

# FIRST PAGE

Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ SCHOOL ZONE

Total  
Crash  
Count

Total  
Crash  
Count

TxDOT  
Crash ID



Texas Peace Officer's Crash Report (Form CR-3 5/1/2018)  
Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 148340, 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 (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                         |            | *Crash Time (HH:MM) |             | Case No.    |             |
| *County Name                                                                                                                                                                                                                                                                                                                                                                                                     |            | *City Name          |             |             |             |
| 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                                                                                                                                                                                                                                                                                                                                                                                                         |            | Longitude           |             |             |             |
| ROAD OR WHICH CRASH OCCURRED                                                                                                                                                                                                                                                                                                                                                                                     |            |                     |             |             |             |
| 1. Roadway                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Roadway | 3. Roadway          | 4. Roadway  | 5. Roadway  | 6. Roadway  |
| 7. Roadway                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Roadway | 9. Roadway          | 10. Roadway | 11. Roadway | 12. Roadway |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input type="checkbox"/> Full Road/Full Lane <input type="checkbox"/> Speed Limit <input type="checkbox"/> Canal Zone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Work Zone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Street Desc. |            |                     |             |             |             |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER                                                                                                                                                                                                                                                                                                                |            |                     |             |             |             |

## WHEN & WHERE

The time, date and location of your crash are recorded. This includes county name, city name, street name.

## VEHICLES, DRIVERS & PEOPLE

Driver information and vehicle information are recorded here

| Person                                                     | Num. | 12 Pts. | Type | 13 Sex | Position | Name: Last, First, Middle |
|------------------------------------------------------------|------|---------|------|--------|----------|---------------------------|
| Enter Driver or Primary Person for this Unit on First Line |      |         |      |        |          |                           |
|                                                            |      |         |      |        |          |                           |
|                                                            |      |         |      |        |          |                           |
|                                                            |      |         |      |        |          |                           |

## DRIVER & PASSENGER INFORMATION

- Name, address & phone number
- Driver's license
- Whether seatbelts used & airbag deployed

|                                        |                              |                            |                            |                            |                                                          |                 |                                                          |
|----------------------------------------|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------------------------|-----------------|----------------------------------------------------------|
| <input type="checkbox"/> Owner License | Owner License Name & Address | Fin. Resp. Name            | Fin. Resp. Num.            | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2                               | Vehicle Insured | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fin. Resp. Name                        | Fin. Resp. Num.              | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2 | Vehicle Insured            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                                                          |

|           |               |                                          |                                      |             |             |     |
|-----------|---------------|------------------------------------------|--------------------------------------|-------------|-------------|-----|
| Unit Num. | 2. Unit Desc. | <input type="checkbox"/> Perfect Vehicle | <input type="checkbox"/> Hit and Run | LP State    | LP Num.     | VIN |
| Veh. Year | 3. Veh. Color | Veh. Make                                | Veh. Model                           | 9. OL Class | 10. OL End. |     |

## VEHICLE AND INSURANCE INFORMATION

- Name, address & phone number
- Make, model & body style
- License plate number
- Vehicle identification number (VIN)
- Insurance company name & policy number
- Whether seatbelts were used, or the airbag was deployed

## DRUG/ALCOHOL INFORMATION INCLUDES:

- Name, address, and phone number
- Whether a sobriety test was administered
- Type of specimen taken (or if driver refused)

| Person                                                                                               | Num. | 12 Pts. | Type | 13 Sex | Position | Name: Last, First, Middle | Age | 14. Sex | 15. Sex | 16. Sex | 17. Sex | 18. Sex | 19. Sex | 20. Sex | 21. Sex | 22. Sex | 23. Sex | 24. Sex | 25. Sex | 26. Sex | 27. Sex | 28. Sex | 29. Sex | 30. Sex | 31. Sex | 32. Sex | 33. Sex | 34. Sex | 35. Sex | 36. Sex | 37. Sex | 38. Sex | 39. Sex | 40. Sex | 41. Sex | 42. Sex | 43. Sex | 44. Sex | 45. Sex | 46. Sex | 47. Sex | 48. Sex | 49. Sex | 50. Sex |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------|------|---------|------|--------|----------|---------------------------|-----|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--|--|--|--|--|
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |      |         |      |        |          |                           |     |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |  |  |  |  |  |

|                                        |                              |                            |                            |                            |                                                          |                 |                                                          |
|----------------------------------------|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------------------------|-----------------|----------------------------------------------------------|
| <input type="checkbox"/> Owner License | Owner License Name & Address | Fin. Resp. Name            | Fin. Resp. Num.            | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2                               | Vehicle Insured | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fin. Resp. Name                        | Fin. Resp. Num.              | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2 | Vehicle Insured            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                                                          |

# Huston Tx Crash Report

**DJ Losen**



## **Huston Tx Crash Report:**

Ignite the flame of optimism with Get Inspired by is motivational masterpiece, **Huston Tx Crash Report** . In a downloadable PDF format ( PDF Size: \*), this ebook is a beacon of encouragement. Download now and let the words propel you towards a brighter, more motivated tomorrow.

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## **Table of Contents Huston Tx Crash Report**

1. Understanding the eBook Huston Tx Crash Report
  - The Rise of Digital Reading Huston Tx Crash Report
  - Advantages of eBooks Over Traditional Books
2. Identifying Huston Tx Crash Report
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Huston Tx Crash Report
  - User-Friendly Interface
4. Exploring eBook Recommendations from Huston Tx Crash Report
  - Personalized Recommendations
  - Huston Tx Crash Report User Reviews and Ratings
  - Huston Tx Crash Report and Bestseller Lists
5. Accessing Huston Tx Crash Report Free and Paid eBooks
  - Huston Tx Crash Report Public Domain eBooks
  - Huston Tx Crash Report eBook Subscription Services
  - Huston Tx Crash Report Budget-Friendly Options

6. Navigating Huston Tx Crash Report eBook Formats
  - ePub, PDF, MOBI, and More
  - Huston Tx Crash Report Compatibility with Devices
  - Huston Tx Crash Report Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Huston Tx Crash Report
  - Highlighting and Note-Taking Huston Tx Crash Report
  - Interactive Elements Huston Tx Crash Report
8. Staying Engaged with Huston Tx Crash Report
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Huston Tx Crash Report
9. Balancing eBooks and Physical Books Huston Tx Crash Report
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Huston Tx Crash Report
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Huston Tx Crash Report
  - Setting Reading Goals Huston Tx Crash Report
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Huston Tx Crash Report
  - Fact-Checking eBook Content of Huston Tx Crash Report
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
  - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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