



# Texas Department of Transportation

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

March 30, 2010

## NOTIFICATION TO LAW ENFORCEMENT

This notification is to make you aware of the trends that surface as we process your crash reports.

### **A. Sub-Section: Intersecting Road, or if Crash Not At Intersection, Nearest Intersecting Road or Reference Marker**

- Error: This error occurs when the officer checks No for the At Int. box (A) and does not provide a Reference Marker (A-4) or Rdwy. Sys. (A-1) and Hwy. Num. (A-2) or Street Name (A-3).
- Fix: When the No box is selected for At Int. you must provide a Distance from Int. or Ref. Marker, Unit of Measure, Dir from Int or Ref. Marker, and Rdwy. Sys. (A-1) and Hwy. Num. (A-2), Street Name (A-3) or Ref. Marker" (A-4).
- Reference: CR-100, Section 3.2.11.1, is being updated to include a clearer explanation of this sub-section along with examples.

### **Data Field: 1 - Roadway System - (Intersecting Road)**

#### **1. Roadway System Code Sheet Value**

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.,
BU = Business US	Blvd., PL., Trl., Beach, Alley, Boat Ramp, etc)
BS = Business State	SL = State Loop
BF = Business FM	
TL = Toll Road	

- Error: This specific error occurs when the officer provides a Hwy. Num. (A-2) or Street Name (A-3) for the Intersecting Road but fails to provide a valid Rdwy. Sys. (A-1).
- Fix: Whenever a Hwy. Num. (A-2) or Street Name is provided for an Intersecting Road, a valid Rdwy. Sys. (A-1) must also be provided.
- Reference: CR-100, Section 3.2.11.1 and 3.2.11.2.

#### THE TEXAS PLAN

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**B. Person Number (this is a numeric field)**

- Error: The officer provides a Person Number, but does not provide a Person Type.
- Fix: Whenever a Person Number is provided, a valid Person Type must also be listed. Please note that Person Number must begin with 1 and be listed sequentially for each unit.
- Reference: CR-100, Section 3.3.22. The CR-100 will be updated to clarify that when an officer completes this field, the Person Type field must also be completed. Indicating that a person was present in a crash, but not identifying the person by Type (see below); will result in the report being returned to the officer as incomplete.

**C. Data Field: 12-Person Type****12. Person Type – Code Sheet Values**

- 1 = Driver
- 2 = Passenger/Occupant
- 3 = Pedalcyclist
- 4 = Pedestrian
- 5 = Driver of Motorcycle Type Vehicle
- 6 = Passenger/Occupant on Motorcycle Type Vehicle
- 98 = Other (Explain in Narrative)
- 99 = Unknown

- Error: Officers fail to provide a Person Type after listing the Person Number or the Person Type is mislabeled.
- Fix: Whenever a Person Number is provided; a valid Person Type must also be provided. Additionally, when the Unit Description is a 1-motor vehicle or 7-Non-Contact vehicle, the only valid options for completing the Person Type field are: 1-Driver, 2-Passenger/Occupant, 5-Driver of Motorcycle Type Vehicle, or 6-Passenger/Occupant on Motorcycle Type Vehicle.
- Reference: CR-100, Section 3.3.23.

**D. Data Field: 23-Drug Specimen Type****23. Drug Specimen Type – Code Sheet Values**

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

- Error: Officers are providing person information, such as a Person Number and Person Type, but failing to provide drug specimen information.
- Fix: Whenever any person information is provided, such as Person Number, Person Type, Person Name, etc., the Drug Specimen Type field must be completed.
- Reference: CR-100, Section 3.3.37.

**E. Investigator Name (Printed)**

- Error: Officers are not providing their first name.
- Fix: Officers must provide first name or first initial as well as last name.
- Reference: CR-100, Section 4.8.6. The reference will be updated in the new CR-100 that will be sent out in the next few days.

Within the next few days TxDOT will be publishing an updated CR-100 that further clarifies a number of data fields and will include more examples to aid you in completing the CR-3. I am hopeful that these steps will significantly reduce the number of reports returned to your agency for correction.

Thank you for your assistance in ensuring that Texas has the most complete and accurate crash records possible.

Sincerely,

A handwritten signature in blue ink that reads "Tony Small". The signature is written in a cursive style with a large, sweeping initial "T".

Tony Small, Director  
Crash Records Section  
Traffic Operations Division

Attachment



### 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?		Latitude - (decimal degrees)		Longitude - (decimal degrees)			
<b>ROAD ON WHICH CRASH OCCURRED</b>							
*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.	
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>							
At Int. <input type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2. Rdwy. Part	Block Num.	3 Street Prefix	Street Name	
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.
<b>VEHICLE, DRIVER, &amp; PERSONS</b>							
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		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By				Towed To			
<b>VEHICLE, DRIVER, &amp; PERSONS</b>							
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		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By				Towed To			

A-1

A

A-4

B

C

A-2

A-3

A-5

D

D

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

CMV	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