

☐ 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.).

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IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 1 2 / 2 3 / 2 0 2 4		*Crash Time (24HRMM) 0 9 4 6		Case ID		Local Use	
*County Name COLLIN				*City Name PLANO		☐ 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)		Longitude (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 5900	
3 Street Prefix		* Street Name LEGACY		4 Street Suffix DR			
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic E		☐ Toll Road/ Toll Lane		Speed Limit 40	
Const. ☐ Yes ☒ No		Workers Present ☒ No		Secondary Crash ☒ No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At ☒ Yes ☐ No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 2	
Block Num. 7200		3 Street Prefix		Street Name DALLAS		4 Street Suffix PKWY	
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Ref. Marker	
Speed Limit 45		Street Desc.		RRX Num.			
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX	
LP Num.		VIN					
Veh. Year 2 0 1 8		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model 3500HD	
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. B		DOB (MM)			
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 59		17 Ethnicity W	
18 Sex 1		19 Eject. 1		20 Restr. 1		21 Airbag 1	
22 Helmet 97		23 Sol. N		24 Alc. Spec. 96		25. Drug Result 96	
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		F R 2		29 Vehicle Damage Rating 2	
Towed By		Towed To					
Unit Num. 2		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX	
LP Num.		VIN					
Veh. Year 2 0 0 5		6 Veh. Color BLK		Veh. Make LEXUS		Veh. Model LS 430	
7 Body Style P4		☐ 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)			
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 26		17 Ethnicity W	
18 Sex 1		19 Eject. 1		20 Restr. 1		21 Airbag 1	
22 Helmet 97		23 Sol. N		24 Alc. Spec. 96		25. Drug Result 96	
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		F L 3		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)
	1	3	REFUSED TRANSPORT	NOT TRANSPORTED		

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? ☐ 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								1	1	4	3	1	1	5

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale
	UNIT 2 WAS E/B LEGACY DR IN THE RIGHT LANE APPROACHING DALLAS PKWY SB AND WAS FACING A SOLID GREEN LIGHT. UNIT 1 WAS W/B LEGACY DR LEFT TURN LANE AND WAS FACING A FLASHING YELLOW LEFT TURN ARROW. UNIT 1 ATTEMPTED TO TURN LEFT ONTO DALLAS PKWY SB BUT DUE TO UNIT 1 FAILING TO YIELD RIGHT OF WAY TURNING LEFT, THE FRONT RIGHT OF UNIT 1 STRUCK THE FRONT LEFT OF UNIT 2. WITNESS WAS E/B LEGACY DR IN THE CENTER LANE. CRASH WAS CAPTURED ON CITY OF PLANO MILESTONE CAMERA FROM THE WINDROSE AVE/LEGACY DR CAMERA.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	12 / 23 / 2024	Time Notified (24HRMM)	0 9 4 6	How Notified	Dispatch		
	Date Arrived (MM/DD/YYYY)	12 / 23 / 2024	Time Arrived (24HRMM)	0 9 5 5	Report Date (MM/DD/YYYY)	12 / 23 / 2024		
	Date Roadway Cleared (MM/DD/YYYY)	12 / 23 / 2024	Time Roadway Cleared (24HRMM)	1 0 3 0	Date Scene Cleared (MM/DD/YYYY)	12 / 23 / 2024	Time Scene Cleared (24HRMM)	1 1 0 0
	Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed)	Tower, B				ID Num.	1890
	ORI Num.	[REDACTED]	Agency	PLANO POLICE DEPARTMENT				Service/Region/DA