



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 0 / 2 8 / 2 0 2 3		*Crash Time (24HRMM) 1 4 4 0		Case ID		Local Use																															
*County Name MIDLAND				*City Name ODESSA				☐ 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 1 . 9 1 0 4 7				Longitude — (decimal degrees) 1 0 2 . 2 8 8 9 5																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. Sys. LR		*Hwy. Num.		2 Rdwy. Part 1		Block Num. 3800		3 Street Prefix		* Street Name DE MORADA		4 Street Suffix DR																									
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic S		☐ Toll Road/ Toll Lane		Speed Limit 30		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. 1		3 Street Prefix		Street Name LA CAMPANA		4 Street Suffix DR																							
Distance from Int. or Ref. Marker		☐ FT ☐ MI		3 Dir. from Int. or Ref. Marker		Ref. Marker		Speed Limit 30		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 2 1		6 Veh. Color WHI		Veh. Make CHEVROLET				Veh. Model 3500HD				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		20		W		1		1		1		1		97		N		96				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 - F R - 2		29 Vehicle Damage Rating 2		- - - - -		Vehicle ☐ Yes Inventoried ☒ No																									
Towed By				Towed To																																	
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 GRY		Veh. Make DODGE				Veh. Model CHARGER				7 Body Style P4																									
☐ 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 IL		DL/ID Num.		11 DL Class 98		12 CDL End. 98		13 DL Rest. 98		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						B		36		B		2		1		1		2		97		N		96				96		97		97	
2		2		3						B		21		H		2		1		1		1		97		N											
☒ Owner ☐ Lessee		Owner/Lessee Name & Address																																			
Proof of Fin. Resp. ☒ Yes ☐ No		☐ Expired ☐ Exempt		28 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.																													
Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1		2 - R D - 3		29 Vehicle Damage Rating 2		- - - - -		Vehicle ☐ Yes Inventoried ☒ No																									
Towed By		Neal Pool Rekers		Towed To		1117 S. Grant																															

Law Enforcement and TxDOT Use ONLY.
Form CR-3 (Rev. 4/1/2023)

Case ID

TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	2	1	MCH	Medic		
	2	2	MCH	Private vehicle		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	FTY ROW Open Intersection	
	2	1		
	2	1		

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	33								2	1	2	1	1	1	96

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 TRAVELING EAST BOUND ON 1 LA CAMPANA DR UNIT 2 WAS TRAVELING SOUTH BOUND IN THE 3800 BLOCK OF DE MORADA LA CAMPANA DR WAS TERMINATING WITH NO TRAFFIC CONTROL DEVICE UNIT 1 FYTROW AT AN OPEN INTERSECTION AT A TERMINATING STREET AND STRUCK UNIT 2 UNIT 1 FR STRUCK UNIT 2 RD		

INVESTIGATOR	Date Notified (MM/DD/YYYY)				Time Notified (24HRMM)				How Notified						
	1 0 / 2 8 / 2 0 2 3				1 4 4 1				Dispatched						
	Date Arrived (MM/DD/YYYY)				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)						
	1 0 / 2 8 / 2 0 2 3				1 4 5 9				1 0 / 2 8 / 2 0 2 3						
	Date Roadway Cleared (MM/DD/YYYY)				Time Roadway Cleared (24HRMM)				Date Scene Cleared (MM/DD/YYYY)				Time Scene Cleared (24HRMM)		
1 0 / 2 8 / 2 0 2 3				1 5 3 8				1 0 / 2 8 / 2 0 2 3				1 6 0 0			
Investigation Complete		☒ Yes ☐ No	Investigator Name (Printed)						ID Num.						
			Miley, Taylor Elizabeth												
ORI Num.		T X 0 6 8 0 2 0 0	*Agency						Service/Region/DA						
			ODESSA POLICE DEPARTMENT						0 1						