONS



Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Law Enforcement and TxDOT Use ONLY.  
Form CR-3CS 1/1/2010

|                                    |  |  |  |  |   |   |
|------------------------------------|--|--|--|--|---|---|
| <b>IDENTIFICATION AND LOCATION</b> | <b>1. Roadway System</b><br>IH = Interstate<br>US = US Highway<br>SH = State Highway<br>FM = Farm to Market<br>RR = Ranch Road<br>RM = Ranch to Market<br>BI = Business Interstate<br>BU = Business US<br>BS = Business State<br>BF = Business FM<br>SL = State Loop<br>TL = Toll Road | AL = Alternate<br>SP = Spur<br>CR = County Road<br>PR = Park Road<br>PV = Private Road<br>RC = Recreational Road<br>LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.) | <b>2. Roadway Part</b><br>1 = Main/Proper Lane<br>2 = Service/Frontage Road<br>3 = Entrance/On Ramp<br>4 = Exit/Off Ramp<br>5 = Connector/Flyover<br>98 = Other (Explain in Narrative) | <b>3. Street Prefix</b><br><b>Direction from Int. or Ref. Marker</b><br>N = North<br>NE = Northeast<br>E = East<br>SE = Southeast<br>S = South<br>SW = Southwest<br>W = West<br>NW = Northwest | <b>4. Street Suffix</b><br>RD = Road<br>ST = Street<br>DR = Drive<br>AVE = Avenue<br>BLVD = Boulevard<br>PKWY = Parkway<br>LN = Lane<br>FWY = Freeway<br>HWY = Highway<br>WAY = Way<br>TRL = Trail<br>LOOP = Loop | EXPY = Expressway<br>CT = Court<br>CIR = Circle<br>PL = Place<br>PARK = Park<br>CV = Cove |
|------------------------------------|--|--|--|--|---|---|

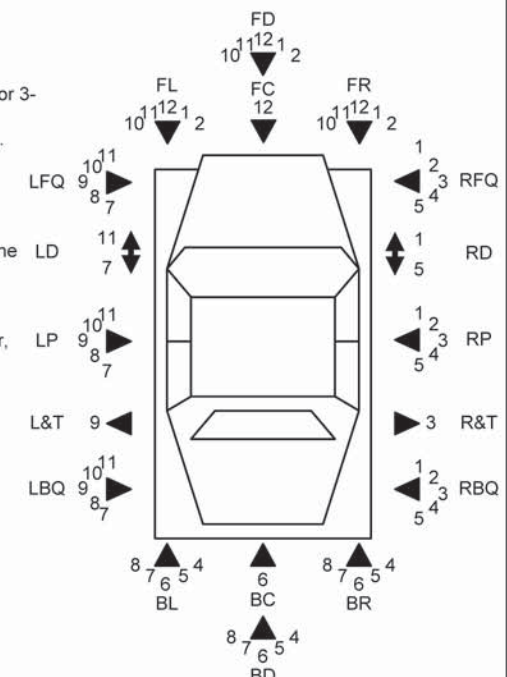
|   |   |   |   |
|---|---|---|---|
| <b>5. Unit Description</b><br>1 = Motor Vehicle<br>2 = Train<br>3 = Pedalcyclist<br>4 = Pedestrian<br>5 = Motorized Conveyance<br>6 = Towed/Trailer<br>7 = Non-Contact<br>98 = Other (Explain in Narrative) | <b>6. Vehicle Color</b><br>BGE = Beige<br>BLK = Black<br>BLU = Blue<br>BRZ = Bronze<br>BRO = Brown<br>CAM = Camouflage<br>CPR = Copper<br>GLD = Gold<br>GRY = Gray<br>GRN = Green<br>MAR = Maroon<br>MUL = Multicolored<br>ONG = Orange<br>PNK = Pink<br>PLE = Purple<br>RED = Red<br>SIL = Silver<br>TAN = Tan<br>TEA = Teal (green)<br>TRQ = Turquoise (blue)<br>WHI = White<br>YEL = Yellow<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>7. Body Style</b><br>P2 = Passenger Car, 2-Door<br>P4 = Passenger Car, 4-Door<br>PK = Pickup<br>AM = Ambulance<br>BU = Bus<br>SB = Yellow School Bus<br>FE = Farm Equipment<br>FT = Fire Truck<br>MC = Motorcycle<br>SV = Sport Utility Vehicle<br>PC = Police Car/Truck<br>PM = Police Motorcycle<br>TL = Trailer, Semi-Trailer, or Pole Trailer<br>TR = Truck<br>TT = Truck Tractor<br>VN = Van<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>8. Driver License/ID Type</b><br>1 = Driver License<br>2 = Commercial Driver Lic.<br>3 = Occupational<br>4 = ID Card<br>5 = Unlicensed<br>98 = Other<br>99 = Unknown |
|---|---|---|---|

|   |  |   |
|---|--|---|
| <b>9. Driver License Class</b><br>A = Class A<br>AM = Class A and M<br>B = Class B<br>BM = Class B and M<br>C = Class C<br>CM = Class C and M<br>M = Class M<br>5 = Unlicensed<br>98 = Other/Out of State<br>99 = Unknown | <b>10. Commercial Driver License Endorsements</b><br>H = Hazardous Materials<br>N = Tank Vehicles<br>P = Passengers<br>S = School Bus<br>T = Double/Triple Trailer<br>X = Tank Vehicle with HazMat<br>5 = Unlicensed<br>96 = None<br>98 = Other/Out of State<br>99 = Unknown | <b>11. Driver License Restrictions</b><br>A = With Corrective Lenses<br>B = LOFS Age 21 or Over<br>C = Daytime Only<br>D = Not to Exceed 45 MPH<br>E = No Expressway Driving<br>F = Must Hold Valid Learner Lic. to MM/DD/YY<br>G = TRC 545.424 Applies until MM/DD/YY<br>H = Vehicle Not to Exceed 26,000 lbs GVWR<br>I = Motorcycle Not to Exceed 250 CC<br>J = Licensed Motorcycle Operator Age 21 or Over in Sight<br>K = Moped<br>L = Vehicle w/o Air Brakes – Applies to Vehicles Requiring CDL<br>M = CDL Intrastate Commerce Only<br>N = Ignition Interlock Required<br>O = Occ./Essent. Need DL-No CMV-See Court Order<br>P = Stated on License<br>Q = LOFS 21 or Over Vehicle Above Class B<br>R = LOFS 21 or Over Vehicle Above Class C<br>S = Outside Rear View Mirror or Hearing Aid<br>T = Automatic Transmission<br>U = Applicable Prosthetic Devices<br>V = Applicable Vehicle Devices<br>W = Power Steering<br>X = Vehicle Not to Exceed Class C<br>Y = Valid TX Vision or Limb Waiver Req'd.<br>Z = Valid Fed. Vision or Limb Waiver Req'd.<br>5 = Unlicensed<br>96 = None<br>98 = Other/Out of State<br>99 = Unknown |
|---|--|---|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>12. Person Type</b><br>1 = Driver<br>2 = Passenger/Occupant<br>3 = Pedalcyclist<br>4 = Pedestrian<br>5 = Driver of Motorcycle Type Vehicle<br>6 = Passenger/Occupant on Motorcycle Type Vehicle<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>13. Seat Position</b><br>1 = Front Left<br>2 = Front Center<br>3 = Front Right<br>4 = Second Seat Left<br>5 = Second Seat Center<br>6 = Second Seat Right<br>7 = Third Seat Left<br>8 = Third Seat Center<br>9 = Third Seat Right<br>10 = Cargo Area<br>11 = Outside Vehicle<br>13 = Other in Vehicle<br>14 = Passenger in Bus<br>16 = Pedestrian, Pedalcyclist, or Motorized Conveyance<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>14. Injury Severity</b><br>A = Incapacitating Injury<br>B = Non-Incapacitating Injury<br>C = Possible Injury<br>K = Killed<br>N = Not Injured<br>99 = Unknown | <b>15. Ethnicity</b><br>W = White<br>B = Black<br>H = Hispanic<br>A = Asian<br>I = Amer. Indian/Alaskan Native<br>98 = Other<br>99 = Unknown | <b>16. Sex</b><br>1 = Male<br>2 = Female<br>99 = Unknown | <b>17. Ejected</b><br>1 = No<br>2 = Yes<br>3 = Yes, Partial<br>97 = Not Applicable<br>99 = Unknown |
|---|--|--|--|--|--|

|  |   |   |
|--|---|---|
| <b>18. Restraint Used</b><br>1 = Shoulder and Lap Belt<br>2 = Shoulder Belt Only<br>3 = Lap Belt Only<br>4 = Child Seat, Facing Forward<br>5 = Child Seat, Facing Rear<br>6 = Child Seat, Unknown<br>7 = Child Booster Seat<br>96 = None<br>97 = Not Applicable<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>19. Airbag</b><br>1 = Not Deployed<br>2 = Deployed, Front<br>3 = Deployed, Side<br>4 = Deployed, Rear<br>5 = Deployed, Multiple<br>97 = Not Applicable<br>99 = Unknown | <b>27. Vehicle Damage Rating</b><br>In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7).<br><br>In special cases, use:<br>VB-1 = vehicle burned, NOT due to collision<br>VB-7 = vehicle catches fire due to the collision<br>TP-0 = top damage only<br>VX-0 = undercarriage damage only<br>MC-1 = motorcycle, moped, scooter, etc.<br>NA = Not Applicable (Farm Tractor, etc.) |
|--|---|---|

|   |  |   |  |  |   |   |
|---|--|---|--|--|---|---|
| <b>20. Helmet Use</b><br>1 = Not Worn<br>2 = Worn, Damaged<br>3 = Worn, Not Damaged<br>4 = Worn, Unk. Damage<br>97 = Not Applicable<br>99 = Unknown if Worn | <b>21. Solicitation</b><br>Y = Solicit<br>N = No Solicit | <b>22. Alcohol Specimen Type</b><br>1 = Breath<br>2 = Blood<br>3 = Urine<br>4 = Refused<br>96 = None<br>98 = Other (Explain in Narrative) | <b>23. Drug Specimen Type</b><br>2 = Blood<br>3 = Urine<br>4 = Refused<br>96 = None<br>98 = Other (Explain in Narrative) | <b>24. Drug Test Result</b><br>1 = Positive<br>2 = Negative<br>97 = Not Applicable<br>99 = Unknown | <b>25. Drug Category</b><br>2 = CNS Depressants<br>3 = CNS Stimulants<br>4 = Hallucinogens<br>6 = Narcotic Analgesics<br>7 = Inhalants<br>8 = Cannabis<br>10 = Disassociative Anesthetics<br>11 = Multiple Drugs (Explain in Narrative)<br>97 = Not Applicable<br>98 = Other Drugs (Explain in Narrative)<br>99 = Unknown | <b>26. Financial Responsibility Type</b><br>1 = Liability Insurance Policy<br>2 = Proof of Liability Insurance<br>3 = Insurance Binder<br>4 = Surety Bond<br>5 = Certificate of Deposit with Comptroller<br>6 = Certificate of Deposit with County Judge<br>7 = Certificate of Self-Insurance |
|---|--|---|--|--|---|---|





Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Law Enforcement and TxDOT Use ONLY.  
Form CR-3CS 1/1/2010

|                                 |  |  |   |  |   |
|---------------------------------|--|--|---|--|---|
| <b>COMMERCIAL MOTOR VEHICLE</b> | <b>28. Vehicle Operation</b><br>1 = Interstate Commerce<br>2 = Intrastate Commerce<br>3 = Not in Commerce<br>4 = Government<br>5 = Personal  | <b>29. Carrier ID Type</b><br>1 = US DOT<br>2 = TxDOT<br>3 = ICC/MC<br>96 = None<br>98 = Other (Explain in Narrative)  | <b>30. Roadway Access</b><br>1 = Full Access Control<br>2 = Partial Access Control<br>3 = No Access Control   | <b>31. Vehicle Type</b><br>1 = Passenger Car<br>2 = Light Truck<br>3 = Bus (9-15)<br>4 = Bus (>15)<br>5 = Single Unit Truck 2 Axles 6 Tires<br>6 = Single Unit Truck 3 or More Axles<br>7 = Truck Trailer<br>8 = Truck Tractor (Bobtail)<br>9 = Tractor/Semi Trailer<br>10 = Tractor/Double Trailer<br>11 = Tractor/Triple Trailer<br>98 = Other (Explain in Narrative)<br>99 = Unknown Heavy Truck  | <b>32. Hazardous Material Class Number</b><br>1 = Explosives<br>2 = Gases<br>3 = Flammable Liquids<br>4 = Flammable Solids<br>5 = Oxidizers and Organic Peroxides<br>6 = Toxic Materials and Infectious Substances<br>7 = Radioactive Materials<br>8 = Corrosive Materials<br>9 = Miscellaneous Dangerous Goods |
|                                 | <b>33. Cargo Body Style</b><br>1 = Bus (9-15)<br>2 = Bus (>15)<br>3 = Van/Enclosed Box<br>4 = Cargo Tank<br>5 = Flatbed<br>6 = Dump<br>7 = Concrete Mixer  | 8 = Auto Transporter<br>9 = Garbage Refuse<br>10 = Grain Chips Gravel<br>11 = Pole<br>13 = Intermodal<br>14 = Logging  | 15 = Vehicle Towing Another Vehicle<br>97 = Not Applicable<br>98 = Other (Explain in Narrative)   | <b>34. Trailer Type</b><br>1 = Full Trailer<br>2 = Semi-Trailer<br>3 = Pole Trailer  |   |
| <b>FACTORS AND CONDITIONS</b>   | <b>35. Sequence of Events</b><br>1 = Non-Collision: Ran Off Road<br>2 = Non-Collision: Jackknife<br>3 = Non-Collision: Overtake Rollover<br>4 = Non-Collision: Downhill Runaway<br>5 = Non-Collision: Cargo Loss Or Shift<br>6 = Non-Collision: Explosion Or Fire<br>7 = Non-Collision: Separation of Units<br>8 = Non-Collision: Cross Median/Centerline<br>9 = Non-Collision: Equipment Failure<br>10 = Non-Collision: Other<br>11 = Non-Collision: Unknown<br>12 = Collision Involving Pedestrian<br>13 = Collision Involving Motor Vehicle in Transport<br>14 = Collision Involving Parked Motor Vehicle<br>15 = Collision Involving Train<br>16 = Collision Involving Pedalcycle<br>17 = Collision Involving Animal<br>18 = Collision Involving Fixed Object<br>19 = Collision With Work Zone Maintenance Equipment<br>20 = Collision With Other Movable Object<br>21 = Collision With Unknown Movable Object<br>98 = Other (Explain in Narrative)  |  |   |  |   |
|                                 | <b>36. Factors and Conditions</b><br>1 = Animal on Road - Domestic<br>2 = Animal on Road - Wild<br>3 = Backed without Safety<br>4 = Changed Lane when Unsafe<br>14 = Disabled in Traffic Lane<br>15 = Disregard Stop and Go Signal<br>16 = Disregard Stop Sign or Light<br>17 = Disregard Turn Marks at Intersection<br>18 = Disregard Warning Sign at Construction<br>19 = Distraction in Vehicle<br>20 = Driver Inattention<br>21 = Drove Without Headlights<br>22 = Failed to Control Speed<br>23 = Failed to Drive in Single Lane<br>24 = Failed to Give Half of Roadway<br>25 = Failed to Heed Warning Sign<br>26 = Failed to Pass to Left Safely<br>27 = Failed to Pass to Right Safely<br>28 = Failed to Signal or Gave Wrong Signal<br>29 = Failed to Stop at Proper Place<br>30 = Failed to Stop for School Bus<br>31 = Failed to Stop for Train<br>32 = Failed to Yield ROW – Emergency Vehicle<br>33 = Failed to Yield ROW – Open Intersection<br>34 = Failed to Yield ROW – Private Drive<br>35 = Failed to Yield ROW – Stop Sign<br>36 = Failed to Yield ROW – To Pedestrian<br>37 = Failed to Yield ROW – Turning Left<br>38 = Failed to Yield ROW – Turn on Red<br>39 = Failed to Yield ROW – Yield Sign<br>40 = Fatigued or Asleep<br>41 = Faulty Evasive Action<br>42 = Fire in Vehicle<br>43 = Fleeing or Evading Police<br>44 = Followed Too Closely<br>45 = Had Been Drinking<br>46 = Handicapped Driver (Explain in Narrative)<br>47 = Ill (Explain in Narrative)<br>48 = Impaired Visibility (Explain in Narrative)<br>49 = Improper Start from Parked Position<br>50 = Load Not Secured<br>51 = Opened Door Into Traffic Lane<br>52 = Oversized Vehicle or Load<br>53 = Overtake and Pass Insufficient Clearance<br>54 = Parked and Failed to Set Brakes<br>55 = Parked in Traffic Lane<br>56 = Parked without Lights<br>57 = Passed in No Passing Lane<br>58 = Passed on Right Shoulder<br>59 = Pedestrian FTYROW to Vehicle<br>60 = Unsafe Speed<br>61 = Speeding – (Over Limit)<br>62 = Taking Medication (Explain in Narrative)<br>63 = Turned Improperly – Cut Corner on Left<br>64 = Turned Improperly – Wide Right<br>65 = Turned Improperly – Wrong Lane<br>66 = Turned when Unsafe<br>67 = Under Influence – Alcohol<br>68 = Under Influence – Drug<br>69 = Wrong Side – Approach or Intersection<br>70 = Wrong Side – Not Passing<br>71 = Wrong Way – One Way Road<br>72 = Cell/Mobile Phone Use<br>73 = Road Rage<br>98 = Other (Explain in Narrative) |  |   |  |   |
|                                 | <b>37. Vehicle Defects</b><br>5 = Defective or No Headlamps<br>6 = Defective or No Stop Lamps<br>7 = Defective or No Tail Lamps<br>8 = Defective or No Turn Signal Lamps<br>9 = Defective or No Trailer Brakes<br>10 = Defective or No Vehicle Brakes<br>11 = Defective Steering Mechanism<br>12 = Defective or Slick Tires<br>13 = Defective Trailer Hitch<br>98 = Other (Explain in Narrative)   | <b>38. Weather Condition</b><br>1 = Clear<br>2 = Cloudy<br>3 = Rain<br>4 = Sleet/Hail<br>5 = Snow<br>6 = Fog<br>7 = Blowing Sand/Snow<br>8 = Severe Crosswinds<br>98 = Other (Explain in Narrative)<br>99 = Unknown        | <b>39. Light Condition</b><br>1 = Daylight<br>2 = Dark, Not Lighted<br>3 = Dark, Lighted<br>4 = Dark, Unknown Lighting<br>5 = Dawn<br>6 = Dusk<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>40. Entering Roads</b><br>2 = Three Entering Roads – T<br>3 = Three Entering Roads – Y<br>4 = Four Entering Roads<br>5 = Five Entering Roads<br>6 = Six Entering Roads<br>7 = Traffic Circle<br>8 = Cloverleaf<br>97 = Not Applicable<br>98 = Other (Explain in Narrative)  |   |
|                                 | <b>41. Roadway Type</b><br>1 = Two-Way, Not Divided<br>2 = Two-Way, Divided, Unprotected Median<br>3 = Two-Way, Divided, Protected Median<br>4 = One-Way<br>98 = Other (Explain in Narrative)  | <b>42. Roadway Alignment</b><br>1 = Straight, Level<br>2 = Straight, Grade<br>3 = Straight, Hillcrest<br>4 = Curve, Level<br>5 = Curve, Grade<br>6 = Curve, Hillcrest<br>98 = Other (Explain in Narrative)<br>99 = Unknown | <b>43. Surface Condition</b><br>1 = Dry<br>2 = Wet<br>3 = Standing Water<br>4 = Snow<br>5 = Slush<br>6 = Ice<br>7 = Sand, Mud, Dirt<br>98 = Other (Explain in Narrative)<br>99 = Unknown            | <b>44. Traffic Control</b><br>2 = Inoperative (Explain in Narrative)<br>3 = Officer<br>4 = Flagman<br>5 = Signal Light<br>6 = Flashing Red Light<br>7 = Flashing Yellow Light<br>8 = Stop Sign<br>9 = Yield Sign<br>10 = Warning Sign<br>11 = Center Stripe/Divider<br>12 = No Passing Zone<br>13 = RR Gate/Signal<br>15 = Crosswalk<br>16 = Bike Lane<br>17 = Marked Lanes<br>18 = Signal Light With Red Light Running Camera<br>96 = None<br>98 = Other (Explain in Narrative) |   |