

# 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 (decimal degrees)		Longitude (decimal degrees)			
ROAD OR WHICH CRASH OCCURRED					
1. Roadway Type		2. Roadway Name		3. Street Prefix	
4. Street Name		5. Street Name			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot					
<input type="checkbox"/> Full Road/ Full Lane		Speed Limit		Canal Zone	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER					
6. Roadway Name		7. Street Prefix		8. Street Name	
9. Roadway Name		10. Street Prefix		11. Street Name	

## 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. Ins. Type	13. Seat 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		
14. Ins. Num.	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Ins. Num.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Ins. Num.	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Ins. Num.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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# Huston Tx Crash Report

**United States. Congress. House.  
Committee on Oversight and  
Government Reform**

## **Huston Tx Crash Report:**

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