Law Enforcement and TxDOT Use ONLY

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	2	Total Num. Prsns.	3	TxDOT Crash ID	[redacted]

Texas Department of Transportation

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.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)	*Crash Time (24HRMM)	Case ID	Local Use
12/10/2022	0238	[redacted]	151

*County Name	*City Name	Outside City Limit
COLLIN	FRISCO	☐

In your opinion, did this crash result in at least $1,000 damage to any one person's property?	Latitude (decimal degrees)	Longitude — (decimal degrees)
☒ Yes ☐ No	33.10827	096.82906

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix
PV		1	3610		Avenue of Champions	

☒ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	☐ Toll Road/ Toll Lane	Speed Limit	Const. Zone	Workers Present	Street Desc.
			☐ Yes ☒ No	☐ Yes ☒ No	PAVED PARKING GARAGE

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	6600		WINNING	DR

Distance from Int. or Ref. Marker	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
230		N		PAVED STREET	

VEHICLE, DRIVER, & PERSONS

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	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
2022	BLK	KIA	FORTE	P4	☐

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	96	[redacted]

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

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	[redacted]	N	22	[redacted]	1	1	1	1	97	N	2		96	97	97
2	2	3	[redacted]	N	22	[redacted]	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
	[redacted]

Proof of Fin. Resp.	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☒ Yes ☐ No ☐ Expired ☐ Exempt	2	[redacted]	[redacted]

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried
[redacted]	1-FC-1	-	☐ Yes ☒ No

Towed By	Towed To
LW TOWING	[redacted]

Unit Num.	5 Unit Desc.	Parked Vehicle	Hit and Run	LP State	LP Num.	VIN
2	4	☐	☐			

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
					☐

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
1	TX	[redacted]	C	96	96	[redacted]

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

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	4	16	[redacted]	B	41	[redacted]	1	97	97	97	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

Copy from Custodial File

Proof of Fin. Resp.	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
☐ Yes ☐ No ☐ Expired ☐ Exempt			

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 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 (24HR:MM)
2	1	TEXAS HEALTH PRESBYTERIAN PLANO	FRISCO FIRE/EMS		

CHARGES

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
1	1	Driving While Intoxicated	

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	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)				
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.	
1	45									

38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	3	97	98	2	1	96

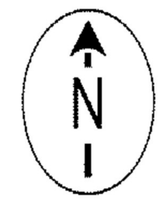
NARRATIVE AND DIAGRAM

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

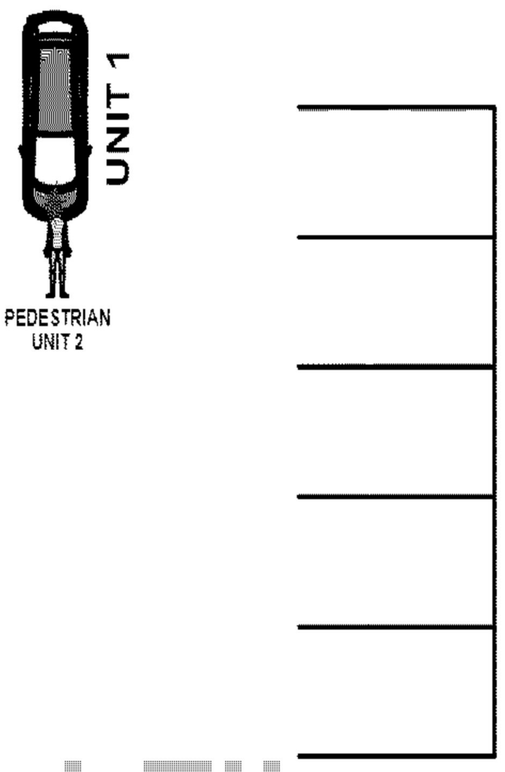
Unit 1 was leaving the parking garage. Unit 1 began driving down the ramp toward the parking garage exit. Pedestrian [redacted] was walking through the parking garage. Unit 1 struck [redacted] while he was walking through the garage. [redacted] received what appeared to be a minor head injury.

Field Diagram - Not to Scale

Blue Star Parking Garage,
3610 Avenue Of Champions,
Frisco, Collin County, Texas



Not To Scale



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INVESTIGATOR

Time Notified (24HR:MM) 0240	How Notified DISPATCHED	Time Arrived (24HRMM) 0246	Report Date (MM/DD/YYYY) 12/10/2022
Invest. Comp. ☒ Yes ☐ No	Investigator Name (Printed) Hutchings, W.		ID Num. 3702
ORI Num. TX0430400	*Agency FRISCO POLICE DEPARTMENT		Service/ Region/DA 01