

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																																																																																																																																																																																																							
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. 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																																																																																																																																																																																																																																							
<table border="1"> <tr> <td colspan="2">Unit Num.</td> <td colspan="2">5 Unit Desc.</td> <td colspan="2"><input type="checkbox"/> Parked Vehicle</td> <td colspan="2"><input type="checkbox"/> Hit and Run</td> <td colspan="2">LP State</td> <td colspan="2">LP Num.</td> <td colspan="4">VIN</td> </tr> <tr> <td colspan="2">Veh. Year</td> <td colspan="2">6. Veh. Color</td> <td colspan="2">Veh. Make</td> <td colspan="2">Veh. Model</td> <td colspan="2">7 Body Style</td> <td colspan="4"><input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)</td> </tr> <tr> <td colspan="2">8 DL/ID Type</td> <td colspan="2">DL/ID State</td> <td colspan="2">DL/ID Num.</td> <td colspan="2">9 DL Class</td> <td colspan="2">10 CDL End.</td> <td colspan="2">11 DL Rest.</td> <td colspan="4">DOB (MM/DD/YYYY)</td> </tr> <tr> <td colspan="28">Address (Street, City, State, ZIP)</td> </tr> <tr> <td colspan="2">Person Num.</td> <td colspan="2">12 Psn. Type</td> <td colspan="2">13 Seat Position</td> <td colspan="4">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</td> <td colspan="2">14 Injury Severity</td> <td colspan="2">Age</td> <td colspan="2">15 Ethnicity</td> <td colspan="2">16 Sex</td> <td colspan="2">17 Eject.</td> <td colspan="2">18 Restr.</td> <td colspan="2">19 Airbag</td> <td colspan="2">20 Helmet</td> <td colspan="2">21 Sol.</td> <td colspan="2">22 Alc. Spec.</td> <td colspan="2">Alc. Result</td> <td colspan="2">23 Drug Spec.</td> <td colspan="2">24 Drug Result</td> <td colspan="2">25 Drug Category</td> </tr> <tr> <td colspan="28">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Owner <input type="checkbox"/> Lessee</td> <td colspan="26">Owner/Lessee Name & Address</td> </tr> <tr> <td colspan="2">Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Expired <input type="checkbox"/> Exempt</td> <td colspan="4">26 Fin. Resp. Type</td> <td colspan="4">Fin. Resp. Name</td> <td colspan="4">Fin. Resp. Num.</td> </tr> <tr> <td colspan="4">Fin. Resp. Phone Num.</td> <td colspan="4">27 Vehicle Damage Rating 1</td> <td colspan="4">27 Vehicle Damage Rating 2</td> <td colspan="4">Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">Towed By</td> <td colspan="4">Towed To</td> </tr> </table>																												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. 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)																																																																																																																																																																																																																																	
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. 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																																																																																																																																																																																																																																							

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	

