



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) 1 0 / 2 6 / 2 0 2 3	*Crash Time (24HRMM) 0 8 1 1	Case ID	Local Use TD04
*County Name DALLAS	*City Name DALLAS	☐ 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. 35E	2 Rdwy. Part 1	Block Num. 1700
3 Street Prefix N		* Street Name STEMMONS	
4 Street Suffix FWY			
☐ Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic N	☐ Toll Road/ Toll Lane	Speed Limit 60
Const. Zone ☒ No	Workers Present ☒ No	Secondary Crash ☒ No	Street Desc.
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER			
At Int. ☒ No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1
Block Num.	3 Street Prefix	Street Name OAK LAWN	
4 Street Suffix AVE			
Distance from Int. or Ref. Marker 200	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker S	Ref. Marker
Speed Limit 60	Street Desc.		RRX Num.
Unit Num. 1	5 Unit Desc. 1	☐ Packed Vehicle ☐ Hit and Run	LP State TX
LP Num.	VIN		
Veh. Year 2 0 1 5	6 Veh. Color BLU	Veh. Make HONDA	Veh. Model ACCORD
7 Body Style P4			
☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit UNKNOWN	9 Autonomous Level Engaged UNKNOWN	☐ 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)	
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
1	1	1	C
36	B	2	1
1	1	1	97
N	96	96	97
97	97	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
☒ Owner ☐ Lessee	Owner/Lessee Name & Address		
Proof of Fin. Resp. ☒ Yes ☐ No	☐ Expired ☐ Exempt	28 Fin. Resp. Type 1	Fin. Resp. Name
Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried ☒ Yes ☐ No
Towed By DSO TOW	Towed To DSO TOW		
Unit Num. 2	5 Unit Desc. 1	☐ Packed Vehicle ☐ Hit and Run	LP State TX
LP Num.	VIN		
Veh. Year 2 0 1 9	6 Veh. Color WHI	Veh. Make HONDA	Veh. Model ACCORD
7 Body Style P4			
☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit UNKNOWN	9 Autonomous Level Engaged UNKNOWN	☐ 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)	
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
1	1	1	N
21	W	2	1
1	1	1	97
N	96	96	97
97	97	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
☐ Owner ☒ Lessee	Owner/Lessee Name & Address		
Proof of Fin. Resp. ☒ Yes ☐ No	☐ Expired ☐ Exempt	28 Fin. Resp. Type 2	Fin. Resp. Name
Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried ☐ Yes ☒ No
Towed By	Towed To		



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*Crash Date (MM/DD/YYYY)	1 0 / 2 6 / 2 0 2 3	*Crash Time (24HRMM)	0 8 1 1	Case ID		Local Use	TD04														
*County Name	DALLAS	*City Name	DALLAS				☐ 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.	35E	2 Rdwy. Part	1	Block Num.	1700														
3 Street Prefix	N	* Street Name	STEMMONS	4 Street Suffix	FWY																
☐ Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	N	☐ 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 Int.	☐ Yes ☒ No	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part	1														
Block Num.		3 Street Prefix		Street Name	OAK LAWN	4 Street Suffix	AVE														
Distance from Int. or Ref. Marker	200	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	S	Ref. Marker	Speed Limit	60														
Street Desc.				RRX Num.																	
Unit Num.	3	5 Unit Desc.	1	☐ Parked Vehicle	☐ Hit and Run	LP State	TX														
LP Num.		VIN																			
Veh. Year	2 0 1 8	6 Veh. Color	BLK	Veh. Make	CHEVROLET	Veh. Model	IMPALA														
7 Body Style	P4	☐ Responder Struck (Explain in Narrative if checked)			8 Autonomous Unit	UNKNOWN	9 Autonomous Level Engaged	UNKNOWN													
☐ 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)																	
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	43	W	1	1	1	1	97	N	96		96	97	97	
								Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
☒ Owner ☐ Lessee	Owner/Lessee Name & Address																				
Proof of Fin. Resp.	☐ Yes ☒ No	Expired ☐ Exempt	28 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.													
Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1				29 Vehicle Damage Rating 2				Vehicle Inventoried				☒ Yes ☐ No					
Towed By				DSO TOW				Towed To				DSO TOW									
Unit Num.	5 Unit Desc.	☐ Parked Vehicle	☐ Hit and Run	LP State		LP Num.		VIN													
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model		7 Body Style													
☐ Responder Struck (Explain in Narrative if checked)				8 Autonomous Unit				9 Autonomous Level Engaged				☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)									
10 DL/ID Type		DL/ID State		DL/ID Num.		11 DL Class		12 CDL End.		13 DL Rest.		DOB (MM/DD/YYYY)									
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	
								Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
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Proof of Fin. Resp.	☐ Yes ☐ No	Expired ☐ Exempt	28 Fin. Resp. Type	Fin. Resp. Name				Fin. Resp. Num.													
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			TxDOT Crash ID			Page 4 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.								
	3	1	NO INSURANCE																		
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			
	3	60	20																		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale										
INVESTIGATOR	Date Notified (MM/DD/YYYY)										Time Notified (24HRMM)				How Notified						
	1 0 / 2 6 / 2 0 2 3										0 8 1 3				RADIO DISPATCHED						
	Date Arrived (MM/DD/YYYY)										Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)						
	1 0 / 2 6 / 2 0 2 3										0 8 2 7				1 0 / 2 6 / 2 0 2 3						
	Date Roadway Cleared (MM/DD/YYYY)										Time Roadway Cleared (24HRMM)				Date Scene Cleared (MM/DD/YYYY)				Time Scene Cleared (24HRMM)		
1 0 / 2 6 / 2 0 2 3										0 8 3 7				1 0 / 2 6 / 2 0 2 3				0 9 3 1			
Investigation Complete		☒ Yes ☐ No	Investigator Name (Printed)										ID Num.								
			TINSLEY, R										1137								
ORI Num.		T X 0 5 7 0 0 0 0	*Agency										Service/Region/DA								
			DALLAS COUNTY SHERIFF'S OFFICE										T S 2								