



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*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

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*Crash Date (MM/DD/YYYY) 1 2 / 0 9 / 2 0 2 2		*Crash Time (24HRMM) 1 8 1 0		Case ID		Local Use																															
*County Name DALLAS				*City Name DALLAS				☐ Outside City Limit																													
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		☒ Yes ☐ No		Latitude (decimal degrees)		Longitude (decimal degrees)																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 8100		3 Street Prefix		* Street Name LAKE JUNE		4 Street Suffix RD																									
☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		☐ Toll Road/Toll Lane		Speed Limit 40		Const. Zone ☐ Yes ☒ No		Workers Present ☐ 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. 1300		3 Street Prefix		Street Name CONNER		4 Street Suffix ST																							
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Reference Marker		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 0 1		6. Veh. Color GRN		Veh. Make FORD		Veh. Model F150		7 Body Style PK		☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num.		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY)																									
Address (Street, City, State, ZIP)																																					
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1						N		51				1		1		1		1		97		N		96				96		97		97	
2		2		3						N		24				1		1		1		1		97		N		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		26 Fin. Resp. Type 5		Fin. Resp. Name		Fin. Resp. Num.																													
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1		2		- R F Q - 3		27 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 1		6. Veh. Color BLK		Veh. Make HONDA		Veh. Model CIVIC		7 Body Style P4		☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num.		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY)																									
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1		1		1						B		25				2		1		1		1		97		N		96				96		97		97	
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Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1		1		0 - L F Q - 3		27 Vehicle Damage Rating 2														Vehicle Inventoried ☐ Yes ☒ No													
Towed By		CONTRACT WRECKER SERVICE		Towed To																																	

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	2	1	TREATED AT SCENE	DALLAS FIRE / RESCUE		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	2	1	FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY (NO INSURANCE)	

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

Unit Num.	☐ 10,001+ LBS.	☐ TRANSPORTING HAZARDOUS MATERIAL	☐ 9+ CAPACITY	CMV Disabling Damage? ☐ Yes ☐ No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	☐ RGVW ☐ GVWR	HazMat Released ☐ Yes ☐ No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ GVWR	34 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit ☐ Yes ☐ No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	98															
	2	98								3	3	4	2	1	2	5	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	BWC THE DRIVER OF UNIT ONE WAS TRAVELING EASTBOUND IN THE 8100 BLOCK OF LAKE JUNE ROAD. THE DRIVER OF UNIT TWO WAS TRAVELING NORTHBOUND ON CONNER STREET MAKING A RIGHT HAND TURN TO PROCEED EASTBOUND IN THE 8100 BLOCK OF LAKE JUNE ROAD. THE DRIVER OF UNIT ONE ADVISED THAT HE HAD A YELLOW LIGHT AND PROCEED THROUGH THE INTERSECTION AS THE DRIVER OF UNIT TWO COLLIDED LEFT FRONT QUARTER TO HIS RIGHT FRONT QUARTER. THE DRIVER OF UNIT TWO ADVISED SHE HAD THE RIGHT OF WAY AS THE DRIVER OF UNIT ONE COLLIDED RIGHT FRONT QUARTER TO UNIT TWO'S LEFT FRONT QUARTER. REPORTING OFFICER WAS NOT ABLE TO ESTABLISH AT FAULT OF THIS ACCIDENT.	

INVESTIGATOR	Time Notified (24HR:MM)	1 8 2 9	How Notified	DISPATCHED	Time Arrived (24HRMM)	1 8 3 7	Report Date (MM/DD/YYYY)	12 / 13 / 2022
	Invest. Comp.	☒ Yes ☐ No	Investigator Name (Printed) Carter, Oscar				ID Num.	7616
	ORI Num.	T X 0 0 0 0 0 0 6	*Agency DALLAS POLICE DEPARTMENT				Service/Region/DA	0 3