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
3	2	

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
04/25/2025	1537	[redacted]	[redacted]

*County Name	*City Name	Outside City Limit
DALLAS	MESQUITE	☐

In your opinion, did this crash result in at least $1,000 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
IH	30	1	4000	E	30	HWY

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.
☐	E	☐	60	☐ 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	IH	30	2			MOTLEY	

Distance from Int. or Ref. Marker	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Speed Limit	Street Desc.	RRX Num.
1000		E		60		

VEHICLE, DRIVER, & PERSONS

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

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style
2024	WHI	PETERBILT	579	TT

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/DD/YYYY)
1	OK	[redacted]	98	96	98	[redacted]

Address (Street, City, State, ZIP): [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	53	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
☒ 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
	1 - FR - 1	- -	☐ Yes ☒ No

Towed By	Towed To
NA	NA

VEHICLE, DRIVER, & PERSONS

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
2	6	☐	☐	OK	[redacted]	[redacted]

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style
2012	WHI	OTHER (EXPLAIN IN NARRATIVE)	OTHER (EXPLAIN IN NARRATIVE)	TL

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/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
☒ 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
	7 - LP - 2	- -	☐ Yes ☒ No

Towed By	Towed To
NA	NA

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
3	2	

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
04/25/2025	1537	[redacted]	[redacted]

*County Name	*City Name	Outside City Limit
DALLAS	MESQUITE	☐

In your opinion, did this crash result in at least $1,000 damage to any one person's property?	Latitude (decimal degrees)	Longitude (decimal degrees)
☒ Yes ☐ No		

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
IH	30	1	4000	E	30	HWY

☐ 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.
	E		60	☐ 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	IH	30	2			MOTLEY	

Distance from Int. or Ref. Marker	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Speed Limit	Street Desc.	RRX Num.
1000		E				

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
2008	BGE	TOYOTA	CAMRY	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/DD/YYYY)
1	TX	[redacted]	C	96	96	[redacted]

Address (Street, City, State, ZIP): [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	57	B	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
	1 - FD - 6	- -	☐ Yes ☒ No

Towed By	Towed To
[redacted]	[redacted]

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	35 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. of 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	1	97	3	1	1	96

NARRATIVE AND DIAGRAM

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

Field Diagram - Not to Scale

INVESTIGATOR

Date Notified (MM/DD/YYYY) 04/25/2025		Time Notified (24HRMM) 1538	How Notified DISPATCHED
Date Arrived (MM/DD/YYYY) 04/25/2025		Time Arrived (24HRMM) 1550	Report Date (MM/DD/YYYY) 04/25/2025
Date Roadway Cleared (MM/DD/YYYY) 04/25/2025	Time Roadway Cleared (24HRMM) 1613	Date Scene Cleared (MM/DD/YYYY) 04/25/2025	Time Scene Cleared (24HRMM) 1628
Invest. Comp. ☒ Yes ☐ No	Investigator Name (Printed) ELLIOTT	E	ID Num. 1390
ORI Num. [redacted]	*Agency MESQUITE POLICE DEPARTMENT		Service/ Region/DA

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
EB30 GUARD RAIL DIVIDER	TXDOT	EB30 MESQUITE TX

CMV

Unit Num. 1	☒ 10,001 + LBS.	☐ TRANSPORTING HAZARDOUS MATERIAL	☐ 9 + CAPACITY	CMV Disabling Damage? ☐ Yes ☒ No	30 Veh. Oper. 5	31 Carrier ID Type 1	Carrier ID Num. [redacted]
Carrier's Corp. Name [redacted] LLC		Carrier's Primary Addr. [redacted] PLACE [redacted]					32 Veh. Type 6
33 Bus Type 0	☐ RGVW ☒ GVWR 80000	HazMat Released ☐ Yes ☒ No	34 HazMat Class Num.	HazMat ID Num.	34 HazMat Class Num.	HazMat ID Num.	35 Cargo Body Type 4
Unit Num. 2	☐ RGVW ☒ GVWR 80000	36 Trlr. Type 1	CMV Disabling Damage? ☐ Yes ☒ No	Unit Num.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
Sequence Of Events	37 Seq. 1 13	37 Seq. 2 14	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit ☐ Yes ☒ No	Actual Gross Weight	Total Num. of Axles:

FACTORS & CONDITIONS

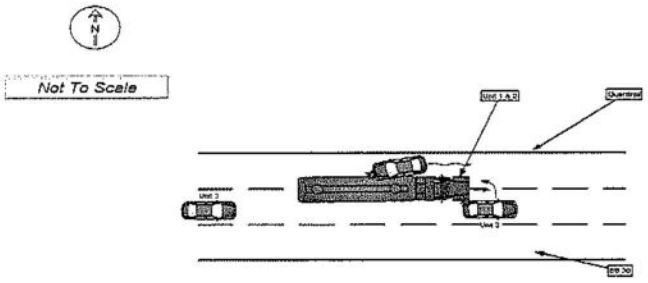
38 Contributing Factors (Investigator's Opinion)						39 Vehicle Defects (Investigator's Opinion)						Environmental and Roadway Conditions						
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.			40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control
1	4	19										1	1	97	3	1	1	96

NARRATIVE AND DIAGRAM

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

Unit 1 was traveling Eastbound IH 30 towards Big Town in the #2 lane. Unit 3 was traveling in the same direction in #1 lane. Witnesses state that unit 1 was swerving in all of the lanes. Unit 3 attempted to pass in lane #1. Unit 3 then changed lanes to #2 lane in front of unit 1. Unit 1 then moved to the lane #1 attempting to pass unit 3. Unit 1 stated that unit 3 was in the blind spot and unit 1 attempted to move back into lane #2. Unit 1 hit unit 3 with unit 1's front passenger side bumper. Unit 3 crossed in front of unit 1 and then hit unit 2 in the middle. Unit 3 then hit the guard rail causing damage to the guard rail and to unit 3's vehicle.

Field Diagram - Not to Scale



INVESTIGATOR

Date Notified (MM/DD/YYYY) 04/25/2025		Time Notified (24HRMM) 1538	How Notified DISPATCHED
Date Arrived (MM/DD/YYYY) 04/25/2025		Time Arrived (24HRMM) 1550	Report Date (MM/DD/YYYY) 04/25/2025
Date Roadway Cleared (MM/DD/YYYY) 04/25/2025	Time Roadway Cleared (24HRMM) 1613	Date Scene Cleared (MM/DD/YYYY) 04/25/2025	Time Scene Cleared (24HRMM) 1628
Invest. Comp. ☒ Yes ☐ No	Investigator Name (Printed) ELLIOTT E		ID Num. 1390
ORI Num. [redacted]	*Agency MESQUITE POLICE DEPARTMENT		Service/ Region/DA