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
2	3	[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
08/15/2024	1803	[redacted]	[redacted]

*County Name	*City Name	Outside City Limit
COLLIN	ALLEN	☐

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
US	75	1	1000	N	CENTRAL	EXPY

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	☐	70	☐ 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	200	W	EXCHANGE	PL

Distance from Int. or Ref. Marker	FT / MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
170	☒ FT ☐ MI	N		30		

VEHICLE, DRIVER & PERSONS

Unit 1

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
2007	RED	TOYOTA	YARIS	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	G	[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	16	W	2	1	1	2	97	N	96		96	97	97
2	2	3	[redacted]	N	16	B	2	1	1	2	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]	12-FD-4		☐ Yes ☒ No

Towed By	Towed To
[redacted]	[redacted]

Unit 2

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	WHI	INFINITI	QX30	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	31	W	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			

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
	6-BD-2		☐ Yes ☒ No

Towed By	Towed To
NOT TOWED	NOT TOWED

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	22											1	1	97	3	1	1	17

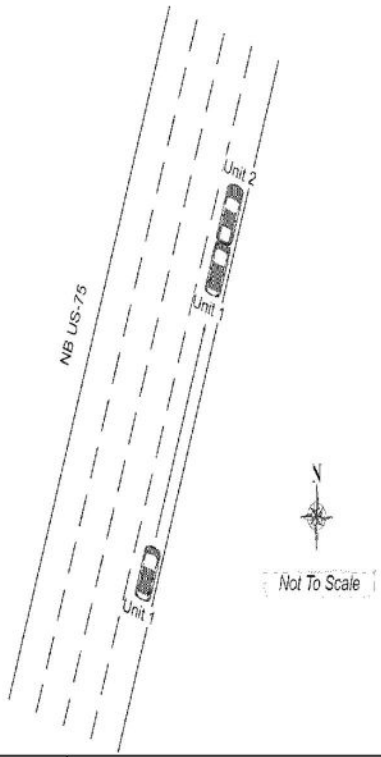
NARRATIVE AND DIAGRAM

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

Unit 2 (Infiniti) and Unit 1 (Toyota) were driving NB on US-75 in the #4 lane. Unit 2 stopped due to traffic ahead coming to a stop. Unit 1 who was driving behind Unit 2 failed to control their speed and the front of Unit 1 struck the rear of Unit 2.

Indicate North

Field Diagram - Not to Scale



INVESTIGATOR

Date Notified (MM/DD/YYYY) 08/15/2024		Time Notified (24HRMM) 1814	How Notified Radio Dispatch
Date Arrived (MM/DD/YYYY) 08/15/2024		Time Arrived (24HRMM) 1820	Report Date (MM/DD/YYYY) 08/15/2024
Date Roadway Cleared (MM/DD/YYYY) 08/15/2024	Time Roadway Cleared (24HRMM) 1854	Date Scene Cleared (MM/DD/YYYY) 08/15/2024	Time Scene Cleared (24HRMM) 1854
Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed) ROUNDTREE, SETH, K.		ID Num. 4427
ORI Num. [redacted]	Agency ALLEN POLICE DEPARTMENT		Service/ Region/DA 01