Law Enforcement and TxDOT Use ONLY

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

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
3	4	[redacted]

Texas Department of Transportation

Texas Peace Officer's Crash Report (Form CR-3 4/1/2023)

Refer to the attached code sheet for numbered fields. Questions? Call 844/274-7457

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	Local Use
02/11/2025	0801	[redacted]	

*County Name	*City Name	Outside City Limit
DALLAS	DALLAS	☐

In your opinion, did this crash result in at least $1000 damage to any one person's property? ☒ Yes ☐ 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
LR		1	9300		ABRAMS	RD

Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Secondary Crash	Street Desc.
☐	S	☐	40	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☒ Yes ☐ No	LR		1	9200		HEATHERDALE	DR

Distance from Int. or Ref. Marker	☐ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
				25		

VEHICLE, DRIVER & PERSONS

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
1	1	☐	☐	TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2010	RED	HONDA	ACCORD	P4

Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	Police, Fire, EMS on Emergency (Explain in Narrative if checked)
☐	NO	NO AUTOMATION	☐

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZI): [redacted]

Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	[redacted]	N	59	W	1	1	1	2	97	N	96		96	97	97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner / Lessee	Owner/Lessee Name & Address
☒ Owner ☐ Lessee	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	2	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]	-FD-3	-RP-2	☒ Yes ☐ No

Towed By	Towed To
[redacted]	[redacted]

VEHICLE, DRIVER & PERSONS

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
2	1	☐	☐	TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2019	GRY	CHRYSLER	300	P4

Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	Police, Fire, EMS on Emergency (Explain in Narrative if checked)
☐	NO	NO AUTOMATION	☐

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZI): [redacted]

Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	[redacted]	N	35	H	2	1	1	1	97	N	96		96	97	97

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner / Lessee	Owner/Lessee Name & Address
☒ Owner ☐ Lessee	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	2	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]	-FD-2	- -	☒ Yes ☐ No

Towed By	Towed To
[redacted]	[redacted]

DISPOSITION OF INJURED/KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)

CHARGES

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

DAMAGE

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

CMV

Unit Num.	☐ 10,001+ LBS.	☐ Transporting Hazardous Material	☐ 9+ Capacity	CMV Disabling Damage? ☐ Yes ☐ No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.					32 Veh. Type
33 Bus Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	34 HazMat Class Num.	HazMat ID Num.	34 HazMat Class Num.	HazMat ID Num.	35 Cargo Body Type
Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
Sequence Of Events	37 Seq. 1	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit ☐ Yes ☐ No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS

38 Contributing Factors (Investigator's Opinion)						39 Vehicle Defects (Investigator's Opinion)						Environmental and Roadway Conditions						
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control
1	35										2	1	4	2	1	2	8

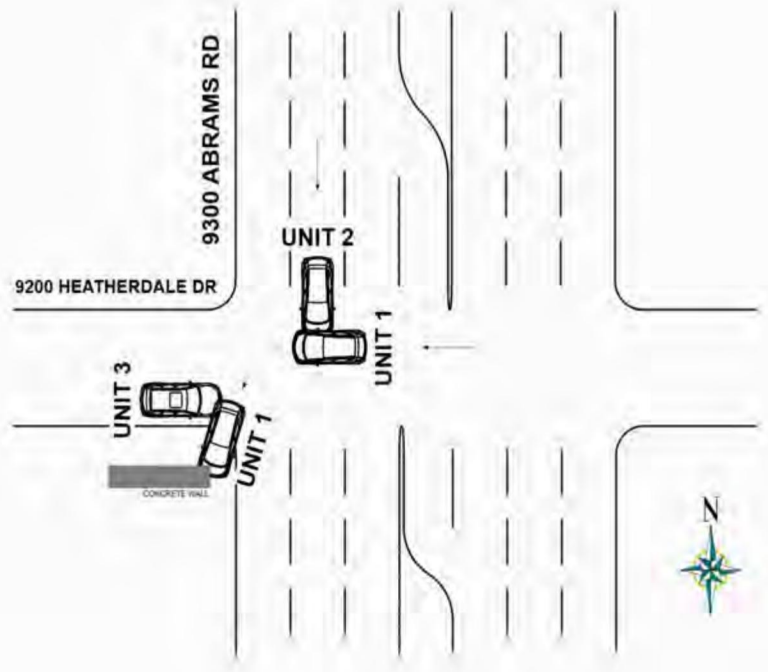
NARRATIVE AND DIAGRAM

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

UNIT 1 WAS TRAVELING W/B AT 9200 HATHERDALE DR IN THE RIGHT LANE. UNIT 2 WAS TRAVELING S/B AT 9300 ABRAMS RD IN THE MIDDLE LANE. UNIT 3 WAS STOPPED AT THE STOP SIGN AT 9200 HATERDALE DR. UNIT 1 FAILED TO YIELD RIGH OF WAY STOP SIGN MAKING UNIT 2 TO COLLIDE FD TO RP OF UNIT 1. UNIT 1 LOST CONTROL OF VEHICLE COLLIDING RBQ TO FD OF UNIT 3. UNIT 3 WAS STOP AT THE INTERSECTION WHEN WAS HIT BY UNIT 1. UNIT 1 DRIVER STATED HE WANTED TO CROSS OVER THE INTERSECTION AND WAS NOT ABLE TO SEE UNIT 2. UNIT 2 DRIVER STATED SHE WAS DRIVING STRAIGHT WHEN UNIT 1 CROSS THE INTERSECTION WITHOUT CAUSION AND WAS UNABLE TO PREVENT COLLISION. BWC AVAILABLE.

Indicate North

Field Diagram - Not to Scale



INVESTIGATOR

Date Notified (MM/DD/YYYY) 02/11/2025	Time Notified (24HRMM) 0804	How Notified DISPATCHED	
Date Arrived (MM/DD/YYYY) 02/11/2025	Time Arrived (24HRMM) 0815	Report Date (MM/DD/YYYY) 02/11/2025	
Date Roadway Cleared (MM/DD/YYYY) 02/11/2025	Time Roadway Cleared (24HRMM) 0910	Date Scene Cleared (MM/DD/YYYY) 02/11/2025	Time Scene Cleared (24HRMM) 0911
Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed) BECERRA, ARMANDO		ID Num. 11937
ORI Num. [redacted]	Agency DALLAS POLICE DEPARTMENT		Service/ Region/DA 02

Law Enforcement and TxDOT Use ONLY

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

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
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IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	Local Use
02/11/2025	0801	[redacted]	

*County Name	*City Name	Outside City Limit
DALLAS	DALLAS	☐

In your opinion, did this crash result in at least $1000 damage to any one person's property? ☒ Yes ☐ 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
LR		1	9300		ABRAMS	RD

Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Secondary Crash	Street Desc.
☐	S	☐	40	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☒ Yes ☐ No	LR		1	9200		HEATHERDALE	DR

Distance from Int. or Ref. Marker	FT / MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
	☐ FT ☐ MI			25		

VEHICLE, DRIVER & PERSONS

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
3	1	☐	☐	TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2018	GRY	JEEP	GRAND CHEROKEE	SV

Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	Police, Fire, EMS on Emergency (Explain in Narrative if checked)
☐	NO	NO AUTOMATION	☐

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZI[redacted]

Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category
1	1	1	[redacted]	N	50	W	2	1	1	1	97	N	96		96	97	97
2	2	3	[redacted]	N	14	W	1	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

Owner / Lessee	Owner/Lessee Name & Address
☒ Owner ☐ Lessee	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	2	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]	FD2		☐ Yes ☒ No

Towed By	Towed To

VEHICLE, DRIVER & PERSONS

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
		☐	☐			

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style

Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	Police, Fire, EMS on Emergency (Explain in Narrative if checked)
☐			☐

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)
						/ /

Address (Street, City, State, ZIP)

Person Num.	14 Prsn. Type	15 Seat Position	Name: Last, First, Middle (Enter Driver or Primary Person for this Unit on first line)	16 Injury Severity	Age	17 Ethnicity	18 Sex	19 Eject.	20 Restr.	21 Airbag	22 Helmet	23 Sol.	24 Alc. Spec.	Alc. Result	25. Drug Spec.	26 Drug Result	27 Drug Category
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

Owner / Lessee	Owner/Lessee Name & Address
☐ Owner ☐ Lessee	

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☐ Yes ☐ No ☐ Expired ☐ Exempt			

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
			☐ Yes ☐ 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 (24HRMM)

CHARGES

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

DAMAGE

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

CMV

Unit Num.	☐ 10,001+ LBS.	☐ Transporting Hazardous Material	☐ 9+ Capacity	CMV Disabling Damage? ☐ Yes ☐ No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.					32 Veh. Type
33 Bus Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	34 HazMat Class Num.	HazMat ID Num.	34 HazMat Class Num.	HazMat ID Num.	35 Cargo Body Type
Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
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Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 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

Date Notified (MM/DD/YYYY) 02/11/2025

Time Notified (24HRMM) 0804

How Notified DISPATCHED

Date Arrived (MM/DD/YYYY) 02/11/2025

Time Arrived (24HRMM) 0815

Report Date (MM/DD/YYYY) 02/11/2025

Date Roadway Cleared (MM/DD/YYYY) 02/11/2025

Time Roadway Cleared (24HRMM) 0910

Date Scene Cleared (MM/DD/YYYY) 02/11/2025

Time Scene Cleared (24HRMM) 0911

Investigation Complete ☒ Yes ☐ No

Investigator Name (Printed) BECERRA, ARMANDO

ID Num. 11937

ORI Num. [redacted]

Agency DALLAS POLICE DEPARTMENT

Service/ Region/DA 02