

STATE OF TEXAS
INSTRUCTIONS TO POLICE
FOR
REPORTING CRASHES
2014 EDITION



TEXAS DEPARTMENT OF TRANSPORTATION
Traffic Operations Division
Crash Data and Analysis

10/01/2014
Version 1.0

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INTRODUCTION

This manual is a tool to guide and instruct peace officers in completing the Texas Peace Officer's Crash Report and the Commercial Motor Vehicle Section of the Texas Peace Officer's Crash Report as required by Section 550.063 of the Texas Transportation Code. State statutes and city ordinances govern reporting and investigation requirements.

References are made throughout this document to the Texas Transportation Code. These references are meant to direct users to a more complete explanation or definition than what may be included in this document.

These instructions have been revised to match the Form CR-3 1/1/2010 and cover most situations that arise in motor vehicle crash investigations. A few situations may arise where these instructions are not completely applicable. In such instances, use the instructions most applicable and explain under "Investigator's Narrative Opinion of What Happened" so that the proper classification may be determined.

The assignment of crashes to a geographical location, such as a city or county, indicates only that the crash occurred within the geographical limits of the jurisdiction. These assignments do not imply that the jurisdiction is responsible for identified crashes or that it could have prevented them.

Prepared and Distributed by:

Texas Department of Transportation
Traffic Operations Division - Crash Data & Analysis
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Austin, TX 78714-9349

TEXAS PEACE OFFICER'S CRASH REPORT (FORM CR-3) OVERVIEW

The Texas Peace Officer's Crash Report (form CR-3) is a vital document used in the collection of crash data, by law enforcement, throughout the State of Texas.

Statewide motor vehicle traffic crash data provides the basic information necessary for effective highway and traffic safety efforts at any level of government – local, state, or federal.

State crash data is used to perform problem identification, establish goals and performance measures, allocate resources, determine the progress of specific programs, and support the development and evaluation of highway and vehicle safety countermeasures.

Motor vehicle traffic crash reporting provides valuable data to many different groups of people: the traffic engineer planning to reconstruct a road; the city planner developing safe school routes; the high school driver education teacher planning a curriculum; the public works director applying for federal funds to reconstruct a hazardous intersection; the police sergeant targeting selective enforcement; the motor vehicle administrator; the highway safety planner; and countless others who need timely, complete, and accurate motor vehicle traffic crash information.

These stakeholders need high-quality data to develop policies and programs that will improve the safety and the operation of the Texas roadway transportation network. Improving motor vehicle traffic crash data will help state and local agencies identify specific traffic safety problems, communicate safety issues to the public and media, make better programming and resource allocation decisions, and enable better monitoring and program evaluation. Ultimately, better data will lead to safer roadways.

TEXAS PEACE OFFICER'S CRASH REPORT (FORM CR-3)

3.1 CLASSIFICATION IDENTIFIERS

Law Enforcement and TxDOT Use ONLY						Total Num. Units	0	0	5	Total Num. Prsns.	0	1	2	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE								

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844-274-7457
 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.).

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3.2 IDENTIFICATION AND LOCATION

*Crash Date (MM/DD/YYYY) 09/17/2014		*Crash Time (24HRMM) 1 8 2 5			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		Street Name		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.			

3.3 VEHICLE, DRIVER, & PERSONS

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	
<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																																			

4.1 REPORT IDENTIFIERS

Law Enforcement and TxDOT Use ONLY						Total Num. Units	0	0	5	Total Num. Prsns.	0	1	2	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE								

DISPOSITION OF INJURED / KILLED

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

4.3 CHARGES

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

4.4 DAMAGE

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

4.5 CMV

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 Trir. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trir. 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

4.6 FACTORS AND CONDITIONS

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

4.7 NARRATIVE AND DIAGRAM

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

4.8 INVESTIGATOR

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

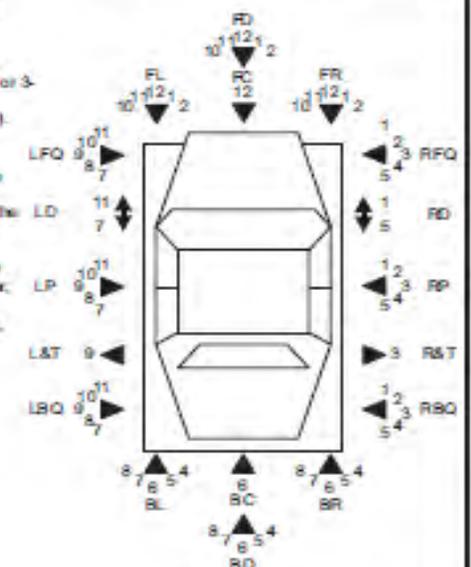
CODE SHEET

Texas Peace Officer's Crash Report – Code Sheet

Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Page 1 of 2
Law Enforcement and TxDOT Use ONLY
Form CR-305 - 01/2010

1. Roadway System IH = Interstate US = US Highway SH = State Highway FM = Farm to Market RR = Ranch Road RM = Ranch to Market BI = Business Interstate BU = Business US BS = Business State BF = Business FM SL = State Loop TL = Toll Road AL = Alternate SP = Spur CR = County Road PR = Park Road PV = Private Road RC = Recreational Road LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.)		2. Roadway Part 1 = Main/Proper Lane 2 = Service/Frontage Road 3 = Entrance/On Ramp 4 = Exit/Off Ramp 5 = Connector/Flyover 98 = Other (Explain in Narrative)		3. Street Prefix Direction from Int. or Ref. Marker N = North NE = Northeast E = East SE = Southeast S = South SW = Southwest W = West NW = Northwest		4. Street Suffix RD = Road ST = Street DR = Drive AVE = Avenue BLVD = Boulevard PKWY = Parkway LN = Lane FWY = Freeway HWY = Highway WAY = Way TRL = Trail LOOP = Loop EXPY = Expressway CT = Court CIR = Circle PL = Place PARK = Park CV = Cove	
5. Unit Description 1 = Motor Vehicle 2 = Train 3 = Pedalcyclist 4 = Pedestrian 5 = Motorized Conveyance 6 = Towed/Trailer 7 = Non-Contact 98 = Other (Explain in Narrative)		6. Vehicle Color BGE = Budge BLK = Black BLU = Blue BRZ = Bronze BRO = Brown CAM = Camouflage CPR = Copper GLD = Gold GRY = Gray GRN = Green MAR = Maroon MUL = Multicolored ORG = Orange PNK = Pink PLE = Purple RED = Red SIL = Silver TAN = Tan TEA = Teal (green) TRQ = Turquoise (blue) WHI = White YEL = Yellow 98 = Other (Explain in Narrative) 99 = Unknown		7. Body Style P2 = Passenger Car, 2-Door P4 = Passenger Car, 4-Door PK = Pickup AM = Ambulance BU = Bus SB = Yellow School Bus FE = Farm Equipment FT = Fire Truck MC = Motorcycle SV = Sport Utility Vehicle PC = Police Car/Truck PM = Police Motorcycle TL = Trailer, Semi-Trailer, or Pole Trailer TR = Truck TT = Truck Trailer VN = Van 98 = Other (Explain in Narrative) 99 = Unknown		8. Driver License #/ID Type 1 = Driver License 2 = Commercial Driver Lic. 3 = Occupational 4 = ID Card 5 = Unlicensed 98 = Other 99 = Unknown	
9. Driver License Class A = Class A AM = Class A and M B = Class B BM = Class B and M C = Class C CM = Class C and M M = Class M 5 = Unlicensed 98 = Other/Out of State 99 = Unknown		10. Commercial Driver License Endorsements H = Hazardous Materials N = Tank Vehicles P = Passenger S = School Bus T = Double/Triple Trailer X = Tank Vehicle with HazMat 5 = Unlicensed 98 = None 98 = Other/Out of State 99 = Unknown		11. Driver License Restrictions A = With Corrective Lenses B = LOPS Age 21 or Over C = Daytime Only D = Not to Exceed 45 MPH E = No Expressway Driving F = Must Hold Valid Learner/Lic. to MM/DD/YY G = TRC 945.424 Applies until MM/DD/YY H = Vehicle Not to Exceed 26,000 lbs GVWR I = Motorcycle Not to Exceed 250 CC J = Licensed Motorcycle Operator Age 21 or Over in Sight K = Moped L = Vehicle w/o Air Brakes – Applies to Vehicles Requiring CDL M = CDL Interstate Commercial Only N = Ignition Interlock Required O = Occ.Essent. Need DL-No CMV-See Court Order P = Stated on License Q = LOPS 21 or Over Vehicle Above Class B R = LOPS 21 or Over Vehicle Above Class C S = Outside Rear View Mirror or Hearing Aid T = Automatic Transmission U = Applicable Prosthetic Device V = Applicable Vehicle Device W = Power Steering X = Vehicle Not to Exceed Class C Y = Valid TX Vision or Limb Waiver Req'd. Z = Valid Fed. Vision or Limb Waiver Req'd. 5 = Unlicensed 98 = None 98 = Other/Out of State 99 = Unknown			
12. Person Type 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		13. Seat Position 1 = Front Left 2 = Front Center 3 = Front Right 4 = Second Seat Left 5 = Second Seat Center 6 = Second Seat Right 7 = Third Seat Left 8 = Third Seat Center 9 = Third Seat Right 10 = Cargo Area 11 = Outside Vehicle 13 = Other in Vehicle 14 = Passenger in Bus 16 = Pedestrian, Pedalcyclist, or Motorized Conveyance 98 = Other (Explain in Narrative) 99 = Unknown		14. Injury Severity A = Incapacitating Injury B = Non-Incapacitating Injury C = Possible Injury K = Killed N = Not Injured 99 = Unknown		15. Ethnicity W = White B = Black H = Hispanic A = Asian I = Amer. Indian/Alaskan Native 98 = Other 99 = Unknown	
16. Sex 1 = Male 2 = Female 99 = Unknown		17. Elected 1 = No 2 = Yes 3 = Yes, Partial 97 = Not Applicable 99 = Unknown					
18. Restraint Used 1 = Shoulder and Lap Belt 2 = Shoulder Belt Only 3 = Lap Belt Only 4 = Child Seat, Facing Forward 5 = Child Seat, Facing Rear 6 = Child Seat, Unknown 7 = Child Booster Seat 98 = None 97 = Not Applicable 98 = Other (Explain in Narrative) 99 = Unknown		19. Airbag 1 = Not Deployed 2 = Deployed, Front 3 = Deployed, Side 4 = Deployed, Rear 5 = Deployed, Multiple 97 = Not Applicable 98 = Unknown		27. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)			
20. Helmet Use 1 = Not Worn 2 = Worn, Damaged 3 = Worn, Not Damaged 4 = Worn, Unk. Damage 97 = Not Applicable 99 = Unknown if Worn		21. Solicitation Y = Solid N = No Solid		22. Alcohol Specimen Type 1 = Breath 2 = Blood 3 = Urine 4 = Refused 98 = None 98 = Other (Explain in Narrative)			
23. Drug Specimen Type 2 = Blood 3 = Urine 4 = Refused 98 = None 98 = Other (Explain in Narrative)		25. Drug Category 2 = CNS Depressants 3 = CNS Stimulants 4 = Hallucinogens 5 = Narcotic Analgesics 7 = Inhalants 8 = Cannabis 10 = Dissociative Anesthetics 11 = Multiple Drugs (Explain in Narrative) 97 = Not Applicable 98 = Other Drugs (Explain in Narrative) 99 = Unknown					
24. Drug Test Result 1 = Positive 2 = Negative 97 = Not Applicable 99 = Unknown		26. Financial Responsibility Type 1 = Liability Insurance Policy 2 = Proof of Liability Insurance 3 = Insurance Bond 4 = Surety Bond 5 = Certificate of Deposit with Comptroller 6 = Certificate of Deposit with County Judge 7 = Certificate of Self Insurance					



COMMERCIAL MOTOR VEHICLE	28. Vehicle Operation 1 = Interstate Commerce 2 = Intrastate Commerce 3 = Not in Commerce 4 = Government 5 = Personal	29. Carrier ID Type 1 = US DOT 2 = TxDOT 3 = ICC/MC 96 = None 98 = Other (Explain in Narrative)	30. Roadway Access 1 = Full Access Control 2 = Partial Access Control 3 = No Access Control	31. Vehicle Type 1 = Passenger Car 2 = Light Truck 3 = Bus (9-15) 4 = Bus (>15) 5 = Single Unit Truck 2 Axles 6 Tires 6 = Single Unit Truck 3 or More Axles 7 = Truck Trailer 8 = Truck Tractor (Bobtail) 9 = Tractor/Semi Trailer 10 = Tractor/Double Trailer 11 = Tractor/Triple Trailer 98 = Other (Explain in Narrative) 99 = Unknown Heavy Truck	32. Hazardous Material Class Number 1 = Explosives 2 = Gases 3 = Flammable Liquids 4 = Flammable Solids 5 = Oxidizers and Organic Peroxides 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods
	33. Cargo Body Style 1 = Bus (9-15) 2 = Bus (>15) 3 = Van/Enclosed Box 4 = Cargo Tank 5 = Flatbed 6 = Dump 7 = Concrete Mixer	8 = Auto Transporter 9 = Garbage Refuse 10 = Grain Chips Gravel 11 = Pole 13 = Intermodal 14 = Logging	15 = Vehicle Towing Another Vehicle 97 = Not Applicable 98 = Other (Explain in Narrative)	34. Trailer Type 1 = Full Trailer 2 = Semi-Trailer 3 = Pole Trailer	
	35. Sequence of Events 1 = Non-Collision: Ran Off Road 2 = Non-Collision: Jackknife 3 = Non-Collision: Overturn Rollover 4 = Non-Collision: Downhill Runaway 5 = Non-Collision: Cargo Loss Or Shift 6 = Non-Collision: Explosion Or Fire 7 = Non-Collision: Separation of Units 8 = Non-Collision: Cross Median/Centerline 9 = Non-Collision: Equipment Failure 10 = Non-Collision: Other 11 = Non-Collision: Unknown 12 = Collision Involving Pedestrian 13 = Collision Involving Motor Vehicle in Transport 14 = Collision Involving Parked Motor Vehicle 15 = Collision Involving Train 16 = Collision Involving Pedalcycle 17 = Collision Involving Animal 18 = Collision Involving Fixed Object 19 = Collision With Work Zone Maintenance Equipment 20 = Collision With Other Movable Object 21 = Collision With Unknown Movable Object 98 = Other (Explain in Narrative)				
FACTORS AND CONDITIONS	36. Factors and Conditions 1 = Animal on Road - Domestic 2 = Animal on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Unsafe 14 = Disabled in Traffic Lane 15 = Disregard Stop and Go Signal 16 = Disregard Stop Sign or Light 17 = Disregard Turn Marks at Intersection 18 = Disregard Warning Sign at Construction 19 = Distraction in Vehicle 20 = Driver Inattention 21 = Drove Without Headlights 22 = Failed to Control Speed 23 = Failed to Drive in Single Lane 24 = Failed to Give Half of Roadway 25 = Failed to Heed Warning Sign 26 = Failed to Pass to Left Safely 27 = Failed to Pass to Right Safely 28 = Failed to Signal or Gave Wrong Signal 29 = Failed to Stop at Proper Place 30 = Failed to Stop for School Bus 31 = Failed to Stop for Train 32 = Failed to Yield ROW – Emergency Vehicle 33 = Failed to Yield ROW – Open Intersection 34 = Failed to Yield ROW – Private Drive 35 = Failed to Yield ROW – Stop Sign 36 = Failed to Yield ROW – To Pedestrian 37 = Failed to Yield ROW – Turning Left 38 = Failed to Yield ROW – Turn on Red 39 = Failed to Yield ROW – Yield Sign 40 = Fatigued or Asleep 41 = Faulty Evasive Action 42 = Fire in Vehicle 43 = Fleeing or Evading Police 44 = Followed Too Closely 45 = Had Been Drinking 46 = Handicapped Driver (Explain in Narrative) 47 = Ill (Explain in Narrative) 48 = Impaired Visibility (Explain in Narrative) 49 = Improper Start from Parked Position 50 = Load Not Secured 51 = Opened Door into Traffic Lane 52 = Oversized Vehicle or Load 53 = Overtake and Pass Insufficient Clearance 54 = Parked and Failed to Set Brakes 55 = Parked in Traffic Lane 56 = Parked without Lights 57 = Passed in No Passing Lane 58 = Passed on Right Shoulder 59 = Pedestrian FTYROW to Vehicle 60 = Unsafe Speed 61 = Speeding – (Over Limit) 62 = Taking Medication (Explain in Narrative) 63 = Turned Improperly – Cut Corner on Left 64 = Turned Improperly – Wide Right 65 = Turned Improperly – Wrong Lane 66 = Turned when Unsafe 67 = Under Influence – Alcohol 68 = Under Influence – Drug 69 = Wrong Side – Approach or Intersection 70 = Wrong Side – Not Passing 71 = Wrong Way – One Way Road 72 = Cell/Mobile Phone Use 73 = Road Rage 98 = Other (Explain in Narrative)				
	37. Vehicle Defects 5 = Defective or No Headlamps 6 = Defective or No Stop Lamps 7 = Defective or No Tail Lamps 8 = Defective or No Turn Signal Lamps 9 = Defective or No Trailer Brakes 10 = Defective or No Vehicle Brakes 11 = Defective Steering Mechanism 12 = Defective or Slick Tires 13 = Defective Trailer Hitch 98 = Other (Explain in Narrative)	38. Weather Condition 1 = Clear 2 = Cloudy 3 = Rain 4 = Sleet/Hail 5 = Snow 6 = Fog 7 = Blowing Sand/Snow 8 = Severe Crosswinds 98 = Other (Explain in Narrative) 99 = Unknown	39. Light Condition 1 = Daylight 2 = Dark, Not Lighted 3 = Dark, Lighted 4 = Dark, Unknown Lighting 5 = Dawn 6 = Dusk 98 = Other (Explain in Narrative) 99 = Unknown	40. Entering Roads 2 = Three Entering Roads – T 3 = Three Entering Roads – Y 4 = Four Entering Roads 5 = Five Entering Roads 6 = Six Entering Roads 7 = Traffic Circle 8 = Cloverleaf 97 = Not Applicable 98 = Other (Explain in Narrative)	
41. Roadway Type 1 = Two-Way, Not Divided 2 = Two-Way, Divided, Unprotected Median 3 = Two-Way, Divided, Protected Median 4 = One-Way 98 = Other (Explain in Narrative)	42. Roadway Alignment 1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 98 = Other (Explain in Narrative) 99 = Unknown	43. Surface Condition 1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Slush 6 = Ice 7 = Sand, Mud, Dirt 98 = Other (Explain in Narrative) 99 = Unknown	44. Traffic Control 2 = Inoperative (Explain in Narrative) 3 = Officer 4 = Flagman 5 = Signal Light 6 = Flashing Red Light 7 = Flashing Yellow Light 8 = Stop Sign 9 = Yield Sign 10 = Warning Sign 11 = Center Stripe/Divider 12 = No Passing Zone 13 = RR Gate/Signal 15 = Crosswalk 16 = Bike Lane 17 = Marked Lanes 18 = Signal Light With Red Light Running Camera 96 = None 98 = Other (Explain in Narrative)		

MANDATORY DATA FIELDS



This edition of the Instructions Manual includes numerous [TIPS](#) and [REMINDERS](#) to aid in completing the crash report. [CONDITIONAL FIELDS](#) may be required based on a response in a prior field. There are also fields on the form considered critical to law enforcement and traffic safety professionals that are labeled as [MANDATORY DATA FIELDS](#).

Mandatory Data Fields may not be left blank and some data fields require a valid value from the CR-3 Code Sheet. A crash report submitted to TxDOT-Crash Records with a blank Mandatory Data Field or an invalid value in a Mandatory Data Field will be returned to the investigating officer/agency for correction.

MANDATORY DATA FIELDS

Total Num. Units	Unit #	Diagram
Total Num. Prsns.	Unit Description	Time Notified
Crash Date	Weather Conditions	How Notified
Crash Time	Light Conditions	Time Arrived
County	Entering Roads	Report Date
\$1,000 Damage to Prop.	Roadway Type	Investigation Complete
Roadway System	Roadway Alignment	Investigator Name
Roadway Part	Surface Conditions	ID #
Construction Zone	Traffic Control	Agency
Workers Present	Narrative	
At Intersection		



1.0 CHARACTERISTICS OF MOTOR VEHICLE TRAFFIC CRASHES

Motor vehicle traffic accidents have a number of characteristics that are used to distinguish between motor vehicle traffic accidents and other events such as non-accidents, aircraft or railway accidents and other motor vehicles, cataclysms and non-traffic accidents. The questions below address all of the distinguishing characteristics of motor vehicle traffic accidents. If the answer to each of the questions below is “yes”, then the incident is a motor vehicle traffic accident.

- Did the incident include one or more occurrences of injury or damage?
- Was there at least one occurrence of injury or damage, which was not a direct result of a cataclysm (Cataclysm and Transport accident)?
- Did the incident involve one or more motor vehicles?
- Of the motor vehicles involved, was at least one in transport?
- Was the incident an unstable situation?
- Did the unstable situation originate on a trafficway or did injury or damage occur on a trafficway?
- If the incident involved a railway train in transport, did a motor vehicle in transport become involved prior to any injury or damage involving the train?
- Is it true that neither an aircraft in transport nor a watercraft in transport was involved in the incident?

Reference: American National Standard Institute D16.1–2007, pg. 42

Texas Department of Transportation will only accept crashes that involve at least one motor vehicle in transport as reportable traffic crashes. When a police agency chooses to investigate a non-reportable crash, it will not be necessary for that crash report to be forwarded to TxDOT. All non-reportable traffic crashes that are sent to TxDOT will be returned to the reporting agency for retention at the local level only.

The following examples do not constitute a motor vehicle traffic crash.

- A Pedalcyclist falling from a bicycle and receives injuries.
- A Pedalcyclist/Pedestrian runs into a parked vehicle.
- A train hits a Pedalcyclist/Pedestrian.
- A person operating a riding lawn mower (motorized conveyance) on the road runs off the road and hits a tree.
- A person, riding a horse down the road and the horse gets startled and throws the rider.

2.0 GENERAL INFORMATION

When should a Peace Officer submit a crash report?

- A law enforcement officer, who in the regular course of duty, investigates a motor vehicle crash resulting in injury to or death of any person is required by Texas Transportation Code Section 550.062 to forward a crash report to the Texas Department of Transportation (TxDOT) not later than the 10th day after the date of the crash. Additionally, a report should be submitted to TxDOT for any investigated crash that results in property damage to the apparent extent of \$1,000 or more.
- If a crash does not involve injury or property damage, but is investigated, it is not necessary to submit the report to TxDOT.
- A general guide to apply when deciding if a report should be made is to ask, “Is the facility where the crash occurred intended to be open for use by the public?” If the answer is “yes,” and injury, death, or property damage to an extent of at least \$1,000 occurred, the investigator should submit a crash report to TxDOT.

When should a Peace Officer submit a supplement report?

- If a person dies within 30 days of the crash due to injuries sustained in the crash, a supplement must be submitted to TxDOT indicating the fatality, changing the injury code to K and adding the date and time of death.
- If an original report is submitted and information is later received, a supplement report must be submitted to TxDOT.
- If BAC or drug results are later received, a supplement report must be submitted to TxDOT.

Why is it important to provide accurate data when reporting a crash?

- When reporting crash data, it is important to provide sufficient details about the crash, this will enable TxDOT to classify the crash accurately, using nationally accepted standards.

What happens if a non–contact vehicle contributed to the crash?

- Non–contact traffic units should be identified and reported. A non–contact traffic unit is a vehicle, pedestrian, etc., which contributes to a crash by unusual or illegal behavior but strikes nothing and suffers neither damage nor injury. Information on a non–contact unit, including any factors contributing to the crash, should be reported on the crash report the same as if it had been in actual contact; i.e., the unit and person information should be shown in the space provided for units in the crash.

What is the purpose of the “Numbered Data Fields”?

- A data field that has a number means that only specific values or codes may be used in that field. The values and codes for each numbered data field are provided on the Texas Peace Officer’s Crash Report – Code Sheet.

How does a Peace Officer, report multiple crashes, that occur at one location?

- Sometimes, in the same location and within a short time, several motor vehicles may be involved in crashes. In chain reaction crashes, it is sometimes difficult to determine whether the event was one crash or several crashes, with a moment of stabilization between separate crashes. For purposes of uniformity, consider such chain reaction crashes to be a single motor vehicle crash, unless a stabilized situation can be established between several events. When a chain of events is definitely broken by time or place, the events should be reported as separate crashes.

EXAMPLES:

- A car plows into a crash that has occurred a few minutes earlier.
- A car strikes a parked car, stabilizes the situation by gaining control of the vehicle, then drives down the street for some distance and hits another vehicle. Such cases should be reported as separate crashes on two separate crash reports.

When submitting multiple CR-3 forms for one crash, which fields on the additional pages are required to be complete?

- When additional pages are used to complete a crash report, all data fields labeled with a star (*) must be completed.

EXAMPLE:

- A crash involving 3 vehicles will require the front and back of a single CR-3 form to show involvement of the first 2 vehicles. To show the involvement of the third vehicle, it will be necessary to complete an additional CR-3. The addition of the second CR-3 will require all fields labeled with a star to be completed on the page listing the 3rd vehicle. A CR-3 must consist of one front page and one back page. If a second CR-3 is utilized for reporting a crash, a back page must accompany the second CR-3.

How should a Peace Officer submit a crash report to TxDOT?

- Crash data can only be submitted to TxDOT using one of the approved formats. No other formats have been approved by TxDOT for submitting crash data.
 - C.R.A.S.H.: This is an internet-based application, available to all Law Enforcement. Please contact us at support@crishlp.com for more information on how to become a participant.
 - Submission Services: Developed for agencies with an existing application and requires a web services client, available to all Law Enforcement. Please contact us at support@crishlp.com for more information on how to become a participant.
 - Paper forms: This method involves using the CR-3 form developed by TxDOT Crash Records to submit crash data. Access the CR-3 form on the TxDOT Website by clicking on the Government link found on the home page, Select Enforcement-Crash Reports and Records, then Crash Records Forms, or here [to obtain crash forms](#)

Completed crash forms must be mailed to:

Texas Department of Transportation
Traffic Operations Division - Crash Data & Analysis
PO Box 149349
Austin, TX 78714-9349

3.0 FRONT OF BASIC REPORT

3.1 CLASSIFICATION IDENTIFIERS

Classification identifiers are to be used to identify specific events that occurred during the crash that affect other stakeholders responsible for public safety (e.g., National Highway Traffic Safety Administration, Federal Motor Carrier, Texas Department of Public Safety, etc.). More than one box may be checked for greater clarity. These check boxes are to be marked at the time of submission by the reporting agency. The classification identifiers are listed below.

Law Enforcement and TxDOT Use ONLY							Total Num. Units	0	0	5	Total Num. Prsns.	0	1	2	TxDOT Crash ID	
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE										
 Texas Peace Officer's Crash Report (Form CR-3 11/2010) Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844-274-7457 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.).																
															Page	of

3.1.1 FATAL

Check this box if the crash resulted in a fatality. If a person's injury code is "K – Killed" then the Fatal Indicator box must be checked. If a person dies within 30 days, due to injuries sustained in the crash, submit a supplement report indicating the change of severity code, check the appropriate classification identifier, complete all required fields, and include the date and time of death in the appropriate fields.

3.1.2 CMV (Commercial Motor Vehicle)

Check this box if the crash involved or was related to a commercial motor vehicle. A CMV by definition is one that meets one or more of the following criteria: 10,000+ lbs., Transporting Hazardous Material, or 9+ Capacity. If the CMV box is checked, the investigator must complete the CMV section of the CR-3 Report. If the Body Style of any of the units involved in crash is SB-Yellow School Bus, the CMV identifier must be checked.

3.1.3 SCHOOL BUS

Check this box if the school bus was a "1-Motor Vehicle" or a "7-Non-Contact" unit in the crash. The School Bus with or without a passenger on board must be directly involved as a contact motor vehicle or indirectly involved as a non-contact motor vehicle. This box must also be checked if the crash was related to the presence of a school bus (children loading or unloading from the school bus, two vehicles colliding as the result of the stopped school bus, etc.) If the body style for any of the units in the crash indicates "SB-Yellow School Bus," then this box must be checked. If the school bus has a seating capacity of nine or more passengers, then the CMV box should also be checked.

Law Enforcement and TxDOT Use ONLY																
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE	Total Num. Units	0	0	5	Total Num. Prsns.	0	1	2	TxDOT Crash ID	
 Texas Peace Officer's Crash Report (Form CR-3 1/1/2010) Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844-274-7457 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.).																
															Page	of

3.1.4 RAILROAD

Check this box if the crash involved or was related to a train engine, railcar, or railroad crossing. If any of the conditions listed are present, this box must be checked:

- If the "Unit Description" is equal to "2-Train," or
- If a Railroad Crossing Number is entered, or
- If any of the CMV sequence of Events is equal to 15-Collision Involving Train, or
- If any of the Factors and Conditions-Contributing Factors or May Have Contributed Factors is equal to 31-Failed to Stop for Train, or
- If Traffic Control is equal to 13-RR Gate/Signal or
- If any of the objects struck is a Train, Railroad Signal Pole or Post, or Railroad Crossing Gates.

3.1.5 MAB (Medical Advisory Board)

Check this box if the crash involved a driver who was taking medication, physically ill, or mentally unstable. If any of the Factors and Conditions-Contributing Factors or May Have Contributed Factors is equal to 47-III (Explain in Narrative) or 62-Taking Medication (Explain in Narrative), this box must be checked.

3.1.6 SUPPLEMENT

Check this box if you are submitting a report that will either amend, supplement, revise or correct a previously submitted report. This includes receiving BAC Results, providing additional information on a Hit and Run crash, or making any corrections or changes to the original report.

3.1.7 ACTIVE SCHOOL ZONE (Texas Transportation Code: 541.302)

Check this box if the crash occurred inside an Active School Zone. An Active School Zone is a reduced speed zone where the yellow flashing lights are active, a crossing guard is working, or another device is actively controlling the flow of traffic.

3.1.8 TOTAL NUM. OF UNITS

This data field is used to capture the total number of units involved in a crash. Consider all units, including "Trains," "Pedestrians," "Towed/Trailers," etc., in combination to provide a total number of units.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

EXAMPLE: A crash involving 2 motor vehicles, 2 pedestrians and a train shall be reported as 5 units, and must be right justified.

REQUIRED FORMAT

Total Num. Units	5
------------------	---

TIPS: All motor vehicles, trailers, pedestrians, etc., must be shown and counted as separate individual units.

3.1.9 TOTAL NUM. OF PRSNS.

This data field is used to capture the total number of persons involved in this crash. Consider all persons including “Driver,” “Passenger,” “Occupant,” etc., in combination to provide a total number of persons involved. This number must be a whole number, and a zero may be used. Enter this number as right justified.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

EXAMPLE: A crash involving 4 persons in unit 1, 5 persons in unit 2, and 3 pedestrians shall be reported as 12 persons and must be right justified.

REQUIRED FORMAT

Total Num. Prsns.	12
-------------------	----

TIPS: All persons involved in a crash, whether as the driver or occupant of a unit or a pedestrian, must be counted as a person.

3.1.10 TxDOT CRASH ID

This data field is for TxDOT use only. Once the Peace Officer’s report is received, the system will assign a unique Crash ID.

TxDOT Crash ID

3.1.11 PAGE ___ of ___

Each page of the crash report must be sequentially numbered. Please identify the front and back of the report as separate pages. Therefore, each CR–3 consists of a minimum of 2 pages.

3.2 IDENTIFICATION AND LOCATION

This section of the form is important in capturing statistics that identify the time and location of each crash. If the Peace Officer’s crash report does not adequately list correct data, it could result in inaccurate statistical reporting on a state and national level, which may result in the loss of federal funds used to provide safer highways throughout Texas.

* Crash Date (MM/DD/YYYY) 01/01/2010	* Crash Time (24HRMM) 1825	Case ID	Local Use
---	-------------------------------	---------	-----------

3.2.1 *CRASH DATE

Report the actual date the crash occurred, providing the month, day, and year (MM/DD/YYYY). Only provide one date; if exact date is unknown, provide the date that the crash was discovered.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

* Crash Date (MM/DD/YYYY) 01/01/2010

TIPS:

- The crash date cannot be greater than the date provided in the “Report Date” data field listed at the bottom of page 2 of the crash report.
- If the crash was discovered and the exact date is unknown, enter the date the crash was discovered and an explanation to that effect may be added to the Officer’s Narrative.
- The crash date cannot be less than five years from the current year.

3.2.2 *CRASH TIME

Report the actual time of the crash as it can best be established. The crash time must be reported using Military Time 24 HR (0000–2359). Midnight represents a new day and must be entered as 0000. Provide only one time; ranges will not be accepted. If an exact time of crash cannot be determined, report the time the crash or injury was discovered.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

*Crash Time (24HRMM)	1	8	2	5
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TIPS: If the crash was discovered and the exact time is unknown, report the time the crash was discovered and an explanation to that effect may be added to the Officer’s Narrative.

3.2.3 CASE ID

Enter your agency’s unique identifier assigned to the report (if applicable). This is a free form text field. The identifier shall be no more than 20 characters in length.

Case ID

3.2.4 LOCAL USE

Each law enforcement agency may use this area for internal identification to track crash reports or crash types. This is a free form text field, enabling the officer to provide a code, number or other agency information to categorize or classify their agency crash reports. The identifier shall be no more than 20 characters in length.

Local Use

County ★ Name	TRAVIS	City ★ Name	AUSTIN	<input type="checkbox"/> Outside City Limit
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3.2.5 *COUNTY NAME

Always report the county in which the crash occurred. Enter the full County Name; abbreviations will not be accepted. (Refer to Section 9.0 of this manual, for a list of Texas counties).

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

*County Name	TRAVIS
-----------------	--------

3.2.6 *CITY NAME

If the crash occurred inside the city limits, always report the name of the city in which the crash occurred. Enter the full City Name; abbreviations will not be accepted. Do not enter a City Name if the crash occurred outside the city limits.

REQUIRED FORMAT

★ City Name	AUSTIN
----------------	--------

TIPS: This data field is required only if the crash occurred inside the city limits.

3.2.7 OUTSIDE CITY LIMIT

If the crash occurred outside of the city limits, indicate by marking this box.

<input checked="" type="checkbox"/> Outside City Limit

- **CONDITIONAL FIELD:** If you do not provide a city name, you must check the “Outside City Limit” box.

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)
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3.2.8 \$1,000 DAMAGE TO ANY ONE PERSON'S PROPERTY?

This is the reporting officer's opinion as to the extent of damage.

MANDATORY DATA FIELD: If left blank or both Yes and No is selected, report will be returned to the officer.

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
---	---

- Yes – Indicates that in the reporting officer's opinion, the crash resulted in at least \$1,000 in property damage to any one person's property.
- No – Indicates that in the reporting officer's opinion, the crash did not result in at least \$1,000 in property damage to any one person's property.

REMINDERS: If “No” is checked and information is later received that the property damage was \$1,000 or more, a supplemental report should be submitted indicating this change.

3.2.9 LATITUDE AND LONGITUDE

If your agency is capable of providing this information, please follow the format listed below and provide both latitude and longitude. All GPS coordinates will be reported as close as reasonably feasible to the first harmful event and must be entered in pairs.

LATITUDE (decimal degrees)

Add the appropriate latitude coordinates. This field holds a mask of 7 characters, 2 to the left of the decimal and 5 to the right. Valid latitude coordinates are in the range of 25.83746 to 36.50048.

Latitude (decimal degrees)		.					
-------------------------------	--	---	--	--	--	--	--

LONGITUDE (decimal degrees)

Add the appropriate longitude coordinates. This field holds a mask of 8 characters, 3 to the left of the decimal and 5 to the right. A negative (-) sign is already provided for you. Valid longitude coordinates are in the range of -106.64592 to -93.50795.

Longitude (decimal degrees)	-	_____	.	_____
--------------------------------	---	-------	---	-------

TIPS: When Latitude/Longitude is provided, it does not replace the need for street address information. Always provide street address information.

REMINDERS: GPS coordinates must be reported in the Decimal Degrees format referencing the World Geodetic System of 1984 (WGS84 Datum); do not report in Degrees, Minutes & Seconds.

[Convert GPS coordinates from Degrees/Minutes/Seconds to Decimal Format](#)

3.2.10 ROAD ON WHICH CRASH OCCURRED

This section is used to capture information relating to the road on which the crash occurred to assist in the accurate location of the crash.

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.	

3.2.10.1 *RDWY. SYS. (Roadway System) - see Code Sheet: 1

This data field is used to capture the Roadway System for the road on which the crash occurred. Complete this data field using only the values listed for Roadway System on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

★1 Rdwy. Sys.	SP
------------------	----

CODE SHEET VALUES FOR ROADWAY SYSTEM

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

TIPS: When the highway has more than one highway designation, such as a US highway and state highway using the same roadway, use the highest designation (IH as first, US as second, and SH as third, etc.).

REMINDERS: If a crash occurs in a parking lot, the Roadway System selection should reflect the physical address where the parking lot is located.

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.

3.2.10.2 - * HWY. NUM. (Highway Number)

Use only the official Highway Number or County Road Number. A Highway Number can be up to five (5) alphanumeric characters.

★ Hwy. Num.

TIPS:

- When the Roadway System value entered represents a highway designation, a highway number must be entered in this field. If there is also a local name for the highway, this name may be entered in the “Street Name” field.
EXAMPLE: a crash occurring on Gulf Freeway would be reported with a “Rdwy. Sys.” of “IH” and a “Hwy. Num.” of “45” because IH-45 is the state highway designation and number for Gulf Freeway. Enter the name Gulf Freeway into the “Street Name” field.
- When a highway system has more than one highway number within a designation, report the lowest number.
EXAMPLE: A specific stretch of US-81 is also designated as US-77; for purposes of completing a crash report, use “US” for RDWY. SYS. and use “77” as the HWY. NUM.
- Only the last character may be an alpha character, while the preceding characters must be numeric. The fifth character represents the Highway Suffix.
- If there is no highway number associated with the roadway, leave this field blank.

CONDITIONAL FIELD:

- If the “Roadway System” is LR-Local Road/Street, or PV-Private Road, then a Highway Number may not be entered.
- TL – Toll Road, CR- County Road, PR – Park Road and RC – Recreational Road require a highway number or street name. All other road types not previously listed require a highway number.

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.						

3.2.10.3 RDWY. PART (Roadway Part) – see Code Sheet: 2

This data field is used to capture the part of the roadway the vehicle was traveling on prior to the crash. Complete this field using only the values for Roadway Part listed on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

2 Rdwy. Part	3
--------------	---

CODE SHEET VALUES FOR ROADWAY PART

- 1 – Main/Proper Lane
- 2 – Service/Frontage Road
- 3 – Entrance/On Ramp
- 4 – Exit/Off Ramp
- 5 – Connector/Flyover
- 98 – Other (Explain in Narrative)

REMINDEES: The “Roadway Part” is where the unit was traveling prior to where the crash occurred. This may or may not be the location of the first harmful event.

EXAMPLE: a vehicle is traveling on the service/frontage road of IH 10 when it loses control and crosses the area between the service/frontage road and main/proper lanes. The vehicle enters onto the main/proper lanes where it continues out of control until it strikes the concrete barrier in the median between the main/proper lanes. In this instance, use code “2-Service/Frontage Road” as it reflects the part of roadway the vehicle was traveling on prior to losing control.

3.2.10.4 BLOCK NUM. (Block Number)

If the blocks are numbered, indicate the block number where the crash occurred. This free form alphanumeric field allows up to 10 characters.

Block Num.

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.

3.2.10.5 STREET PREFIX - see Code Sheet: 3

This data field is used to capture the prefix for the street name using only the values listed for Street Prefix on the code sheet. If the value is not in the list, leave this field blank.

REQUIRED FORMAT

3 St. Prefix	NE
--------------	-----------

CODE SHEET VALUES FOR STREET PREFIX

- N** – North
- NE** – Northeast
- E** – East
- SE** – Southeast
- S** – South
- SW** – Southwest
- W** – West
- NW** – Northwest

3.2.10.6 *STREET NAME

Use only the official street name, number, or letter. Always provide the street name when Roadway System is Local Road/Street, or Private Road. This free form field allows up to 60 alphanumeric characters.

★Street Name

CONDITIONAL FIELD: A street name is required when a highway number is not present.

3.2.10.7 STREET SUFFIX – see Code Sheet: 4

This data field is used to capture the suffix for the street name using only the values listed for Street Suffix on the code sheet. If the value is not in the list, leave this field blank.

REQUIRED FORMAT

4 Street Suffix	RD
-----------------	-----------

CODE SHEET VALUES FOR STREET SUFFIX

- | | |
|-------------------------|--------------------------|
| RD – Road | WAY – Way |
| ST – Street | TRL – Trail |
| DR – Drive | LOOP – Loop |
| AVE – Avenue | EXPY – Expressway |
| BLVD – Boulevard | CT – Court |
| PKWY – Parkway | CIR – Circle |
| LN – Lane | PL – Place |
| FWY – Freeway | PARK – Park |
| HWY – Highway | CV – Cove |

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	Constr. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Street Desc.

3.2.10.8 CRASH OCCURRED ON A PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/PARKING LOT

A Private Drive or Road/Private Property is “a privately owned way or place used for vehicular travel and used only by the owner or persons who have the owner’s express or implied permission.” Texas Transportation Code 541.302 (9). A Parking Lot may be defined as either a private access way or parking area provided for a client or patron by a business or all government-owned property where public parking is permitted. Check this box if the crash occurred completely within a private drive or road, private property or parking lot and did not originate on the trafficway.

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot

In accordance with Texas Transportation Code 550.041, there is no statutory requirement to report the following types of crashes:

- A crash occurring in a privately owned residential parking area, or
- A crash occurring in a privately owned parking lot where a fee is charged for parking or storing a vehicle.

REMINDERS:

- If this box is checked, it will still be necessary for the officer to complete the “At Intersection” data field.
- If a crash occurs in a parking lot, information regarding the “Road on Which Crash Occurred” data fields should be completed using the physical address where the parking lot is located.

3.2.10.9 TOLL ROAD/TOLL LANE

Check this box if the crash occurred on a roadway or lane in which a fee is collected for usage.

Toll Road/Toll Lane

CONDITIONAL FIELD:

- If the “Road on Which Crash Occurred - Roadway System” is TL-Toll Road, then the Toll Road/Toll Lane box must be checked.

3.2.10.10 SPEED LIMIT - (Texas Transportation Code 545.352 and 545.353)

Indicate the legal or posted speed limit for passenger cars on the roadway at the time of the crash, regardless of existing conditions or class of vehicle involved. The numeric value must be greater than or equal to 5 mph, but less than, or equal to, 85 mph. This is not to be construed as a “Safe Speed”.

Speed Limit

TIPS: If no speed limit exists, leave this field blank.

REMINDERS: Yellow and black advisory signs on curves, exit ramps, etc., and orange and black advisory signs in construction zones are not speed limit signs.

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.	

3.2.10.11 CONST. ZONE (Construction Zone)

Check the appropriate box to indicate if this crash occurred within a posted construction zone. Do not consider whether workers were present when making this determination. There is a separate data field to capture that information. If the crash was related to the construction, explain in narrative.

MANDATORY DATA FIELD: If left blank or both Yes and No is selected, report will be returned to the officer.

Const. Zone	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

- Yes – Yes, indicates the crash did occur within a posted construction zone.
- No – No, indicates the crash did not occur within a posted construction zone.

3.2.10.12 WORKERS PRESENT

Check the appropriate box to indicate if workers were present in the construction zone during the crash.

MANDATORY DATA FIELD: If left blank or both Yes and No is selected, report will be returned to the officer.

Workers Present	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

- Yes – Yes indicates workers were present at the time of the crash.
- No – No indicates workers were not present at the time of the crash.

TIPS: If “Construction Zone” is marked “Yes”, the “Workers Present” data field must be marked “Yes” or “No”. If “Construction Zone” is marked “No”, this box must be marked “No”.

3.2.10.13 STREET DESC. (Street Description)

Use this box to include any descriptive information helpful in identifying the street or location. This free form field allows up to 40 characters.

Street Desc.

EXAMPLE: A crash occurring at 3506 S IH–35, in Belton, Texas, Bell County, on the East Frontage Road, and traveling Southbound, would be entered as such.

*Crash Date (MMDDYYYY) 01/01/2010		*Crash Time (24HRMM) 1800		Case ID	Local Use	
*County Name BELL			*City Name BELTON		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude (decimal degrees)		
ROAD ON WHICH CRASH OCCURRED						
*1 Rdwy. Sys. IH	*Hwy. Num. 35	2 Rdwy. Part 2	Block Num. 3500	3 Street Prefix S	*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 70	Const. Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Workers Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Street Desc. E FRONTAGE RD - SB

3.2.11 INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

This section is used to capture information relating to the intersecting roadway or the nearest intersecting road or reference marker to assist in the accurate location of the crash.

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	Street Name	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.		

3.2.11.1 AT INT. (At Intersection)

Check the appropriate box to indicate if the crash occurred at an intersection.

MANDATORY DATA FIELD: If left blank or both Yes and No is selected, report will be returned to the officer.

At Int.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

- Yes – Yes, the crash did occur at an intersection.
- No – No, the crash did not occur at an intersection.

REMINDERS: If “No” is selected, you must report the distance to the nearest intersecting road or the nearest reference marker. If the nearest intersecting road is used, then reference marker must be left blank.

EXAMPLES:

If the crash occurred at the intersection of US 190 and FM 1715, complete as follows:

ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. US	*Hwy. Num. 190	2 Rdwy. Part 1	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 70	Const. Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Workers Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys. FM	Hwy. Num. 1715	2 Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name	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.		

EXAMPLES:

If the crash occurred on FM 580 and is 500 ft. East of US 183 (also N. Key Ave), complete as follows:

ROAD ON WHICH CRASH OCCURRED															
*1 Rdwy. Sys.	FM	*Hwy. Num.	580	2 Rdwy. Part	1	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	55	Const. Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	1 Rdwy. Sys.	US	Hwy. Num.	183	2 Rdwy. Part		Block Num.		3 Street Prefix	N	Street Name	KEY	4 Street Suffix	AVE
Distance from Int. or Ref. Marker		500	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker		E	Reference Marker		Street Desc.			RRX Num.			
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		Street Name		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.			

EXAMPLES:

If the crash occurred on FM 580 and is .13 miles west of mile marker 520, complete as follows:

ROAD ON WHICH CRASH OCCURRED															
*1 Rdwy. Sys.	FM	*Hwy. Num.	580	2 Rdwy. Part	1	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	55	Const. Zone	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part		Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker		.13	<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker		W	Reference Marker	520	Street Desc.			RRX Num.			

If the crash occurred on a Private Drive or Road, Private Property or Parking Lot,

ROAD ON WHICH CRASH OCCURRED															
*1 Rdwy. Sys.	LR	*Hwy. Num.		2 Rdwy. Part	1	Block Num.	1056	3 Street Prefix	S	*Street Name	KEY	4 Street Suffix	AVE		
<input checked="" 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 checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.					
Cake Palace Parking Lot															
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER															
At Int.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part		Block Num.		3 Street Prefix	W	Street Name	Walnut	4 Street Suffix	ST
Distance from Int. or Ref. Marker		200	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker		W	Reference Marker		Street Desc.			RRX Num.			

3.2.11.2 RDWY. SYS. (Roadway System) – see Code Sheet: 1

This data field is used to capture the Roadway System for the intersecting road. Complete this data field using only the values listed for Roadway System on the code sheet.

REQUIRED FORMAT

1 Rdwy. Sys.	SP
--------------	----

CODE SHEET VALUES FOR ROADWAY SYSTEM

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

CONDITIONAL FIELD: If a reference is made to an intersecting roadway or nearest intersecting road, Roadway System must be completed. If a reference is made to a reference marker, Roadway System must be left blank.

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	Street Name	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.	RR# Num.		

3.2.11.3 HWY. NUM. (Highway Number)

Use only the official Highway Number or County Road Number for the intersecting road. A Highway Number can be up to five (5) alphanumeric characters.

Hwy. Num.

TIPS:

- When the Roadway System value entered represents a highway designation, a highway number must be entered in this field. If there is also a local name for the highway, this name may be entered in the “Street Name” field.
EXAMPLE: a crash occurring on Gulf Freeway would be reported with a “Rdwy. Sys.” of “IH” and a “Hwy. Num.” of “45” because IH-45 is the state highway designation and number for Gulf Freeway. Enter the name Gulf Freeway into the “Street Name” field.
- When a highway system has more than one highway number within a designation, report the lowest number.
EXAMPLE: A specific stretch of US-81 is also designated as US-77; for purposes of completing a crash report, use “US” for RDWY. SYS. and use “77” as the HWY. NUM.
- Only the last character may be an alpha character, while the preceding characters must be numeric. The fifth character represents the Highway Suffix.
- If there is no highway number associated with the roadway, leave this field blank.

CONDITIONAL FIELD:

- If the “Roadway System” is LR – Local Road/Street or PV–Private Road, then a Highway Number must not be entered.
- TL – Toll Road, CR- County Road, PR – Park Road, and RC – Recreational Road require a highway number or street name. All other road types not previously listed require a highway number.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At I/I: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from I/I or Ref. Marker	<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from I/I or Ref. Marker	Reference Marker	Street Desc.	RFD: Num.		

3.2.11.4 RDWY. PART (Roadway Part) – see Code Sheet: 2

This data field is used to capture the part of roadway for the intersecting road where the crash occurred. Complete this data field using only the values listed for Roadway Part on the code sheet.

REQUIRED FORMAT

2 Rdwy. Part	2
-----------------	---

CODE SHEET VALUES FOR ROADWAY PART

- 1 – Main/Proper Lane
- 2 – Service/Frontage Road
- 3 – Entrance/On Ramp
- 4 – Exit/Off Ramp
- 5 – Connector/Flyover
- 98 – Other (Explain in Narrative)

CONDITIONAL FIELD: If “Yes” is selected for “At Intersection”, this field must be completed.

REMINDEES: The “Roadway Part” for the intersecting road, is where the unit was traveling prior to where the crash occurred. It may or may not be the location of the first harmful event. If no vehicle was traveling on the intersecting road, the “Roadway Part” entered should represent the part of the road that intersects the “Road on Which Crash Occurred”.

EXAMPLE: a vehicle is traveling on the main/proper lanes of Riverside Dr. and strikes a pedestrian in the crosswalk at its intersection with the southbound service/frontage road of IH35. The “Rdwy. Part” for the intersecting road would be “2-Service/Frontage Road” since this is the part of IH 35 that intersects the “Road on Which Crash Occurred”, Riverside Dr.

3.2.11.5 BLOCK NUM. (Block Number)

If the blocks are numbered on the intersecting road, indicate the block number of the intersecting road where the crash occurred. This free form alphanumeric field allows up to 10 characters.

Block Num.

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. Sgn.	Hwy. Num.	2 Rdwy. Post	Block Num.	3 Street Prefix	Street Name	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.	RRR Num.	

3.2.11.6 STREET PREFIX – see Code Sheet: 3

This data field is used to capture the prefix for the street name provided using only the values listed for Street Prefix on the code sheet.

REQUIRED FORMAT

3 St. Prefix	NE
--------------	----

CODE SHEET VALUES FOR STREET PREFIX

N	– North
NE	– Northeast
E	– East
SE	– Southeast
S	– South
SW	– Southwest
W	– West
NW	– Northwest

3.2.11.7 – STREET NAME

Use only the official street name, number, or letter. Always provide the street name when Roadway System is Local Road/Street, or Private Road. If the “At Intersection” Yes box is checked, then the street name or highway number must be present. This free form field allows up to 60 characters.

Street Name

CONDITIONAL FIELD: A street name is required when a highway number is not present.

3.2.11.8 – STREET SUFFIX – see Code Sheet: 4

This data field is used to capture the suffix for the street name using only the values listed for Street Suffix on the code sheet. If the value is not in the list, leave this field blank.

REQUIRED FORMAT

4 Street Suffix	RD
-----------------	----

CODE SHEET VALUES FOR STREET SUFFIX

RD	– Road	Way	– Way
ST	– Street	TRL	– Trail
DR	– Drive	LOOP	– Loop
AVE	– Avenue	EXPY	– Expressway
BLVD	– Boulevard	CT	– Court
PKWY	– Parkway	CIR	– Circle
LN	– Lane	PL	– Place
FWY	– Freeway	PARK	– Park
HWY	– Highway	CV	– Cove

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. Sgn.	Hwy. Num.	2 Rdwy. Part.	Block Num.	3 Street Prefix	Street Name	4 Road 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.	RFD Num.		

3.2.11.9 – DISTANCE FROM INT. OR REF. MARKER (Distance from Intersection or Reference Marker)

If the crash did not occur in an intersection, report the distance from the nearest intersection or reference marker to which the crash occurred. Distance may be reported using either feet or miles. Distance measured in feet may not exceed “1000” ft. Distance measured in miles may not exceed “250” miles.

Distance from Int. or Ref. Marker

TIPS: This is a numeric data field that may contain a decimal or whole number.

EXAMPLES:

- A crash that occurred 528 feet from an intersection may be reported as either “.1”, if reported in miles or “528”, if reported in feet.
- A crash that occurred 1056 ft. from an intersection may only be reported in miles as “.2”.

CONDITIONAL FIELD: Always complete this field if the “At Intersection” box is marked “No” otherwise this field must be left blank.

3.2.11.10 – FT / MI (Feet or Miles)

Indicate whether the distance from intersection or reference marker is measured in feet or miles by checking the appropriate box.

<input type="checkbox"/> FT
<input type="checkbox"/> MI

- FT – Select this box if distance is measured in feet.
- MI – Select this box if distance is measured in miles.

TIPS: Do not check both boxes; provide a single measurement of either feet or miles.

CONDITIONAL FIELD: Always complete this field if the “At Intersection” box is marked “No”. Otherwise this field must be left blank.

3.2.11.11 – DIR. FROM INT. OR REF. MARKER (Direction from Intersection or Reference Marker) – see Code Sheet: 3

Indicate the compass direction of the intersection or reference marker from the point of crash using only the values listed on the code sheet for Direction from Intersection or Reference Marker. Do not use the traffic or highway direction.

REQUIRED FORMAT

3 Dir. from Int. or Ref. Marker	N
---------------------------------	---

CODE SHEET VALUES FOR DIRECTION FROM INT. OR REF. MARKER

N – North	S – South
NE – Northeast	SW – Southwest
E – East	W – West
SE – Southeast	NW – Northwest

CONDITIONAL FIELD: Always complete this field if the “At Intersection” box is marked “No”. Otherwise this field must be left blank.

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	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker	<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dis. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.		

3.2.11.12 – REFERENCE MARKER

Report the Reference Marker used for reporting the distance from the crash. Reference Markers are mile markers that contain up to 5 characters. Only the last character may be an alpha character.

Reference Marker	232B
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CONDITIONAL FIELD:

- If the “At Intersection” field is marked “No”, you must report the distance to the nearest intersecting road or the nearest reference marker.
- If a reference is made to the nearest intersection, reference marker must be left blank.

3.2.11.13 – STREET DESC. (Street Description)

Use this box to include any descriptive information helpful in identifying the street or location. This free form field allows up to 40 alphanumeric characters.

Street Desc.

EXAMPLE: Enter a crash occurring 70 feet west of the West IH-35 frontage road on County Road 190A in Georgetown, Texas, Williamson County, as such:

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys.	CR	*Hwy. Num.	190A	2 Rdwy. Part	1	Block Num.		3 Street Prefix		*Street Name	Lakeway	4 Street Suffix	DR
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit	35	Const. Zone	<input checked="" type="checkbox"/> No	Workers Present	<input checked="" type="checkbox"/> No	Street Desc.			

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	<input checked="" type="checkbox"/> No	1 Rdwy. Sys.	IH	Hwy. Num.	35	2 Rdwy. Part		Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dis. from Int. or Ref. Marker	70	Reference Marker	W	Street Desc.	W FRONTAGE RD	RRX Num.					

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

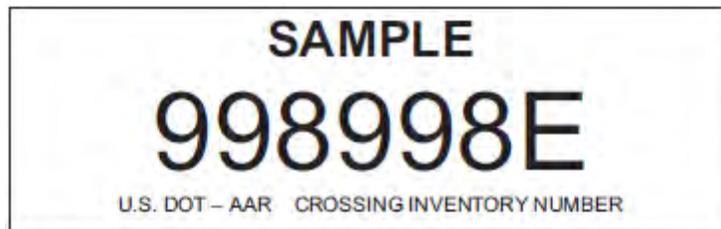
At Int.	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part.	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
Distance from Int. or Ref. Marker:	<input type="checkbox"/> FT <input type="checkbox"/> MI	5 Cr. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.			

3.2.11.14 – RRX NUM. (Railroad Crossing Number)

Report the appropriate railroad–crossing serial number whenever a crash involves a railroad grade crossing as a factor, regardless of whether a train was involved. TxDOT has assigned numbers to all railroad grade crossings. This serial number on the crash report provides for accurate identification of the railroad crossing.

RRX Num.	_____
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EXAMPLE: A sample of a crossing serial number is shown below. This number will be on a card approximately 3 x 7 inches and will normally be placed on the main upright of the railroad signal or sign just above eye level. There are instances, however, where the number may be attached to a nearby telephone pole or a post if no sign or signal is present.



TIPS:

- If a number is not available, complete the data fields for the Latitude and Longitude coordinates if possible.
- The Name of the Railroad will appear where the word “SAMPLE” is located. The format must be 6 numeric characters followed by a letter. Preceding zeros may be added to make up the 6 numeric characters. RRX numbers do not contain the following alpha characters: I, O, Q, or Z.

REMINDERS: Railroad grade crossings are not considered intersections. Use the nearest street or reference marker to show the crash location. You must still provide the railroad crossing number.

3.3 VEHICLE, DRIVER, & PERSONS

This section is to capture information on the vehicle, driver, and persons involved in the crash.

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN		
Val. Year	6 Veh. Color	Val. Make	Val. Model	7 Body Style	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)			

3.3.1 – UNIT NUM. (Unit Number)

Enter a number to identify the unit involved in the crash. Power units and towed units must be numbered sequentially and must be numeric. Alpha characters may not be used.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

Unit Num.

TIPS: Information relating to a pushed or towed unit will be entered in a separate unit block and numbered in sequential order. When a trailer is carrying cargo, include the cargo with the trailer unit and do not report as a separate unit.

REMINDERS:

- Consider all motor vehicles (operated individually or in combination with another vehicle), pedestrians, pedalcyclists, herded or ridden animals, trains, streetcars, animal-drawn vehicles, etc., as traffic units.
- A truck tractor towing a trailer strikes a car. There are only two correct ways to identify the units in the crash. The first option is to identify the truck tractor as unit 1, the semi-trailer as unit 2, and the car as unit 3. The second option is to identify the car as unit 1, the truck tractor as unit 2, and the semi-trailer as unit 3. It is not an option to identify the truck tractor as unit 1, the car as unit 2, and the semi-trailer as unit 3.

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN		
Val. Year	6 Veh. Color	Val. Make	Val. Model	7 Body Style	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)			

3.3.2 – UNIT DESC. (Unit Description) – see Code Sheet: 5

This data field captures the best description of the unit involved in the crash. Complete this field using only the values listed on the code sheet under Unit Description.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

5 Unit Desc.	1
--------------	---

CODE SHEET VALUES FOR UNIT DESCRIPTION

- 1 – Motor Vehicle - A motorized (mechanically or electrically powered) road vehicle, including its cargo (for crash reporting purposes only), not operated on rails. This includes but is not limited to the following: All Terrain Vehicles, Bus, Farm Tractor, Golf Cart, Moped, Motorcycle, Motor-driven Cycle, Multi Function School Activity Bus, Passenger Car, Recreational Off Highway Vehicle, Road Tractor, School Bus, Truck, Truck Tractor, etc. Texas Transportation Code: Sections 521.001 (6, 7, 8, 9), 541.201 (3, 4, 8, 9, 10, 11-a, 12, 14, 16, 21, 22, 24,), 502.001 (17, 19-a) and 642.001 (4).
- 2 – Train – A motorized railway vehicle or a land vehicle that is operated on rails.
- 3 – Pedalcyclist – A non-motorized vehicle propelled by pedaling. This also includes an electric bicycle. Transportation Code: Section 541.201 (24).

3.3.7 – VIN (Vehicle Identification Number)

This data field captures the unique combination of 17 alphanumeric characters that make up the Vehicle Identification Number (VIN) assigned by the manufacturer, Department of Motor Vehicles or county office. Vehicles manufactured after 1980 do not contain I, O, or Q in their VIN.

VIN																
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TIPS:

- If the vehicle year is 1981 or greater, the VIN will contain 17 alphanumeric characters. Vehicles prior to 1981 may contain fewer than 17 characters. When the VIN is less than 17 characters, enter left justified, leaving the blank spaces at the end.
- If using a Department of Motor Vehicle or county issued VIN, leave VEH. YEAR blank.
- Use only if the Unit Description is 1, 6, or 7.

3.3.8 – VEH. YEAR (Vehicle Year)

This data field captures the 4–digit numeric model year (YYYY) of the vehicle as designated by the manufacturer. The year entered must be greater than 1900 and less than or equal to the current year plus one.

Veh.				
Year				

TIPS: Use only if the Unit Description is 1, 6, or 7.

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Perfected 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)	

3.3.9 – VEH. COLOR (Vehicle Color) – see Code Sheet: 6

Using only the values listed on the code sheet for Vehicle Color, capture the abbreviation that best represents the color of the vehicles involved in the crash.

REQUIRED FORMAT

6 Veh.
Color BGE

CODE SHEET VALUES FOR VEHICLE COLOR

BGE – Beige	ONG – Orange
BLK – Black	PNK – Pink
BLU – Blue	PLE – Purple
BRZ – Bronze	RED – Red
BRO – Brown	SIL – Silver
CAM – Camouflage	TAN – Tan
CPR – Copper	TEA – Teal (green)
GLD – Gold	TRQ – Turquoise (blue)
GRY – Gray	WHI – White
GRN – Green	YEL – Yellow
MAR – Maroon	98 – Other (Explain in Narrative)
MUL – Multicolored	99 – Unknown

TIPS: Use only if the Unit Description is 1, 6, or 7.

3.3.10 – VEH. MAKE (Vehicle Make)

This data field captures the manufacturer’s distinctive name applied to a group of motor vehicles (Ford, Chevrolet, Plymouth, Mercury, Pontiac, etc.).

Veh. Make

TIPS: Other, Unknown or Homemade Vehicle are acceptable values.

CONDITIONAL FIELD: Any unit description of 1, 6, or 7 is required to show the vehicle make unless, the “Hit and Run” box has been checked. For Unit Descriptions of 2, 3, 4, 5, and 98, leave this field blank.

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Perfected 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)	

3.3.11 – VEH. MODEL (Vehicle Model)

This data field captures the manufacturer’s trade name (Impala, Mustang, F-150, Ram, 4-Runner, etc.).

Veh. Model

CONDITIONAL FIELD: Any unit description of 1, 6, or 7 is required to show the vehicle model unless, the “Hit and Run” box has been checked. For Unit Descriptions of 2, 3, 4, 5, and 98, leave this field blank.

3.3.12 – BODY STYLE – see Code Sheet: 7

Using only the values listed on the code sheet for Body Style, list the selection that best describes the body style of the vehicle/unit involved in the crash.

REQUIRED FORMAT

7 Body Style	TR
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CODE SHEET VALUES FOR BODY STYLE

- | | |
|-----------------------------------|--|
| P2 – Passenger Car, 2-Door | PC – Police Car/Truck |
| P4 – Passenger Car, 4-Door | PM – Police Motorcycle |
| PK – Pickup | TL – Trailer or Semi Trailer, or Pole Trailer |
| AM – Ambulance | TR – Truck |
| BU – Bus | TT – Truck Tractor |
| SB – Yellow School Bus | VN – Van |
| FE – Farm Equipment | 98 – Other (Explain in Narrative) |
| FT – Fire Truck | 99 – Unknown |
| MC – Motorcycle | |
| SV – Sport Utility Vehicle | |

TIPS: Use only if the Unit Description is 1, 6, or 7.

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Perished Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VB					
Year	8 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						

3.3.13 – POL., FIRE, EMS ON EMERGENCY (Explain in Narrative if checked)

Check this box only if a peace officer, firefighter, or emergency medical services employee is involved in a crash while driving a law enforcement vehicle, fire department vehicle, or medical emergency services vehicle while on emergency.

<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

TIPS:

- The definition of an authorized emergency vehicle includes federal law enforcement vehicles. Texas Transportation Code: Section 541.201 (1) (G).
- Use only if the Unit Description is 1, 6, or 7.

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)						

3.3.14 – DL/ID TYPE (Driver License/Identification Type) – see Code Sheet: 8

Report the type of document, Driver License or Identification Card, used to obtain identification of the primary person.

REQUIRED FORMAT

8 DL/ID Type	4
--------------	---

CODE SHEET VALUES FOR DRIVER LICENSE/ID TYPE

- 1 – Driver License
- 2 – Commercial Driver License
- 3 – Occupational
- 4 – ID Card
- 5 – Unlicensed
- 98 – Other
- 99 – Unknown

TIPS: Whenever a crash involves a license holder from outside of North America and its territories (Refer to section 8.0, of this manual), use code “98 – Other”.

EXAMPLES:

If the primary person holds a Texas Class C Driver License with no restrictions, complete as follows:

8 DL/ID Type	1	DL/ID State	TX	DL/ID Num.	12345678	9 DL Class	C	10 CDL End.	96	11 DL Rest.	96	DOB (MM/DD/YYYY)	0,1,0,1,1,9,8,0
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If the primary person holds a California Commercial Driver License with or without restrictions, complete as follows:

8 DL/ID Type	2	DL/ID State	CA	DL/ID Num.	D1234567890	9 DL Class	98	10 CDL End.	HNPTX	11 DL Rest.	98	DOB (MM/DD/YYYY)	0,1,0,1,1,9,8,0
--------------	---	-------------	----	------------	-------------	------------	----	-------------	-------	-------------	----	------------------	-----------------

If the primary person holds a Commercial Driver License issued in Mexico, even if it displays CDL Endorsements or DL Restrictions, complete as follows:

8 DL/ID Type	2	DL/ID State	MX	DL/ID Num.	12345678	9 DL Class	98	10 CDL End.	98	11 DL Rest.	98	DOB (MM/DD/YYYY)	0,1,0,1,1,9,8,0
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If the primary person holds an Alaskan Identification Card then complete as follows:

8 DL/ID Type	4	DL/ID State	AK	DL/ID Num.	12345678	9 DL Class	5	10 CDL End.	5	11 DL Rest.	5	DOB (MM/DD/YYYY)	0,1,0,1,1,9,8,0
--------------	---	-------------	----	------------	----------	------------	---	-------------	---	-------------	---	------------------	-----------------

If the primary person is unlicensed and does not hold an identification card, then complete as follows:

8 DL/ID Type	5	DL/ID State		DL/ID Num.		9 DL Class	5	10 CDL End.	5	11 DL Rest.	5	DOB (MM/DD/YYYY)	0,1,0,1,1,9,8,0
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If the primary person holds a license from outside of North America, such as Great Britain, then complete as follows:

8 DL/ID Type	98	DL/ID State	OT	DL/ID Num.	12345678901234	9 DL Class	98	10 CDL End.	98	11 DL Rest.	98	DOB (MM/DD/YYYY)	0,1,0,1,1,9,8,0
--------------	----	-------------	----	------------	----------------	------------	----	-------------	----	-------------	----	------------------	-----------------

If the primary person’s information is unknown, such as a hit-and-run, then complete as follows:

8 DL/ID Type	99	DL/ID State	UN	DL/ID Num.		9 DL Class	99	10 CDL End.	99	11 DL Rest.	99	DOB (MM/DD/YYYY)	
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9 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Restr.	DOR (MM/DD/YYYY)
Address (Street, City, State, ZIP)						

3.3.17 – DL CLASS (Driver License Class) – see Code Sheet: 9

This data field is used to capture the Driver License Class listed on the Texas driver license. Use only the values listed on the code sheet for DL Class.

REQUIRED FORMAT

9 DL Class	AM
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CODE SHEET VALUES FOR DL CLASS

A	- Class A
AM	- Class A and M
B	- Class B
BM	- Class B and M
C	- Class C
CM	- Class C and M
M	- Class M (Motorcycle)
5	- Unlicensed
98	- Other/Out of State
99	- Unknown

CONDITIONAL FIELD:

- If there is no DL/ID Type, then this field must be blank.
- If a DL/ID Type is provided then DL Class may not be blank.
- If the DL/ID State is not “TX – Texas” then this field must be set to “98 – Other/Out of State”.
- If the DL/ID Type is “4 – ID Card” or “5-Unlicensed”, this field must be set to “5-Unlicensed”.
- If the DL/ID Type is “99-Unknown”, this field must be set to “99-Unknown”.

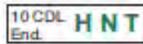
REMINDERS: A, B, C, and M licenses are issued to persons who are not required to obtain a Commercial Driver License. Drivers who hold a Class A, B, or C license with a Motorcycle Endorsement will be issued a Class AM, BM, or CM license.

8 DL/ID Type	9 DL/ID State	10 DL/ID Num.	11 DL/ID Class	12 CDL End.	13 DL/ID Real.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						

3.3.18 – CDL END. (Commercial Driver License Endorsements) – see Code Sheet: 10

This data field is used to capture endorsements that appear on a Commercial Driver License issued in the United States or its territories and assigned to the primary person. Use only the values listed on the code sheet for Commercial Driver License Endorsements.

REQUIRED FORMAT



CODE SHEET VALUES FOR COMMERCIAL DRIVER LICENSE ENDORSEMENTS

- H – Hazardous materials
- N – Tank Vehicles
- P – Passengers
- S – School Bus
- T – Double/Triple Trailer
- X – Tank Vehicle with HazMat
- 5 – Unlicensed
- 96 – None
- 98 – Other/Out of State
- 99 – Unknown

TIPS:

- A maximum of 5 Endorsements are allowed per driver. Separators, commas, etc. between endorsements are not acceptable.
- Whenever a crash involves a license holder from outside of the United States and its territories (Refer to section 8.0, of this manual), regardless if the license displays Commercial Driver License Endorsements, use code “98 – Other/Out of State”.
- Whenever a crash involves a license holder from the United States and its territories, who holds a driver license with no Commercial Driver License Endorsements, use code “96 – None”

CONDITIONAL FIELD:

- If there is no DL/ID Type, then this field must be blank.
- If a DL/ID Type is provided then CDL Endorsement may not be blank.
- If the DL/ID State is “CD – Canada”, “MX – Mexico”, or “OT – Other” then this field must be set to “98 – Other/Out of State”.
- If the DL/ID Type is “4 – ID Card” or “5-Unlicensed”, this field must be set to “5-Unlicensed”.
- If the DL/ID Type is “99-Unknown”, this field must be set to “99-Unknown”.
- If CDL Endorsement “96-None” is selected, then no other endorsement is allowed.

8 DL/ID Type	9 DL/ID State	10 DL/ID Num.	11 DL/ID Class	12 DL/ID End.	13 DL/ID Rest.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						

3.3.19 – DL REST. (Driver License Restrictions) – see Code Sheet: 11

This data field is used to capture the driver restrictions listed on the Texas Driver license, using only the values listed on the code sheet for Driver License Restrictions.

REQUIRED FORMAT

11 DL Rest. **ABC**

CODE SHEET VALUES FOR DRIVER LICENSE RESTRICTIONS

A – With Corrective Lenses	O – Occ./Essent. Need DL–No CMV –See Court Order
B – LOFS Age 21 or Over	P – Stated on License
C – Daytime Only	Q – LOFS 21 or Over Vehicle Above Class B
D – Not to Exceed 45 MPH	R – LOFS 21 or Over Vehicle Above Class C
E – No Expressway Driving	S – Outside Rear View Mirror or Hearing Aid
F – Must Hold Valid Learner Lic. to MM/DD/YY	T – Automatic Transmission
G – TRC Section 545.424 Applies until MMDD/YY	U – Applicable Prosthetic Devices
H – Vehicle Not to Exceed 26,000 lbs GVWR	V – Applicable Vehicle Devices
I – Motorcycle Not to Exceed 250 CC	W – Power Steering
J – Licensed Motorcycle Operator Age 21 or Over in Sight	X – Vehicle Not to Exceed Class C
K – Moped	Y – Valid TX Vision or Limb Waiver Req'd
L – Vehicle without Air Brakes – Applies to Vehicles Requiring CDL	Z – Valid Fed Vision or Limb Waiver Req'd
M – CDL Intrastate Commerce Only	5 – Unlicensed
N – Ignition Interlock Required	96 – None
	98 – Other/Out of State
	99 – Unknown

TIPS:

- A maximum of 5 Restrictions are allowed per driver. Separators, commas etc. between restrictions are not acceptable.
- Whenever a crash involves a license holder from outside of Texas (Refer to section 8.0, of this manual), use code “98 – Other/Out of State”.
- Whenever a crash involves a license holder from Texas who holds a driver license with no Driver License Restrictions, use code “96 – None”.
- If the Driver License Restriction is “P”, only enter “P”. Do not enter additional text.

CONDITIONAL FIELD:

- If there is no DL/ID Type, then this field must be blank.
- If a DL/ID Type is provided, then DL Restriction may not be blank.
- If the DL/ID State is not “TX – Texas”, this field must be set to “98 – Other/Out of State”.
- If the DL/ID Type is “4 – ID Card” or “5-Unlicensed”, this field must be set to “5 - Unlicensed”.
- If the DL/ID Type is “99-Unknown”, this field must be set to “99-Unknown”.
- If DL Restriction “96-None” is selected, then no other restriction is allowed.

8 DL/DL Type	9 DL/DL State	10 DL/DL Num.	11 DL/DL Class	12 DL/DL Exp.	13 DL/DL Rev.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						

3.3.20 – DOB (Date of Birth)

In this data field, capture the actual date of birth, taken from the Driver License/ID Card, or after being established through investigation.

REQUIRED FORMAT

DOB (MM/DD/YYYY)	0	1	/	0	1	/	1	9	5	0
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TIPS: If the date of birth is unknown, this field may be left blank. (Hit and Run, etc.)

REMINDEERS: Date of birth should be captured using MM/DD/YYYY format only.

3.3.21 – ADDRESS – (Street, City, State, and ZIP)

Capture the driver’s current residence address including the city, state, and zip code in this data field. If the driver is a member of the armed forces, report the military address. This free form field allows up to 60 alphanumeric characters for the street, 40 alphanumeric characters for the city and 15 for the zip. (For state abbreviation, refer to section 8.0, of this manual).

Address (Street, City, State, ZIP)

TIPS: If a Post Office Box is the only address available, report this information in the address field.

Person Num.	12 Print Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity	15 Age	15 Secondary	16 Sex	17 Ear/L	18 Head/	19 Arm/	20 Hand/	21 Scul.	22 Ac. Spec.	Ac. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
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3.3.22 – PERSON NUM. (Person Number)

Assign a number to each person involved in the crash for individual identification. Start with number 1 in each unit and increase sequentially by 1 for each person in the unit. If additional space is needed for occupants, use “Additional Persons Continuation” form. A person number is required for each person in a unit. If the unit is unoccupied, the Person Number through the Drug Category fields should be left blank.

Person Num.

REMINDEERS:

- Always list the driver or primary person first for the unit.
- Only assign a number to train passengers that receive a K, A, B, or C injury code.

3.3.23 – PRSN. TYPE (Person Type) – see Code Sheet: 12

Using only the values listed on the code sheet; capture the person type that best describes the individual(s) in the crash.

REQUIRED FORMAT

12. Prsn. Type
1

CODE SHEET VALUES FOR PERSON TYPE

1 – Driver	5 – Driver of Motorcycle Type Vehicle
2 – Passenger/Occupant	6 – Passenger/Occupant on Motorcycle Type Vehicle
3 – Pedalcyclist	98 – Other
4 – Pedestrian	99 – Unknown

The first person entered on the unit is considered the primary person for that unit and is limited to Person Types of:

- 1 - Driver
- 3 - Pedalcyclist
- 4 - Pedestrian
- 5 - Driver of Motorcycle Type Vehicle

The primary person of each unit is the only person in the unit for whom the following fields can be populated on the form:

- DL/ID Type
- DL/ID State
- DL/ID Number
- DL Class
- CDL Endorsements
- DL Restrictions
- DOB
- Address
- Alcohol Specimen
- Alcohol Result
- Drug Specimen
- Drug Result
- Drug Category

TIPS: The person type must match the unit description based on the following available person type:

Unit Description	Available Person Types
1 – Motor Vehicle	1,2,5,6, or 99
2 – Train	98
3 – Pedalcyclist	3
4 – Pedestrian	4
5 – Motorized Conveyance	98
6 – Towed/Trailer	2,6
7 – Non Contact	1,2,5,6, or 99
98 – Other	98

CONDITIONAL FIELD: If "Person Number" is present, it is necessary to complete the "Person Type" field.

REMINDERS:

- A person in the front left seat position but not driving (parked vehicle, previously wrecked, etc.) must be listed as a passenger/occupant, and not a driver. That person should be entered on the second line for persons in the unit.
- If multiple persons are occupying the driver's seat of the vehicle, only the person who is primarily in actual control of the vehicle will be listed as the driver. The other person will be shown as the passenger/occupant but, will still be listed in seat position "1- front left".

Person#	12 Person Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Sex	16 Seat	17 Eject	18 Other	19 Air Bag	20 Helmet	21 Seat	22 Air Seat	23 Result	24 Drug Spec.	25 Drug Result	26 Drug Category
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3.3.24 – SEAT POSITION – see Code Sheet: 13

Using only the code sheet values, indicate the physical location of the person(s) involved in the crash. This field must be populated for each person involved in the crash.

REQUIRED FORMAT

13 Seat Position
1

CODE SHEET VALUES FOR SEAT POSITION

- | | | |
|------------------------|--|--|
| 1 – Front Left | 7 – Third Seat Left | 14 – Passenger in Bus |
| 2 – Front Center | 8 – Third Seat Center | 16 – Pedestrian, Pedalcyclist, or Motorized Conveyance |
| 3 – Front Right | 9 – Third Seat Right | 98 – Other (Explain in Narrative) |
| 4 – Second Seat Left | 10 – Cargo Area | 99 – Unknown |
| 5 – Second Seat Center | 11 – Outside Vehicle | |
| 6 – Second Seat Right | 13 – Other in Vehicle–(Explain in Narrative) | |

For motorcycles, report the seat positions as shown:

- 1 – Front Left – Driver
- 2 – Front Center (Sidecar)
- 4 – Second Seat Left (Passenger)

TIPS:

- The sleeper area of a commercial–truck would be considered “13–Other in Vehicle” and should be explained in the narrative.
- A person riding on the hood of a vehicle would be considered “11 – Outside Vehicle” and should be explained in the narrative.
- A person riding in the bed of a pick-up truck would be considered “10 – Cargo Area”.
- The seat position must match the unit description based on the following available seat positions:

Unit Description	Available Seat Positions
1 – Motor Vehicle	1-11,13,14,99
2 – Train	98
3 – Pedalcyclist	16
4 – Pedestrian	16
5 – Motorized Conveyance	16
6 – Towed/Trailer	1-11,13,14,99
7 – Non Contact	1-11,13,14,99
98 – Other	98

CONDITIONAL FIELD: If “Person Number” is present, it is necessary to complete the “Seat Position” field.

Person Num	12 Person Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	4 Injury Severity	Age	15 Emancip	16 Sex	17 Eject	18 Pos II	19 Airbag	20 H/mal	21 Skl	22 MC Spac	4c Result	23 Drug Spac	24 Drug Result	25 Drug Category

3.3.25 – NAME: LAST, FIRST, MIDDLE – (Enter Driver or Primary Person for this Unit on first line)

Enter the last name, first name, middle name, or initial of the each person involved in the crash for this unit. This free form field allows up to 40 characters per name.

REQUIRED FORMAT

Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line
SMITH, JOHN, FRANKLIN

TIPS: Use exact spelling that appears on the license/identification for the primary person of this unit.

EXAMPLE: John Franklin Smith should be shown as Smith, John, Franklin, not Smith, John F., or Smith, J. F.

REMINDERS: If, at the time of the crash, the driver of the vehicle is unknown, such as in a hit-and-run, the driver’s name should show “Unknown”. Once the identity of the driver is established through subsequent investigation, a supplemental report must be submitted to report the driver’s name.

Person Num.	12 Person Type	13 Staff 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 Eyes	18 Hair	19 Hair Color	20 Height	21 Weight	22 Blood Pressure	23 Alcohol Result	24 Drug Screen	25 Drug Result	26 Drug Category
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3.3.26 – INJURY SEVERITY – see Code Sheet: 14

This data field is used to capture the most serious injury for each occupant resulting from the crash using only the values listed on the code sheet for injury severity.

REQUIRED FORMAT

14 Injury Severity
A

CODE SHEET VALUES FOR INJURY SEVERITY

A– INCAPACITATING INJURY – Severe injury that prevents continuation of normal activities; includes broken or distorted limbs, internal injuries, crushed chest, etc.

B– NON–INCAPACITATING INJURY – Evident injury such as bruises, abrasions, or minor lacerations, which do not incapacitate.

C– POSSIBLE INJURY – Injury, which is claimed, reported, or indicated by behavior, but without visible wounds; includes limping or complaint of pain.

K– KILLED – If death resulted due to injuries sustained from the crash, at the scene or within 30 days of the crash, the “K” injury code must be used.

N– NOT INJURED – The person involved in crash did not sustain an A, B, C, or K injury.

99– UNKNOWN – Unable to determine whether injuries exist. Some examples may include, hit and run, fled scene, fail to stop and render aid, etc.

TIPS:

- For every person involved in a crash you must provide an injury code, including for persons not injured.
- For a train crash – Only provide injury code for passengers that are injured; uninjured train passengers should not be listed.
- When an investigator can determine that an individual's death is not a result of injuries sustained in the crash, report the injury as an "N - Not Injured" injury. The investigator should then detail in the narrative the facts leading to his opinion that the individual died from an injury that was not related to the crash.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Injury Code” field.

Person Num.	12 Prec. 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 Rest.	19 Airbag	20 Helmet	21 Sd.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

3.3.27 – AGE

Capture the age of each occupant at his or her last birth date in whole numbers. If an infant is less than one year old, the officer should report the age as zero.

EXAMPLE: A 10-month-old infant would be shown as 0.

Age
0

REQUIRED FORMAT

TIPS: If the age of the person is unknown, this field may be left blank. (Hit and Run, etc.)

Person Num.	12 Prec. 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 Rest.	19 Airbag	20 Helmet	21 Sd.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

3.3.28 – ETHNICITY – see Code Sheet: 15

Using only the code sheet values, capture the ethnicity of the person(s) involved in the crash.

REQUIRED FORMAT

15 Ethnicity
W

CODE SHEET VALUES FOR ETHNICITY

- W** – White
- B** – Black
- H** – Hispanic
- A** – Asian
- I** – American Indian/Alaskan Native
- 98** – Other
- 99** – Unknown

REMINDEERS: This information is only for identification purposes. Officers are encouraged to provide this information; however, if the person objects to having it included, the field may be left blank.

3.3.29 – SEX – see Code Sheet: 16

Capture the Gender category that best describes the person(s) involved in the crash.

REQUIRED FORMAT

16 Sex
2

CODE SHEET VALUES FOR SEX

- 1 – Male
- 2 – Female
- 99 – Unknown

TIPS:

- Use the gender that appears on the Driver License/ID Card.
- Do not use “M” for male, “F” for female, or “U” for unknown for this field.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Sex” code field.

Person Num.	12 Pass. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 App.	16 Sex	17 Eject.	18 Pass.	19	20	21 Seat	22 Ab. Spec.	23 Result	24 Drug Spec.	25 Drug Result	26 Drug Category

3.3.30 – EJECT. – see Code Sheet: 17

Using only the code sheet values, describe the extent to which the person’s body was expelled from the vehicle during the crash.

REQUIRED FORMAT

17 Eject.
1

CODE SHEET VALUES FOR EJECTED

- 1 – **No** – Not ejected
- 2 – **Yes** – Fully ejected
- 3 – **Yes, Partial** – A part of the body is ejected from the vehicle and receives an injury as a result of being outside the vehicle.

EXAMPLE: Part of the body is ejected outside of the door and is crushed when the car overturns.

- 97 – **Not Applicable** – Not relevant to the “Unit Description” type.
- 99 – **Unknown** – Cannot be determined whether the body was ejected from vehicle.

TIPS: Only persons occupying a “1-Motor Vehicle” or “6 – Towed / Trailer” may be shown as ejected. For motorcycles and all other unit descriptions, use code “97 – Not Applicable”.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Eject” code field.

3.3.31 – RESTR. (Restraint Used) – see Code Sheet: 18

Capture the type of restraint used by each person using only the values provided on the code sheet.

REQUIRED FORMAT

18 Restr.
2

CODE SHEET VALUES FOR RESTRAINT USED

- | | |
|--------------------------------|-----------------------------------|
| 1 – Shoulder and Lap Belt | 7 – Child Booster Seat |
| 2 – Shoulder Belt Only | 96 – None |
| 3 – Lap Belt Only | 97 – Not Applicable |
| 4 – Child Seat, Facing Forward | 98 – Other (Explain in Narrative) |
| 5 – Child Seat, Facing Rear | 99 – Unknown |
| 6 – Child Seat, Unknown | |

TIPS: Only persons occupying a “1-Motor Vehicle”, “6 – Towed / Trailer”, or “7 – Non Contact” may be shown as restrained. For most motorcycles and all other unit descriptions, use code “97 – Not Applicable”.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Restraint” code field.

Person Num.	12 Prim. 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 Ejectd.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

3.3.32 – AIRBAG – see Code Sheet: 19

This is an observational value only, not a requirement to dismantle to determine if the vehicle is equipped with an airbag. Based on the officer’s observation, if the vehicle is not equipped with an airbag show “97 – Not Applicable”. Use only the values listed on the code sheet to complete this data field.

REQUIRED FORMAT

19 Airbag
1

CODE SHEET VALUES FOR AIRBAG

- 1 – Not Deployed
- 2 – Deployed, Front
- 3 – Deployed, Side
- 4 – Deployed, Rear
- 5 – Deployed, Multiple
- 97 – Not Applicable
- 99 – Unknown

TIPS:

- All code sheet values for airbags may be used for persons occupying a “1-Motor Vehicle”, “6 – Towed / Trailer”, or “7 – Non Contact”.
- For motorcycles and all other unit descriptions, use code “97 – Not Applicable”.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Airbag” code field.

3.3.33 – HELMET – see Code Sheet: 20

Using only the code sheet values, capture the helmet information on the person(s) involved in the crash.

REQUIRED FORMAT

20 Helmet
1

CODE SHEET VALUES FOR HELMET USE

- 1 – Not Worn
- 2 – Worn, Damaged
- 3 – Worn, Not Damaged
- 4 – Worn, Unk. Damage
- 97 – Not Applicable
- 99 – Unknown If Worn

TIPS: Only person types of “3 – Pedalcyclist”, “5 – Driver of Motorcycle Type Vehicle”, or “6 – Passenger/Occupant on Motorcycle” may show helmet use. For all other person types, use code “97 – Not Applicable”.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Helmet” code field.

Person Num.	12 Person 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

3.3.34 – SOL. (Solicitation) – see Code Sheet: 21

In accordance with Texas Transportation Code 550.064 (b) (4), this data field captures whether a person desires to receive solicitation offers from professional service providers such as attorneys, chiropractors, physicians, surgeons, private investigators, etc. This field must be populated for each person involved in the crash.

REQUIRED FORMAT

21 Sol.
Y

CODE SHEET VALUES FOR SOLICITATION

Y – Indicates yes, “Solicit”.

N – Indicates no, “Do Not Solicit”.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “SOL” code field.

3.3.35 – ALC. SPEC. (Alcohol Specimen Type) – see Code Sheet: 22

This data field captures the type of Alcohol Specimen taken for analysis using only the code sheet values.

REQUIRED FORMAT

22 Alc. Spec.
1

CODE SHEET VALUES FOR ALCOHOL SPECIMEN TYPE

- 1 – Breath
- 2 – Blood
- 3 – Urine
- 4 – Refused
- 96 – None
- 98 – Other

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete this field.

REMINDEERS: “ALC. Spec” value is only reported for the driver/primary person for each unit.

Person Num.	12 Person 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

3.3.36 – ALC. RESULT (Alcohol Result)

Capture the test results using standardized numeric blood alcohol content (BAC) (i.e. .08 or .129). Only one alcohol result may be listed. Additional results may be listed in the narrative. BAC results, when available, regardless of who initiated the test, should always be listed in the appropriate field on the front of the report. If no specimen was taken or the analysis result is not ready at the time the crash report is submitted, leave this field blank. When the result is available, submit a supplemental report showing the result.

Alc. Result

TIPS:

- If alcohol results are obtained by using a Portable Breath Test (PBT) instrument, those results shall only be shown in the narrative.

- If no alcohol results are obtained, leave this field blank. Do not use dashes or any other identifier to signify that this field is not applicable.

REMINDEERS: Explain in the narrative any additional information regarding the result such as who provided the results (hospital, medical examiner, laboratory, etc.); whether the sample was contaminated, lost or the container broken; or whether the results are being withheld by a medical facility, laboratory or medical examiner. BAC results, when available, regardless of who initiated the test, should always be listed in the appropriate field on the front of the report.

3.3.37 – DRUG SPEC. (Drug Specimen Type) – see Code Sheet: 23

Indicate the type of drug specimen taken for analysis using only the values listed on the code sheet for Drug Specimen Type.

REQUIRED FORMAT

23 Drug Spec.
2

CODE SHEET VALUES FOR DRUG SPECIMEN TYPE

- 2 – Blood
- 3 – Urine
- 4 – Refused
- 96 – None
- 98 – Other

TIPS: If an oral swab test is the specimen type taken it must be reported as “98 – Other” and explained in the narrative.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete this field.

REMINDEERS: Drug Specimen Type is only reported for the driver/primary person for each unit.

Person	Name	Last	First	Middle	Initial	DOB	Age	Sex	Ethnicity	16 Sex	17 Effect	18 Resc.	19	20	21 Sid.	22 Alc. Spec.	23 Drug Result	24 Drug Spec.	25 Drug Result	26 Drug Category	

3.3.38 – DRUG RESULT (Drug Test Result) – see Code Sheet: 24

Using the values on the listed code sheet for Drug Result, select the result that applies. Drug results should be listed in the appropriate field on the front of the report.

REQUIRED FORMAT

24 Drug Result
1

CODE SHEET VALUES FOR DRUG TEST RESULT

- 1 – Positive
- 2 – Negative
- 97 – Not Applicable
- 99 – Unknown – Use only when the analysis result is not ready at the time the crash report is submitted. When the result becomes available, submit a supplemental report showing the result.

TIPS:

- If a specimen was taken, and a drug analysis performed, the result of the test must be entered as either “1 – Positive” or “2 – Negative”.
- If the person refused or no specimen was taken, show “97 – Not Applicable”.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete this field.

REMINDEES: Explain in the narrative any additional information regarding the result such as who provided the results (hospital, medical examiner, laboratory, etc.); whether the sample was contaminated, lost or the container broken; or whether the results are being withheld by a medical facility, laboratory or medical examiner.

Person Number	Name Last, F, M, Initial	DOB	Sex	Height	Weight	Eye Color	Hair Color	Build	Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

3.3.39 – DRUG CATEGORY – see Code Sheet: 25

Using only the code sheet values, capture the appropriate drug category for the primary person(s) involved in the crash.

REQUIRED FORMAT

25 Drug Category
8

CODE SHEET VALUES FOR DRUG CATEGORY

- 2 – CNS Depressants
- 3 – CNS Stimulants
- 4 – Hallucinogens
- 6 – Narcotic Analgesics
- 7 – Inhalants
- 8 – Cannabis
- 10 – Dissociative Anesthetics
- 11 – Multiple Drugs
- 97 – Not Applicable
- 98 – Other Drugs
- 99 – Unknown

TIPS: Only use Drug Category code “97 – Not Applicable” for Drug Results of “2 – Negative” or “97- Not Applicable”. If the Drug Result code is “99 – Unknown”, then the Drug Category code must be reported as “99 – Unknown”.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete this field.

REMINDEERS: When the drug test results are positive for multiple drugs, select 11 from the code sheet values and list the drugs in the narrative from highest to lowest concentration found in the specimen.

<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	25 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.

3.3.40 – OWNER OR LESSEE

Check the appropriate box to indicate if this person is the lessee or owner of the vehicle involved in the crash.

<input type="checkbox"/> Owner
<input type="checkbox"/> Lessee

TIPS:

- If unit description equals 1-Motor Vehicle and the Hit and Run box is not checked, then either owner or lessee box must be checked.
- If unit description does not equal 1-Motor Vehicle, 5-Motorized Conveyance, 6-Towed/Trailer, or 7-Non Contact, then neither owner nor lessee box can be checked.

REMINDEERS: Always mark “Lessee” when leased, otherwise mark “Owner”.

3.3.41 – OWNER/LESSEE NAME AND ADDRESS

In this data field, provide the last name, first name, middle name, current mailing address including city, state, and zip code, for the owner or lessee of the vehicle involved in the crash. This free form field allows up to 40 characters in length for the Name, up to 60 characters for the street, 40 characters for the city and 15 for the zip. (For state abbreviation, refer to section 8.0, of this manual).

Owner/Lessee Name & Address

TIPS:

- If unit description does not equal 1-Motor Vehicle, 5-Motorized Conveyance, 6-Towed/Trailer, or 7-Non Contact, then owner/lessee name and address are not allowed.

3.3.42 – PROOF OF FIN. RESP. – (Proof of Financial Responsibility)

Check the appropriate box to indicate whether the driver presented satisfactory evidence of financial responsibility.

Proof of	<input type="checkbox"/> Yes	<input type="checkbox"/> Expired
Fin. Resp.	<input type="checkbox"/> No	<input type="checkbox"/> Exempt

- Yes – Indicates the driver presented satisfactory evidence of minimum financial responsibility.
- No – Indicates the driver did not provide satisfactory evidence or proof of financial responsibility.
- Expired – Indicates the driver provided the investigator with expired financial responsibility.
- Exempt – If the motor vehicle is exempt from the financial responsibility requirement, note the reason for the exemption in the space provided for the “Financial Responsibility Name” (Government vehicle, former military vehicle or is at least 25 years old, volunteer fire department, vehicle used for public interest and not for regular transportation). Texas Transportation Code: Section 601.052.

TIPS:

- If a driver does not present valid proof of financial responsibility at the scene of the crash, the officer should check “No”.
- If unit is not a 1, 6, or 7, or if the “Hit & Run” box is checked, this field may be left blank.

CONDITIONAL FIELD: If unit description is 1, 6, or 7 and “Hit and Run” is not marked then this field is required.

<input type="checkbox"/> Owner	Owner/Lessee				
<input type="checkbox"/> Lessee	Name & Address				
Proof of	<input type="checkbox"/> Yes	<input type="checkbox"/> Expired	26 Fin.	Fin. Resp.	Fin. Resp.
Fin. Resp.	<input type="checkbox"/> No	<input type="checkbox"/> Exempt	Resp. Type	Name	Num.

3.3.43 – FIN. RESP. TYPE (Financial Responsibility Type) – see Code Sheet: 26

Using only the code sheet values listed; capture the appropriate code that coincides with the type of financial responsibility presented by the driver.

26 Fin. Resp. Type

CODE SHEET VALUES FOR FINANCIAL RESPONSIBILITY TYPE

- 1 – Liability Insurance Policy - *Texas Transportation Code: Section 601.053.*
- 2 – Proof of Liability Insurance (Card) - *Texas Transportation Code: Section 601.081.*
- 3 – Insurance Binder - *Texas Transportation Code: Section 601.053.*
- 4 – Surety Bond - *Texas Transportation Code: Section 601.121.*
- 5 – Certificate of Deposit with Comptroller - *Texas Transportation Code: Section 601.122.*
- 6 – Certificate of Deposit with County Judge - *Texas Transportation Code: Section 601.123.*
- 7 – Certificate of Self-Insurance - *Texas Transportation Code: Section 601.124.*

TIPS: If a vehicle is exempt from financial responsibility, the officer should leave this data field blank.

CONDITIONAL FIELD: If “Proof of Fin. Resp.” is marked “Yes” or Expired” and unit description is a 1, 5, 6, or 7 and “Hit and Run” is not marked, this field may not be left blank.

3.3.44 – FIN. RESP. NAME – (Financial Responsibility Name)

This data field is used to capture the name of the provider as it appears on the financial responsibility documents presented by the driver. This free form field allows up to 40 characters in length.

Fin. Resp. Name

TIPS: If the vehicle is exempt from financial responsibility, the officer should report the description name that allows the vehicle’s exemption. (Government vehicle, former military vehicle or is at least 25 years old, volunteer fire department, vehicle used for public interest and not for regular transportation). Texas Transportation Code 601.052.

CONDITIONAL FIELD: If “Proof of Fin. Resp” is marked “No” or is not completed, then this field must be blank.

Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <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 <input type="checkbox"/> Yes Inventoried <input type="checkbox"/> No

3.3.45 – FIN. RESP. NUM. – (Financial Responsibility Number)

This data field is used to capture the policy/account number of the provider as it appears on the financial responsibility documents presented by the driver. This free form field allows up to 60 characters in length.

Fin. Resp. Num.

CONDITIONAL FIELD: If “Proof of Fin. Resp” is marked “No” or is not completed, then this field must be blank.

3.3.46 – FIN. RESP. PHONE NUM. – (Financial Responsibility Phone Number)

Report the phone number for the provider as it appears on the financial responsibility documents presented by the driver. This free form field allows up to 20 characters in length.

Fin. Resp. Phone Num.

CONDITIONAL FIELD: If “Proof of Fin. Resp” is marked “No” or is not completed, then this field must be blank.

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			

3.3.47 – VEHICLE DAMAGE RATING – see Code Sheet: 27

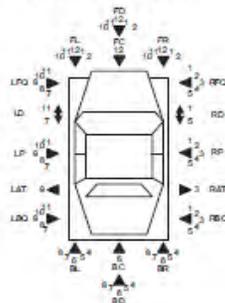
This data field is used to capture the vehicle damage, derived by referencing the CR-80 (Vehicle Damage Guide). The damage rating is reported so that some correlation between direction and amount of impact force with the severity of injury and restraining device used can be established. The direction of force is not required; however, agencies choosing to complete this portion of the vehicle damage rating field must use the prescribed format.

27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2
-------------------------------	-------------------------------

- Direction of Force – (XX) – Describes the direction from which the vehicle damage was received in comparison to the numbers on a clock. Should be shown with a 1 or 2–digit numeric character (1–12) before the damage description.
- Damage Description – (ABC) – Describes the area of the vehicle that received damage. Should be reported with a 2 or 3 alpha character code and right justified (as shown in the CR-80).
- Damage Rating – (Y) – Describes the severity of the damage received. Should be reported with a single–digit numeric character between 0–7 after the damage description.

In special cases, use:

- VB-1** – Vehicle burned, **NOT** due to collision (engine catches fire, cigarette burns upholstery, etc.).
- VB-7** – Vehicle catches fire due to the collision (vehicle collides with object or another vehicle and fire starts).
- TP-0** – Top damage only.
- VX-0** – Undercarriage damage only
- MC-1** – Motorcycle, moped, scooter, etc.
- NA** – Not Applicable (farm tractors, etc.).



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		

TIPS:

- Use only if the Unit Description is 1 or 6.
- If the vehicle strikes a unit or damages other property, but suffers no damage from the crash, you may report the damage severity as zero (0).

EXAMPLE: A large pickup truck with an oversized aftermarket bumper strikes a pedestrian with its front right. The large pickup truck suffers no damage in the crash. You may report the Vehicle Damage Rating as 12-FR-0 or FR-0.

- In a case where one vehicle in a combination does not suffer damage, but the other vehicle does, leave the vehicle damage rating for the vehicle that did not suffer damage blank. It is never acceptable to report damage severity as zero (0) and also not include a damage description.

EXAMPLE: A truck tractor towing a semi-trailer is rear ended in crash. Unit 1, the truck tractor, suffers no damage. Unit 2, the semi-trailer, is struck in a back distributed manner. Unit 1's vehicle damage rating would be blank. Unit 2 would be shown as 6-BD-2 or BD-2.

- In cases in which vehicles are damaged in more than one area, enter the most severe damage rating in "Vehicle Damage Rating 1". Enter the next severe damage rating in "Vehicle Damage Rating 2". If more than two damage ratings are necessary, that information may be shown in the narrative.
 - Enter the damage rating in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description (2- or 3-letter code), and Y is the Damage Severity (0-7).
 - Agencies desiring not to complete Direction of Force may enter the Damage Rating format as ABC-Y.
 - When a crash involves a motor vehicle operated in combination with another vehicle (towed vehicle, trailer, etc.) and there is damage to the towed unit, such damage should be shown where the towed unit is listed and not in the space for damage rating to the towing vehicle.
 - When the type of vehicle does not lend itself to a damage rating (motorcycle, farm tractor, etc.) and whenever there is no impact force on the vehicle (burned car, undercarriage damage, etc.), use damage descriptions recommended in the CR-80 (Vehicle Damage Guide).

REMINDEERS: When a vehicle is damaged in more than one area in the same crash, each rating should be reported individually and not combined to arrive at a higher damage rating.

EXAMPLE: If the damage is FC-2 and BD-4, report the most severe damage first, such as BD-4, FC-2.

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		

3.3.48 – VEHICLE INVENTORIED

This data field is use to capture whether the officer inventoried the vehicle involved in the crash.

Vehicle Inventoried	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	---

- Yes – Indicates the vehicle was inventoried.
- No – Indicates the vehicle was not inventoried.

3.3.49 – TOWED BY

This data field is for officers to report the name of the towing company used to remove the vehicle. It should only be completed when the vehicle is towed from the scene due to disabling damage sustained in the crash. This free form field allows up to 40 characters in length.

Towed By

TIPS:

- Use only if the Unit Description is 1, 5, or 6
- Only complete this field if the vehicle was towed due to damage sustained in the crash. Otherwise, leave blank.
- Only enter a company name, not the driver or owner's name.

3.3.50 – TOWED TO

In this data field, provide the physical address of the site to which the vehicle was towed. This free form field allows up to 40 characters in length.

Towed To

TIPS:

- Use only if the Unit Description is 1, 5, or 6.
- Only complete this field if the "Towed By" data field was completed. Otherwise, leave blank.
- Enter a complete address – street address, city, state, zip code.

4.0 BACK OF BASIC REPORT

4.1 REPORT IDENTIFIERS

Law Enforcement and TxDOT Use ONLY. Form CR-3 1/1/2010	Case ID	TxDOT Crash ID	Page <u> </u> of <u> </u>
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4.1.1 – CASE ID

Enter your agencies unique identifier assigned to the report (if applicable).

Case ID #

4.1.2 – TxDOT CRASH ID

For TxDOT use only.

TxDOT Crash ID

4.1.3 – PAGE of

Each page of the crash report must be sequentially numbered. Please identify the front and back of the report as separate pages. Therefore, each CR–3 consists of a minimum of two pages.

Page <u> </u> of <u> </u>

4.2 DISPOSITION OF INJURED/KILLED

Use this segment of the crash report to list the injured/killed persons involved in the crash.

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /
					/ /	:
					/ /	:
					/ /	:
					/ /	:
					/ /	:

4.2.1 – UNIT NUM. – (Unit Number)

This data field is used to identify which unit involved in the crash, carried an injured/killed person. Use the corresponding unit number listed on the front of the crash report.

Unit Num.

TIPS: If more space is needed for additional injured/killed, use “Disposition of Additional Injured/Killed” form.

CONDITIONAL FIELD: Complete this field for all persons receiving injuries. Do not list persons with an Injury Severity code of “N – Not Injured”, or “99 – Unknown”.

4.2.2 – PRSN. NUM. – (Person Number)

This data field is used to identify which person involved was injured or killed. Use the corresponding person number from the Person Num. listed on the front of the crash report.

Prsn. Num.

CONDITIONAL FIELD: Complete this field for all persons receiving injuries. Do not list persons with an Injury Severity code of “N – Not Injured”, or “99 – Unknown”.

4.2.3 – TAKEN TO

Use this data field to report the name and location of the facility, where the person injured in the crash was transported. This free form field allows up to 40 characters in length.

EXAMPLE: Hopewell Methodist Hosp., Any City, TX, Medical Examiner, Travis Co.

Taken To

TIPS: An injured person who refuses treatment should be accounted for by indicating “Refused Treatment,” or “Not Treated at Scene.”

CONDITIONAL FIELD: Complete this field for all persons receiving injuries. Do not list persons with an Injury Severity code of “N – Not Injured”, or “99 – Unknown”.

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
				/ /	:

4.2.4 – TAKEN BY

Use this data field to report the company name of the conveyance, ambulance, or private party used to transport the person involved in the crash and transported. This free form field allows up to 40 characters in length.

Taken By

TIPS:

- All injured persons must be listed individually, whether removed by the same or different conveyance, or by an ambulance of the same company; and whether taken to a common or different destination, so that all persons are accounted for. The officer may enter multiple transports and destinations for the same person; however, they must be listed on the same line. Only one line is allowed per person transported.
- An injured person, who refuses treatment or was not treated at the scene, may be accounted for by indicating “Not Transported”.

CONDITIONAL FIELD: Complete this field for all persons receiving injuries. Do not list persons with an Injury Severity code of “N – Not Injured”, or “99 – Unknown”.

4.2.5 – DATE OF DEATH

This data field is used to capture the date that the deceased was pronounced dead. Report the actual date, providing the month, day, and year (MM/DD/YYYY).

REQUIRED FORMAT

Date of Death (MM/DD/YYYY)									
0	1	/	0	1	/	2	0	1	0

TIPS: The Date of Death cannot be greater than the current date or less than the date of the crash.

CONDITIONAL FIELD: Complete this field for any person who received a “K – Killed” injury severity.

4.2.6 – TIME OF DEATH

This data field is used to capture the time that the deceased was pronounced dead. Report the actual time of death using Military Time – 24HRMM (0000–2359). Midnight represents a new day and must be entered as 0000.

REQUIRED FORMAT

Time of Death (24HR:MM)			
1	8	:	25

TIPS: The date and time of death shall not be prior to the date and time of the crash.

CONDITIONAL FIELD: Complete this field for any person who received a “K – Killed” injury severity.

REMINDERS: If the person died within 30 days of the crash, due to injuries sustained in the crash, submit a supplemental report to TxDOT indicating the date and time of death.

4.3 CHARGES

List the charges filed for violations related to the crash. If a charge is listed, completion of all of the applicable fields is required.

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

4.3.1 – UNIT NUM. – (Unit Number)

This data field is used to identify the unit involved in the crash that is receiving charges. Use the corresponding unit number listed on the front of the crash report.

Unit Num.

4.3.2 – PRSN. NUM. – (Person Number)

This data field is used to identify the person involved in the crash, receiving charges. Use the corresponding person number listed on the front of the crash report.

Prsn. Num.

4.3.3 – CHARGE

List the charges related to the crash, filed for the corresponding unit number and person number listed. This free form field allows up to 60 characters in length.

Charge

REMINDERS:

- List only one charge per line.
- Only list charges for persons assigned person numbers in this field. Any other person cited should be reported in the narrative.

4.3.4 – CITATION/REFERENCE NUM. (Citation /Reference Number)

Report the charging agency's identifying citation/reference number that relates to the charge being filed for the unit number and person number listed. This free form field allows up to 20 characters in length.

Citation/Reference Num.

REMINDERS:

- If no charges were filed, leave blank.
- "Pending" and "None" will not be used.
- If charges are later filed after the report is completed, a supplemental report should be submitted to TxDOT indicating the charges.
- This block is not for referencing the Texas Transportation Code.

4.4 DAMAGE

In this section, describe any object, animal, etc., other than a traffic unit shown elsewhere on this report, which was struck by one or more of the traffic units involved if there is a replacement value.

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

4.4.1 – DAMAGED PROPERTY OTHER THAN VEHICLES

This data field is used to capture the damage of property, other than to vehicles, which occurred in the crash. This includes city, county, or state property such as road signs, guard posts, streetlights, etc. Also includes damage to buildings, animals struck by vehicles, cargo carried in vehicles (general freight has multiple items, it can be specified as “all” and does not need to be listed individually), etc. This free form field allows up to 40 characters in length.

Damaged Property Other Than Vehicles

TIPS:

- A wild animal should not be listed. It has no determined value or owner.
- Fixed objects such as embankments, curbs, driveways, or landscaping (shrubs, trees, etc.) that are damaged should only be included if there is an owner and a replacement value.
- Items that grow naturally on right-of-ways have no value or owner; these items should not be listed.

REMINDERS: Notify the appropriate agency or owner, if property is struck or damaged, as soon as possible.

4.4.2 – OWNER'S NAME

Use this field to report the owner of the damaged property involved in the crash. This free form field allows up to 40 characters in length.

Owner's Name

TIPS: Only complete this field when there is property damaged listed on the report. If, at the time of the crash, the owner of the damaged property is unknown the owner's name should show “Unknown”. Once the identity of the owner is established through subsequent investigation, a supplemental report may be submitted to report the owner's name.

4.4.3 – OWNER’S ADDRESS

Use this field to report the address of the owner of the damaged property involved in the crash. This free form field allows up to 60 characters for the street, 40 characters for the city and 15 for the zip code. (For state abbreviation, refer to section 8.0, of this manual).

Owner’s Address

TIPS: Only complete this field when there is property damaged listed on the report.

4.5 CMV

Complete this section of the CR–3 for each commercial motor vehicle involved in a motor vehicle crash. This section is designed to collect information regarding the involvement of commercial motor vehicles in traffic crashes.

This data will be used to satisfy the requirements of the Commercial Driver License Law and to provide data for the regulation of motor carriers through the Motor Carrier Safety Program.

Commercial motor vehicle information may affect a number of stakeholders (i.e. State Motor Carrier, Federal Motor Carrier, Texas Department of Public Safety, and US Department of Transportation).

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.						
CMV	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGW <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	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axes	Total Num. Tires			

4.5.1 – UNIT NUM. (Unit Number)

This data field is used to identify which unit involved in the crash is the CMV unit. Use the corresponding unit number listed on the front of the crash report. If the CMV is towing a trailer(s), use the Unit Number for the power unit.

Unit Num.

4.5.2 – CLASSIFICATION IDENTIFIERS

Select the identifier that requires the investigator to complete the CMV section of the Peace Officer’s Crash Report (CR–3).

<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY
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REMINDERS: At least one identifier must be selected; all three could apply.

10,001 + LBS. –

- (REFERENCE SECTION 4.5.10, of this manual) Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles when the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.

<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY
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- The GCWR is the combined weight rating of a motor vehicle and towed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this section must be completed.
- The GVWR of a motor vehicle normally can be found on an information plate on the driver’s door or doorpost. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not contain an information plate or it is illegible, use the RGVW.
- On vehicles registered in Texas, the RGVW is shown on the registration receipt under “gross weight”. Commercial motor vehicles are required to carry the registration receipt.

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"/> RGVW		HazMat Released	<input type="checkbox"/> Yes		32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
		<input type="checkbox"/> GVWR			<input type="checkbox"/> No					
33 Cargo Body Style	Trailer 1	<input type="checkbox"/> RGVW		34 Trlr. Type	Trailer 2		<input type="checkbox"/> RGVW		34 Trlr. Type	
		<input type="checkbox"/> GVWR					<input type="checkbox"/> GVWR			
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles		Total Num. Tires			

- In the event the registration receipt is not available, the RGVW can normally be obtained by a complete registration check.
- Exception: If the vehicle has exempt license plates (i.e. owned by a government entity), or is an older vehicle or heavy equipment, no RGVW will be shown. In those instances, the GVWR must be used.
- If the GVWR is used to determine the need to complete this section, the GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate fields.
- If the RGVW is used to determine the need to complete this section, the RGVW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a combination/token vehicle or as an apportioned vehicle. In those situations, the license plates will indicate combination/token or apportioned.
- The RGVW for out-of-state vehicles and trailers may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards, or other documents.

TIPS: If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGWW. In those instances, show the RGWW of the combination in the power unit and show zero (0) on the trailer(s).

TRANSPORTING HAZARDOUS MATERIAL

- Any motor vehicle transporting hazardous materials that is required to be placarded under the Hazardous Materials Transportation Act. This box must be selected when indicating the vehicle or truck trailer combination was transporting hazardous material. If this box is selected, the “HazMat Released” field must be completed.

<input type="checkbox"/> 10,001+ LBS.	<input checked="" type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY
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9+ CAPACITY

- Any vehicle with a passenger seating capacity of nine (9) or more (including the driver) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.

<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input checked="" type="checkbox"/> 9+ CAPACITY
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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	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.
		<input type="checkbox"/> GVWR	<input type="checkbox"/> No		32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Style	Trailer 1	<input type="checkbox"/> RGWW	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RGWW	34 Trlr. Type
		<input type="checkbox"/> GVWR			<input type="checkbox"/> GVWR	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axes	Total Num. Tires

4.5.3 – VEH. OPER. (Vehicle Operation) – see Code Sheet: 28

The identification of the type of commerce is critical since it determines which laws and regulations apply to the operation of the vehicle. The bill of lading and destination information may be one source available to make this determination.

REQUIRED FORMAT

28 Veh. Oper.	2
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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.					
CMV	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWV <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	<input type="checkbox"/> RGWV <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

CODE SHEET VALUES FOR VEHICLE OPERATION

- 1 – Interstate Commerce – Transportation of property, which originated in one state or country and passed through or terminated in another state or country.
- 2 – Intrastate Commerce – Transportation of property that does not cross a state or international boundary.
- 3 – Not in Commerce – A commercial truck owned by a business and primarily operated for business commerce, but temporarily being used by the driver for personal use.
- 4 – Government – Transportation is provided by the Federal Government, State, or any political subdivision of a State, or an agency established under a compact between States that has been approved by the Congress of the United States.
- 5 – Personal – The occasional transportation of personal property by individuals, neither for compensation nor in the furtherance of a commercial enterprise.

EXAMPLES:

- 1 – A shipment of property, which originates in Atlanta, Georgia, has a final destination of El Paso, Texas. This property is off-loaded at a terminal in Dallas and transferred to another vehicle for completion of the journey. Based on these circumstances, if the bill of lading shows origin as Atlanta, Georgia and final destination as El Paso, Texas, the leg of the trip from Dallas to El Paso is still considered “Interstate Commerce” even though the vehicles may not have actually traveled outside of Texas.
- 2 – Under the same set of circumstances in Example 1, the Dallas terminal is a distribution warehouse of some type, and the bill of lading shows origin in Atlanta, Georgia and the final destination point as Dallas. The subsequent transportation of the property from Dallas to El Paso would be considered “Intrastate Commerce”, provided the bill of lading indicated Dallas as origin and El Paso as destination and the actual transportation of the property did not cross a state or international border.
- 3 – A load of property is being transported from El Paso, TX to Lubbock, TX. The bill of lading indicates El Paso as the point of origin and Lubbock as the point of destination. The driver travels through New Mexico to save time and mileage. This would be “Interstate Commerce”.
- 4 – A commercial truck owned by a business and primarily operated for business commerce, but temporarily being used by the driver for personal use would be considered “Not in Commerce”.
- 5 – A person operating a large truck for moving his or her own household items would be considered “Personal”.
- 6 – An employee of the TxDOT is driving a dump truck in their regular line of duty or an employee of the DPS is driving a DPS bus, taking recruits from one site to another; both examples are considered “Government”.

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then a valid Vehicle Operation must be listed.

4.5.4 – CARRIER ID TYPE (Carrier Identification Type) – see Code Sheet: 29

Must be completed by indicating the carrier identification type. Most carriers operating a commercial motor vehicle should be assigned an identification number by one or more regulatory agencies.

REQUIRED FORMAT

29 Carrier ID Type	1
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CODE SHEET VALUES FOR CARRIER ID TYPE

- 1 – US DOT
- 2 – TxDOT
- 3 – ICC/MC
- 96 – None
- 98 – Other (Explain in Narrative)

TIPS: If Vehicle Operation is “Personal” show “96–None” for Carrier ID Type.

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then a valid Carrier ID Type must be listed.

REMINDERS: Carriers operating interstate commerce will normally have a U.S. Department of Transportation (USDOT) number. They may also have an Interstate Commerce Commission (ICC) number, TxDOT number, or an ID number issued by another state. If a carrier has more than one ID number, priority should be given in this order: “US DOT”, “ICC”, “TxDOT”, or “Other”. If no ID is available, select “96 – None”.

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	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<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

4.5.5 – CARRIER ID NUM. (Carrier’s Identification Number)

The alphanumeric identification number of an individual, partnership, or corporation responsible for the transportation of persons or property as indicated on the shipping manifest. If Carrier ID Type is “96 – None” then leave this data field blank.

Carrier ID Num.

TIPS:

- When the Carrier ID Type is “ICC/MC” or “US DOT”, the Carrier ID Number must be numeric 8 digits in length. If less than 8 digits are entered the number should lead with zeros to make the 8 digits.
- When the Carrier ID Type is “TxDOT”, the Carrier ID Number must be 10 characters in length. The first nine characters must be numeric and the last character may be the letter “C” or a number. If less than 10 characters are entered, the number will lead with zeros to make the 10 characters.

CONDITIONAL FIELD: If Carrier ID Type is listed then Carrier ID Num. must be listed.

4.5.6 – CARRIER’S CORP. NAME (Carrier’s Corporate Name)

A motor carrier is defined as any “for hire” (common, specialized, or contract) carrier of property or passengers by motor vehicle, any private carrier of property by motor vehicle or the entity responsible for the operation of the vehicle at the time of the crash. This may or may not be the actual owner of the vehicle as shown on the registration receipt. This field holds up to 60 characters in length.

Carrier’s Corp. Name

EXAMPLES:

- John Doe is the registered owner and operator of a truck leased to ABC Transport, a “for hire” carrier. ABC Transport is the motor carrier.
- A truck owned by and registered to a leasing company and leased to ABC Transport (lessee) and is involved in a crash while being operated by an employee of the lessee, should show the name of the lessee.
- A person rents a motor vehicle from U–Haul or another leasing company to move his/her household furniture under a short–term rental agreement. In this situation, the registered owner (Rental Company U–Haul) should be shown.

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then the Carrier’s Corporate Name must be listed.

4.5.7 – CARRIER’S PRIMARY ADDR. (Carrier’s Primary Address)

Enter the primary business address of the carrier. This free form field allows up to 60 characters for the street, 40 characters for the city and 15 for the zip code. (For state abbreviation, refer to section 8.0, of this manual).

Carrier’s Primary Addr.

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then the Carrier’s Primary Address must be listed.

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"/> RGWV <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	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RGWV <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

4.5.8 – RDWY. ACCESS (Roadway Access) – see Code Sheet: 30

Only one access control characteristic is required that best describes the roadway the vehicle was traveling on at the time of the crash.

REQUIRED FORMAT

30 Rdwy. Access	1
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CODE SHEET VALUES FOR ROADWAY ACCESS

- 1 – Full Access Control – Is an expressway, freeway, or interstate where the only means of entry to, or exit from the roadway is by ramps and bridges that connect to service roads, streets, or highways and there are no at-grade intersections. Typically, this will be an Interstate.
- 2 – Partial Access Control – A major road that may or may not have at-grade intersections, but the number of intersections is limited. If the highway has features of both “Full Access Control” and “No Access Control” it would be coded “Partial Access Control.”
- 3 – No Access Control – Is a street or highway where driveways provide access to and egress from adjacent properties, and cross streets intersect at-grade. Typically, this will be a local street.

CONDITIONAL FIELD: If the CMV unit number exists, then a valid Roadway must be listed.

4.5.9 – VEH. TYPE (Vehicle Type) – see Code Sheet: 31

Complete the Vehicle Type data field by using the code sheet values to indicate the selection that best describes the commercial motor vehicle involved in the crash.

REQUIRED FORMAT

31 Veh. Type	1
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EXAMPLE: A light truck (pickup pulling a trailer) when the combination weight would make the combination a commercial vehicle (unless Hazardous Material placard is required) could be shown as Number 7.

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.					
CMV	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWV <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	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RGWV <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		

CODE SHEET VALUES FOR VEHICLE TYPE

1 – Passenger Car

Only if vehicle is required to display HM placards. A passenger car is a motor vehicle other than a motorcycle or utility vehicle consisting of a transport device designed for carrying ten or fewer persons.



2 – Light Truck

Only if vehicle is required to display HM placards. A light truck is a truck, which has a gross vehicle weight rating of less than 10,000 lbs.



3 – Bus (seats 9–15 people, including driver)

A motor vehicle consisting primarily of a transport device designed to carry more than eight (8) and fewer than sixteen (16) persons.



4 – Bus (seats >15 people including driver)

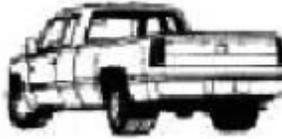
A motor vehicle consisting primarily of a transport device designed to carry sixteen (16) or more persons.



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.					
CMV	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
	33 Cargo Body Style	Trailer 1	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

5 – Single Unit Truck (2 axles, 6 tires)

A single unit truck is a truck consisting primarily of a single motorized transport device. When connected to a trailer, such a device may be part of a truck combination.



6 – Single Unit Truck (3 or more axles)

A single unit truck is a truck consisting primarily of a single motorized transport device. When connected to a trailer, such a device may be part of a truck combination.



7 – Truck–Trailer

A truck combination is a truck consisting primarily of a transport device that is a single unit truck with one or more attached trailers.



8 – Truck–Tractor (Bobtail)

A truck–tractor is a motor vehicle consisting of a single motorized transport device designed primarily for towing trailers.



9 – Tractor/Semi–trailer

A truck–tractor with a semi–trailer as a trailer. Semi–trailer is defined as a trailer, other than a pole trailer, designed for carrying property, and so constructed that part of its weight, rests upon or is carried by the towing road vehicle.



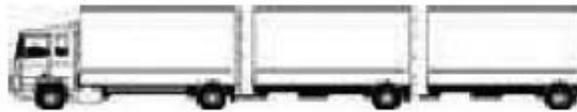
10 – Tractor/Double Trailer

A truck–tractor with a double trailer (semi or full).



11 – Tractor/Triple Trailer

A truck tractor with a triple trailer (semi or full).



98 – Other (Explain in Narrative)

99 – Unknown Heavy Truck over 10,000 lbs.

Cannot be classified or any other type of motor vehicle, including cranes.

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then a valid Vehicle Type must be listed.

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	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<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

4.5.10 – RGWW/GVWR (Registered Gross Vehicle Weight/Gross Vehicle Weight Rating)

This data field is used to capture either the Gross Vehicle Weight Rating (GVWR), found on the Vehicle Manufacturer Identification Plate or the Registered Gross Vehicle Weight (RGWW) determined by looking at the Registration Receipt or by requesting a registration check through TLETS. It is required that a Registration Receipt be carried in the vehicle. Check the appropriate box and enter the GVWR or RGWW as applicable. This is a numeric, right justified field and vehicle weight shall not exceed 80,000.

<input type="checkbox"/> RGWW
<input type="checkbox"/> GVWR

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then the RGWW or GVWR must be listed.

4.5.11 – HAZMAT RELEASED (Hazardous Material Released)

This data field is to capture whether hazardous material was released into the environment. (Do not include fuels from the vehicle's fuel tank).

HazMat Released	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

- Yes – Indicates that Hazardous Material was released into the environment.
- No – Indicates that Hazardous Material was not released into the environment.

CONDITIONAL FIELD - Complete this field only if the "Transporting Hazardous Material" box in the Classification Identifiers has been selected, otherwise leave this field blank.

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.
33 Cargo Body Style	Trailer 1	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<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. Axes	Total Num. Tires

4.5.12 – HAZMAT CLASS NUM. (Hazardous Material Class Number) – see Code Sheet: 32

Use the values listed from the code sheet to identify the class of hazardous material being transported.

REQUIRED FORMAT

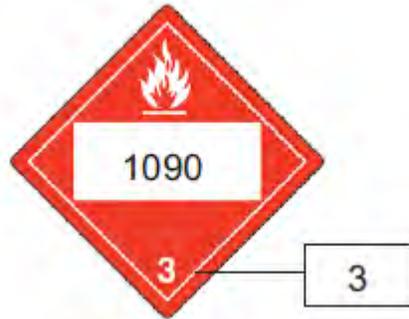
32 HazMat Class Num.	3
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CODE SHEET VALUES FOR HAZMAT CLASS NUMBER

- 1 – Explosives
- 2 – Gases
- 3 – Flammable Liquids
- 4 – Flammable Solids: spontaneous combustible materials and materials that are dangerous when wet
- 5 – Oxidizers and Organic Peroxides
- 6 – Toxic Materials and Substances
- 7 – Radioactive Materials
- 8 – Corrosives
- 9 – Miscellaneous Hazardous Materials

REMINDERS: The hazardous material class number can often be located on the bill of lading, shipping papers or in the lower corner of the diamond shaped hazardous material warning placard.

EXAMPLE:



CONDITIONAL FIELD: Complete this field only if the “Transporting Hazardous Material” box in the Classification Identifiers has been selected, otherwise leave this field blank.

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 Rdw. Access	31 Veh. Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
	33 Cargo Body Style	Trailer 1	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Tric. Type	Trailer 2	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

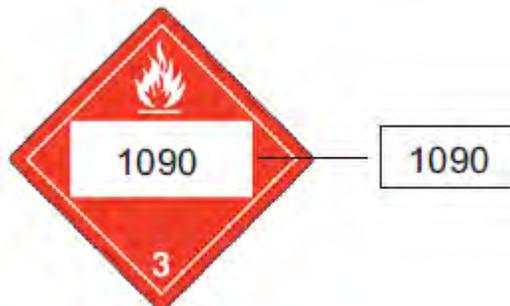
4.5.13 – HAZMAT ID NUM. (Hazardous Material Identification Number)

This data field captures the hazardous materials ID number to identify the hazardous material being transported. This is a 4–digit number preceded by “UN” or “NA”.

HazMat ID Num.	_____
----------------	-------

REMINDERS: The hazardous material ID Number can be located on shipping papers, bill of lading or in the diamond shaped label or an orange panel on tank vehicles. The two–letter designation of either “UN” or “NA” may be found on shipping papers. “UN” denotes a load that is associated with proper shipping names considered appropriate for international transportation as well as domestic transportation. “NA” denotes loads that are associated with proper shipping names not recognized for international transportation except to and from Canada.

EXAMPLE:



The following diagram is only illustrative since shipping papers and bills of lading may differ in format.

EXAMPLE:

ROUTING					
DELIVERING CENTER				VEHICLE NO.	
C.O.D.				CAR INITIAL & MO	
SHIPPING NAME				C.O.D. CHARGE	
TO BE PAID BY					
Packages	Description of articles, and exceptions				
1 TT	special	ACETONE, FLAMMABLE LIQUID, UN1090	\$5.000		
				ID NUMBER	
		CLASSIFICATION			

REMINDERS: Shipping papers should be carried in the vehicle. If the shipping papers or bill of lading is not available or if the class and ID numbers cannot be located on these documents, the class and ID numbers may be taken directly from the placard.

CONDITIONAL FIELD: Complete this field only if the "Transporting Hazardous Material" box in the Classification Identifiers has been selected, otherwise leave this field blank.

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"/> RGW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Style	Trailer 1	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RGW <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

4.5.14 – CARGO BODY STYLE– see Code Sheet: 32

Using only the list from the code sheet provided, indicate the closest description of the cargo body style for the commercial vehicle or combination of vehicles involved in the crash.

REQUIRED FORMAT

33 Cargo Body Style	2
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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.								
CMV	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWV <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	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Tric. Type	Trailer 2	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Tric. Type		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires			

CODE SHEET VALUES FOR CARGO BODY STYLE

1 – Bus (seats 9–15 people, including driver)

A motor vehicle consisting primarily of a transport device designed to carry more than eight (8) and fewer than sixteen (16) persons.



2 – Bus (seats > 15 people, including driver)

A motor vehicle consisting primarily of a transport device designed to carry sixteen (16) or more persons.



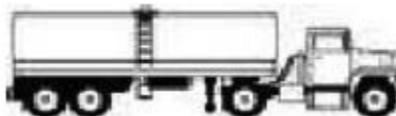
3 – Van/Enclosed Box

A truck or trailer having an enclosed body. Applies also to refrigerated vans.



4 – Cargo Tank

A Cargo Tank is any motor vehicle that is designed to transport liquid or gaseous materials within a tank and permanently or temporarily attaches to the vehicle or the chassis.



5 – Flatbed

A truck with a flat load bearing surface which normally does not have fixed, permanent sides, but may be equipped with removable side-boards.



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"/> RG/W	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
		<input type="checkbox"/> GVWR			32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Style	Trailer 1	<input type="checkbox"/> RG/W <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RG/W <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

6 – Dump

A truck designed to haul rock, dirt, sand, gravel, and smaller materials and equipped with mechanical means for unloading.



7 – Concrete Mixer

A truck with a body specifically designed to mix or agitate concrete.



8 – Auto Transporter

A truck with a body specifically designed to transport vehicles (do not include tow trucks).



9 – Garbage/Refuse

A truck with a body style specifically designed to collect and transport garbage or refuse. This includes both conventional rear loading and over-the-top bucket-loading garbage trucks.



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 Add.					
CMV	30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGW <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"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axes	Total Num. Tires		

10 – Grain, Chips, Gravel (Belly Dump Truck)

A truck with a body style specifically designed to haul grain, chips, and gravel equipped with mechanical means for unloading through a center opening within the bed.

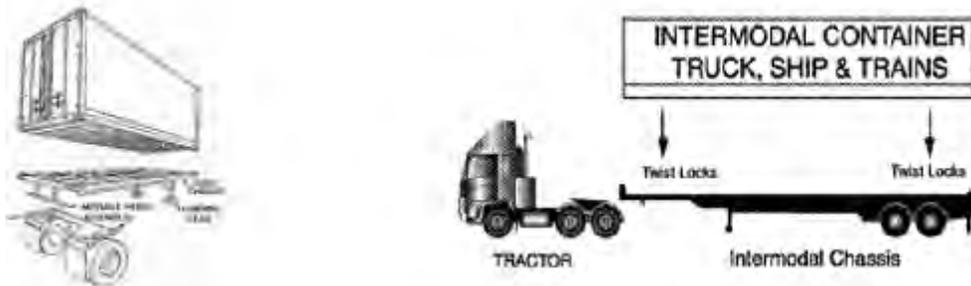
11 – Pole

A pole trailer is a trailer, designed to attach to the towing road vehicle by means of a reach, pole, or by being boomed or otherwise secured to the towing road vehicle. A pole trailer is ordinarily used for carrying property of a long or irregular shape such as poles, pipes, or structural members that are generally capable of sustaining themselves as beams between the supporting connections.



12 – Intermodal

An Intermodal trailer is a trailer, designed to carry containers to and from road and rail vehicles and sometimes referred to as container traffic.



13 – Logging

A vehicle used to transport logs on roadways, commonly referred to as a log truck.



14 – Vehicle Towing Or Carrying Another Vehicle

A wrecker type vehicle used to transport motor vehicles to another location (generally a repair garage or storage facility), or to recover vehicles which are no longer in a drivable condition.



97 – Not Applicable (Unit not equipped for cargo)

98 – Other (Unit description not listed; EXAMPLE: Livestock Trailer)

CONDITIONAL FIELD:

- If the CMV unit number exists and the Hit and Run indicator is not checked, then a valid Cargo Body Style must be listed.
- If Vehicle Type for the unit is 3-Bus (9-15) then Cargo Body Style must be 1-Bus (9-15).
- If Vehicle Type for the unit is 4-Bus (>15) then Cargo Body Style must be 2-Bus (>15).

4.5.15 – TRAILER 1 INFORMATION

4.5.15.1 – UNIT NUM. (Unit Number)

Enter the trailers unit number that identifies the unit involved in the crash. If the commercial motor vehicle identified in this section is towing 1 trailer, complete “Trailer 1” information only. When a trailer is carrying cargo, include the cargo with the trailer unit and do not report as a separate unit.

Trailer 1	Unit Num.
-----------	-----------

CONDITIONAL FIELD: The unit number for Trailer 1 must be set to a unit description of “6 Towed/Trailer.”

4.5.15.2 – RGW/GVWR (Registered Gross Vehicle Weight/Gross Vehicle Weight Rating)

This data field is used to capture either the Gross Vehicle Weight Rating (GVWR), found on the Vehicle Manufacturer Identification Plate or the Registered Gross Vehicle Weight (RGVW) determined by looking at the Registration Receipt or by requesting a registration check through TLETS. It is required that a Registration Receipt be carried in the vehicle. Check the appropriate box and enter the GVWR or RGVW as applicable.

<input type="checkbox"/> RGVW	
<input type="checkbox"/> GVWR	_____

CONDITIONAL FIELD: If the unit number for Trailer 1 exists and the Hit and Run indicator is not checked, then the RGVW or GVWR must be listed.

REMINDERS: If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a GVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s)

4.5.15.3 – TRLR. TYPE (Trailer Type) – see Code Sheet: 3

Complete Trailer Type information by using the code sheet values to indicate which most closely describes the type of trailer(s) being towed.

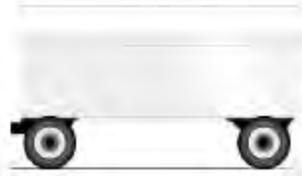
REQUIRED FORMAT

34 Tdr. Type	2
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CODE SHEET VALUES FOR TRAILER TYPE

1 - Full Trailer

A trailer other than a pole trailer designed to be drawn by another motor vehicle and so constructed that no part of its weight, except for the towing device, rests upon the self-propelled towing motor vehicle.



2 - Semi Trailer

A trailer other than a pole trailer designed to be drawn by another motor vehicle and is constructed so that some part of its weight rests upon the self-propelled towing motor vehicle.



3 - Pole Trailer

A trailer designed to be drawn by a motor vehicle and attached to the towing motor vehicle by means of a “reach” or “pole,” or by being “boomed” or otherwise secured to the towing motor vehicle. For transporting long or irregularly shaped loads such as poles, pipes, or structural members, generally capable of sustaining themselves as beams between the supporting connections.



TIPS: A semitrailer equipped with an auxiliary front axle (converter dolly) shall be considered a full trailer.

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"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
	33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.16 – TRAILER 2 INFORMATION

4.5.16.1 – UNIT NUM. – (Unit Number)

Enter the trailers unit number that identifies the unit involved in the crash. If the commercial motor vehicle identified in this section is towing a second trailer, complete “Trailer 2” information. When a trailer is carrying cargo, include the cargo with the trailer unit and do not report as a separate unit.

Trailer 2	Unit Num.
-----------	-----------

4.5.16.2 – RGWV/GVWR (Registered Gross Vehicle Weight/Gross Vehicle Weight Rating)

This data field is used to capture the Gross Vehicle Weight Rating (GVWR), found on the Vehicle Manufacturer Identification Plate or the Registered Gross Vehicle Weight (RGWV) determined by looking at the Registration Receipt is required carried in the vehicle or by requesting a registration check through TLETS. Check the appropriate box and enter the GVWR or RGWV as applicable.

<input type="checkbox"/> RGWV	
<input type="checkbox"/> GVWR	_____

CONDITIONAL FIELD: If the unit number for Trailer 2 exists and the Hit and Run indicator is not checked, then the RGWV or GVWR must be listed.

REMINDERS: If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGWV. In those instances, show the RGWV of the combination in the power unit and show zero (0) on the trailer(s).

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"/> RGWV	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	
		<input type="checkbox"/> GVWR						
33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	Unit Num.	<input type="checkbox"/> RGWV <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		

4.5.16.3 – TRLR. TYPE (Trailer Type) – see Code Sheet: 33

Complete Trailer Type information by using the code sheet values to indicate which most closely describes the type of trailer(s) being towed.

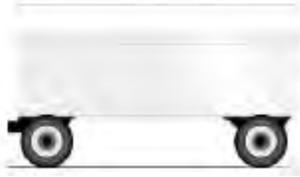
REQUIRED FORMAT

34 Trlr. Type	2
---------------	----------

CODE SHEET VALUES FOR TRAILER TYPE

1 - Full Trailer

A trailer other than a pole trailer designed to be drawn by another motor vehicle and so constructed that no part of its weight, except for the towing device, rests upon the self-propelled towing motor vehicle.



2 - Semi Trailer

A trailer other than a pole trailer designed to be drawn by another motor vehicle and is constructed so that some part of its weight rests upon the self-propelled towing motor vehicle.



3 - Pole Trailer

A trailer designed to be drawn by a motor vehicle and attached to the towing motor vehicle by means of a “reach” or “pole,” or by being “boomed” or otherwise secured to the towing motor vehicle. For transporting long or irregularly shaped loads such as poles, pipes, or structural members, generally capable of sustaining themselves as beams between the supporting connections.



TIPS: A semi-trailer equipped with an auxiliary front axle (converter dolly) shall be considered a full trailer.

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"/> RGWV <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"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axes	Total Num. Tires

4.5.17 – SEQUENCE OF EVENTS – see Code Sheet: 35

Using the values from the code sheet, select the sequence of events, based on the CMV actions that best describe the overall crash. This includes non-collision as well as collision events regardless of injury and/or property damage.

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4
--------------------	-----------	-----------	-----------	-----------

CODE SHEET VALUES FOR SEQUENCE OF EVENTS

- | | |
|--|---|
| 1 – Non-Collision: Ran Off Road | 12 – Collision Involving Pedestrian |
| 2 – Non-Collision: Jackknife | 13 – Collision Involving Motor Vehicle in Transport |
| 3 – Non-Collision: Overturn Rollover | 14 – Collision Involving Parked Motor Vehicle |
| 4 – Non-Collision: Downhill Runaway | 15 – Collision Involving Train |
| 5 – Non-Collision: Cargo Loss or Shift | 16 – Collision Involving Pedalcyclist |
| 6 – Non-Collision: Explosion or Fire | 17 – Collision Involving Animal |
| 7 – Non-Collision: Separation of Units | 18 – Collision Involving Fixed Object |
| 8 – Non-Collision: Cross Median/Centerline | 19 – Collision with Work Zone Maint. Equipment |
| 9 – Non-Collision: Equipment Failure | 20 – Collision with Other Movable Object |
| 10 – Non-Collision: Other | 21 – Collision with Unknown Movable Object |
| 11 – Non-Collision: Unknown | 98 – Other (Explain in Narrative) |

TIPS: There are 4 spaces provided but not always 4 events occur. If more than 4 events occur, choose the 4 that best describe the overall crash.

CONDITIONAL FIELD: If the CMV unit number exists, then a valid Sequence of Events 1 must be listed.

REMINDERS: The first listed event should reflect the first event that occurred. This event may or may not be the first event to produce injury and/or damage.

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"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Tric. Type	Trailer 2	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

EXAMPLES:

A tractor/semi-trailer loses control on an icy roadway, leaves the road and eventually strikes a bridge abutment and overturns. The tractor then becomes engulfed in flames.

Sequence Of Events	35 Seq. 1	1	35 Seq. 2	18	35 Seq. 3	3	35 Seq. 4	6
--------------------	-----------	----------	-----------	-----------	-----------	----------	-----------	----------

- SEQ.1 – 1 (Ran off road)
- SEQ.2 – 18 (Collision involving a fixed object)
- SEQ.3 – 3 (Overturn or rollover)
- SEQ.4 – 6 (Explosion or fire)

A single unit truck sideswipes a vehicle in the right lane. Because of the impact, the truck overturns.

Sequence Of Events	35 Seq. 1	13	35 Seq. 2	3	35 Seq. 3		35 Seq. 4	
--------------------	-----------	-----------	-----------	----------	-----------	--	-----------	--

- SEQ.1 – 13 (Collision involving a motor vehicle in transport)
- SEQ.2 – 3 (Overturn or rollover)

4.5.18 – TOTAL NUM. AXLES (Total Number of Axles)

Report the total number of axles with tires which were in contact with the ground immediately prior to the crash; including both the power unit and trailer(s). Value is not to exceed 50.

Total Num. Axles

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then the Total Number of Axles must be listed.

4.5.19 – TOTAL NUM. TIRES – (Total Number of Tires)

Report the total number of tires in contact with the ground immediately prior to the crash including both the power unit and trailer(s). Value is not to exceed 100.

Total Num. Tires

CONDITIONAL FIELD: If the CMV unit number exists and the Hit and Run indicator is not checked, then the Total Number of Tires must be listed.

4.6 FACTORS AND CONDITIONS

This section of the report is designed for the investigating officer to determine which factor(s) or condition(s) contributed to the crash for each unit. The officer may not have enough evidence to file a traffic charge but does have enough data to render an opinion as to the causes of the crash.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit Num.	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

4.6.1 – CONTRIBUTING FACTORS (Investigator's Opinion) – see Code Sheet: 36)

4.6.1.1 – UNIT NUM. – (Unit Number)

Enter the unit number that corresponds with the vehicle involved in the crash. This data field is used to identify the unit involved in the crash.

Unit #

4.6.1.2 – CONTRIBUTING (Contributing Factors) – see Code Sheet 36

The investigator should classify by priority, for each unit, the contributing factors that contribute the most to the crash.

REQUIRED FORMAT

Contributing		
25	29	20

- FACTOR 1 – List the factor that primarily contributed to the crash.
- FACTOR 2 – List the factor that was a secondary cause in the crash.
- FACTOR 3 – List the factor that was an additional cause in the crash.

4.6.1.3 – MAY HAVE CNTRB. (May Have Contributed) – see Code Sheet: 36

It is sometimes difficult to form an opinion as to whether a factor or condition did or did not contribute to a crash. This section is to record the fact that the condition was present, but the investigator is unable to determine whether the factor/condition contributed.

REQUIRED FORMAT

May Have Contrib.	
2	

- FACTOR 1 – List the factor that may/may not have primarily contributed to the crash.
- FACTOR 2 – List the factor that may/may not have secondary cause in the crash.

TIPS: Most of the contributing factors can be applied to a non-contact unit as well.

REMINDERS: If a factor is not on the list, select “98–Other factor” and provide an explanation in the narrative.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit Num.	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

4.6.1.4 – CODE SHEET VALUES FOR CONTRIBUTING FACTORS

1. ANIMAL ON ROAD, DOMESTIC –

When a vehicle receives damage as a result of striking a domestic animal, such as a cow, dog, or chicken or when a domestic animal's presence on the road contributes to the crash.

2. ANIMAL ON ROAD, WILD –

When a vehicle receives damage as a result of striking a wild animal, such as a deer, coyote, turkey, buzzard, etc.; or when a wild animal's presence on the road contributes to the crash.

3. BACKED WITHOUT SAFETY –

When a driver makes an unsafe backing movement and the action contributes to the crash. Texas Transportation Code: Section 545.415(a).

4. CHANGED LANE WHEN UNSAFE –

When a vehicle on a multi-lane roadway moves outside its lane of travel and the action contributes to the crash. Texas Transportation Code: Section 545.060(a). (#5 - #13 VEHICLE DEFECTS)-Vehicle Defects are listed in Section 4.6.2.3 of this manual.

14. DISABLED IN TRAFFIC LANE –

When the traffic unit is actually disabled in a traffic lane on the main traveled portion of the road and this contributes to the crash. Texas Transportation Code: Section 545.301.

15. DISREGARD STOP AND GO SIGNAL –

When a vehicle fails to stop or comply with a traffic light exhibiting alternating red, yellow, or green lights for controlling traffic and the action contributes to the crash. Texas Transportation Code: Section 544.007.

16. DISREGARD STOP SIGN OR LIGHT –

When a driver fails to stop for a stop sign or a flashing red light used in lieu of or in conjunction with a stop sign and the action contributes to the crash. If a vehicle stops, then fails to yield right-of-way, refer to factor 35. Texas Transportation Code: Sections 544.008(a), 545.151 and 545.153.

17. DISREGARD TURN MARKS AT INTERSECTION –

When a vehicle fails to follow the directed course as required by official traffic control devices within or adjacent to an intersection and the action contributes to the crash. Texas Transportation Code: Section 545.101.

18. DISREGARD WARNING SIGN AT CONSTRUCTION –

When a driver encountering a construction zone disregards warning signs and the action contributes to the crash. Texas Transportation Code: Section 472.022.

19. DISTRACTION IN VEHICLE (Explain in Narrative) –

When the driver's actions or the actions of others in his/her vehicle are such that a lack of observance and/or vehicle control occurs to the extent it contributes to the crash.

EXAMPLE: Driver swats at a bee; a dog gets under the driver's feet, etc.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.1.4 – CODE SHEET VALUES FOR CONTRIBUTING FACTORS (CONTINUED)

20. DRIVER INATTENTION (Explain in Narrative) –

When a driver's lack of attention to the roadway, highway, or traffic occurs and contributes to the crash.

21. DROVE WITHOUT HEADLIGHTS –

When lighting conditions or time of day dictates use of headlights for safe operation to perceive actual hazards and a lack of compliance contributes to the crash. Texas Transportation Code: Section 547.302(a).

22. FAILED TO CONTROL SPEED –

When an operator fails to control the speed of a vehicle as necessary to avoid colliding with another person or vehicle that is on or entering the highway in compliance with law and the duty of each person to use due care. Note: Factors 22, 60, and 61 cannot apply to the same unit. Texas Transportation Code: Section 545.351(b).

23. FAILED TO DRIVE IN A SINGLE LANE –

When a driver on a multi-lane roadway failed to keep his vehicle entirely within his lane of travel and the action contributes to the crash. Texas Transportation Code: Section 545.060(a).

24. FAILED TO GIVE HALF OF ROADWAY –

When a driver is meeting an oncoming vehicle on a roadway wide enough for one lane of traffic in each direction and the driver fails to give the oncoming vehicle fully one-half (1/2) of the roadway and the action contributes to the crash. Texas Transportation Code: Section 545.052.

25. FAILED TO HEED WARNING SIGN –

When failure to use proper caution in obedience to an official traffic control device or a warning sign contributes to the crash. Texas Transportation Code: Section 544.004.

26. FAILED TO PASS TO LEFT SAFELY –

When a vehicle passing to the left infringes on the space of the overtaken vehicle and the action contributes to the crash. (Do not confuse with number 53.). Texas Transportation Code: Section 545.053(a).

27. FAILED TO PASS TO RIGHT SAFELY –

When a vehicle passing to the right infringes on the space of the overtaken vehicle and the action contributes to the crash. Texas Transportation Code: Section 545.057.

28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL –

When failure to give the appropriate signal or giving a wrong signal contributes to the crash. Texas Transportation Code: Sections 545.104, 545.105, 545.106.

29. FAILED TO STOP AT PROPER PLACE –

When a vehicle fails to stop at a crosswalk or clearly marked stop line before entering an intersection, or at a proper distance from a R.R. grade crossing, and the action contributes to the crash. Texas Transportation Code: Sections 544.007(d), 544.007(g), 544.008(a), 544.010(c), and 545.251(a).

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.1.4 – CODE SHEET VALUES FOR CONTRIBUTING FACTORS (CONTINUED)

30. FAILED TO STOP FOR SCHOOL BUS –

When a vehicle fails to stop (or remain stopped) for a school bus stopped on the roadway, with required visual signals in operation to receive or discharge schoolchildren, and the action contributes to the crash. Texas Transportation Code: Section 545.066.

31. FAILED TO STOP FOR TRAIN –

A vehicle that disregards a R.R. crossing gate or flagman, R.R. crossing signal, or approaching train that is plainly visible and in hazardous proximity to the crossing and the action contributes to the crash. Texas Transportation Code: Section 545.251.

32. FAILED TO YIELD RIGHT OF WAY – EMERGENCY VEHICLE –

When a vehicle fails to yield the R.O.W. to a legally authorized emergency vehicle responding to an actual emergency in compliance with statutes and the action contributes to the crash. Texas Transportation Code: Section 545.156.

33. FAILED TO YIELD RIGHT OF WAY – OPEN INTERSECTION –

When a vehicle fails to yield R.O.W. to a vehicle at an intersection not controlled by traffic signs or signals and the action contributes to the crash. Texas Transportation Code: Section 545.151(b), (c), (d), and (e).

34. FAILED TO YIELD RIGHT OF WAY – PRIVATE DRIVE –

When a driver of a vehicle fails to yield R.O.W. before entering or crossing a roadway from an alley, building, private road, or driveway and the action contributes to the crash. Texas Transportation Code: Sections 545.155 and 545.256.

35. FAILED TO YIELD RIGHT OF WAY – STOP SIGN –

When a vehicle stops for a stop sign and then fails to yield R.O.W. to a vehicle at an intersection controlled by a stop sign and the action contributes to the crash. Texas Transportation Code: Sections 545.151(a) and 545.153(b).

36. FAILED TO YIELD RIGHT OF WAY – TO PEDESTRIAN –

When a vehicle fails to yield R.O.W. to a pedestrian legally on the roadway and the action contributes to the crash. Texas Transportation Code: Sections 544.007, 552.001, 552.002, 552.003(a), 552.003(c), 552.006(c), 552.008, and 552.010.

37. FAILED TO YIELD RIGHT OF WAY – TURNING LEFT –

When a vehicle intending to turn left at an intersection or into an alley, private road, or driveway fails to yield R.O.W. to any vehicle approaching from the opposite direction and the action contributes to the crash. Texas Transportation Code: Section 545.152.

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

4.6.1.4 – CODE SHEET VALUES FOR CONTRIBUTING FACTORS (CONTINUED)

38. FAILED TO YIELD RIGHT OF WAY – TURN ON RED –

When a vehicle facing a steady red signal at an intersection stops; then enters the intersection to turn without yielding R.O.W. to other vehicles or pedestrians lawfully using the intersection and the action contributes to the crash. Texas Transportation Code: Section 544.007(d).

39. FAILED TO YIELD RIGHT OF WAY – YIELD SIGN –

When a vehicle fails to yield R.O.W. to another vehicle at an intersection controlled by a yield sign and the action contributes to the crash. Texas Transportation Code: Sections 545.151(a) and 545.153(c).

40. FATIGUED OR ASLEEP –

When, due to exhaustion or weariness, the driver of a vehicle goes to sleep or into a period of mental inactivity, that impairs his reaction time or perception and the condition contributes to the crash.

41. FAULTY EVASIVE ACTION (Explain in Narrative)–

When a driver takes no evasive action at all when it is reasonable to assume he/she should have, and when the action could have prevented the collision; or in an effort to avoid the collision, the driver takes improper evasive action and the action contributes to the crash.

42. FIRE IN VEHICLE –

When a fire is accidentally ignited in a vehicle or a fire is started by some mechanical failure, or after collision, but before events have stabilized.

43. FLEEING OR EVADING POLICE –

When a driver of a vehicle intentionally flees from a person, he/she knows is a peace officer attempting to arrest him/her, and the fleeing results in any type of collision. Texas Transportation Code: Section 545.421.

44. FOLLOWED TOO CLOSELY –

When a vehicle is following too close to take proper evasive action and the action contributes to the crash. Texas Transportation Code: Section 545.062(a).

45. HAD BEEN DRINKING –

When, in the investigator's opinion, the driver of a vehicle, pedestrian or pedalcyclist in the crash had been drinking an alcoholic beverage, but not to the extent to be considered intoxicated. (Show in may have contributed section). Note: Both factors 45 and 67 should not be indicated on one driver.

46. HANDICAPPED DRIVER (Explain in Narrative) –

When a driver of a vehicle in the crash has a physical handicap and the condition contributes to the crash.

47. ILL (Explain in Narrative) –

When a driver of a vehicle in the crash has a physical or mental illness and the condition contributed to the crash.

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

4.6.1.4 – CODE SHEET VALUES FOR CONTRIBUTING FACTORS (CONTINUED)

48. IMPAIRED VISIBILITY (Explain in Narrative) –

When a driver's view is obstructed by the vehicle's load or occupants, or when vehicles and/or objects, on or near the highway obstruct a driver's view of pedestrians and/or traffic. This also includes impaired visibility due to weather or objects/material placed over windows.

49. IMPROPER START FROM PARKED POSITION –

When a driver makes an unsafe movement from a parked position and the action contributes to the crash. Texas Transportation Code: Section 545.402.

50. LOAD NOT SECURED –

When an unsecured or improperly secured load shifts or falls from a vehicle and contributes to the crash. Texas Transportation Code: Section 725.002.

51. OPENED DOOR INTO TRAFFIC LANE –

When a door of a vehicle is opened into a traffic lane and the door contributes to the crash. Texas Transportation Code: Section 545.418.

52. OVERSIZE VEHICLE OR LOAD –

A vehicle with an oversize load or an oversize vehicle, or manufactured housing, because of its oversize, contributes to the crash. Texas Transportation Code: Chapter 621.

53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE –

When an overtaking vehicle does not have sufficient space to return to the right side of the roadway safely, because of oncoming traffic, and the action contributes to the crash by interfering with the oncoming vehicle or the vehicle overtaken. Texas Transportation Code: Section 545.054(a).

54. PARKED AND FAILED TO SET BRAKES –

When failure to set the brakes on a vehicle that was parked and left unattended contributes to the crash. Texas Transportation Code: Section 545.404(4).

55. PARKED IN TRAFFIC LANE –

When any vehicle is not legally stopped, standing, or parked and the action contributes to the crash. Texas Transportation Code: Sections 545.301 (a), 545.302 and 545.303.

56. PARKED WITHOUT LIGHTS –

When a vehicle is parked without lights in violation of any provision of Section 547.383 and the action contributes to the crash. Texas Transportation Code: Section 547.383.

57. PASSED IN NO PASSING ZONE –

When a vehicle overtakes and passes another vehicle in a no passing zone and the action contributes to the crash. Texas Transportation Code: Section 545.055.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions					
	Unit Num.	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

4.6.1.4 – CODE SHEET VALUES FOR CONTRBUTING FACTORS (CONTINUED)

58. PASSED ON RIGHT SHOULDER –

When a vehicle is illegally overtaking or passing another vehicle on the right shoulder and the action contributes to the crash. Texas Transportation Code: Sections 545.057 and 545.058.

59. PEDESTRIAN FAILED TO YIELD RIGHT OF WAY TO VEHICLE –

When a pedestrian, fails to yield to vehicular traffic and the action contributes to the crash. Texas Transportation Code: Sections 552.003, 552.004, and 552.005.

60. UNSAFE SPEED –

When an operator fails to drive at an appropriate reduced speed that is reasonable and prudent under existing circumstances with regard to traffic, including pedestrians, weather or roadway conditions. Note: Factors 22, 60, and 61 cannot apply to the same unit. Texas Transportation Code: Section 545.351 (c).

61. SPEEDING – OVER LIMIT –

When an operator is traveling over the posted speed limit and it contributes to the crash. Note: Factors 22, 60, and 61 cannot apply to the same unit. Texas Transportation Code: Sections 545.352, 545.352(h-1), and 545.353(h).

62. TAKING MEDICATION (Explain in Narrative) –

When a driver is taking medication (prescription or over the counter). List the medications in the officer's narrative.

63. TURNED IMPROPERLY – CUT CORNER ON LEFT –

When a vehicle starts or ends its left turn too soon and the action contributes to the crash. Texas Transportation Code: Section 545.101(b).

64. TURNED IMPROPERLY – WIDE RIGHT –

A vehicle that turns right on a roadway and fails to keep as near as practical to the right curb or edge of roadway but not to the degree that it could be called "turn from wrong lane," and the action contributes to the crash. Texas Transportation Code: Section 545.101 (a).

65. TURNED IMPROPERLY – WRONG LANE –

A vehicle that turns right or left from the wrong lane and the action contributes to the crash. Texas Transportation Code: Section 545.101.

66. TURNED WHEN UNSAFE –

When a vehicle turns right or left or moves from a direct course when the turn or movement could not be made safely and the action contributes to the crash. Texas Transportation Code: Section 545.103.

67. UNDER INFLUENCE ALCOHOL –

When the intoxicated condition of the driver, pedestrian, or pedalcyclist, due to consuming alcoholic beverages, is a factor that contributes to the crash. Note: Both factors 45 and 67 should not be indicated for one driver.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit Num.	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

4.6.1.4 – CODE SHEET VALUES FOR CONTRIBUTING FACTORS (CONTINUED)

69. WRONG SIDE – APPROACH OR IN INTERSECTION –

When a vehicle is overtaking and passing another vehicle left of the center of the roadway, either approaching or traversing an intersection and the action contributes to the crash. Texas Transportation Code: Section 545.056(a (1) and (a) (2).

70. WRONG SIDE – NOT PASSING –

When a vehicle is driven on the wrong side of the roadway not in the act of overtaking and passing another vehicle traveling in the same direction and the action contributes to the crash. Texas Transportation Code: Section 545.051.

71. WRONG WAY – ONE-WAY ROAD –

When a vehicle is driven the wrong way on a one-way roadway or the wrong way on a divided highway and the action contributes to the crash. Texas Transportation Code: Section 545.059.

72. CELL/MOBILE PHONE USE –

When the driver's actions, while using or handling a cell/mobile phone, are such that lack of observance and/or control of the vehicle occur to the extent that it contributes to the crash. Also, includes the use of a hands free device.

73. ROAD RAGE –

An assault with a motor vehicle or other dangerous weapon by the operator or passenger(s) of another motor vehicle or an assault precipitated by an incident that occurred on a roadway.

98. OTHER FACTOR (Explain in Narrative) –

Additional other factors must be explained in the narrative.

REMINDERS:

- Not all contributing factors are law violations. Law violations show a legal reference to the Texas Transportation Code or the Texas Penal Code.
- All factors found must be described in the narrative even if they have been addressed in another place on the report.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit Num.	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

4.6.1.5 – CHOOSING FACTORS

EXAMPLE #1

An investigating officer determines through his investigation of a crash that Unit No. 1 was speeding and ran a stop sign when it collided with Unit No. 2. If the officer's opinion is that, the primary factor contributing to the crash was the running of the stop sign and the speeding factor was a secondary factor, and there were no evident factors for Unit No. 2, the factors should be listed as follows:

36 Contributing Factors (Investigator's Opinion)					
Unit Num.	Contributing		May Have Contrib.		
1	16	61			
2					

EXAMPLE #2

In the same crash, Unit No. 2's driver was under the influence and was arrested; however, in the officer's opinion, this may or may not have contributed to the crash. The factors should be reported as follows:

36 Contributing Factors (Investigator's Opinion)					
Unit Num.	Contributing		May Have Contrib.		
1	16	61			
2				67	

EXAMPLE #3

If in the officer's opinion, speeding was the primary cause of this crash, the factors should be reported as follows:

36 Contributing Factors (Investigator's Opinion)					
Unit Num.	Contributing		May Have Contrib.		
1	61	16			
2				67	

4.6.2 – VEHICLE DEFECTS (Investigator’s Opinion) – see Code Sheet: 37

This section of the report is designed for the investigating officer to determine which “Vehicle Defects” contributed to the crash for each unit. He/she may not have enough evidence to file a traffic charge but does have enough data to render an opinion as to the causes of the crash.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator’s Opinion)			37 Vehicle Defects (Investigator’s Opinion)				Environmental and Roadway Conditions						
	Unit Num.	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

4.6.2.1 – CONTRIBUTING (Contributing Factors)

The investigator should classify by priority for each unit the vehicle defects, which contributed the most to the crash, utilizing factors 5–13.

REQUIRED FORMAT

Contributing		
5	7	

DEFECT 1 – List the primary defect that contributed to the crash.

DEFECT 2 – List the defect that was a secondary cause of the crash.

DEFECT 3 – List the defect that was an additional cause in the crash.

4.6.2.2 – MAY HAVE CNTRB. – (May Have Contributed) - see Code Sheet: 37

It is sometimes difficult to form an opinion as to whether a vehicle defect did or did not contribute to a crash. This section is to record the fact that the vehicle defect was present; however, the investigator is unable to determine whether the vehicle defect contributed.

REQUIRED FORMAT

May Have Contrib.	
6	10

DEFECT 1 – List the primary defect that may have contributed to the crash.

DEFECT 2 – List the defect that may have been the secondary cause of the crash.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit Num.	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

4.6.2.3 – CODE SHEET VALUES FOR VEHICLE DEFECTS

5. DEFECTIVE OR NO HEADLAMPS –

When a vehicle is not equipped with headlamps or when headlamps are defective to any extent that they contribute to the crash. Consideration should be given to the time of day or conditions requiring use and proper mounting. Texas Transportation Code: Sections 547.302 and 547.321.

6. DEFECTIVE OR NO STOP LAMPS –

When the lack or malfunction of stop lamps contributes to the crash. Texas Transportation Code: Section 547.323.

7. DEFECTIVE OR NO TAIL LAMPS –

When the lack or malfunction of tail lamps contributes to the crash. Consideration should be given to factors in the crash such as time of day and lighting conditions and not statute requirements. Texas Transportation Code: Section 547.322.

8. DEFECTIVE OR NO TURN SIGNAL LAMPS –

When the lack of or malfunction of turn signals contributes to the crash. Texas Transportation Code: Section 547.324.

9. DEFECTIVE OR NO TRAILER BRAKES –

Applies to brakes on trailers, semi-trailers, and pole trailers when the lack of this equipment or malfunction contributes to the crash. Do not check this section when the vehicle's stopping ability had no bearing on the crash. Texas Transportation Code: Sections 547.401 and 547.402.

10. DEFECTIVE OR NO VEHICLE BRAKES –

When the lack of or malfunction of brakes on motor vehicles, motorcycles, etc., contributes to the crash. Also applies in the case of inadequate parking brakes resulting in a collision. Texas Transportation Code: Sections 547.401 and 547.402.

11. DEFECTIVE OR NO STEERING MECHANISM –

When there is a malfunction of either manual or power steering and the malfunction contributes to the crash. Texas Transportation Code: Section 548.051.

12. DEFECTIVE OR SLICK TIRES –

When a lack of tire traction due to excessive tread wear or a blow out of a tire contributes to the crash. Texas Transportation Code: Section 547.004(a).

13. DEFECTIVE TRAILER HITCH –

When malfunction or poorly designed hitch contributes to the crash. Does not apply when the separation of a trailer and towing unit occurred as a result of an impact that the hitch mechanism could not be expected to withstand. Texas Transportation Code: Sections 545.409(a) and 547.004.

98. OTHER (Explain in Narrative) –

Additional other Vehicle Defects must be explained in the narrative.

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

4.6.2.4 – CHOOSING VEHICLE DEFECTS

EXAMPLE:

A crash occurs when Unit No. 2 fails to yield at a yield sign. The driver of Unit No. 1 has defective brakes preventing him/her from taking proper evasive action. In the investigator's opinion, the predominant causative factor in the crash is Unit No. 2's failure to yield. The factors should be reported as follows, and a statement of the predominant causative factor in the crash may be included in the narrative.

36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)				
Unit Num.	Contributing		May Have Contrib.		Contributing		May Have Contrib.		
1					10				
2	39								

CONDITIONAL FIELD: If unit description is not equal to 1-Motor Vehicle, 6-Towed/Trailer, or 7-Non-Contact, then Vehicle Defects are not allowed.

4.6.3 – ENVIRONMENTAL AND ROADWAY CONDITIONS:

4.6.3.1 – WEATHER COND. (Weather Conditions) -- see Code Sheet: 38

The prevailing atmospheric conditions that existed at the time of the crash. If additional atmospheric conditions existed, then explain in the narrative.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

38 Weather Cond.
3

CODE SHEET VALUES FOR WEATHER CONDITIONS

- 1 – Clear
- 2 – Cloudy
- 3 – Rain
- 4 – Sleet/Hail
- 5 – Snow
- 6 – Fog
- 7 – Blowing Sand/Snow
- 8 – Severe Crosswinds
- 98 – Other (Explain in Narrative)
- 99 – Unknown

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit Num.	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

4.6.3.2 – LIGHT COND. (Light Conditions) – see Code Sheet: 39

The type/level of light that existed at the time of the crash.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

39 Light Cond.
3

CODE SHEET VALUES FOR LIGHT CONDITIONS

- 1 – Daylight
- 2 – Dark, Not Lighted
- 3 – Dark, Lighted
- 4 – Dark, Unknown Lighting
- 5 – Dawn
- 6 – Dusk
- 98 – Other (Explain in Narrative)
- 99 – Unknown

CONDITIONAL FIELD:

- If the Light Condition is set to 1-Daylight the Crash Time must be between 5:00 and 22:00.

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit Num.	Contributing		May Have Contrib.		Unit Num.	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

4.6.3.3 – ENTERING ROADS – see Code Sheet: 40

Enter the selection that best describes the physical presence of the intersection.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

40 Entering Roads
2

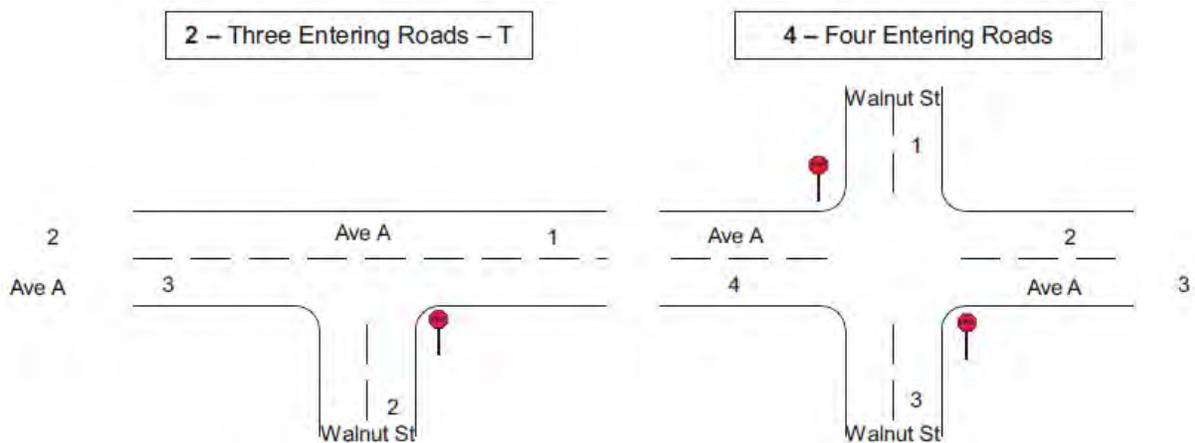
CODE SHEET VALUES FOR ENTERING ROADS

- | | |
|------------------------------|-----------------------------------|
| 2 – Three Entering Roads – T | 7 – Traffic Circle |
| 3 – Three Entering Roads – Y | 8 – Cloverleaf |
| 4 – Four Entering Roads | 97 – Not Applicable |
| 5 – Five Entering Roads | 98 – Other (Explain in Narrative) |
| 6 – Six Entering Roads | |

TIPS:

- If the crash did not occur in an intersection, select “97 – Not Applicable”.
- The number of roads coming to a point at an intersection defines the number of entering roads, regardless of the continuation of a street name or highway number.

EXAMPLE:



FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions					
	Unit Num.	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

4.6.3.4 – ROADWAY TYPE – see Code Sheet: 41

This data field is used to describe the type of roadway where the crash occurred. Complete this field using only the values for Roadway Type listed on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

41 Roadway Type
1

CODE SHEET VALUES FOR ROADWAY TYPE

- 1 – Two-Way, Not Divided
- 2 – Two-Way, Divided, Unprotected Median
- 3 – Two-Way, Divided, Protected Median
- 4 – One-Way
- 98 – Other, (Explain in Narrative)

TIPS: If the crash occurred in an intersection, the RDWY. TYPE for the “Road on Which Crash Occurred” should be entered.

4.6.3.5 – ROADWAY ALIGNMENT – see Code Sheet: 42

This data field is used to capture the geometric characteristics that best describe the layout of the roadway where the crash occurred. Complete this field using only the values for Roadway Alignment listed on the Code Sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

42 Roadway Alignment
1

CODE SHEET VALUES FOR ROADWAY ALIGNMENT

- 1 – Straight, Level
- 2 – Straight, Grade
- 3 – Straight, Hillcrest
- 4 – Curve, Level
- 5 – Curve, Grade
- 6 – Curve, Hillcrest
- 98 – Other (Explain in Narrative)
- 99 – Unknown

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit Num.	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

4.6.3.6 – SURFACE CONDITION – see Code Sheet: 43

This data field is used to capture the surface condition present at the time and place of the crash. Complete this field using only the values for Surface Condition listed on the Code Sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

43 Surface Condition
1

CODE SHEET VALUES FOR SURFACE CONDITIONS

- 1 – Dry
- 2 – Wet
- 3 – Standing Water
- 4 – Snow
- 5 – Slush
- 6 – Ice
- 7 – Sand, Mud, Dirt
- 98 – Other (Explain in Narrative)
- 99 – Unknown

4.7.1 – INVESTIGATORS NARRATIVE OPINION OF WHAT HAPPENED

Describe how the crash happened. Emphasize or explain as necessary any pertinent facts not fully explained elsewhere. Describe mechanical failures or any other contributing factors necessary for a full understanding of what occurred. If the crash report is incomplete; a “Hit and Run”, “Fatal”, etc., and information is still pending from the investigation, the officer should state his opinion of what happened and document that the investigation is pending, or the officer is waiting on factors from the Medical Examiner, etc. This field allows up to 12,000 characters.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

TIPS:

- For brevity, avoid repeating names, license numbers, makes of vehicles, etc.
- Refer to units by number, being careful to use the same number the particular unit was assigned in the report.
- Use abbreviations for directions, such as “N” for north, “E” for east, etc.
- Avoid vague statements, such as “Unit #1 and Unit #2 collided,” with no further explanation.

REMINDERS:

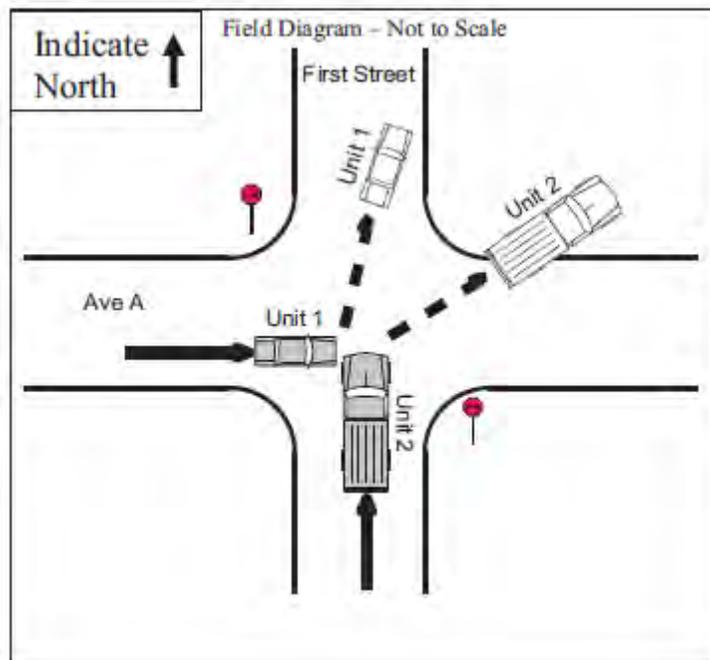
- In any crash where the driver’s physical or mental condition causes an officer to question the driver’s ability to operate a motor vehicle safely, this fact should be noted in the narrative. This would include such things as suspecting the driver of being asleep, ill, blacking out, having missing limbs, etc.
- If the crash involved a peace officer, EMS employee, or fire fighter operating an emergency vehicle while on an emergency and performing the person’s duties, the investigator must provide a brief explanation regarding the nature of the emergency. Texas Transportation Code: 550.064 (b) (2) (3).
- If the narrative states that the crash involved a legally parked, illegally parked or previously wrecked unit, then the Parked Vehicle box for the appropriate unit must be checked.

Investigator's Narrative Opinion of What Happened (About Accidents Should Be Necessary)	Field Diagram - Not to Scale Indicate North

4.7.2 – FIELD DIAGRAM – NOT TO SCALE

A small sketch, not necessarily to scale, should be drawn in the space provided. Number the units to correspond to unit numbers as reported in previous sections. This diagram should detail all the events occurring in the crash including direction of travel prior to the impact (by use of a solid line), area of the impact and the path to final positions (by use of a dotted line).

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.



TIPS:

- If the vehicles were moved prior to the arrival of the investigating officer, the officer can use the Narrative to make a statement that the vehicles were moved prior to his arrival and that the diagram reflects the best depiction of the crash scene as a result of his investigation.

REMINDERS: Magnetic North will always be indicated by an arrow “|”.

4.8 INVESTIGATOR

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

4.8.1 – TIME NOTIFIED – (24HRMM)

Report the time the investigating officer was notified. The time notified will be reported using Military Time 24 HR. (0000–2359). Midnight represents a new day and must be entered as 0000.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

Time Notified (24HRMM)	1 8 3 5
---------------------------	---------------

4.8.2 – HOW NOTIFIED

Report how the investigating officer was notified (dispatched, on sight, by citizen, walk-in, etc.). This field allows up to 20 characters.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

How Notified

4.8.3 – TIME ARRIVED – (24HRMM)

Report the actual time the investigating officer arrived at the scene of crash. The time arrived must be reported using Military Time 24 HR (0000–2359). Midnight represents a new day and must be entered as 0000.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

Time Arrived (24HR:MM)	1 8 4 0
---------------------------	---------------

4.8.4 – REPORT DATE – (MM/DD/YYYY)

Report the date this report was prepared, providing the month, day, and year (MM/DD/YYYY).

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REQUIRED FORMAT

Report Date (MM/DD/YYYY)	0 1 / 0 1 / 2 0 1 0
-----------------------------	---------------------------------------

CONDITIONAL FIELD: The Report Date must not be earlier than the Crash Date.

REMINDERS: If a supplemental report is submitted, the “Report Date” should reflect the date the supplement was prepared.

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

4.8.5 – INV. COMP. (Investigation Complete)

Check the appropriate box.

MANDATORY DATA FIELD: If left blank or both Yes and No is selected, report will be returned to the officer.

Invest.	<input type="checkbox"/>	Yes
Comp.	<input type="checkbox"/>	No

- Yes – Indicates that the crash investigation is complete.
- No – Indicates that the crash investigation is not complete.

REMINDERS: If “No” was selected, when the investigation is complete, a CR-3 marked supplement shall be submitted indicating the changes. (See instructions for 5.0 SUPPLEMENT REPORTS of this manual.)

4.8.6 – INVESTIGATOR NAME (Printed)

The name of the peace officer investigating the crash must be printed in this space. The first and last name should be listed, but it is acceptable to list the first initial in lieu of a full first name. This field allows up to 120 characters.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

Investigator Name (Printed)

EXAMPLES:

Investigator Name (Printed)	Joe Smuckatelly
--------------------------------	-----------------

Investigator Name (Printed)	L. Niklas
--------------------------------	-----------

TIPS:

- Only list one investigator.
- This form requires a printed name only. Do not include the investigator’s handwritten signature or initials.

REMINDERS: Investigator name must be typed or printed and legible.

4.8.7 – ID NUM. – (Identification Number)

Report the identification number for the peace officer investigating the crash (badge or other departmental identification number). This field allows up to 20 characters.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

ID Num.

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

4.8.8 – ORI NUM. – (ORI Number)

This data field is used to capture the assigned ORI Number for the Investigating agency. The ORI (Originating Agency Identifier) Number is a unique number that will connect the crash report with the investigating agency.

ORI Num.

TIPS:

- This field is not required.

4.8.9 – *AGENCY

Report the complete Department or Agency Name for which the investigating officer is assigned.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

* Agency

EXAMPLES:

- Texas Department of Public Safety
- Houston Police Department
- Huntsville Police Department
- Dallas Police Department
- Duncanville Police Department

EXAMPLES OF INCORRECT ENTRIES:

- Texas Highway Patrol
- DPD
- HCSO #6
- HPD
- Lampasas SO

4.8.10 – DISTRICT/AREA

If applicable, agencies may report their assigned Region, District, and Sergeant Area. Alternatively, reporting agencies may use this data field to identify Region, Station, Patrol Unit, etc.

District/ Area

5.0 SUPPLEMENT REPORTS

When it becomes necessary to amend a report that has previously been sent to TxDOT or to provide additional or supplemental information on a report previously sent to TxDOT, the investigator must submit a new report. The new report must have the classification identifier box at the top of the report marked to reflect that the report is a supplemental report.

Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prans.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input checked="" type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
 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.)						Page <input type="text"/> of <input type="text"/>

The bottom of the new report must include a new date when a supplemental report is completed. A person other than the peace officer, who prepared the original report, may make a change in or a modification of a written report of a motor vehicle crash if the change is by written supplement to the report and clearly indicates the name of the person who originated the change. Texas Transportation Code: Section 550.068.

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

TIPS: The Crash Records Information System (CRIS) will treat all crash reports not marked “supplement” as original crash reports.

REMINDERS:

- All supplemental reports must be completed in their entirety. If a data field was completed on the original crash report, the supplement report must also have that same data field completed.
- If original crash was completed and submitted through mail, then the supplement must be completed and submitted through mail.
- If original crash was completed and submitted through approved electronic submission (C.R.A.S.H. or Submission Services), then the supplement must be completed and submitted electronically.

6.0 - TERMS, DEFINITIONS, AND LEGAL REFERENCES

Accident - An unintended event or unstabilized situation, which produces injury or damage, not directly resulting from a cataclysm

Aggressive Driving - According to the National Highway Traffic Safety Administration the operation of a motor vehicle in a manner that endangers or is likely to endanger persons or property. Aggressive driving is defined as a progression of unlawful driving actions such as:

- Speeding – exceeding the posted limit or driving too fast for conditions;
- Improper or excessive lane changing: failing to signal intent, failing to see that movement can be made safely, or
- Improper passing—failing to signal intent, using an emergency lane to pass, or passing on the shoulder.

Commercial Motor Vehicle (Texas Transportation Code: Section 522.003).

- Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles where the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.
- Any vehicle with a passenger seating capacity of nine (9) or more (including the driver) and used for the transportation of persons.
- Any motor vehicle hauling hazardous materials that is required to be placarded under the Hazardous Materials Transportation Act.

Contributing Factor - Any circumstance contributing to a result without which the result could not have occurred; an element which is necessary to produce the result, but not by itself, sufficient.

Collision Accident - Any accident involving a motor vehicle in transport, in which the motor vehicle, its load, its parts, or objects set in motion by the motor vehicle, collide with other things, such as other motor vehicles, railway trains, pedestrians, animals, or objects fixed, moveable or moving.

Crash - An identified event that produces injury, death, or damage. Highway safety activists have been working to replace the term “accident” with “crash”, which more accurately reflects the potential and actual seriousness of incidents.

Driver - An occupant who is in actual control of a transport vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.

Driver License - An official document, which permits a person to operate a motorized vehicle, such as a motorcycle, car, truck or a bus. Different categories of license often exist for different types of motor vehicles, particularly large trucks, and passenger vehicles. (Refer to section 7.0, of this manual for a list of reasons for suspending or revoking a driver license).

6.0 - TERMS, DEFINITIONS, AND LEGAL REFERENCES (continued)

Driverless Vehicle - A vehicle without a driver. Vehicle could be illegally parked, previously wrecked, or set in motion by jumping gears or defective parking brake, etc. Does not apply to a vehicle where a driver jumps or falls from a moving motor vehicle.

Expressway - A high-speed divided highway for through traffic with access partially or fully controlled and grade separations at major intersections.

Financial Responsibility (Texas Transportation Code: Sections 601.002 and 601.053). - The ability to respond in damages for liability for a crash that occurs after the effective date of the document evidencing the establishment of the financial responsibility for a crash that arises out of the ownership, maintenance, or use of a motor vehicle.

Exceptions to Financial Responsibility Requirement (Texas Transportation Code: Sections 601.007 and 601.052). - A motor vehicle may be exempt from the financial responsibility requirement if the vehicle is former military or at least 25 years old, used for exhibitions, government owned vehicles, etc.

Freeway (Texas Transportation Code: Section 541.302). - A divided, highway for through traffic with full control of access and grade separations at intersections.

Full Trailer - A trailer other than a pole trailer designed to be drawn by another motor vehicle and so constructed that no part of its weight, except for the towing device, rests upon the self-propelled towing motor vehicle. A semitrailer equipped with an auxiliary front axle (converter dolly) shall be considered a full trailer.

Grade Separation - The crossing at different levels of two trafficways, or trafficway and railway (TxDOT Glossary).

Gross Combined Weight Rating (GCWR) (Texas Transportation Code: Section 522.003). - The value specified by the manufacturer as the loaded weight of a combination (articulated) motor vehicle. If the manufacturer has not specified a value, the sum of the gross vehicle weight rating of the power unit and the total weight of the towed unit or units and any load on a towed unit.

Gross Vehicle Weight Rating (GVWR) (Texas Transportation Code: Section 522.003). - The weight of the fully equipped vehicle plus its net carrying capacity as assigned by manufacturer.

Hazardous Materials - A substance or material, including a hazardous substance, which has been determined by the Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, or property when transported in commerce, and which has been so designated (Per Federal Motor Carrier Safety Regulations Management Edition).

6.0 - TERMS, DEFINITIONS, AND LEGAL REFERENCES (continued)

In Transport - Denotes the state or condition of a motor vehicle, which is in motion and within the portion of a way ordinarily used for travel by similar vehicles. When applied to motor vehicles, in transport means in motion and on a roadway.

Motor Vehicle Crash - A crash involving a motor vehicle in transport, but not involving aircraft or watercraft.

Motor Vehicle Traffic Crash - Any motor vehicle crash that occurs on a trafficway or that occurs after the motor vehicle runs off roadway but before events are stabilized.

Non-Contact Vehicle - A vehicle that contributes to a crash by unusual or illegal behavior but strikes nothing and suffers neither damage nor injury.

Person - A living human. For crash reporting purposes only, a fetus is considered part of a pregnant woman rather than a separate individual. After death, a human body is not considered to be a person.

Pole Trailer - A trailer designed to be drawn by a motor vehicle and attached to the towing motor vehicle by means of a "reach" or "pole," or by being "boomed" or otherwise secured to the towing motor vehicle. For transporting long or irregularly shaped loads such as poles, pipes, or structural members, generally capable of sustaining themselves as beams between the supporting connections.

Property - Property is any physical object other than a person.

Previously Wrecked Vehicle - Refers to a vehicle that was recently involved in a crash, disabled on the roadway.

Registered Gross Vehicle Weight (RGVW) - The registered weight of the fully equipped vehicle plus its gross carrying capacity.

Road Rage - According to the National Highway Traffic Safety Administration an assault with a motor vehicle or other dangerous weapon by the operator or passenger(s) of another motor vehicle or an assault precipitated by an incident that occurred on a roadway.

Roadway (Texas Transportation Code: Section 541.302). - The portion of the highway, other than the berm or shoulder that is improved, designed, or ordinarily used for vehicular travel. A publicly maintained way, open for purposes of vehicular travel by the general public.

Roadway System Designation - The description of highways, from point "A" to point "B," including roadway system (i.e. IH, FM,), highway number, direction, mileage, and counties affected.

6.0 - TERMS, DEFINITIONS, AND LEGAL REFERENCES (continued)

Semi-Trailer - A trailer other than a pole trailer designed to be drawn by another motor vehicle and is constructed so that some part of its weight rests upon the self-propelled towing motor vehicle.

Trafficway (CR – 102 Manual on Classification of Motor Vehicle Traffic Crashes in Texas) - Any land way open to the public as a matter of right or custom for moving persons or property from one place to another.

7.0 ADDITIONAL REFERENCES

Revoked or Suspended Driver License

Revoked Driver License (Texas Transportation Code: Section 521.294).

The Texas Department of Public Safety (DPS) shall revoke the person's license if the DPS determines that the person:

- is incapable of safely operating a motor vehicle;
- has not complied with the terms of a citation issued by a jurisdiction that is a party to the Nonresident Violator Compact of 1977 for a traffic violation to which that compact applies; has failed to provide medical records or has failed to undergo medical or other examinations as required by a panel of the medical advisory board;
- has failed to pass an examination required by the director under this chapter;
- has been reported by a court under Section 521.3452 for failure to appear unless the court files an additional report on final disposition of the case;
- has been reported within the preceding two years by a justice or municipal court for failure to appear or for a default in payment of a fine for a misdemeanor, punishable only by fine, other than a failure reported under Section 521.3452. Or by a person who is at least 14 years of age but younger than 17 years of age when the offense was committed, unless the court files an additional report on final disposition of the case;
- has committed an offense in another state or Canadian province that, if committed in this state, would be grounds for revocation.

Suspended Driver License (Texas Transportation Code: Section 521.292).

DPS shall suspend the person's license if the DPS determines that the person:

- has operated a motor vehicle on a highway while the person's license was suspended, canceled, disqualified, or revoked or without a license after an application for a license was denied;
- is a habitually reckless or negligent operator of a motor vehicle;
- is a habitual violator of the traffic laws;
- has permitted the unlawful or fraudulent use of the person's license;
- has committed an offense in another state or Canadian province that, if committed in this state, would be grounds for suspension;
- has been convicted of two or more separate offenses of a violation restriction imposed on the use of the license;
- has been responsible as a driver for any crash resulting in serious personal injury or serious property damage;
- is the holder of a provisional license issued under Section 521.123 and been convicted of two or more moving violations committed within a 12-month period.

Drug Categories

2 - CNS Depressants

Barbiturates, Anti-Depressants, Non-Barbiturates, Anti-Psychotic (Major) Tranquilizers, Anti-Anxiety (Minor) Tranquilizers, Combinations (Limbitrol, Triavil).

3 - CNS Stimulants

Amphetamine, Amphetamine Sulfate, Benzedrine, Cocaine, Desoxyn, Dexedrine, Methamphetamine, Preludin, Ritalin, Cylert.

4 – Hallucinogens

DOM (STP), DMT, LSD, MDMA (Ecstasy), MDA, Peyote, Psilocybin, TMA.

6 - Narcotic Analgesics – (Opiates and Synthetics)

Natural Alkaloids of Opium, Synthetic Opiates, Opium Derivatives.

7 – Inhalants

Volatile Solvents (Toluene), Aerosols (hydrocarbon gases), Anesthetic Gases.

8 – Cannabis

Marijuana, Hash, Hashish, Marinol (Dronabinol).

10 - Dissociative Anesthetics

Ketamine, PCP (and its analogs), Dextromethorphan (DXM), Sernyl, Sernylan.

8.0 STATE AND COUNTRY ABBREVIATIONS

AL	Alabama	MA	Massachusetts	TN	Tennessee
AK	Alaska	MI	Michigan	TX	Texas
AZ	Arizona	MN	Minnesota	UT	Utah
AR	Arkansas	MS	Mississippi	VT	Vermont
CA	California	MO	Missouri	VA	Virginia
CO	Colorado	MT	Montana	WA	Washington
CT	Connecticut	NE	Nebraska	WV	West Virginia
DE	Delaware	NV	Nevada	WI	Wisconsin
DC	District of Columbia	NH	New Hampshire	WY	Wyoming
FL	Florida	NJ	New Jersey	DS	The U.S. Dept. of State
GA	Georgia	NM	New Mexico	AS	American Samoa Islands
HI	Hawaii	NY	New York	FM	Fed. States of Micronesia
ID	Idaho	NC	North Carolina	GU	Guam
IL	Illinois	ND	North Dakota	MP	Mariana Islands
IN	Indiana	OH	Ohio	MH	Marshall Islands
IA	Iowa	OK	Oklahoma	PR	Puerto Rico
KS	Kansas	OR	Oregon	PW	Palau
KY	Kentucky	PA	Pennsylvania	PZ	Panama Canal Zone
LA	Louisiana	RI	Rhode Island	UM	U.S. Minor Outlying Islands
ME	Maine	SC	South Carolina	VI	U.S. Virgin Islands
MD	Maryland	SD	South Dakota	WK	Wake Island
CD	Canada	MX	Mexico	US	United States
OT	Other – (Explain in Narrative) Jurisdictions other than States or provinces of the United States, Canada, and Mexico (includes Indian Reservations)				
UN	Unknown (EXAMPLE: Hit and Run)				

9.0 COUNTIES IN TEXAS

Anderson	Comal	Grayson	Kinney	Orange	Tom Green
Andrews	Comanche	Gregg	Kleberg	Palo Pinto	Travis
Angelina	Concho	Grimes	Knox	Panola	Trinity
Aransas	Cooke	Guadalupe	Lamar	Parker	Tyler
Archer	Coryell	Hale	Lamb	Parmer	Upshur
Armstrong	Cottle	Hall	Lampasas	Pecos	Upton
Atascosa	Crane	Hamilton	La Salle	Polk	Uvalde
Austin	Crockett	Hansford	Lavaca	Potter	Val Verde
Bailey	Crosby	Hardeman	Lee	Presidio	Van Zandt
Bandera	Culberson	Hardin	Leon	Rains	Victoria
Bastrop	Dallam	Harris	Liberty	Randall	Walker
Baylor	Dallas	Harrison	Limestone	Reagan	Waller
Bee	Dawson	Hartley	Lipscomb	Real	Ward
Bell	Deaf Smith	Haskell	Live Oak	Red River	Washington
Bexar	Delta	Hays	Llano	Reeves	Webb
Blanco	Denton	Hemphill	Loving	Refugio	Wharton
Borden	DeWitt	Henderson	Lubbock	Roberts	Wheeler
Bosque	Dickens	Hidalgo	Lynn	Robertson	Wichita
Bowie	Dimmit	Hill	Madison	Rockwall	Wilbarger
Brazoria	Donley	Hockley	Marion	Runnels	Willacy
Brazos	Duval	Hood	Martin	Rusk	Williamson
Brewster	Eastland	Hopkins	Mason	Sabine	Wilson
Briscoe	Ector	Houston	Matagorda	San Augustine	Winkler
Brooks	Edwards	Howard	Maverick	San Jacinto	Wise
Brown	Ellis	Hudspeth	McCulloch	San Patricio	Wood
Burleson	El Paso	Hunt	McLennan	San Saba	Yoakum
Burnet	Erath	Hutchinson	McMullen	Schleicher	Young
Caldwell	Falls	Irion	Medina	Scurry	Zapata
Calhoun	Fannin	Jack	Menard	Shackelford	Zavala
Callahan	Fayette	Jackson	Midland	Shelby	
Cameron	Fisher	Jasper	Milam	Sherman	
Camp	Floyd	Jeff Davis	Mills	Smith	
Carson	Foard	Jefferson	Mitchell	Somervell	
Cass	Fort Bend	Jim Hogg	Montague	Starr	
Castro	Franklin	Jim Wells	Montgomery	Stephens	
Chambers	Freestone	Johnson	Moore	Sterling	
Cherokee	Frio	Jones	Morris	Stonewall	
Childress	Gaines	Karnes	Motley	Sutton	
Clay	Galveston	Kaufman	Nacogdoches	Swisher	
Cochran	Garza	Kendall	Navarro	Tarrant	
Coke	Gillespie	Kenedy	Newton	Taylor	
Coleman	Glasscock	Kent	Nolan	Terrell	
Collin	Goliad	Kerr	Nueces	Terry	
Collingsworth	Gonzales	Kimble	Ochiltree	Throckmorton	
Colorado	Gray	King	Oldham	Titus	

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IF YOU HAVE ANY QUESTIONS, NEED FURTHER CLARIFICATION:

Contact information:
(844) CRIS-HLP, (844-274-7457)

support@crishlp.com

Mail crash reports to:

Texas Department of Transportation
Traffic Operations Division – Crash Data & Analysis
PO Box 149349
Austin, TX 78714-9349

[To obtain crash forms](#)

[To obtain Crash Data Analysis or Statistical Data](#)