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	[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
08/28/2024	0445	[redacted]	

*County Name	*City Name	☐ Outside City Limit
HOOD	CRESSON	

In your opinion, did this crash result in at least $1000 damage to any one person's property?	Latitude (decimal degrees)	Longitude — (decimal degrees)
☒ Yes ☐ No	32.533644	097.616744

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
US	377	1				

☐ 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		45	☐ 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	SH	171	1				

Distance from Int. or Ref. Marker	☐ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
				45		

VEHICLE, DRIVER & PERSONS

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
2003	BLK	PETERBILT	UNKNOWN	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
2	TX	[redacted]	A	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	52	B	1	1	1	97	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
[redacted]	9-LFQ-3		☐ Yes ☒ No

Towed By	Towed To

VEHICLE, DRIVER & PERSONS

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

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2012	WHI	HEIL CO	UNKNOWN	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

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	[redacted]

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☒ Yes ☐ No ☐ Expired ☐ Exempt	2	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]			☐ 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. 1	[X] 10,001+ LBS.	[ ] Transporting Hazardous Material	[ ] 9+ Capacity	CMV Disabling Damage? [X] Yes [ ] No	30 Veh. Oper. 2	31 Carrier ID Type 1	Carrier ID Num. [redacted]	
Carrier's Corp. Name [redacted]	Carrier's Primary Addr. [redacted]							32 Veh. Type 9
33 Bus Type 0	[X] 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	[X] RGVW [ ] GVWR 80000	36 Trlr. Type 2	CMV Disabling Damage? [ ] Yes [X] No	Unit Num.	[ ] RGVW [ ] GVWR	36 Trlr. Type	CMV Disabling Damage? [ ] Yes [ ] No	
Sequence Of Events	37 Seq. 1 13	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit [ ] Yes [X] 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	38											1	3	4	2	1	1	5

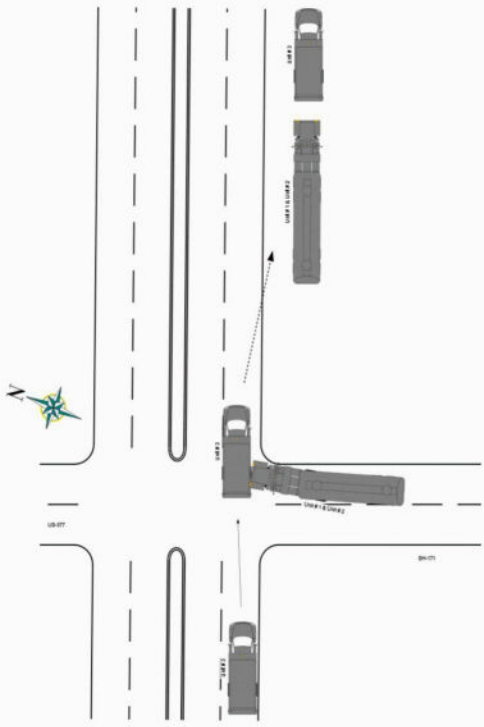
NARRATIVE AND DIAGRAM

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

Unit # 1 and towed Unit # 2 was stopped at a red light on SH -171 at the intersection of US-377 in Hood County. Unit # 3 was traveling east on US-377 through the same intersection and had a green light. Unit # 1 and its towed Unit # 2 pulled out into the intersection Failing to Yield to Unit # 3. Unit # 1 struck Unit # 3 with its LFQ causing damage to Unit # 3's RBQ. Both units were able to pull over off the roadway on US-377 just east of the intersection.

Indicate North

Field Diagram - Not to Scale



INVESTIGATOR

Date Notified (MM/DD/YYYY) 08/28/2024	Time Notified (24HRMM) 0450	How Notified Dispatched	
Date Arrived (MM/DD/YYYY) 08/28/2024	Time Arrived (24HRMM) 0535	Report Date (MM/DD/YYYY) 09/01/2024	
Date Roadway Cleared (MM/DD/YYYY) 08/28/2024	Time Roadway Cleared (24HRMM) 0450	Date Scene Cleared (MM/DD/YYYY) 08/28/2024	Time Scene Cleared (24HRMM) 0615
Investigation Complete [X] Yes [ ] No	Investigator Name (Printed) Beatty, Clint, Steven		ID Num. 13501
ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/ Region/DA HP1C05

Law Enforcement and TxDOT Use ONLY

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

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08/28/2024	0445	[redacted]	

*County Name	*City Name	☐ Outside City Limit
HOOD	CRESSON	

In your opinion, did this crash result in at least $1000 damage to any one person's property?	Latitude (decimal degrees)	Longitude — (decimal degrees)
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US	377	1				

☐ 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		45	☐ 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
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Distance from Int. or Ref. Marker	☐ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
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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	BLK	FORD	UNKNOWN	TR

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)
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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	A	[redacted]

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1	1	1	[redacted]	N	62	W	1	1	1	97	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
[redacted]	3-RBQ-1		☐ Yes ☒ No

Towed By	Towed To

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

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						/ /

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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)

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Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

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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						
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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) 08/28/2024 | Time Notified (24HRMM) 0450 | How Notified Dispatched

Date Arrived (MM/DD/YYYY) 08/28/2024 | Time Arrived (24HRMM) 0535 | Report Date (MM/DD/YYYY) 09/01/2024

Date Roadway Cleared (MM/DD/YYYY) 08/28/2024 | Time Roadway Cleared (24HRMM) 0450 | Date Scene Cleared (MM/DD/YYYY) 08/28/2024 | Time Scene Cleared (24HRMM) 0615

Investigation Complete ☒ Yes ☐ No | Investigator Name (Printed) Beatty, Clint, Steven | ID Num. 13501

ORI Num. | *Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | Service/Region/DA HPC05