

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

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|------------------|-------------------|----------------|
| 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 | | | | | | |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. | | | | | | | | |
| <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. 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 | | | | | | |
| VEHICLE, DRIVER, & PERSONS | | | | | | | | |
| 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) | | | | | | | | |
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| 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 <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. 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) |
|-------------------------------|-----------|------------|----------|----------|----------------------------|-------------------------|
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| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
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| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
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|----------------------|---|--|--|--|---|--------------------|--|
| 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) | Field Diagram - Not to Scale <div style="border: 1px solid black; width: 50px; height: 20px; 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 | Service/Region/DA | |

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|---------|----------------|
| Case ID | TxDOT Crash ID |
|---------|----------------|

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|---------------------------|------------|-----------------------|--|----------------|---------------|----------------------------|------------------------|--|
| * Crash Date (MM/DD/YYYY) | | * Crash Time (24HRMM) | | | * County Name | | | |
| * City Name | | | | * 1 Rdwy. Sys. | * Hwy. Num. | | | |
| * Street Name | | | | | | | | |
| ORI Num. | | | | * Agency | | Service/Region/DA | | |
| Unit Num. | Prsn. Num. | Taken To | | Taken By | | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) | |
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DISPOSITION OF ADDITIONAL INJURED/KILLED