

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

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.).

Page 1 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 10 / 30 / 2024		*Crash Time (24HRMM) 0741		Case ID		Local Use	
*County Name MIDLAND				*City Name		☒ Outside City Limit	
In your opinion, did this crash result in at least \$1000 damage to any one person's property? ☒ Yes ☐ No		Latitude (decimal degrees) 31.90740		Longitude (decimal degrees) 102.21418			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. FM		*Hwy. Num. 1788		2 Rdwy. Part 1		Block Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic N		☐ Toll Road/Toll Lane		Speed Limit 60	
Const. Zone ☒ Yes ☒ No		Workers Present ☒ Yes ☒ No		Secondary Crash ☒ Yes ☒ No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At ☒ Yes ☐ No		1 Rdwy. Sys. CR		Hwy. Num. 133		2 Rdwy. Part 1	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Ref. Marker	
Speed Limit 30		Street Desc.		RRX Num.			
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX	
LP Num.		VIN					
Veh. Year 2024		6 Veh. Color SIL		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		☐ Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit NO		9 Autonomous Level Engaged NO AUTOMATION	
☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)							
10 DL/ID Type 1		DL/ID State TX		DL/ID Num.		11 DL Class C	
12 CDL End. 96		13 DL Rest. 96		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num. 1		14 Prsn. Type 1		15 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		16 Injury Severity N		Age 33		17 Ethnicity H	
18 Sex 1		19 Eject. 1		20 Restr. 1		21 Airbag 5	
22 Helmet 97		23 Sol. N		24 Alc. Spec. 96		Alc. Result 96	
25 Drug Spec. 97		26 Drug Result 97		27 Drug Category 97			
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. ☒ Yes ☐ No		28 Fin. Resp. Type 2		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		3 R P 7		29 Vehicle Damage Rating 2	
Towed By		Towed To					
Unit Num. 2		5 Unit Desc. 6		☐ Parked Vehicle ☐ Hit and Run		LP State	
LP Num.		VIN					
Veh. Year 2021		6 Veh. Color WHI		Veh. Make UNKNOWN		Veh. Model UNKNOWN	
7 Body Style TL		☐ Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit NO		9 Autonomous Level Engaged NO AUTOMATION	
☐ 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. ☒ Yes ☐ No		28 Fin. Resp. Type 2		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		3 R & T 5		29 Vehicle Damage Rating 2	
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.
	1	1	FAIL TO YIELD ROW: APPROACHING TRAFFIC/TURNING LEFT	[REDACTED]

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	☐ RGWW ☐ 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.	☐ RGWW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGWW ☐ 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	37	48							1	5	4	2	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale
	Unit 1, towing Unit 2, was traveling south on FM-1788 in the center turn lane to turn left to travel east on CR-133. Unit 3 was traveling north on FM-1788 in the east most lane. The driver of Unit 1 had impaired visibility from the stopped traffic in the west lane traveling north and the darkness of the morning and failed to yield right of way when turning left to approaching traffic. Unit 3 struck Unit 1 in the right and sustained front damage. Unit 2 rolled right over top and struck Unit 3 in the front. All units came to rest at the area of impact.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	10 / 30 / 2024	Time Notified (24HRMM)	0 7 4 3	How Notified	DPS COMMUNICATIONS	
	Date Arrived (MM/DD/YYYY)	10 / 30 / 2024	Time Arrived (24HRMM)	0 7 5 4	Report Date (MM/DD/YYYY)	10 / 30 / 2024	
	Date Roadway Cleared (MM/DD/YYYY)	10 / 30 / 2024	Time Roadway Cleared (24HRMM)	1 0 0 3	Date Scene Cleared (MM/DD/YYYY)	10 / 30 / 2024	
					Time Scene Cleared (24HRMM)	1 0 3 8	
	Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed)	Doss, Nolen		ID Num.	15884	
ORI Num.				*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Region/DA	H P 4 A 1 3

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

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.).

Page 3 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 10 / 30 / 2024		*Crash Time (24HRMM) 0741		Case ID		Local Use	
*County Name MIDLAND				*City Name		☒ Outside City Limit	
In your opinion, did this crash result in at least \$1000 damage to any one person's property? ☒ Yes ☐ No		Latitude (decimal degrees) 31.90740		Longitude (decimal degrees) 102.21418			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. FM		*Hwy. Num. 1788		2 Rdwy. Part 1		Block Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic N		☐ Toll Road/Toll Lane		Speed Limit 60	
Const. Zone ☒ Yes ☒ No		Workers Present ☒ Yes ☒ No		Secondary Crash ☒ Yes ☒ No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At ☒ Yes ☐ No		1 Rdwy. Sys. CR		Hwy. Num. 133		2 Rdwy. Part 1	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Ref. Marker	
Speed Limit 30		Street Desc.		RRX Num.			
Unit Num. 3		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX	
LP Num.		VIN					
Veh. Year 2018		6 Veh. Color SIL		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		☐ Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit NO		9 Autonomous Level Engaged NO AUTOMATION	
☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)							
10 DL/ID Type 1		DL/ID State NM		DL/ID Num.		11 DL Class 98	
12 CDL End. 96		13 DL Rest. 98		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			
1		1		1		B 49 H 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					
Proof of Fin. Resp. ☒ Yes ☐ No		28 Fin. Resp. Type 2		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		29 Vehicle Damage Rating 2		Vehicle Inventoried ☐ Yes ☒ No	
Towed By		Towed To					
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. ☐ Yes ☐ No		28 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
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)
	3	1	MIDLAND MEMORIAL HOSPITAL	MIDLAND 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	☐ RGWW ☐ 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.	☐ RGWW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage?	☐ Yes ☐ No	Unit Num.	☐ RGWW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage?
	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 / 30 / 2024	Time Notified (24HRMM)	0 7 4 3	How Notified	DPS COMMUNICATIONS		
	Date Arrived (MM/DD/YYYY)	10 / 30 / 2024	Time Arrived (24HRMM)	0 7 5 4	Report Date (MM/DD/YYYY)	10 / 30 / 2024		
	Date Roadway Cleared (MM/DD/YYYY)	10 / 30 / 2024	Time Roadway Cleared (24HRMM)	1 0 0 3	Date Scene Cleared (MM/DD/YYYY)	10 / 30 / 2024	Time Scene Cleared (24HRMM)	1 0 3 8
	Investigation Complete	☒ Yes ☐ No	Investigator Name (Printed)	Doss, Nolen			ID Num.	15884
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Region/DA	H P 4 A 1 3