Law Enforcement and TxDOT Use ONLY

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

Total Num. Units	5	Total Num. Prsns.	7	TxDOT Crash ID	[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
10/15/2024	0715	[redacted]	

*County Name	*City Name	☐ Outside City Limit
ROCKWALL	MCLENDON-CHISHOLM	

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
SH	205	1	800			

☐ 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.
	N		55	☐ 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	RC		1	1100		Via Toscana	LN

Distance from Int. or Ref. Marker	☐ FT ☒ MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
0.2		N		35		

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
2022	BLK	FORD	F250	TR

☐ 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	37	W	1	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
	[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
	12-FL-3		☐ Yes ☒ No

Towed By	Towed To
[redacted]	[redacted]

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
2018	SIL	CHEVROLET	IMPALA	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	A	[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]	A	45	W	2	1	1	5	97	N	96		96	97	97
2	2	3	[redacted]	C	39	W	2	1	1	5	97	N					

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

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

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

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
	6-BD-7	12-FD-7	☒ 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)
2	1	Baylor of Lakepoint	Rockwall EMS		
2	2	Baylor of Lakepoint	Rockwall EMS		

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	22		19					1	5	97	1	1	1	12

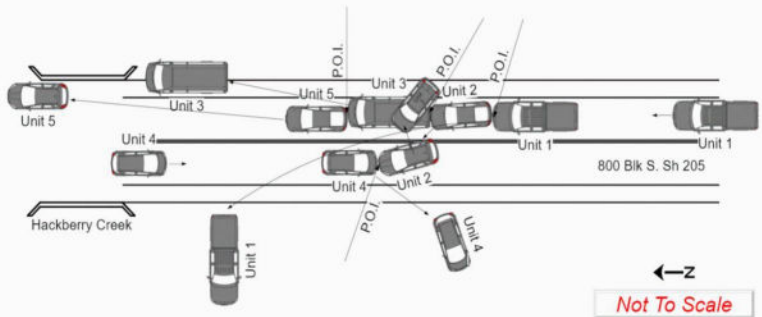
NARRATIVE AND DIAGRAM

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

On the morning of 10/15/2024 Units 1, 2, 3, and 5 were all traveling north on SH 205 in McLendon Chisholm, TX. Unit 4 was traveling south on SH 205 towards Terrell, TX. Traffic backed up and the driver of Unit 1 failed to control the speed of the vehicle, may have been distracted inside the vehicle, and collided with the rear of Unit 2. After colliding with the rear of Unit 2, Unit 2 was pushed forward and collided with the rear of Unit 3. After Unit 2 collided with the rear of Unit 3, Unit 2 was forced into the southbound lane of SH 205. The driver and Unit 4 collided head-on with Unit 2. Unit 3 was pushed forward from Unit 2 and collided into the rear of Unit 5 making partial contact with the back right of Unit 5. Unit 1 continued across the southbound lane and came to rest in the west ditch. Unit 1 driver was ok and didn't suffer any injuries. Unit 2 came to rest in the northbound lane with the driver/passenger unable to exit due to injuries. The driver of Unit 2 was complaining of hip pain and the passenger of Unit 2 was throwing up as well. The driver of Unit 3 pulled onto the east shoulder and didn't suffer any injuries. Unit 4 came to rest in the west ditch. Unit 4 driver was pregnant, on the ground, complaining of pain, and worried about the unborn child. Driver of Unit 5 pulled over onto the east shoulder as well and both driver and passenger didn't suffer any injuries. The Driver of Unit 2, the passenger of Unit 2, and the Driver of Unit 4 were all transported to Baylor of Lakepoint in Rowlett, TX due to injuries. EMS personnel suspected the driver of Unit 2 of having a fractured/broken ankle and possibly a fractured/broken hip. Unit 1 was towed by Hitech Towing through Zeus Restoration, Unit 3 was also towed by a separate tow company through Spectrum. Units 2 and 4 were towed by Chubs Towing back to their lot at 1100 T.L. Townsend Dr. Rockwall, TX. Unit 5 was the only unit that was not towed on the scene.

Indicate North

Field Diagram - Not to Scale



INVESTIGATOR

Date Notified (MM/DD/YYYY) 10/15/2024	Time Notified (24HRMM) 0715	How Notified Dispatched	
Date Arrived (MM/DD/YYYY) 10/15/2024	Time Arrived (24HRMM) 0716	Report Date (MM/DD/YYYY) 10/15/2024	
Date Roadway Cleared (MM/DD/YYYY) 10/15/2024	Time Roadway Cleared (24HRMM) 0817	Date Scene Cleared (MM/DD/YYYY) 10/15/2024	Time Scene Cleared (24HRMM) 0817
Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed) Murphy, Justin		ID Num. 538
ORI Num. [redacted]	Agency ROCKWALL COUNTY SHERIFF'S OFFICE		Service/ Region/DA 01

Law Enforcement and TxDOT Use ONLY

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

Total Num. Units	5	Total Num. Prsns.	7	TxDOT Crash ID	[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
10/15/2024	0715	[redacted]	

*County Name	*City Name	Outside City Limit
ROCKWALL	MCLENDON-CHISHOLM	☐

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
SH	205	1	800			

☐ 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.
	N		55	☐ 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	RC		1	1100		Via Toscana	LN

Distance from Int. or Ref. Marker	☐ FT ☒ MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
0.2		N		35		

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
2019	WHI	FORD	TRANSIT	VN

☐ 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	32	W	1	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
	[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
	6-BR-3	12-FL-1	☐ Yes ☒ No

Towed By	Towed To

Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State	LP Num.	VIN
4	1			TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2019	WHI	MINI	COOPER	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]	C	33	B	2	1	1	5	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
	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	5	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
	11-FD-6		☐ 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)
4	1	Baylor of Lakepoint	Rockwall Ems		

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

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) 10/15/2024 | Time Notified (24HRMM) 0715 | How Notified Dispatched

Date Arrived (MM/DD/YYYY) 10/15/2024 | Time Arrived (24HRMM) 0716 | Report Date (MM/DD/YYYY) 10/15/2024

Date Roadway Cleared (MM/DD/YYYY) 10/15/2024 | Time Roadway Cleared (24HRMM) 0817 | Date Scene Cleared (MM/DD/YYYY) 10/15/2024 | Time Scene Cleared (24HRMM) 0817

Investigation Complete ☒ Yes ☐ No | Investigator Name (Printed) Murphy, Justin | ID Num. 538

ORI Num. [redacted] | Agency ROCKWALL COUNTY SHERIFF'S OFFICE | Service/Region/DA 01

Law Enforcement and TxDOT Use ONLY

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

Total Num. Units	5	Total Num. Prsns.	7	TxDOT Crash ID	[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
10/15/2024	0715	[redacted]	

*County Name	*City Name	Outside City Limit
ROCKWALL	MCLENDON-CHISHOLM	☐

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
SH	205	1	800			

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.
☐	N	☐	55	☐ 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	RC		1	1100		Via Toscana	LN

Distance from Int. or Ref. Marker	FT / MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
0.2	☐ FT ☒ MI	N		35		

VEHICLE, DRIVER & PERSONS

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

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2017	WHI	CADILLAC	CTS-V	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)
☐	YES	AUTOMATION LEVEL UNKNOWN	☐

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	45	W	1	1	1	1	97	N	96		96	97	97
2	2	6	[redacted]	N		W	2	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
	[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
	6-BR-2	-	☐ 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

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
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

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) 10/15/2024

Time Notified (24HRMM) 0715

How Notified Dispatched

Date Arrived (MM/DD/YYYY) 10/15/2024

Time Arrived (24HRMM) 0716

Report Date (MM/DD/YYYY) 10/15/2024

Date Roadway Cleared (MM/DD/YYYY) 10/15/2024

Time Roadway Cleared (24HRMM) 0817

Date Scene Cleared (MM/DD/YYYY) 10/15/2024

Time Scene Cleared (24HRMM) 0817

Investigation Complete ☒ Yes ☐ No

Investigator Name (Printed) Murphy, Justin

ID Num. 538

ORI Num. [redacted]

Agency ROCKWALL COUNTY SHERIFF'S OFFICE

Service/ Region/DA 01