



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	*Crash Date (MM/DD/YYYY)	10 / 29 / 2023	*Crash Time (24HRMM)	1 9 2 5	Case ID		Local Use														
	*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.	LR	*Hwy. Num.		2 Rdwy. Part	1	Block Num.	8600	3 Street Prefix		* Street Name	COPPERTOWNE	4 Street Suffix	LN							
	☐ Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	E	☐ Toll Road/ Toll Lane	Speed Limit	20	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.	8600	3 Street Prefix		Street Name	BRITTANIA	4 Street Suffix	WAY						
Distance from Int. or Ref. Marker	150	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	W	Ref. Marker		Speed Limit	20	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 4	6 Veh. Color	RED	Veh. Make	NISSAN	Veh. Model	TITAN	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.	A	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	28	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		2	Fin. Resp. Name		Fin. Resp. Num.												
Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1				1 1 - F C - 0	29 Vehicle Damage Rating 2				Vehicle Inventoried				☐ Yes ☒ No				
Towed By				Towed To																	
Unit Num.	2	5 Unit Desc.	4	☐ 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			NO			9 Autonomous Level Engaged			NO AUTOMATION			☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)							
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1	4	16						B	84	A	2	97	97	97	97	N	96		96	97	97
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☐ 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				Towed To																	

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

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	PEDESTRIAN'S DOG		

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	36										3	4	98	1	1	2	15

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 E/B 8600 COPPERTOWNE LN, IN THE RIGHT LANE. PEDESTRIAN 1 & DOG WERE WALKING E/B 8600 COPPERTOWN LN ON THE LEFT SIDE OF THE ROAD. PEDESTRIAN 1 & DOG WERE WALKING E/B 8600 COPPERTOWN LN CROSSING THE PARKING LOT WHEN UNIT 1 WHO WAS TURNING LEFT INTO THE PARKING LOT FAILED TO YIELD RIGHT OF WAY TO A PEDESTRIAN & COLLIDED FC WITH PEDESTRIAN 1 & THE DOG, THE DOG WAS FATALLY INJURED & PEDESTRIAN 1 SUFFERED MINOR INJURIES.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	1 0 / 3 0 / 2 0 2 3	Time Notified (24HRMM)	0 7 5 5	How Notified	DISPATCHED
	Date Arrived (MM/DD/YYYY)	1 0 / 3 0 / 2 0 2 3	Time Arrived (24HRMM)	0 8 1 4	Report Date (MM/DD/YYYY)	1 0 / 3 0 / 2 0 2 3
	Date Roadway Cleared (MM/DD/YYYY)	1 0 / 2 9 / 2 0 2 3	Time Roadway Cleared (24HRMM)	2 0 0 0	Date Scene Cleared (MM/DD/YYYY)	1 0 / 3 0 / 2 0 2 3
	Time Scene Cleared (24HRMM)	0 9 4 0	Investigation Complete	☒ Yes ☐ No	Investigator Name (Printed)	Purkey, J.
	ORI Num.	T X 0 0 0 0 0 6	*Agency	DALLAS POLICE DEPARTMENT	ID Num.	11242

Service/Region/DA02