



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

*Crash Date (MM/DD/YYYY) 11 / 09 / 2022	*Crash Time (24HRMM) 1312	Case ID	Local Use
*County Name TARRANT	*City Name FORT WORTH	☐ 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) 32.73497	Longitude — (decimal degrees) 097.33159	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. LR	*Hwy. Num.	2 Rdwy. Part 1	Block Num. 900
3 Street Prefix		* Street Name HEMPHILL	
4 Street Suffix ST			
☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	☐ Toll Road/ Toll Lane	Speed Limit 45	Const. Zone ☐ Yes ☒ No
Workers Present ☐ Yes ☒ No	Street Desc. LOCAL ROAD		
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. 700		3 Street Prefix W	
Street Name TERRELL		4 Street Suffix AVE	
Distance from Int. or Ref. Marker	☐ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Reference Marker
Street Desc. LOCAL ROAD		RRX Num.	

VEHICLE, DRIVER, & PERSONS

Unit Num. 1	5 Unit Desc. 1	☐ Parked Vehicle	☐ Hit and Run	LP State TX	LP Num.	VIN
Veh. Year 2009	6. Veh. Color MAR	Veh. Make CADILLAC		Veh. Model CTS	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)
Address (Street, City, State, ZIP)						
Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity N
				Age 83	15 Ethnicity	16 Sex 2
					17 Eject. 1	18 Restr. 1
					19 Airbag 1	20 Helmet 97
					21 Sol. N	22 Alc. Spec. 96
					Alc. Result	23 Drug Spec. 96
						24 Drug Result 97
						25 Drug Category 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	26 Fin. Resp. Type 1	Fin. Resp. Name	Fin. Resp. Num.		
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 12 - F C - 7		27 Vehicle Damage Rating 2		Vehicle Inventoried ☐ Yes ☒ No	
Towed By AAA		Towed To				

VEHICLE, DRIVER, & PERSONS

Unit Num. 2	5 Unit Desc. 1	☐ Parked Vehicle	☐ Hit and Run	LP State TX	LP Num.	VIN
Veh. Year 2009	6. Veh. Color GRY	Veh. Make NISSAN		Veh. Model ALTIMA	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. A	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						
Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity N
				Age 24	15 Ethnicity	16 Sex 2
					17 Eject. 1	18 Restr. 1
					19 Airbag 3	20 Helmet 97
					21 Sol. N	22 Alc. Spec. 96
					Alc. Result	23 Drug Spec. 96
						24 Drug Result 97
						25 Drug Category 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	26 Fin. Resp. Type 1	Fin. Resp. Name	Fin. Resp. Num.		
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 3 - R P - 7		27 Vehicle Damage Rating 2		Vehicle Inventoried ☐ Yes ☒ No	
Towed By BIVINS		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)

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

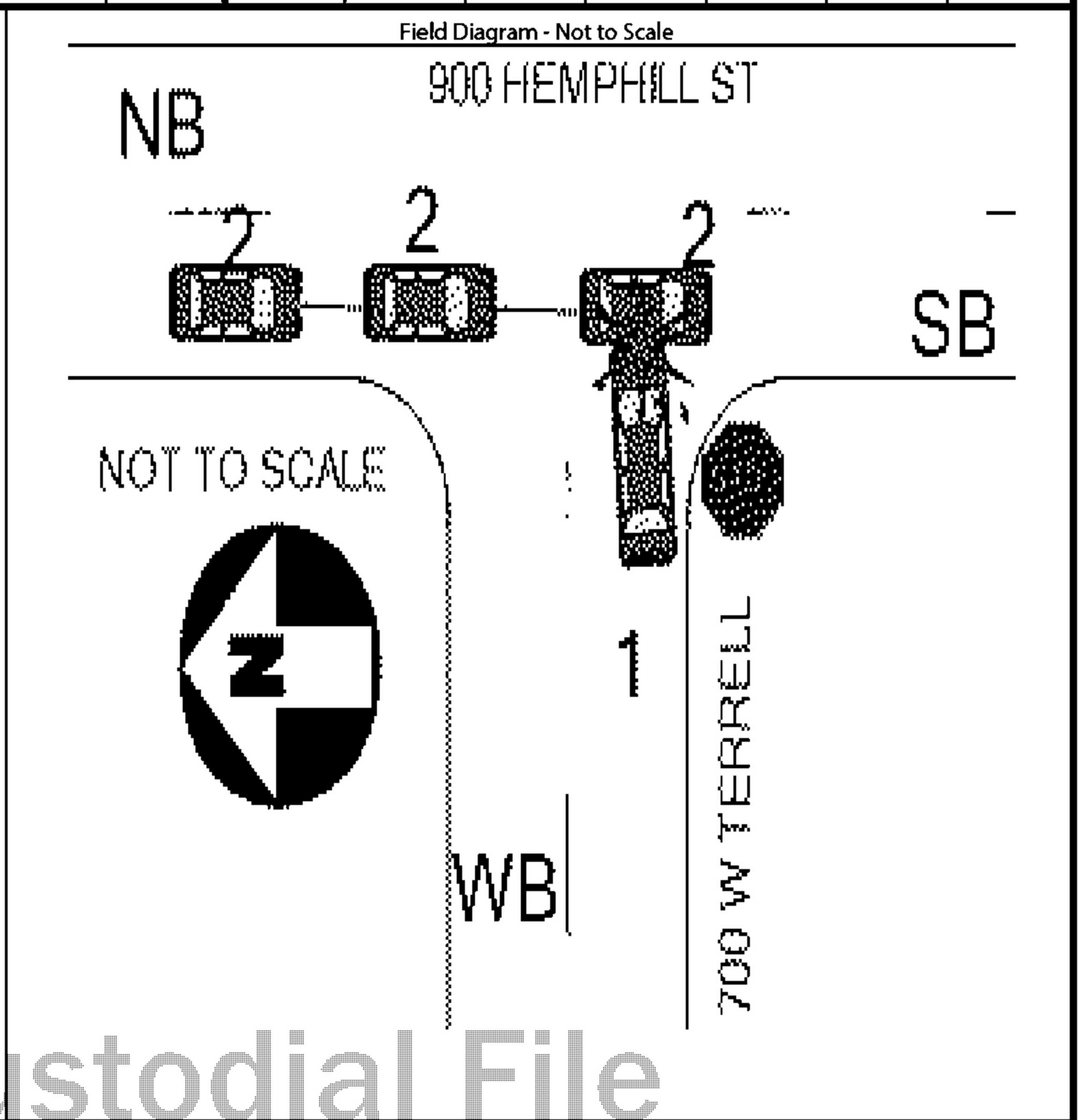
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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	16								1	1	2	1	1	1	8

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

ON 110922 I OFFICER ID GARNER #3924 WAS DISPATCHED TO AN ACCIDENT AT 900 HEMPHILL ST. UPON ARRIVAL I SPOKE WITH THE DRIVERS OF BOTH UNITS WHO ADVISED ME OF THE FOLLOWING. UNIT 1 STATED THAT SHE WAS AT THE STOP SIGN AT 700 W TERRELL FACING EAST AND ATTEMPTING TO TURN SOUTH ON HEMPHILL. UNIT 1 STATED THAT SHE DID NOT SEE UNIT 2 WHEN SHE PROCEEDED THROUGH THE STOP SIGN AND COLLIDED WITH UNIT 2. UNIT 2 STATED THAT SHE WAS TRAVELING SOUTH AT THE ABOVE LOCATION WHEN UNIT 1 PROCEEDED THROUGH THE STOP SIGN AND COLLIDED WITH HER.



INVESTIGATOR	Time Notified (24HR:MM)	1 3 2 4	How Notified	DISPATCHED	Time Arrived (24HRMM)	1 3 2 9	Report Date (MM/DD/YYYY)	11 / 09 / 2022
	Invest. Comp.	☒ Yes ☐ No	Investigator Name (Printed) GARNER, ISIAH				ID Num.	3924
	ORI Num.	T X 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT				Service/Region/DA	2 0 0 0 0 0