

☐ 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

*Crash Date (MM/DD/YYYY) 08 / 10 / 2023		*Crash Time (24HRMM) 1 7 2 7		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) 2 9 . 4 9 4 4 2		Longitude (decimal degrees) 0 9 8 . 3 2 8 7 2																																	
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 8100		3 Street Prefix		* Street Name FM78		4 Street Suffix RD																									
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic N		☐ Toll Road/ Toll Lane		Speed Limit 45		Const. ☐ Yes ☒ No		Workers ☐ Yes ☒ No		Secondary ☒ Yes ☐ No		Street Desc. PAVED																							
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. 6700		3 Street Prefix		Street Name BEECH TRAIL		4 Street Suffix DR																							
Distance from Int. or Ref. Marker 0.5		☐ FT ☒ MI		3 Dir. from Int. or Ref. Marker S		Ref. Marker		Speed Limit 30		Street Desc. PAVED		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 0		6 Veh. Color BLU		Veh. Make JEEP		Veh. Model WRANGLER		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 5		DL/ID State		DL/ID Num.		11 DL Class 5		12 CDL End. 5		13 DL Rest. 5		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		17		H		1		1		99		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 2		Fin. Resp. Name		Fin. Resp. Num.																													
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 2 - F C - 1		29 Vehicle Damage Rating 2		1 2 - F C - 1		Vehicle ☐ Yes ☒ No																											
Towed By N/A		Towed To N/A																																			
Unit Num. 2		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																											
Veh. Year 2 0 1 6		6 Veh. Color RED		Veh. Make TOYOTA		Veh. Model RAV4		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)																									
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		60		H		2		1		99		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		6 - B C - 3		29 Vehicle Damage Rating 2		1 2 - F C - 1		Vehicle ☐ Yes ☒ No																											
Towed By N/A		Towed To N/A																																			

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)										Case ID [REDACTED]		TxDOT Crash ID [REDACTED]		Page 2 of 4				
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.					
	1	1	NO DL										[REDACTED]					
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.				32 Veh. Type					
	Carrier's Corp. Name				Carrier's Primary Addr.													
	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	19	22							1	1	97	1	1	1	17		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale							
	Driver of unit 3 stated that his diesel line came off causing his vehicle to stall in the middle of the roadway. Unit 2 stated that she observed unit 3 come to stop and was able to stop before crashing into unit 3. Unit 2 stated that she was rear ended by unit 1 which caused her to impact unit 3 causing damage to all three vehicles. Driver of unit 1 stated that he was not able to stop in time to prevent the crash.										Indicate North 8100 BLK OF FM 78 POINT OF IMPACT POINT OF IMPACT UNIT 1 UNIT 2 UNIT 3 N Not To Scale							
INVESTIGATOR	Date Notified (MM/DD/YYYY) 08 / 10 / 2023						Time Notified (24HRMM) 1 7 3 0				How Notified DISPATCHED							
	Date Arrived (MM/DD/YYYY) 08 / 10 / 2023						Time Arrived (24HRMM) 1 7 3 7				Report Date (MM/DD/YYYY) 08 / 10 / 2023							
	Date Roadway Cleared (MM/DD/YYYY) 08 / 10 / 2023						Time Roadway Cleared (24HRMM) 1 7 3 7				Date Scene Cleared (MM/DD/YYYY) 08 / 10 / 2023							
											Time Scene Cleared (24HRMM) 1 8 1 5							
	Investigation Complete ☒ Yes ☐ No		Investigator Name (Printed) Castaneda, Jose				ID Num. 42612											
ORI Num. [REDACTED] Agency BEXAR COUNTY LAW ENFORCEMENT										Service/Region/DA E								

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Unit Num. 3		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																											
Veh. Year 2 0 1 1		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F250		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/DD/YYYY)																									
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