

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 1/1/2015)

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.).

*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 <input type="checkbox"/> 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								
<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 <input type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.										
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																				
At Int. <input type="checkbox"/> Yes <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 <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	<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 Psn. 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
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee													Owner/Lessee Name & Address							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Towed By	Towed To																			
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<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)															
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Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried <input type="checkbox"/> Yes <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	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <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.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4			

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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	*Agency	Service/Region/DA	

