

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
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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.).

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IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)		Case ID	
	*County Name				*City Name	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		Latitude (decimal degrees)		Longitude (decimal degrees)	
	ROAD ON WHICH CRASH OCCURRED					
IDENTIFICATION & LOCATION	*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name
	<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
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER					
	Rdwy.		Block Num.	3 Street Prefix	Street Name	
VEHICLE, DRIVER & PERSONS	Reference Marker		Street Desc.		RRX Num.	
	LP State	LP Num.	VIN			
	Veh. Make		Veh. Model	7 Body Style	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)		
VEHICLE, DRIVER, & PERSONS	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
	<div>IDENTIFICATION & LOCATION</div> <ul style="list-style-type: none"> Name, address, and phone number Driver's license state, number, type, and status Whether seatbelts were used, or the airbag was deployed 					
	each Unit.					
	<div>VEHICLE INFORMATION INCLUDES:</div> <ul style="list-style-type: none"> Name, address, and phone number Make, model and body style License plate number Vehicle identification number (VIN) Insurance company name and policy number Whether seatbelts were used, or the airbag was deployed 					
VEHICLE, DRIVER, & PERSONS	<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			
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		
	9 DL Class		10 CDL End.	11 Res.		
	<div>DRUG/ALCOHOL INFORMATION INCLUDES:</div> <ul style="list-style-type: none"> Name, address, and phone number Whether a sobriety test was administered Type of specimen taken (or if a driver refused) 					
VEHICLE, DRIVER, & PERSONS	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.						
VEHICLE, DRIVER, & PERSONS	<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			

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Case ID	TxDOT Crash ID
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DISPOSITION OF INJURED/KILLED	DISPOSITION OF INJURED/KILLED Information for any injuries or deaths are noted in this section. If someone was taken to the hospital for injuries, the officer will record the hospital and who took the person there (for example, an ambulance service).		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)					
CHARGES			Charge				Citation/Reference Num.					
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				CHARGES/DAMAGE If charges were filed against a driver, passenger, or pedestrian at the scene of the accident, his or her information (and citation number) is put on record. There is also a section for officers to list any other property damage.			
CMV	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 Car ID Type				
	Carrier's Corp. Name			Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGVW <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.					
	Trailer 1 Unit Num.	<input type="checkbox"/> RGVW <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"/> RGVW <input type="checkbox"/> GVWR					
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3								
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 (Attach) NARRATIVE AND DIAGRAM The crash narrative and diagram are used by accident investigators to record their determination of how the accident happened. This includes a pictorial diagram of the accident scene and the order of events leading up to the accident.				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						