

☐ FATAL ☐ CMV INVOLVED ☐ SCHOOL BUS RELATED ☐ RAILROAD RELATED ☐ MEDICAL ADVISORY BOARD ☐ HIT AND RUN ☐ AMENDMENT/SUPPLEMENT



# Texas Peace Officer's Crash Report

Form CR-3  
(Rev. 03/09)  
(GSD-EPC)  
Page 1 of 2

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714.  
Questions? Call: 512/486-5780

PLACE WHERE CRASH OCCURRED _____		LOC # _____	
COUNTY _____ CITY OR TOWN _____		ORI # _____	
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____		TxDOT # _____	

  

ROAD ON WHICH CRASH OCCURRED BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____		CONSTRUCTION ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT _____	
INTERSECTING STREET OR RR XING NUMBER BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____		CONSTRUCTION ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT _____	
NOT AT INTERSECTION <input type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____		MILEPOST _____ LATITUDE _____ LONGITUDE _____	
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT			

  

DATE OF CRASH _____ MONTH _____ DAY _____ YEAR _____		DAY OF WEEK _____ HOUR _____	
		<input type="checkbox"/> AM <input type="checkbox"/> PM IF EXACTLY NOON OR MIDNIGHT, SO STATE	

  

UNIT # <input type="checkbox"/> 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER		VIN # _____	
YEAR _____ COLOR & MAKE _____ MODEL _____ BODY STYLE _____		LICENSE PLATE _____	
MODEL _____ MAKE _____ NAME _____ STATE _____ NUMBER _____		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	

  

DRIVER'S NAME _____ LAST _____ FIRST _____ M.I. _____		ADDRESS (STREET, CITY, STATE, ZIP) _____	
PHONE NUMBER _____			
DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____ DATE OF BIRTH _____		LICENSE STATUS _____	
1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN			
DRIVER'S ETHNICITY _____ 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION _____		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS _____	
DRUG CATEGORY 1. _____ 2. _____			
<input type="checkbox"/> LESSEE <input type="checkbox"/> OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____		ADDRESS (STREET, CITY, STATE, ZIP) _____	
LIABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP INSURANCE COMPANY _____		VEHICLE DAMAGE RATING _____	

  

UNIT # <input type="checkbox"/> 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 2-TRAIN 5-MOTORIZED CONVEYANCE 8-OTHER		VIN # _____	
YEAR _____ COLOR & MAKE _____ MODEL _____ BODY STYLE _____		LICENSE PLATE _____	
MODEL _____ MAKE _____ NAME _____ STATE _____ NUMBER _____		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	

  

DRIVER'S NAME _____ LAST _____ FIRST _____ M.I. _____		ADDRESS (STREET, CITY, STATE, ZIP) _____	
PHONE NUMBER _____			
DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____ DATE OF BIRTH _____		LICENSE STATUS _____	
1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN			
DRIVER'S ETHNICITY _____ 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DRIVER'S OCCUPATION _____		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/> IF CHECKED, PLEASE EXPLAIN IN NARRATIVE	
TYPE OF ALCOHOL SPECIMEN TAKEN 1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED TEST RESULTS _____		TYPE OF DRUG SPECIMEN TAKEN 1-BLOOD 2-URINE 3-NONE 4-REFUSED TEST RESULTS _____	
DRUG CATEGORY 1. _____ 2. _____			
<input type="checkbox"/> LESSEE <input type="checkbox"/> OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____		ADDRESS (STREET, CITY, STATE, ZIP) _____	
LIABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP INSURANCE COMPANY _____		VEHICLE DAMAGE RATING _____	

  

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____	
OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ \$ _____ DAMAGE ESTIMATE _____	
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

  

CHARGES FILED	
NAME _____ CHARGE _____ CITATION # _____	
NAME _____ CHARGE _____ CITATION # _____	

  

TIME NOTIFIED OF CRASH _____ DATE _____ HOUR _____ HOW _____		TIME ARRIVED AT SCENE _____ DATE _____ HOUR _____	
TYPED OR PRINTED NAME OF INVESTIGATOR _____ ID # _____ AGENCY _____ DIST/AREA _____		DATE OF REPORT _____ REPORT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>SEAT POSITION</b> 1-FRONT LEFT 2-FRONT CENTER 3-FRONT RIGHT 4-SECOND SEAT LEFT 5-SECOND SEAT CENTER 6-SECOND SEAT RIGHT		<b>7-THIRD SEAT LEFT</b> 8-THIRD SEAT CENTER 9-THIRD SEAT RIGHT 10-CARGO AREA 11-OUTSIDE VEHICLE 12-UNKNOWN		<b>SOLICITATION</b> INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOLICIT, N=NO SOLICIT)		<b>EJECTED</b> 1-NO 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN		<b>RESTRAINT USED</b> 1-SHOULDER & LAP BELT 2-SHOULDER BELT ONLY 3-LAP BELT ONLY 4-CHILD SEAT, FACING FORWARD 5-CHILD SEAT, FACING REAR 6-CHILD SEAT, UNKNOWN		<b>7-BOOSTER SEAT</b> 8-NONE 9-OTHER 10-UNKNOWN		<b>AIRBAG</b> 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN		<b>HELMET USE</b> 1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGED 4-NOT WORN 5-UNKNOWN IF WORN		<b>INJURY SEVERITY</b> K-KILLED A-INCAPACITATING INJURY B-NON INCAPACITATING INJURY C-POSSIBLE INJURY N-NOT INJURED U-UNKNOWN							
UNIT #		TOWED DUE TO <input type="checkbox"/> YES DISABLING DAMAGE <input type="checkbox"/> NO VEHICLE REMOVED TO _____ BY _____																					
ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST, FIRST, MI)						ADDRESS						SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE		
1																							
2																							
3																							
4																							
5																							
UNIT #		TOWED DUE TO <input type="checkbox"/> YES DISABLING DAMAGE <input type="checkbox"/> NO VEHICLE REMOVED TO _____ BY _____																					
ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED. NAME (LAST, FIRST, MI)						ADDRESS						SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE		
6																							
7																							
8																							
9																							
10																							
PED., PEDAL., MOT. CONVEY, ETC.		COMPLETED IF CASUALTIES NOT IN MOTOR VEHICLE CASUALTY NAME (LAST, FIRST, MI)						ADDRESS						SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE	
DISPOSITION OF KILLED OR INJURED												IF AMBULANCE USED, SHOW											
ITEM #S		TAKEN TO				BY				TIME NOTIFIED		TIME ARRIVED AT SCENE		AMBULANCE UNIT #		# OF ATTENDANTS INCLUDING DRIVER		# OF PERSONS TRANSPORTED FOR TREATMENT					
COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)																							
ITEM #		DATE OF DEATH		TIME OF DEATH		ITEM #		DATE OF DEATH		TIME OF DEATH		ITEM #		DATE OF DEATH		TIME OF DEATH		ITEM #		DATE OF DEATH		TIME OF DEATH	
INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)												DIAGRAM <div><div><div></div><div>INDICATE NORTH</div></div><div><div></div><div>1-TWO-WAY, NOT DIVIDED 2-TWO-WAY, DIVIDED, UNPROTECTED MEDIAN 3-TWO-WAY, DIVIDED, PROTECTED BARRIER 4-ONE WAY 9-UNKNOWN</div></div></div>											
FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION																							
UNIT #		FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			VEHICLE DEFECTS CONTRIBUTING		VEHICLE DEFECTS/MAY HAVE CONTRIBUTED													
		1. 2. 3.			1. 2. 3.			1. 2.		1. 2.													
		1. 2. 3.			1. 2. 3.			1. 2.		1. 2.													
1-ANIMAL ON ROAD - DOMESTIC 2-ANIMAL ON ROAD - WILD 3-BACKED WITHOUT SAFETY 4-CHANGED LANE WHEN UNSAFE 5-13 SEE VEHICLE DEFECTS 14-DISABLED IN TRAFFIC LANE 15-DISREGARD STOP AND GO SIGNAL 16-DISREGARD STOP SIGN OR LIGHT 17-DISREGARD TURN MARKS AT INTERSECTION 18-DISREGARD WARNING SIGN AT CONSTRUCTION 19-DISTRACTION IN VEHICLE 20-DRIVER INATTENTION 21-DROVE WITHOUT HEADLIGHTS 22-FAILED TO CONTROL SPEED 23-FAILED TO DRIVE IN SINGLE LANE 24-FAILED TO GIVE HALF OF ROADWAY 25-FAILED TO HEED WARNING SIGN 26-FAILED TO PASS TO LEFT SAFELY 27-FAILED TO PASS TO RIGHT SAFELY 28-FAILED TO GIVE SIGNAL OR WRONG SIGNAL 29-FAILED TO STOP AT PROPER PLACE 30-FAILED TO STOP FOR SCHOOL BUS 31-FAILED TO STOP FOR TRAIN 32-FAILED TO YIELD ROW - EMERGENCY VEHICLE 33-FAILED TO YIELD ROW - OPEN INTERSECTION 34-FAILED TO YIELD ROW - PRIVATE DRIVE 35-FAILED TO YIELD ROW - STOP SIGN 36-FAILED TO YIELD ROW - TO PEDESTRIAN 37-FAILED TO YIELD ROW - TURNING LEFT 38-FAILED TO YIELD ROW - TURN ON RED 39-FAILED TO YIELD ROW - YIELD SIGN 40-FATIGUED OR ASLEEP 41-FAULTY EVASIVE ACTION 42-FIRE IN VEHICLE 43-FLEEING OR EVAADING POLICE 44-FOLLOWED TOO CLOSELY 45-HAD BEEN DRINKING 46-HANDICAPPED DRIVER (EXP. IN NARRATIVE) 47-ILL (EXP. IN NARRATIVE) 48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE) 49-IMPROPER START FROM PARKED POSITION 50-LOAD NOT SECURED 51-OPENED DOOR INTO TRAFFIC LANE 52-OVERSIZE VEHICLE OR LOAD 53-OVERTAKE AND PASS INSUFFICIENT CLEARANCE 54-PARKED AND FAILED TO SET BRAKES 55-PARKED IN TRAFFIC LANE 56-PARKED WITHOUT LIGHTS 57-PASSED IN NO PASSING ZONE 58-PASSED ON RIGHT SHOULDER 59-PEDIPEDAL MOT. CON. FTYROW TO VEHICLE 60-SPEEDING-UNSAFE (UNDER LIMIT) 61-SPEEDING OVER LIMIT 62-TAKING MEDICATION (EXP. IN NARRATIVE) 63-TURNED IMPROPERLY - CUT CORNER ON LEFT 64-TURNED IMPROPERLY - WIDE RIGHT 65-TURNED IMPROPERLY - WRONG LANE 66-TURNED WHEN UNSAFE 67-UNDER INFLUENCE - ALCOHOL 68-UNDER INFLUENCE - DRUG 69-WRONG SIDE APPROACH OR IN INTERSECTION 70-WRONG SIDE NOT PASSING 71-WRONG WAY - ONE WAY ROAD 72-CELL/MOBILE PHONE USE 73-ROAD RAGE 74-OTHER FACTOR (WRITE ON LINE) <div><b>VEHICLE DEFECTS</b> 5-DEFECTIVE OR NO HEADLAMPS 6-DEFECTIVE OR NO STOP LAMPS 7-DEFECTIVE OR NO TAIL LAMPS 8-DEFECTIVE OR NO TURN SIG. LAMPS 9-DEFECTIVE OR NO TRAILER BRAKES 10-DEFECTIVE OR NO VEHICLE BRAKES 11-DEFECTIVE OR NO STEERING MECH. 12-DEFECTIVE OR SLICK TIRES 13-DEFECTIVE TRAILER HITCH</div>												TRAFFIC CONTROL 1-NONE 2-INOPERATIVE 3-OFFICER 4-FLAGMAN 5-SIGNAL LIGHT 6-DETOUR 7-FLASHING YELLOW LIGHT 8-STOP SIGN 9-YIELD SIGN 10-WARNING SIGN 11-CENTER STRIPE/DIVIDER 12-NO PASSING ZONE 13-RR GATE/SIGNAL 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER ROADWAY ALIGNMENT 1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST 7-OTHER 8-UNKNOWN LIGHT CONDITION 1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNK LIGHTED 5-DAWN 6-DUSK 8-OTHER 9-UNKNOWN SURFACE CONDITION 1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLUSH 6-ICE 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN 7-SAND, MUD, DIRT 8-OTHER											