

☐ 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.).

Page 1 of 2

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 10 / 21 / 2023		*Crash Time (24HRMM) 1 4 2 9		Case ID		Local Use																															
*County Name HARRIS				*City Name JERSEY VILLAGE				☐ 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. US		*Hwy. Num. 290		2 Rdwy. Part 2		Block Num. 17500		3 Street Prefix		* Street Name NORTHWEST FWY		4 Street Suffix																									
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic W		☐ Toll Road/ Toll Lane		Speed Limit 45		Const. ☐ Yes ☒ No		Workers ☐ Yes ☒ No		Secondary ☐ Yes ☒ No		Street Desc. A ONE WAY SERVICE ROAD																							
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. 8100		3 Street Prefix		Street Name JONES RD		4 Street Suffix																							
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Ref. Marker		Speed Limit 35		Street Desc. A TWO WAY LOCAL ROAD		RRX Num.																									
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																											
Veh. Year 2 0 0 6		6 Veh. Color BLU		Veh. Make KIA		Veh. Model SEDONA		7 Body Style VN																													
☐ 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. A		DOB (MM)																									
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	
1		1		1						N		52		H		1		1		1		1		97		N		96				96		97		97	
☒ Owner ☐ Lessee		Owner/Lessee Name & Address																																			
Proof of Fin. Resp. ☒ Yes ☐ No		☐ Expired ☐ Exempt		28 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.																													
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 2 -		F D -		2		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 2 0 1 9		6 Veh. Color RED		Veh. Make TOYOTA		Veh. Model COROLLA		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)																									
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1		1		1						C		57		B		2		1		1		1		97		N		96				96		97		97	
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Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		9 - -		L P -		2		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)
	2	1	NOT TRANSPORTED	JERSEY VILLAGE FIRE DEPARTMENT		

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			20				1	1	4	4	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	UNIT 2 WAS TRAVELLING WEST ON US 290 WB SERVICE AFTER HAVING JUST TURNED LEFT FROM JONES ROAD SOUTH. UNIT 1 WAS MAKING THE U-TURN UTILIZING THE DESIGNATED U-TURN LANE FROM US 290 B SR TO US 290 WB SR. UNIT 1 FAILED TO YIELD RIGHT OF WAY TO UNIT 2, STRIKING UNIT 2.	Indicate North Not To Scale 17500 NW FREEWAY SR WB

INVESTIGATOR	Date Notified (MM/DD/YYYY)	10 / 21 / 2023	Time Notified (24HRMM)	1 4 3 1	How Notified	DISPATCH		
	Date Arrived (MM/DD/YYYY) <td>10 / 21 / 2023 <td>Time Arrived (24HRMM) <td>1 4 4 3 <td>Report Date (MM/DD/YYYY) <td>10 / 21 / 2023</td> </td></td></td></td>	10 / 21 / 2023 <td>Time Arrived (24HRMM) <td>1 4 4 3 <td>Report Date (MM/DD/YYYY) <td>10 / 21 / 2023</td> </td></td></td>	Time Arrived (24HRMM) <td>1 4 4 3 <td>Report Date (MM/DD/YYYY) <td>10 / 21 / 2023</td> </td></td>	1 4 4 3 <td>Report Date (MM/DD/YYYY) <td>10 / 21 / 2023</td> </td>	Report Date (MM/DD/YYYY) <td>10 / 21 / 2023</td>	10 / 21 / 2023		
	Date Roadway Cleared (MM/DD/YYYY) <td>10 / 21 / 2023 <td>Time Roadway Cleared (24HRMM) <td>1 4 4 3 <td>Date Scene Cleared (MM/DD/YYYY) <td>10 / 21 / 2023 <td>Time Scene Cleared (24HRMM) <td>1 4 5 6</td> </td></td></td></td></td></td>	10 / 21 / 2023 <td>Time Roadway Cleared (24HRMM) <td>1 4 4 3 <td>Date Scene Cleared (MM/DD/YYYY) <td>10 / 21 / 2023 <td>Time Scene Cleared (24HRMM) <td>1 4 5 6</td> </td></td></td></td></td>	Time Roadway Cleared (24HRMM) <td>1 4 4 3 <td>Date Scene Cleared (MM/DD/YYYY) <td>10 / 21 / 2023 <td>Time Scene Cleared (24HRMM) <td>1 4 5 6</td> </td></td></td></td>	1 4 4 3 <td>Date Scene Cleared (MM/DD/YYYY) <td>10 / 21 / 2023 <td>Time Scene Cleared (24HRMM) <td>1 4 5 6</td> </td></td></td>	Date Scene Cleared (MM/DD/YYYY) <td>10 / 21 / 2023 <td>Time Scene Cleared (24HRMM) <td>1 4 5 6</td> </td></td>	10 / 21 / 2023 <td>Time Scene Cleared (24HRMM) <td>1 4 5 6</td> </td>	Time Scene Cleared (24HRMM) <td>1 4 5 6</td>	1 4 5 6
	Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed)	Polster, Aaron				ID Num.	0794
	ORI Num.	Agency JERSEY VILLAGE POLICE DEPARTMENT					Service/Region/DA	