

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ZONE



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.)

Main form body containing sections: IDENTIFICATION & LOCATION, VEHICLE, DRIVER & PERSONS. Includes fields for crash date, location, road details, vehicle information, driver details, and response information.

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

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	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.		32 Veh. Type			
33 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	34 HazMat Class Num.	HazMat ID Num.	34 HazMat Class Num.	HazMat ID Num.	35 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	36 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	36 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	37 Seq. 1	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.	
	ORI Num.	*Agency	Service/Region/DA	



