

☐ 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

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 09 / 29 / 2023		*Crash Time (24HRMM) 06 : 05		Case ID		Local Use																													
*County Name HARRIS				*City Name LA PORTE				☐ 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. SH		*Hwy. Num. 146		2 Rdwy. Part 2		Block Num. 1000		3 Street Prefix S		* Street Name SH 146		4 Street Suffix																							
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic S		☐ Toll Road/ Toll Lane		Speed Limit 40		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. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 1000		3 Street Prefix W		Street Name FAIRMONT		4 Street Suffix PKWY																					
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		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 2012		6 Veh. Color RED		Veh. Make FORD		Veh. Model F250		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)																													
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		32		W		1		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		4		29 Vehicle Damage Rating 2										Vehicle Inventoried ☒ 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 2010		6 Veh. Color BRO		Veh. Make GMC		Veh. Model ACADIA		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		37		W		2		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		3		R		&		T		4		29 Vehicle Damage Rating 2										Vehicle Inventoried ☒ No											
Towed By		Towed To																																	

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID	TxDOT Crash ID		Page 2 of 2											
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	DISREGARD RED LIGHT													
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	15								1	3	4	3	1	1	5
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale					
	Unit 1 was traveling southbound on SH 146 frontage road approaching the intersection. Unit 2 was traveling westbound through the intersection on Fairmont and had the green light. According to the witness unit one disregarded the red light and struck unit 2. Unit 1 is the at fault vehicle. Witness Information															
INVESTIGATOR	Date Notified (MM/DD/YYYY)				Time Notified (24HRMM)				How Notified							
	09 / 29 / 2023				06 0 9				DISPATCHED							
	Date Arrived (MM/DD/YYYY)				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)							
	09 / 29 / 2023				06 1 2				09 / 29 / 2023							
	Date Roadway Cleared (MM/DD/YYYY)				Time Roadway Cleared (24HRMM)				Date Scene Cleared (MM/DD/YYYY)				Time Scene Cleared (24HRMM)			
09 / 29 / 2023				06 5 9				09 / 29 / 2023				06 5 9				
Investigation Complete		☒ Yes ☐ No	Investigator Name (Printed)				ID Num.									
			DORNELLY, MARTIN				486067									
ORI Num.		Agency				Service/Region/DA										
		LA PORTE POLICE DEPARTMENT														