Law Enforcement and TxDOT Use ONLY													
ΓΕΔΤΔΙ		□ SCHOOL BUS	□ RAII ROAD	П МАВ	☐ SLIPPLEMENT	$\Box A$							

Total Num. Units I I I	Total Num. Prsns I I I	TxDOT Crash I D



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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.). Page of *Crash Date *Crash Time (24HRMM) Case Local Use (MM/DD/YYYY) ID *City County Outside
City Limit Name Name ∏Yes In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Longitude ΠNο ROAD ON WHICH CRASH OCCURRED *1 Rdwy. --*Hwy 4 Street 3 Street 2 Rdwy. Block Street Suffix Sys. Num. Part Num. Prefix Name ☐ Yes ☐ No Yes Crash Occurred on a Private Drive or Toll Road/ Speed Const. Workers Street Road/Private Property/Parking Lot Toll Lane I imit Zone ☐ No Present Desc INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER Yes 1 Rdwy At Yes 2. Rdwy Block 3 Street Street 4 Street Num Part Num Prefix Name Suffix Sys. Distance from Int. or Ref. Marker ☐ FT 3 Dir. from Int. or Ref. Marker Reference Street RRX Marker Desc Num 5 Unit Hit and LP Run VIN Num Desc Vehicle State Num Pol., Fire, EMS on Emergency (Explain in Narrative if checked) 6. Veh. Veh. Veh 7 Body Veh Color Make Model Style Year 8 DL/ID DL/ID DL/ID 9 DL 10 CDL 11 DL DOB Class Rest. State Num. End. Type (MM/DD/YYYY) Address (Street City, State, ZIP) 15 Fthnicity 17 Eject. 18 Restr. 23 Drug Name: Last, First, Middle 16 Sex 21 Sol. Enter Driver or Primary Person for this Unit on first line Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for Owner Owner Owner/Lessee Lessee Name & Address Proof of Yes Expired 26 Fin Fin. Resp. Fin. Resp Fin. Resp. No Exempt Resp. Type Name Num. Vehicle Yes 27 Vehicle 27 Vehicle Inventoried No Phone Num Damage Rating 1 Damage Rating 2 Towed Towed By Unit 5 Unit Parked Hit and LP LP Run Vehicle Num State Num Pol., Fire, EMS on Emergency (Explain in Narrative if checked) Veh. Veh. 7 Body 6. Veh Veh Make Model Color Style Year חו/ וח א DL/ID DL/ID 9 DL 10 CDL 11 DL DOB Туре State Num. Class End Rest. (MM/DD/YYYY) Address (Street, City, State, ZIP) 15 Ethnicity 23 Drug 18 Restr. 17 Eject. Name: Last, First, Middle 16 Sex 21 Sol. Enter Driver or Primary Person for this Unit on first line Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. Owner/Lessee Name & Address Yes Expired Fin. Resp. Fin. Resp Fin. Resp. No Resp. Type Exempt Name Num ☐ Yes Fin. Resp Vehicle Phone Num. Damage Rating 1 Damage Rating 2 Inventoried ☐ No Towed Towed By

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