

☐ 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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*Crash Date (MM/DD/YYYY) 12 / 07 / 2024		*Crash Time (24HRMM) 00 : 00 : 07		Case ID		Local Use	
*County Name HARRIS				*City Name			
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. FM		Hwy. Num. 1960		2 Rdwy. Part 1		Block Num. 700	
3 Street Prefix W		* Street Name FM-1960		4 Street Suffix RD			
☐ Private Drive or Road, ☐ Private Property, ☐ Parking Lot		3 Dir. of Traffic E		☐ Toll Road/ Toll Lane		Speed Limit 40	
Const. Zone ☐ Yes ☒ No		Workers Present ☐ Yes ☒ No		Secondary Crash ☐ Yes ☒ No		Street Desc. 6 LANE (EAST/WEST)	
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 1	
Block Num. 17000		3 Street Prefix		Street Name HAFER		4 Street Suffix RD	
Distance from Int. or Ref. Marker 200		☒ FT ☐ MI		3 Dir. from Int. or Ref. Marker W		Ref. Marker	
Speed Limit 40		Street Desc. 2 LANE (NORTH/SOUTH)		RRX Num.			
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle ☒ Hit and Run		LP State TX	
LP Num.		VIN					
Veh. Year 2019		6 Veh. Color SIL		Veh. Make JEEP		Veh. Model COMPASS	
7 Body Style SV							
☐ 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 99		DL/ID State UN		DL/ID Num.		11 DL Class 99	
12 CDL End. 99		13 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNK							
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 99		Age 99		17 Ethnicity 99		18 Sex 99	
19 Eject. 99		20 Restr. 99		21 Airbag 99		22 Helmet 97	
23 Sol. N		24 Alc. Spec. 96		Alc. Result		25 Drug Spec. 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		☐ Expired ☐ Exempt		28 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		29 Vehicle Damage Rating 2		Vehicle Inventoried ☐ Yes ☒ No	
Towed By		Towed To					
Unit Num. 2		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX	
LP Num.		VIN					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make CADILLAC		Veh. Model ESCALADE	
7 Body Style SV							
☐ 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 38		17 Ethnicity B		18 Sex 2	
19 Eject. 1		20 Restr. 1		21 Airbag 1		22 Helmet 97	
23 Sol. N		24 Alc. Spec. 96		Alc. Result		25 Drug Spec. 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		☐ Expired ☐ Exempt		28 Fin. Resp. Type 2		Fin. Resp. Name	
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	☐ 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	34								3	3	97	3	1	2	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale
	DRIVER OF UNIT 2 WAS TRAVELING EAST ON FM-1960 RD W. IN THE RIGHT LANE. UNIT 1 WAS EXITING THE PARKING LOT OF RAISING CANES. DRIVER OF UNIT 2 STATED UNIT 1 PULLED OUT OF THE PARKING LOT IN FRONT OF HER. DRIVER OF UNIT 2 STATED SHE STRUCK UNIT 1, CAUSING DAMAGE. DRIVER OF UNIT 2 STATED UNIT 1 PULLED BACK INTO THE PARKING LOT WHERE SHE ATTEMPTED TO EXCHANGE INFORMATION. DRIVER OF UNIT 2 STATED THE DRIVER OF UNIT 1 LEFT THE SCENE WITHOUT PROVIDING ANY INFORMATION.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	12 / 07 / 2024	Time Notified (24HRMM)	0032	How Notified	DISPATCHED
	Date Arrived (MM/DD/YYYY)	12 / 07 / 2024	Time Arrived (24HRMM)	0033	Report Date (MM/DD/YYYY)	12 / 09 / 2024
	Date Roadway Cleared (MM/DD/YYYY)	12 / 07 / 2024	Time Roadway Cleared (24HRMM)	0034	Date Scene Cleared (MM/DD/YYYY)	12 / 07 / 2024
	Time Scene Cleared (24HRMM)	0055	Investigation ☐ Yes ☒ No		Investigator Name (Printed) Reaves, Staysee	
	ORI Num. [REDACTED] Agency HARRIS COUNTY SHERIFF'S OFFICE				ID Num.	S30203

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