

Replace "Records" with "Data & Analysis"

Replace "1/1/2010" with "1/1/2015"

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.).

Page ___ of ___

IDENTIFICATION & LOCATION: *Crash Date, *Crash Time, 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?, Latitude, Longitude. 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, Workers Present, Street Desc. INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER: At Int., 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., Packed 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, 8 DL/ID Type, DL/ID State, DL/ID Num., 9 DL Class, 10 CDL End., 11 DL Rest., DOB, Address, 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., 26 Fin. Resp. Type, Fin. Resp. Name, Fin. Resp. Num., 27 Vehicle Damage Rating 1, 27 Vehicle Damage Rating 2, Vehicle Inventoried, 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.

Delete "30 Rdwy. Access" field

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"/> RGWW <input type="checkbox"/> GVWR
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <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

Add "30 Bus Type" field

Delete "Total Num Axles" and "Total Num Tires" fields

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale
	Add: "CMV Disabling Damage?" <input type="checkbox"/> Yes <input type="checkbox"/> No fields between " <input type="checkbox"/> 9+ Capacity" and "28 Veh. Oper.", and after "34 Trlr. Type" (2 instances)		

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	

