



Page 1 of 4

*Crash Date (MM/DD/YYYY) 10 / 17 / 2023		*Crash Time (24HRMM) 1 7 4 8		Case ID		Local Use																													
*County Name UVALDE				*City Name UVALDE				☐ 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. US		*Hwy. Num. 90		2 Rdwy. Part 1		Block Num. 300		3 Street Prefix E		* Street Name MAIN		4 Street Suffix ST																							
☐ Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic W		☐ Toll Road/Toll Lane		Speed Limit 30		Const. Zone ☐ Yes ☒ No		Workers Present ☐ Yes ☒ No		Secondary Crash ☐ Yes ☒ No		Street Desc. BLACK TOP																					
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. 100		3 Street Prefix N		Street Name WOOD		4 Street Suffix ST																					
Distance from Int. or Ref. Marker 98		☒ FT ☐ MI		3 Dir. from Int. or Ref. Marker N		Ref. Marker		Speed Limit 30		Street Desc. BLACK TOP		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 6		6 Veh. Color BLK		Veh. Make FORD		Veh. Model FUSION		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 TX		DL/ID Num.		11 DL Class C		12 CDL End. 96		13 DL Rest. A		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		27		W		1		1		1		1		97		N		96				96		97		97	
☒ Owner ☐ Lessee		Owner/Lessee Name & Address		28 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.		29 Vehicle Damage Rating 1		29 Vehicle Damage Rating 2		Vehicle Inventoried ☐ Yes ☒ No																					
Towed By		DRIVEN BY OWNER		Towed To		UNKNOWN																													
Unit Num. 2		5 Unit Desc. 1		☐ Parked Vehicle ☐ Hit and Run		LP State TX		LP Num.		VIN																									
Veh. Year 2 0 1 9		6 Veh. Color BLK		Veh. Make NISSAN		Veh. Model ROGUE		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 CM		12 CDL End. 96		13 DL Rest. A		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		60		W		1		1		1		1		97		N		96				96		97		97	
2		2		3				N		57		W		2		1		1		1		97		N											
☒ Owner ☐ Lessee		Owner/Lessee Name & Address		28 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.		29 Vehicle Damage Rating 1		29 Vehicle Damage Rating 2		Vehicle Inventoried ☐ Yes ☒ No																					
Towed By		DRIVEN BY OWNER		Towed To		UNKNOWN																													

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	1	4	1	1	1	5				
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary) Unit 1 was stopped at the 300 block of East Main Street facing west bound on the inside lane. Unit 2 was stopped behind Unit 1 at the 300 block of East Main Street facing west bound on the inside lane. Unit 3 was travelling west bound on the 300 block of East Main Street inside lane. Unit 3 came to a stop behind Unit 2. Unit 4 was travelling west bound on the 300 block of East Main Street inside lane. Unit 4 struck Unit 3 causing Unit 3 to collide with Unit 2 which Unit 2 then collide with Unit 1.										Field Diagram - Not to Scale 									
INVESTIGATOR	Date Notified (MM/DD/YYYY)					Time Notified (24HRMM)					How Notified									
	1 0 / 1 7 / 2 0 2 3					1 7 4 8					Dispatched									
	Date Arrived (MM/DD/YYYY)					Time Arrived (24HRMM)					Report Date (MM/DD/YYYY)									
	1 0 / 1 7 / 2 0 2 3					1 7 5 3					1 0 / 1 7 / 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 / 1 7 / 2 0 2 3					1 7 5 5					1 0 / 1 7 / 2 0 2 3					1 8 1 8					
Investigation Complete		☒ Yes ☐ No	Investigator Name (Printed)							ID Num.										
			Zamora, Joe							329										
ORI Num.		T X 2 3 2 0 1 0 0	*Agency							Service/Region/DA										
			UVALDE POLICE DEPARTMENT							0 1										



Page 3 of 4

*Crash Date (MM/DD/YYYY)	10 / 17 / 2023	*Crash Time (24HRMM)	1 7 4 8	Case ID		Local Use															
*County Name	UVALDE			*City Name	UVALDE		☐ 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.	US	*Hwy. Num.	90	2 Rdwy. Part	1	Block Num.	300														
		3 Street Prefix	E	*		Street Name	MAIN														
		4 Street Suffix	ST																		
☐ Private Drive or Road, Private Property, Parking Lot	3 Dir. of Traffic	W	☐ Toll Road/ Toll Lane	Speed Limit	30	Const. Zone	☐ Yes ☒ No														
		Workers Present	☐ Yes ☒ No	Secondary Crash	☐ Yes ☒ No	Street Desc.															
		BLACK TOP																			
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.	100	3 Street Prefix	N	Street Name															
		WOOD		4 Street Suffix		ST															
Distance from Int. or Ref. Marker		98	☒ FT ☐ MI	3 Dir. from Int. or Ref. Marker	N	Ref. Marker															
		Speed Limit	30	Street Desc.		BLACK TOP															
RRX Num.																					
Unit Num.	3	5 Unit Desc.	1	☐ Parked Vehicle	☐ Hit and Run	LP State	TX														
LP Num.				VIN																	
Veh. Year	2 0 1 7	6 Veh. Color	SIL	Veh. Make	JEEP	Veh. Model	RENEGADE														
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.	A	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	2	1	1	1	97	N	96		96	97	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		1	Fin. Resp. Name				Fin. Resp. Num.										
Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1		1 2 -	F C -	3	29 Vehicle Damage Rating 2		-	B C -	2	Vehicle Inventoried		☐ Yes ☒ No					
Towed By		Gilberts Wrecker		Towed To		UNKNOWN															
Unit Num.	4	5 Unit Desc.	1	☐ Parked Vehicle	☐ Hit and Run	LP State	TX	LP Num.		VIN											
Veh. Year	2 0 1 7	6 Veh. Color	SIL	Veh. Make	CHEVROLET	Veh. Model	SILVERADO	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	25	H	2	1	1	1	97	N	96		96	97	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		1	Fin. Resp. Name				Fin. Resp. Num.										
Fin. Resp. Phone Num.				29 Vehicle Damage Rating 1		1 2 -	F C -	1	29 Vehicle Damage Rating 2		-	-	-	-	Vehicle Inventoried		☐ Yes ☒ No				
Towed By		DRIVEN BY OWNER		Towed To		UNKNOWN															

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 4/1/2023)		Case ID			TxDOT Crash ID			Page 4 of 4																										
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.																					
	4	1	Failed To Control Speed																															
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															
	4	22																																
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale																							
INVESTIGATOR	Date Notified (MM/DD/YYYY)					1 0 / 1 7 / 2 0 2 3					Time Notified (24HRMM)				1 7 4 8				How Notified Dispatched															
	Date Arrived (MM/DD/YYYY)					1 0 / 1 7 / 2 0 2 3					Time Arrived (24HRMM)				1 7 5 3				Report Date (MM/DD/YYYY)				1 0 / 1 7 / 2 0 2 3											
	Date Roadway Cleared (MM/DD/YYYY)					1 0 / 1 7 / 2 0 2 3					Time Roadway Cleared (24HRMM)				1 7 5 5				Date Scene Cleared (MM/DD/YYYY)				1 0 / 1 7 / 2 0 2 3				Time Scene Cleared (24HRMM)				1 8 1 8			
	Investigation Complete		☒ Yes ☐ No		Investigator Name (Printed) Zamora, Joe										ID Num. 329																			
	ORI Num.		T X 2 3 2 0 1 0 0		*Agency UVALDE POLICE DEPARTMENT										Service/Region/DA		0 1																	