

☐ 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 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 09 / 25 / 2023		*Crash Time (24HRMM) 0 7 5 8		Case ID		Local Use																															
*County Name BEXAR				*City Name SAN ANTONIO				☐ 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. IH		*Hwy. Num. 35		2 Rdwy. Part 4		Block Num. 0		3 Street Prefix		* Street Name LAREDO		4 Street Suffix ST																									
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic S		☐ Toll Road/ Toll Lane		Speed Limit 25		Const. Zone ☒ Yes ☐ No		Workers Present ☒ Yes ☐ No		Secondary Crash ☒ Yes ☐ No		Street Desc.																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
At ☐ Yes ☒ No		1 Rdwy. Int. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 1400		3 Street Prefix S		Street Name PECOS LA TRINIDAD		4 Street Suffix																							
Distance from Int. or Ref. Marker 200		☒ FT ☐ MI		3 Dir. from Int. or Ref. Marker N		Ref. Marker		Speed Limit 35		Street Desc.		RRX Num.																									
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																											
Veh. Year 2 0 1 5		6 Veh. Color BLK		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. 96		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		22		W		1		1		1		5		97		N		96				96		97		97	
☒ Owner ☐ Lessee		Owner/Lessee Name & Address																																			
Proof of Fin. Resp. ☒ Yes ☐ No		☐ Expired ☐ Exempt		28 Fin. Resp. Type 2		Fin. Resp. Name		Fin. Resp. Num.																													
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 2 -		F D -		6		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 4		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model RAV4		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)																									
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1		1		1						N		40		H		2		1		1		5		97		N		96				96		97		97	
2		2		6						N		19		H		2		1		1		5		97		N											
☒ Owner ☐ Lessee		Owner/Lessee Name & Address																																			
Proof of Fin. Resp. ☒ Yes ☐ No		☐ Expired ☐ Exempt		28 Fin. Resp. Type 2		Fin. Resp. Name		Fin. Resp. Num.																													
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		6 - -		B D -		6		29 Vehicle Damage Rating 2		1 2 -		F D -		6		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	44			29					2	1	98	4	3	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale
	D2 stated they were on the off ramp of IH35 S and Laredo stopped due to traffic being heavy. D2 stated she felt the impact of U1 who rear-ended her which then caused her to rear-end U3. BWC/COBAN		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	09 / 25 / 2023	Time Notified (24HRMM)	07 / 5 / 8	How Notified	DISPATCHED	
	Date Arrived (MM/DD/YYYY)	09 / 25 / 2023	Time Arrived (24HRMM)	08 / 2 / 3	Report Date (MM/DD/YYYY)	09 / 25 / 2023	
	Date Roadway Cleared (MM/DD/YYYY)	09 / 25 / 2023	Time Roadway Cleared (24HRMM)	09 / 3 / 0	Date Scene Cleared (MM/DD/YYYY)	09 / 25 / 2023	
	Time Scene Cleared (24HRMM)	09 / 3 / 0					
	Investigation Complete	☒ Yes ☐ No	Investigator Name (Printed)	LEAHY WEBSTER, DANIELLE			ID Num.

ORI Num. [REDACTED] Agency SAN ANTONIO POLICE DEPARTMENT

Service/Region/DA C | 2 | 0 |

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

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VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 09 / 25 / 2023		*Crash Time (24HRMM) 07:58		Case ID		Local Use																															
*County Name BEXAR				*City Name SAN ANTONIO				☐ 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)																																	
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Unit Num. 3		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																											
Veh. Year 2016		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model UNKNOWN		7 Body Style PK																													
☐ 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)																															
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1		1		1						N		45		H		1		1		1		1		97		N		96				96		97		97	
2		2		3						N		37		H		1		1		1		1		97		N		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
3		2		4						N		20		H		1		1		1		1		97		N											
☒ Owner ☐ Lessee		Owner/Lessee Name & Address																																			
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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																																			

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)										Case ID [REDACTED]		TxDOT Crash ID [REDACTED]		Page 4 of 4						
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INVESTIGATOR	Date Notified (MM/DD/YYYY)					Time Notified (24HRMM)					How Notified									
	09 / 25 / 2023					07 5 8					DISPATCHED									
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)					Report Date (MM/DD/YYYY)									
	09 / 25 / 2023					08 2 3					09 / 25 / 2023									
	Date Roadway Cleared (MM/DD/YYYY)					Time Roadway Cleared (24HRMM)					Date Scene Cleared (MM/DD/YYYY)					Time Scene Cleared (24HRMM)				
09 / 25 / 2023					09 3 0					09 / 25 / 2023					09 3 0					
Investigation Complete		☒ Yes ☐ No	Investigator Name (Printed)										ID Num.							
			LEAHY WEBSTER, DANIELLE										0801							
ORI Num.										Agency					Service/Region/DA					
										SAN ANTONIO POLICE DEPARTMENT					C 2 0					