

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

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.).

Page 1 of 4

IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 12 / 07 / 2024		*Crash Time (24HRMM) 04 : 19		Case ID		Local Use																											
*County Name ELLIS				*City Name PALMER				☐ 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) 32.41618		Longitude (decimal degrees) 096.65992																													
ROAD ON WHICH CRASH OCCURRED																																	
*1 Rdwy. Sys. IH		*Hwy. Num. 45		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																					
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic N		☐ Toll Road/ Toll Lane		Speed Limit 75		Const. Zone ☒ Yes ☒ No		Workers Present ☒ Yes ☒ No		Secondary Crash ☒ Yes ☐ No																					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																	
At ☐ Yes ☒ No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part		Block Num.		3 Street Prefix		Street Name		4 Street Suffix																			
Distance from Int. or Ref. Marker 200		☒ FT ☐ MI		3 Dir. from Int. or Ref. Marker N		Ref. Marker 258		Speed Limit		Street Desc.		RRX Num.																					
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																							
Veh. Year 2025		6 Veh. Color WHI		Veh. Make		Veh. Model UNKNOWN		7 Body Style TT																									
☐ 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 A		12 CDL End. N		13 DL Rest. A		DOB (MM/DD/YYYY)																					
Address (Street, City, State, ZIP)																																	
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																	
Person Num. 1		14 Prsn. Type 1		15 Seat Position 1		16 Injury Severity N		Age		17 Ethnicity		18 Sex 1		19 Eject 1		20 Restr. 1		21 Airbag 1		22 Helmet 97		23 Sol. N		24 Alc. Spec. 2		Alc. Result		25. Drug Spec. 96		26 Drug Result 97		27 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		28 Fin. Resp. Type 2		Fin. Resp. Name		Fin. Resp. Num.																									
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		9		L		F		Q		3		29 Vehicle Damage Rating 2		7		L		D		2		Vehicle Inventoried ☒ Yes ☐ No									
Towed By		Towed To																															
Unit Num. 2		5 Unit Desc. 6		☐ Parked Vehicle ☐ Hit and Run		LP State ME		LP Num.		VIN																							
Veh. Year 2024		6 Veh. Color WHI		Veh. Make		Veh. Model NOT APPLICABLE		7 Body Style TL																									
☐ 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		DL/ID State		DL/ID Num.		11 DL Class		12 CDL End.		13 DL Rest.		DOB (MM/DD/YYYY)																					
Address (Street, City, State, ZIP)																																	
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																	
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☒ 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		7		L		D		3		29 Vehicle Damage Rating 2		1		1		L		B		Q		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)

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	CABLE BARRIER SYSTEM	, TXDOT	114 S. ROGERS ST. WAXAHACHIE 75165
	10 line post	, TXDOT	114 S. ROGERS ST. WAXAHACHIE, TX 75165

CMV	Unit Num.	1	☒ 10,001+ LBS.	☐ Transporting Hazardous Material	☐ 9+ Capacity	CMV Disabling Damage?	☒ Yes ☐ No	30 Veh. Oper.	1	31 Carrier ID Type	1	Carrier ID Num.	[REDACTED]	32 Veh. Type	9			
	Carrier's Corp. Name	[REDACTED]													36 Trlr. Type	2		
	33 Bus Type	0	☐ RGWW ☒ GVWR	8	0	0	0	0	HazMat Released	☐ Yes ☒ No	34 HazMat Class Num.		HazMat ID Num.		35 Cargo Body Type	13		
	Unit Num.	2	☐ RGWW ☒ GVWR	6	5	0	0	0	36 Trlr. Type	2	CMV Disabling Damage?	☒ Yes ☐ No	Unit Num.		36 Trlr. Type			
	Sequence Of Events	37 Seq. 1	1	37 Seq. 2	18	37 Seq. 3	3	37 Seq. 4	13	Intermodal Shipping Container Permit	☒ Yes ☐ No	Actual Gross Weight	8	0	0	0	0	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	40								3	2	97	3	4	2	17

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 TOWING UNIT 2 NORTH ON IH-45 NEAR THE 258MM IN LANE 3.THE DRIVER OF UNIT 1 FELL ASLEEP AT THE WHEEL. UNIT 1 AND UNIT 2 CROSSED ALL LANES, ENTERED THE CENTER MEDIAN AND STRUCK THE CABLE BARRIER SYSTEM.THE DRIVER OF UNIT 1 THEN ATTEMPTED TO CORRECT ITSELF BACK ONTO THE HIGHWAY, BUT LOST CONTROL.UNIT 1 AND UNIT 2 THEN ROLLED OVER ON TO ITS LEFT SIDE AND CAME TO A STOP ON NORTH IH-45 BLOCKING LANE 2 & LANE 3.APPROXIMATELY A COUPLE MINUTES LATER, UNIT 3 WAS TRAVELING NORTH IH-45 NEAR THE 258 IN LANE 2.UNIT 3 THEN COLLIDED WITH UNIT 1 AND UNIT 2.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	12 / 07 / 2024	Time Notified (24HRMM)	0 4 1 9	How Notified	DISPATCH
	Date Arrived (MM/DD/YYYY)	12 / 07 / 2024	Time Arrived (24HRMM)	0 4 2 3	Report Date (MM/DD/YYYY)	12 / 07 / 2024
	Date Roadway Cleared (MM/DD/YYYY)	12 / 07 / 2024	Time Roadway Cleared (24HRMM)	1 4 0 0	Date Scene Cleared (MM/DD/YYYY)	12 / 07 / 2024
	Investigation Complete	☒ Yes ☐ No	Investigator Name (Printed)	[REDACTED]		
	ORI Num.	[REDACTED]	Agency	PALMER POLICE DEPARTMENT		

Service/Region/DA

0 | 0 | 0 | 0 | 0 | 1

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*County Name ELLIS				*City Name PALMER				☐ 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) 3 2 ' 4 1 6 1 8		Longitude — (decimal degrees) 0 9 6 ' 6 5 9 9 2																															
ROAD ON WHICH CRASH OCCURRED																																					
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Unit Num. 3		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																											
Veh. Year		Veh. Make		Veh. Model		7 Body Style SV																															
☐ 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. 96		DOB (MM/DD/YYYY)																									
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1		1		1		[REDACTED]				K		[REDACTED]		1		1		1		5		97		N		96				96		97		97			
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Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1				V		B		7		29 Vehicle Damage Rating 2				V		B		1		Vehicle Inventoried ☒ Yes ☐ No															
Towed By		Towed To																																			
Unit Num.		5 Unit Desc.		☐ Parked Vehicle ☐ Hit and Run		LP State		LP Num.		VIN																											
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Towed By		Towed To																																			

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	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	
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	3															

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INVESTIGATOR	Date Notified (MM/DD/YYYY)	1 2 / 0 7 / 2 0 2 4	Time Notified (24HRMM)	0 4 1 9	How Notified	DISPATCH
	Date Arrived (MM/DD/YYYY)	1 2 / 0 7 / 2 0 2 4	Time Arrived (24HRMM)	0 4 2 3	Report Date (MM/DD/YYYY)	1 2 / 0 7 / 2 0 2 4
	Date Roadway Cleared (MM/DD/YYYY)	1 2 / 0 7 / 2 0 2 4	Time Roadway Cleared (24HRMM)	1 4 0 0	Date Scene Cleared (MM/DD/YYYY)	1 2 / 0 7 / 2 0 2 4
	Investigation Complete ☒ Yes ☐ No	Investigator Name (Printed)		ID Num.		
	ORI Num.		Agency	PALMER POLICE DEPARTMENT	Service/Region/DA	0 0 0 0 0 1