Law Enforcement and TxDOT Use ONLY
☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
002	002	

Texas Department of Transportation

Texas Peace Officer's Crash Report (Form CR-3 4/1/2023)

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.).

Questions? Call 844/274-7457

IDENTIFICATION & LOCATION

★Crash Date (MM/DD/YYYY)	★Crash Time (24HRMM)	Case ID	Local Use
09/29/2024	2249	[redacted]	

★County Name	★City Name	Outside City Limit
PARKER	FORT WORTH	☐

In your opinion, did this crash result in at least $1,000 damage to any one person's property? ☒ Yes ☐ No

Latitude (decimal degrees): 32.746600
Longitude (decimal degrees): −097.337551

ROAD ON WHICH CRASH OCCURRED

★1 Rdwy. Sys.	★Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	★Street Name	4 Street Suffix
LR		1	701	N	HENDERSON	

Private Drive or Road, Private Property, Parking Lot	3. Dir of Traffic	Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Secondary Crash	Street Desc.
☐	N	☐	35	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	LANCASTER

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
☒ Yes ☐ No	LR		1			LANCASTER	

Distance from Int. or Ref. Marker	☐ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Ref. Marker	Speed Limit	Street Desc.	RRX Num.
				35		

VEHICLE, DRIVER, & PERSONS

Unit 1

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num	VIN
1	1	☐	☐	TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2020	BLK	CHEVROLET	SILVERADO C1500	PK

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)
	NO	NO AUTOMATION	

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	98	96	96	[redacted]

Address (Street, City, State, ZIP): [redacted]

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	[redacted]	N	20	[redacted]	2	1	1	1	97	N	2		2	99	99

Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each unit

☒ Owner ☐ Lessee	Owner/Lessee Name & Address
	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
	12 - FC - 1	7 - BL - 1	☒ Yes ☐ No

Towed By	Towed To
TEXAS TOWING	[redacted]

Unit 2

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num	VIN
2	1	☐	☐	TX	[redacted]	[redacted]

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style
2012	SIL	SUBARU	IMPREZA	P4

☐ Responder Struck (Explain in Narrative if checked)	8 Autonomous Unit	9 Autonomous Level Engaged	☐ Police, Fire, EMS on Emergency (Explain in Narrative if checked)
	NO	NO AUTOMATION	

10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	12 CDL End.	13 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	98	96	96	[redacted]

Address (Street, City, State, ZIP): [redacted]

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	[redacted]	N	36	[redacted]	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
	[redacted]

Proof of Fin. Resp.	28 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	1	[redacted]	[redacted]

Fin. Resp. Phone Num.	29 Vehicle Damage Rating 1	29 Vehicle Damage Rating 2	Vehicle Inventoried
	7 - BL - 1	12 - FC - 1	☐ Yes ☒ No

Towed By	Towed To
PURRFECT TOWING	[redacted]

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.
1	1	DWI	

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	☐ RGVW ☐ 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.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage? ☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ 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	19			20							1	3	4	1	1	1	17

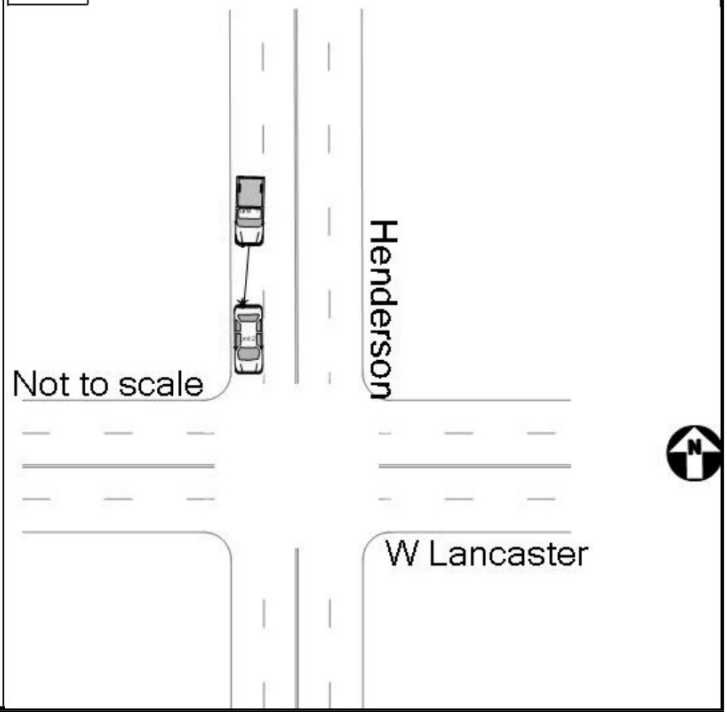
NARRATIVE AND DIAGRAM

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

UNIT 2 STATED HE WAS STATIONARY AT THE REDLIGHT ABOUT TO MAKE A RIGHT TURN ONTO HENDERSON FROM LANCASTER WHEN UNIT 1 RAN INTO THE BACK OF HIM CAUSING A COLLISON. UNIT 2 STATED THAT UNIT 1 SAID SHE WAS PULLING INTO THE GAS STATION BUT CONTINUED SOUTH ON HENDERSON.

Indicate North

Field Diagram - Not to Scale



INVESTIGATOR

Date Notified (MM/DD/YYYY) 09/29/2024	Time Notified (24HRMM) 2249	How Notified DISPATCH	
Date Arrived (MM/DD/YYYY) 09/30/2024	Time Arrived (24HRMM) 0015	Report Date (MM/DD/YYYY) 09/30/2024	
Date Roadway Cleared (MM/DD/YYYY) 09/30/2024	Time Roadway Cleared (24HRMM) 0015	Date Scene Cleared (MM/DD/YYYY) 09/30/2024	Time Scene Cleared (24HRMM) 0015
Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed) HARPER K	ID Num. 5046	
ORI Num. TX2201200	*Agency FORT WORTH POLICE DEPARTMENT	Service/ Region/DA CENTRL	