

Redacted copy published by J. Alexander Law Firm. Names, addresses, contact, license and insurance details, identification numbers and some report entries have been removed.

Law Enforcement and TxDOT Use ONLY

ACTIVE SCHOOL

Total Num. Units

2

Total Num. Prsns.

4

TxDOT Crash ID

FATAL

CMV

SCHOOL BUS

RAILROAD

MAB

SUPPLEMENT

ZONE

Texas Department of Transportation

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 2

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY)

09 / 17 / 2023

*Crash Time (24HRMM)

2 | 1 | 5 | 1

Case ID

Local Use

H

*County Name

DALLAS

*City Name

RICHARDSON

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.

900

3 Street Prefix

W

* Street Name

SPRING VALLEY

4 Street Suffix

RD

☐ Private Drive or Road, Private Property, Parking Lot

3 Dir. of Traffic

☐ Toll Road/ Toll Lane

Speed Limit

35

Const. Zone

☐ Yes

☒ No

Workers Present

☐ Yes

☒ No

Secondary Crash

☐ 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.

900

3 Street Prefix

S

Street Name

WATERVIEW

4 Street Suffix

DR

Distance from Int. or Ref. Marker

1000

☒ FT

☐ MI

3 Dir. from Int. or Ref. Marker

E

Ref. Marker

Speed Limit

30

Street Desc.

RRX Num.

Vehicle 1

Unit Num.

1

5 Unit Desc.

1

☐ Parked Vehicle

☐ Hit and Run

LP State

TX

LP Num.

VIN

Veh. Year

2 | 0 | 1 | 1

6 Veh. Color

SIL

Veh. Make

HONDA

Veh. Model

CIVIC

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

DL/ID State

DL/ID Num.

11 DL Class

12 CDL End.

13 DL Rest.

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

2

1

1

1

97

N

96

96

97

97

2

2

3

N

2

1

1

3

97

N

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.

28 Fin. Resp. Type

Fin. Resp. Name

Fin. Resp. Num.

Fin. Resp. Phone Num.

29 Vehicle Damage Rating 1

1 | 1 | - | R | F | Q | - | 4

29 Vehicle Damage Rating 2

Vehicle Inventoried

☐ Yes

☒ No

Towed By

Towed To

Vehicle 2

Unit Num.

2

5 Unit Desc.

1

☐ Parked Vehicle

☐ Hit and Run

LP State

TX

LP Num.

VIN

Veh. Year

2 | 0 | 1 | 6

6 Veh. Color

WHI

Veh. Make

CHEVROLET

Veh. Model

SILVERADO

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

DL/ID State

DL/ID Num.

11 DL Class

12 CDL End.

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DOB (MM/DD/YYYY)

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22 Helmet

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24 Alc. Spec.

Alc. Result

25 Drug Spec.

26 Drug Result

27 Drug Category

1

1

1

N

1

1

1

5

97

N

96

96

97

97

2

2

3

N

2

1

1

5

97

N

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28 Fin. Resp. Type

Fin. Resp. Name

Fin. Resp. Num.

Fin. Resp. Phone Num.

29 Vehicle Damage Rating 1

1 | 1 | - | F | L | - | 4

29 Vehicle Damage Rating 2

Vehicle Inventoried

☐ Yes

☒ No

Towed By

Towed To

Case
IDTxDOT
Crash ID

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	☐ RGVW ☐ 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.	☐ RGVW ☐ GVWR	36 Trlr. Type	CMV Disabling Damage?	☐ Yes ☐ No	Unit Num.	☐ RGVW ☐ 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	34													
	2							1	3	97	2	1	1	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 EXITING AN APARTMENT COMPLEX IN THE 900 BLOCK OF W SPRING VALLEY RD TO TURN LEFT (EASTBOUND). UNIT 2 WAS TRAVELING EASTBOUND IN THE 900 BLOCK OF W SPRING VALLEY RD IN LANE #1 (LEFT LANE). DRIVER OF UNIT 1 STATED SHE WAS EXITING THEIR APARTMENT COMPLEX AT 900 W. SPRING VALLEY RD, AND TURNED LEFT. DRIVER WAS THEN STRUCK BY UNIT 2. DRIVER OF UNIT 2 STATED HE WAS DRIVING EASTBOUND WHEN UNIT 1 PULLED IN FRONT OF HIM, CAUSING HIM TO COLLIDE INTO UNIT 1. A WITNESS, [REDACTED], STATED UNIT 2 WAS TRAVELING EASTBOUND AT HIGH RATE OF SPEED (APPROXIMATELY 70MPH), SWITCHING FROM LANE #2 TO LANE #1. UNIT 2 STRUCK UNIT 1 WHO WAS PULLING OUT OF APARTMENT ON NORTHSIDE TO EASTBOUND SIDE. AREA OF IMPACT (AOI) WAS DETERMINED BY VEHICLE DAMAGE AND DRIVERS' STATEMENTS. OFFICER'S INVESTIGATION REVEALED DRIVER OF UNIT 1 FAILED TO YIELD RIGHT OF WAY (TURNING LEFT) AND CAUSED THE CRASH.		

INVESTIGATOR	Date Notified (MM/DD/YYYY)	09 / 17 / 2023	Time Notified (24HRMM)	2 1 5 1	How Notified	DISPATCH
	Date Arrived (MM/DD/YYYY)	09 / 17 / 2023	Time Arrived (24HRMM)	2 1 5 8	Report Date (MM/DD/YYYY)	09 / 17 / 2023
	Date Roadway Cleared (MM/DD/YYYY)	09 / 17 / 2023	Time Roadway Cleared (24HRMM)	2 2 4 8	Date Scene Cleared (MM/DD/YYYY)	09 / 17 / 2023
	Investigation Complete	☒ Yes ☐ No	Investigator Name (Printed)	[REDACTED]	ID Num.	[REDACTED]
	ORI Num.	T X 0 5 7 2 0 0 0	*Agency	RICHARDSON POLICE DEPARTMENT	Service/ Region/DA	1 6 1 0