

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780
 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.).

*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)		Case ID		Local Use	
*County Name Hunt				*City Name Greenville		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in an least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude - (decimal degrees)		Longitude - (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys.		*Hwy. Num.		2 Rdwy. Part		Block Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<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		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker		Reference Marker	
Street Desc.		RRX Num.					
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	
7 Body Style						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
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.	
<input checked="" 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. 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					
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	
7 Body Style						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
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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					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.						
	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWW <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.	HazMat ID Num.
	33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

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's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num. T X 1 1 6 0 3 0 0	*Agency Greenville Police Department		District/Area

