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 4/1/2023)

Refer to the attached code sheet for numbered fields — Questions? Call 844/274-7457

*=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 at least $1000 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

☐ Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	☐ Toll Road/ Toll Lane	Speed Limit	Const. Zone ☐ Yes ☐ No	Workers Present ☐ Yes ☐ No	Secondary Crash ☐ 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	Ref. Marker	Speed Limit	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

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Person Num.	14. Prsn Type	15 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 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	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 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

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Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried ☐ Yes ☐ No

Towed By	Towed To

Show Code Sheet for Numbered Fields

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Case ID	TxDOT Crash ID

Contact / Help

DISPOSITION OF INJURED/KILLED

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

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 | CMV Disabling Damage? ☐ Yes ☐ No | 30 Veh. Oper. | 31 Carrier ID Type | Carrier ID Num.

Carrier's Corp. Name | Carrier's Primary Addr. | 32 Veh. Type

33 Bus Type | ☐ RGVW ☐ GVWR | HazMat Released ☐ Yes ☐ No | 34 HazMat Class Num. | HazMat ID Num. | 34 HazMat Class Num. | HazMat ID Num. | 35 Cargo Body Type

Unit Num. | ☐ RGVW ☐ GVWR | 36 Trlr. Type | CMV Disabling Damage? ☐ Yes ☐ No | Unit Num. | ☐ RGVW ☐ GVWR | 36 Trlr. Type | CMV Disabling Damage? ☐ Yes ☐ No

Sequence Of Events | 37 Seq. 1 | 37 Seq. 2 | 37 Seq. 3 | 37 Seq. 4 | Intermodal Shipping Container Permit ☐ Yes ☐ No | Actual Gross Weight | Total Num. Axles

FACTORS & CONDITIONS

38 Contributing Factors (Investigator's Opinion)						39 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 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

Date Notified (MM/DD/YYYY) | Time Notified (24HRMM) | How Notified

Date Arrived (MM/DD/YYYY) | Time Arrived (24HRMM) | Report Date (MM/DD/YYYY)

Date Roadway Cleared (MM/DD/YYYY) | Time Roadway Cleared (24HRMM) | Date Scene Cleared (MM/DD/YYYY) | Time Scene Cleared (24HRMM)

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

ORI Num. | *Agency | Service/ Region/DA

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*City Name	*1 Rdwy. Sys.	*Hwy. Num.

*Street Name

ORI Num.	*Agency	Service/ Region/DA

ADDITIONAL PERSONS

Unit Num.	Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.

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*Street Name

ORI Num.	*Agency	Service/ Region/DA

DISPOSITION OF ADDITIONAL INJURED/KILLED

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