



Texas Department of Transportation

DEWITT C. GREER STATE HIGHWAY BLDG. • 125 E. 11TH STREET • AUSTIN, TEXAS 78701-2483 • (512) 463-8585

February 26, 2010

NOTIFICATION TO LAW ENFORCEMENT

As we have begun entering 2010 crash data into the Crash Records Information System, we are seeing some reporting trends that require your immediate attention. The most frequent data field errors have been listed below. We point these out because our office has begun returning reports that conflict with the requirements in the CR-100.

A) Data Field: 1 Roadway System

1. Roadway System – Code Sheet Values

IH = Interstate	AL = Alternate
US = US Highway	SP = Spur
SH = State Highway	CR = County Road
FM = Farm to Market	PR = Park Road
RR = Ranch Road	PV = Private Road
RM = Ranch to Market	RC = Recreational Road
BI = Business Interstate	LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.)
BU = Business US	
BS = Business State	
BF = Business FM	
SL = State Loop	
TL = Toll Road	

- Error: Officers are not providing "Roadway System".
- Fix: This is a mandatory data field and a roadway system code must be entered.
- Reference: CR-100, Section 3.2.10.1, page 16

B) Data Field: 8 DL/ID Type

8. Driver License/ID Type – Code Sheet Values

1 = Driver License
2 = Commercial Driver Lic.
3 = Occupational
4 = ID Card
5 = Unlicensed
98 = Other
99 = Unknown

- Error: Officers are writing 'DL' instead of the numeric value.
- Fix: Officers must use numeric values – see CR-3 Code Sheet.
- Reference: CR-100, Section 3.3.14, page 34.

C) Data Field: 16 Sex

16. Sex – Code Sheet Values

1 = Male
2 = Female
99 = Unknown

- Error: Officers are using "M" and "F".
- Fix: Officers must use 1, 2 or 99 - see CR-3 Code Sheet
- Reference CR-100, Section 3.3.29, page 41.

THE TEXAS PLAN

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D) Data Field: 22 Alcohol Specimen Type**22. Alcohol Specimen Type - Code Sheet Values**

1 = Breath
2 = Blood
3 = Urine
4 = Refused
96 = None
98 = Other (Explain in Narrative)

- Error: Officers are not providing data for "Alcohol Specimen Type" when required.
- Fix: The CR-100 specifically states that if a "Person Number" is provided, this data field must be completed.
- Reference: CR-100, Section 3.3.35, page 44

E) Data Field: Investigator Name (Printed)

- Error: Officers are only providing a last name.
- Fix: The CR-100 does not specifically state a first name is required; however, the CR-100 is being revised to include a first and last name as a mandatory field. The first name is also valuable to an agency's ability to query their data using the CRASH component.
- Reference: CR-100, Section 4.8.6, page 95.

Data Field: Free-form data fields (i.e. Street Description, Local Use, Owner/Lessee Name, Address, etc.)

- Error: Officers are exceeding the allowable character length for data fields that have limitations.
- Fix: TxDOT has developed a FILLABLE PDF or Excel (2003 or 2007) Version of the CR-3. The automated forms will not allow extra characters in fields that have character limitations. TxDOT strongly encourages the use of this form located at:

http://www.txdot.gov/txdot_library/drivers_vehicles/forms/crash_records.htm

- Reference: CR-100, for the named fields above see Section 3.2.10, page 20; Section 3.2.4, page 13; and Section 3.3.41, page 47.

We also encourage agencies to use the CR-100 as a resource when completing the CR-3 Crash Report. For questions or assistance regarding the CR-3, you may contact our office at: (512) 486-5780 or email: TRF_CrashRecords@dot.state.tx.us.

As we continue to process the new 2010 CR-3 reports, we will send periodic notifications to you that include common errors, to help minimize the number of forms returned to your office.

Thank you for your understanding and attention to this matter.

Sincerely,



Tony Small, Director
Crash Records Section
Traffic Operations Division

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units	Total Num. Prsn.	TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
 Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780
 Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)		Case ID		Local Use	
*County Name				*City Name		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude - (decimal degrees)		Longitude - (decimal degrees)	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys.		*Hwy. Num.		2 Rdwy. Part	Block Num.	3 Street Prefix	* Street Name
4 Street Suffix		<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix
4 Street Suffix		Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.
RRX Num.							
Unit Num.		5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)							
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age
15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.
Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Fin. Resp. Name	Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1			27 Vehicle Damage Rating 2		
Towed By		Towed To					
Unit Num.		5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
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Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Fin. Resp. Name	Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1			27 Vehicle Damage Rating 2		
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 (24HR.MM)	

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

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num. HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR.MM)	How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)	
	Invest. Comp. <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)			ID Num.
	ORI Num.	*Agency	District/Area		

E

