



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.).

Page 1 of 5

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

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*Crash Date (MM/DD/YYYY) 08 / 18 / 2022		*Crash Time (24HRMM) 1 5 1 3		Case ID		Local Use 29B																															
*County Name DALLAS				*City Name GARLAND				☐ 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. 7300		3 Street Prefix N		* Street Name SHILOH		4 Street Suffix RD																									
☐ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		☐ Toll Road/ Toll Lane		Speed Limit 35		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. 7200		3 Street Prefix N		Street Name GEORGE BUSH SERVICE		4 Street Suffix RD																							
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc. 50		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 8		6. Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 1500		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						B		19				1		1		1		2		97		N		96				96		97		97	
☒ 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		1 2 - F D - 6		27 Vehicle Damage Rating 2																													
Towed By COG WRECKER				Towed To COG IMPOUND																																	
Unit Num. 2		5 Unit Desc. 1		☐ Parked Vehicle		☐ Hit and Run		LP State TX		LP Num.		VIN																									
Veh. Year 2 0 2 0		6. Veh. Color GRY		Veh. Make KIA		Veh. Model SORENTO		7 Body Style SV		☐ 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		33				2		1		1		5		97		N		96				96		97		97	
☒ 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 - 6		27 Vehicle Damage Rating 2																													
Towed By COG WRECKER				Towed To COG IMPOUND																																	

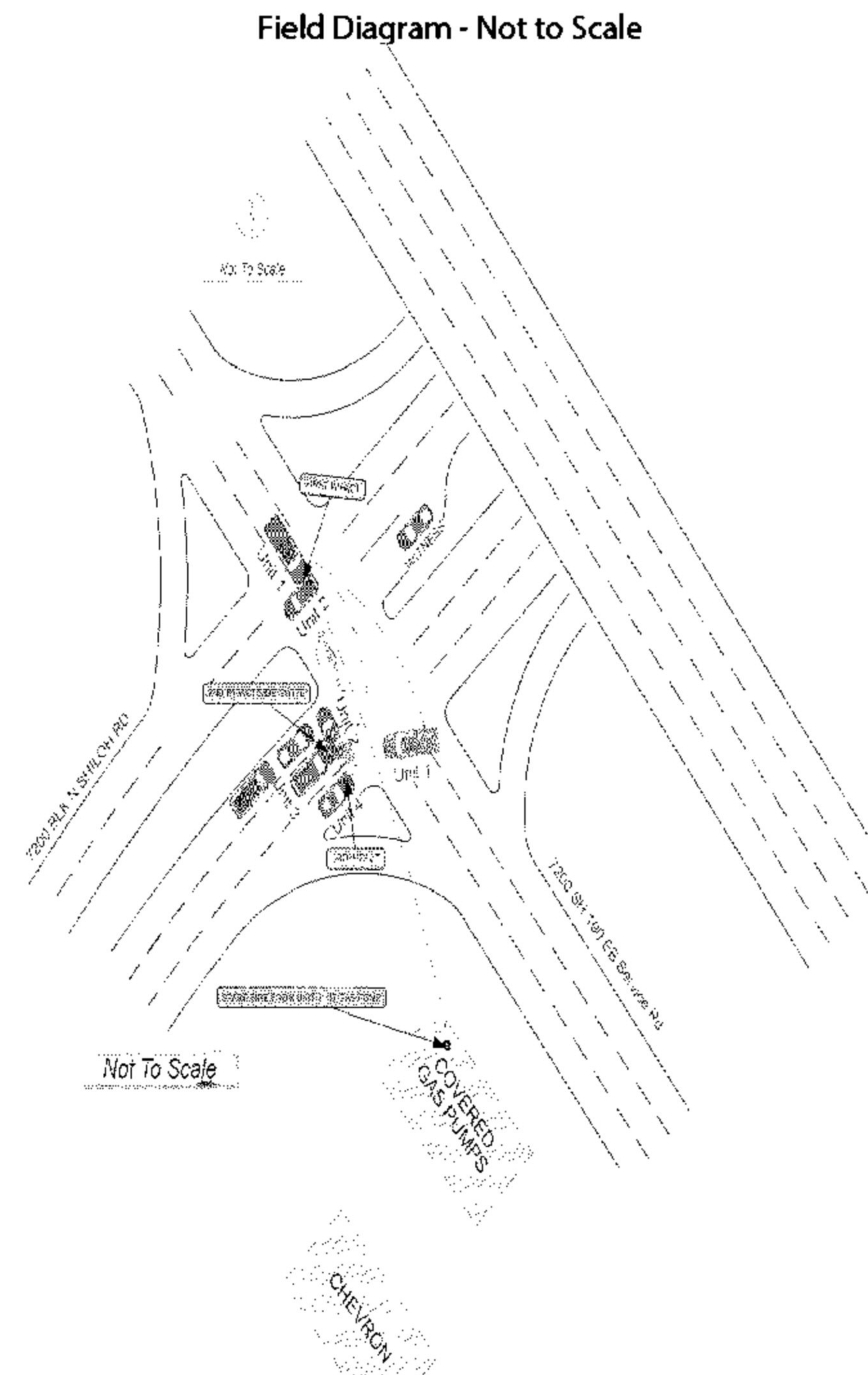
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	REFUSED	GARLAND FIRE DEPARTMENT		
	2	1	HOSPITAL (SEE NARRATIVE)	GARLAND FIRE DEPARTMENT		

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	GAS PUMP	CHEVRON	7235 N GEORGE BUSH HWY GARLAND, TX 75040

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	☐ RGWV ☐ 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.	☐ RGWV ☐ GVWR	34 Trlr. Type	CMV Disabling Damage?	☐ Yes ☐ No	Unit Num.	☐ RGWV ☐ 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															
											2	1	98	98	1	98	11

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Unit 2 was in the southwest bound lane, within the 7300 block of N Shiloh Rd, in lane 1 of 2, entering the intersection of the N George Bush Hwy service road, on a green light. Unit 1 was southeast bound on the N George Bush Hwy service road, entering the intersection at N Shiloh Rd at the same time as Unit 2. Unit 1 was in lane 2 of 3 and entered on a red light. Unit 1 crashed into Unit 2 causing Unit 2 to spin in a clockwise rotation twice, southeast bound, sending it into the opposing lane of traffic that was stopped at their red light. Unit 2 then spun into Unit 3 as Unit 2 stopped spinning and began backing. The impact on Unit 2 was a side-swipe of Unit 2's left side as it backed into Unit 4. Unit 2's BLQ crashed into Unit 4's FLQ. When Unit 1 impacted Unit 2, the spare tire from under Unit 2 released, causing it to roll into a gas pump at the Chevron station. Units 1, 2 and 4 were impounded due to damage. Unit 3 was able to drive away. Unit 2 driver was transported to the hospital. Unit 1 driver had pain but refused transport.	Field Diagram - Not to Scale 
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INVESTIGATOR	Time Notified (24HR:MM)	1	5	1	3	How Notified	DISPATCHED	Time Arrived (24HRMM)	1	5	2	3	Report Date (MM/DD/YYYY)	08 / 18 / 2022						
	Invest. Comp.	☒ Yes ☐ No	Investigator Name (Printed) Polk, C L											ID Num.	3172					
	ORI Num.	T	X	0	5	7	1	1	0	0	*Agency GARLAND POLICE DEPARTMENT				Service/ Region/DA	N	.	2	2	2



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Unit Num. 3		5 Unit Desc. 1		☐ Parked Vehicle		☐ Hit and Run		LP State TX		LP Num.		VIN																									
Veh. Year 2 0 1 8		6. Veh. Color GRY		Veh. Make KIA		Veh. Model SEDONA		7 Body Style VN		☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State GA		DL/ID Num.		9 DL Class 98		10 CDL End. 96		11 DL Rest. 98		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		38				2		1		1		1		97		N		96				96		97		97	
2		2		3						N		12				1		1		1		1		97		N		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
3		2		5						N		8				2		1		7		1		97		N											
4		2		6						N		3				2		1		6		1		97		N											
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Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 1 1 - F D - 2		27 Vehicle Damage Rating 2				Vehicle Inventoried ☐ Yes ☒ No																											
Towed By DRIVER				Towed To DRIVEN AWAY																																	
Unit Num. 4		5 Unit Desc. 1		☐ Parked Vehicle		☐ Hit and Run		LP State TX		LP Num.		VIN																									
Veh. Year 2 0 1 0		6. Veh. Color GRY		Veh. Make INFINITI		Veh. Model G37		7 Body Style P2		☐ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
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1		1		1						N		35				1		1		1		1		97		N		96				96		97		97	
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Time Notified (24HR:MM)	1 5 1 3	How Notified	DISPATCHED	Time Arrived (24HRMM)	1 5 2 3	Report Date (MM/DD/YYYY)	0 8 / 1 8 / 2 0 2 2
Invest. Comp.	☒ Yes ☐ No	Investigator Name (Printed) Polk, C L				ID Num.	3172
ORI Num.	T X 0 5 7 1 1 0 0	*Agency GARLAND POLICE DEPARTMENT				Service/ Region/DA	N . 2 2 2 0

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