

☐ 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.).

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IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 10 / 02 / 2023		*Crash Time (24HRMM) 1 3 4 5		Case ID		Local Use																															
*County Name BOWIE				*City Name				☒ 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) 3 3 ' 3 7 7 3 5				Longitude (decimal degrees) 0 9 4 ' 2 2 1 1 1																													
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. US		*Hwy. Num. 67		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																									
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic E		☐ Toll Road/ Toll Lane		Speed Limit 60		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. CR		Hwy. Num. 1214		2 Rdwy. Part 1		Block Num.		3 Street Prefix		Street Name		4 Street Suffix																							
Distance from Int. or Ref. Marker 0.5		☐ FT ☒ MI		3 Dir. from Int. or Ref. Marker W		Ref. Marker		Speed Limit		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 1		6 Veh. Color BRO		Veh. Make CHEVROLET		Veh. Model TAHOE		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)																									
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						B		20		W		2		1		1		2		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 - 3		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 2 0		6 Veh. Color WHI		Veh. Make TOYOTA		Veh. Model YARIS		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)																															
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1		1		1						B		48		W		2		1		1		5		97		N		96				96		97		97	
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Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		1 2 - F D - 4		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)
	1	1	ST. MICHAELS HOSPITAL TEXARKANA	LIFENET		
	2	1	WADLEY REGIONAL MDEICAL CENTER	LIFENET		

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	47	23					1	1	97	1	1	1	11	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale
	Unit#1 was traveling east on US-67. Unit#2 was traveling west on US-67. Unit#1 entered into unit#2's lane of travel where unit#2 attempted to take evasive action by entering onto the shoulder of US-67. Unit#1 continued to travel across the westbound lane of travel and entered onto the shoulder also. Unit#1 struck the front of unit#2 with its front. Unit#1 bounced off of unit#2 where it came to rest in the center of US -67 facing southeast. Unit#2 entered a counterclockwise motion where it came to rest facing southeast in the center of US-67. Speaking with two witnesses on scene, it was determined that unit#1 had missed the two cars in front unit#2 before striking unit#2. They also stated that unit#1 had been swerving into oncoming traffic just before the crash. Speaking with the driver of unit#1 she stated the only thing she remembers was getting into the vehicle. I asked her if she had anything to drink or taken any medication when she stated that she has seizures and did not take her medicine last night. The Lifenet personnel advised that she did in fact have signs of having a seizure such as urinating on herself. It is believed that the driver of unit#1 has a medical condition that was the contributing factor to the crash.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)		10 / 02 / 2023		Time Notified (24HRMM)		1 3 5 0		How Notified		DPS COMMUNICATIONS	
	Date Arrived (MM/DD/YYYY)		10 / 02 / 2023		Time Arrived (24HRMM)		1 4 1 0		Report Date (MM/DD/YYYY)		10 / 02 / 2023	
	Date Roadway Cleared (MM/DD/YYYY)		10 / 02 / 2023		Time Roadway Cleared (24HRMM)		1 5 0 0		Date Scene Cleared (MM/DD/YYYY)		10 / 02 / 2023	
	Time Scene Cleared (24HRMM)		1 5 0 0		Investigation Complete ☒ Yes ☐ No		Investigator Name (Printed)		STOVALL, QUINTEN		ID Num. 15505	
	ORI Num.				*Agency		DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA		H P 1 D 0 4	