



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.).

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IDENTIFICATION & LOCATION

VEHICLE, DRIVER & PERSONS

VEHICLE, DRIVER & PERSONS

*Crash Date (MM/DD/YYYY) 1 2 / 3 0 / 2 0 2 3		*Crash Time (24HRMM) 2 2 0 0		Case ID		Local Use																															
*County Name MIDLAND				*City Name MIDLAND				☐ 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)		Longitude (decimal degrees)																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 4400		3 Street Prefix W		* Street Name THOMASON		4 Street Suffix DR																									
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic W		☐ Toll Road/ Toll Lane		Speed Limit 35		Const. ☐ Yes Zone ☒ No		Workers ☐ Yes Present ☒ No		Secondary ☐ Yes Crash ☒ No		Street Desc.																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
At ☒ Yes Int. ☐ No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 600		3 Street Prefix S		Street Name MIDLAND		4 Street Suffix DR																							
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Ref. Marker		Speed Limit 35		Street Desc.		RRX Num.																									
Unit Num. 1		5 Unit Desc. 1		☐ Parked Vehicle		☐ Hit and Run		LP State TX		LP Num.		VIN																									
Veh. Year 2 0 0 7		6 Veh. Color GRY		Veh. Make TOYOTA		Veh. Model TUNDRA		7 Body Style PK																													
☐ 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)																									
Address (Street, City, State, ZIP)																																					
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						N		28				1		1		1		1		97		N		1		0.184		96		97		97	
☒ 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		1 2 -		F D -		1		29 Vehicle Damage Rating 2												Vehicle Inventoried		☒ Yes ☐ No											
Towed By		ACTION WRECKER		Towed To		ACTION WRECKER																															
Unit Num. 2		5 Unit Desc. 1		☐ Parked Vehicle		☐ Hit and Run		LP State TX		LP Num.		VIN																									
Veh. Year 2 0 2 2		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model DURANGO		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)																															
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1		1		1						N		41				1		1		1		1		97		N		96				96		97		97	
2		2		6						N		7				2		1		4		1		97		N											
☒ 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		6 -		B C -		2		29 Vehicle Damage Rating 2												Vehicle Inventoried		☐ Yes ☒ No											
Towed By				Towed To																																	

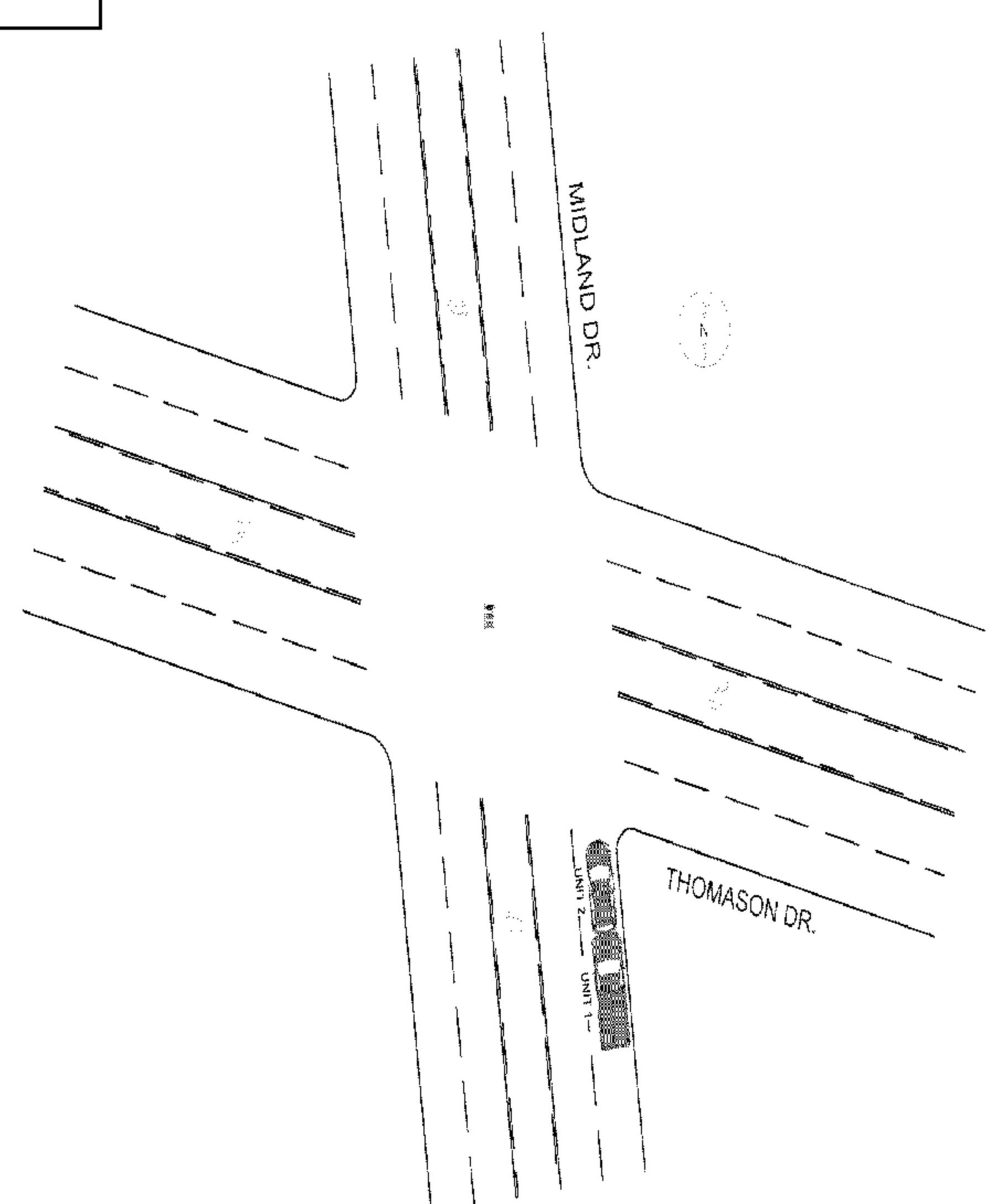
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)

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

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	☐ 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	
	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	22	67	77								1	3	4	1	1	1	5

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 FACING WEST AT THE INTERSECTION AT THE STOPLIGHT BEHIND UNIT 2. UNIT 1 ACCELERATED AND STRUCK UNIT 2 IN THE REAR. UNIT 1 WAS INTOXICATED.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	1 2 / 3 0 / 2 0 2 3	Time Notified (24HRMM)	2 2 0 0	How Notified	SELF INITIATED
	Date Arrived (MM/DD/YYYY)	1 2 / 3 0 / 2 0 2 3	Time Arrived (24HRMM)	2 2 0 0	Report Date (MM/DD/YYYY)	1 2 / 3 0 / 2 0 2 3
	Date Roadway Cleared (MM/DD/YYYY)	1 2 / 3 0 / 2 0 2 3	Time Roadway Cleared (24HRMM)	2 2 3 2	Date Scene Cleared (MM/DD/YYYY)	1 2 / 3 0 / 2 0 2 3
	Time Scene Cleared (24HRMM)	2 2 3 2	Investigation Complete	☒ Yes ☐ No	Investigator Name (Printed)	Phillips, Tyniqua
	ORI Num.	T X 1 6 5 0 1 0 0	*Agency	MIDLAND POLICE DEPARTMENT	ID Num.	P877

Service/Region/DA

P | T | | |