

STATE OF TEXAS

INSTRUCTIONS TO POLICE

FOR

REPORTING CRASHES

CR-100 Alternate



TEXAS DEPARTMENT OF TRANSPORTATION

Traffic Operations Division - Crash Data &

Analysis

PO Box 149349

Austin, Texas 78714-9349

07/30/2014

Version 1 Revision 2

This Page Intentionally Left Blank

Table of Contents

1.0 GENERAL INFORMATION	1
2.0 REPORT PROCESSING	1
3.0 ALTERNATE FORM	1
3.1 CLASSIFICATION IDENTIFIERS.....	2
3.2 IDENTIFICATION AND LOCATION.....	3
3.4 UNIT, DRIVER, & PERSONS	4
3.5 DISPOSITION OF INJURED/KILLED.....	8
3.6 DAMAGE	9
3.7 ENVIRONMENTAL & ROADWAY CONDITIONS	9
3.8 NARRATIVE & DIAGRAM.....	10
3.9 COMMERCIAL MOTOR VEHICLE (CMV)	10
3.10 FACTORS AND CONDITIONS.....	12
3.11 CHARGES	13
3.12 INVESTIGATOR	13
4.0 SUPPLEMENT REPORTS	14

1.0 GENERAL INFORMATION

The CR-100 Alternate is a document created for agencies using the CR-3 Alternate form.

This manual is not designed to replace the CR-100. For more information, reference the CR-100 manual:

http://www.txdot.gov/Drivers_vehicles/crash_records/correspondence.htm

This CR-100 Alternate has been developed to serve as the companion to the CR-3 Alternate form. If your agency is using the standard CR-3 form, use the standard CR-100 manual.

In situations where the CR-100 Alternate does not offer complete guidance, always refer back to the CR-100 dated 07/30/2014.

2.0 REPORT PROCESSING

Reports must pass three levels of examination once TxDOT receives them:

The first level is to check that investigators use an **approved form** and that their **writing is legible**.

The second level is to ensure **all mandatory fields are completed** and **proper codes and formats** are used.

The final level is to ensure the investigator followed the **standard rules and guidelines**. The same rules and guidelines that apply to the standard CR-3 apply to the CR-3 Alternate.

If Investigators fail to use the correct code, format, rules and guidelines or provide information that is illegible, reports will be returned for completion or correction.

If investigators fail to meet the above criteria, the report will be returned multiple times.

3.0 ALTERNATE REPORT

3.1 CLASSIFICATION IDENTIFIERS

Check all that apply.

3.1.1 – FATAL

Check this box if the crash resulted in a fatality.

3.1.2 – CMV

Check this box if the crash involved or was related to a commercial motor vehicle.

3.1.3 – SCHOOL BUS

Check this box if the crash involved or was related to a school bus.

3.1.4 – RAILROAD

Check this box if the crash involved or was related to a train engine, railcar, or railroad crossing.

3.1.5 – MEDICAL ADVISORY BOARD (MAB)

Check this box if the crash involved a Driver who was taking medication, physically ill, or mentally unstable.

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.

3.1.7 – ACTIVE SCHOOL ZONE

Check this box if the crash occurred inside an Active School Zone.

3.1.8 – ON PRIVATE DRIVE OR PRIVATE ROAD/PRIVATE PROPERTY/PARKING LOT

Check this box if the crash occurred entirely on a Private road, or entirely within Private Property/Parking Lot.

3.1.9 – TOTAL NUM. OF UNITS

Report the total number of units involved in this crash.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.1.10 – TOTAL NUM. OF PRSNS.

Report the total number of persons involved in this crash.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.1.11 – TxDOT CRASH ID

This data field is for TxDOT use only.

3.1.12 – PAGE of

Each page of the crash report must be sequentially numbered. Identify the front and back of the report as separate pages. A complete CR-3 Alternate report will consist of no less than 4 pages.

3.2 IDENTIFICATION AND LOCATION

3.2.1 – ★CRASH DATE

Report the 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: Do Not Leave Blank.

3.2.2 – ★CRASH TIME

Report the time of the crash using Military Time 24 HR (0000–2359); if exact time is unknown, provide the time that the crash was discovered.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.2.3 – CASE ID

Enter your agency's unique identifier assigned to the report (if applicable).

3.2.4 – LOCAL USE

Each law enforcement agency may use this area for internal identification to track crash reports or crash types.

3.2.5 – ★COUNTY NAME

Report the county in which the crash occurred. Enter the full County Name; abbreviations will not be accepted.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.2.6 – ★CITY NAME

Report the name of the city in which the crash occurred. Enter the full City Name; abbreviations will not be accepted.

3.2.7 – OUTSIDE CITY LIMIT

Indicate by checking Yes or No whether the crash occurred **outside of the city limits**.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.2.8 – ROADWAY PART

Indicate the single roadway part the vehicle was traveling on prior to the crash.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.2.9 – TOLL ROAD/LANE

Indicate by checking Yes or No whether the crash occurred on a roadway or lane on which a fee is collected for usage.

3.2.10 – SPEED LIMIT

Report 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.

3.2.11 – CONSTRUCTION ZONE

Indicate by checking the appropriate box whether this crash occurred within a posted construction zone and if workers were present.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.2.12 – LATITUDE AND LONGITUDE

If capable, report Latitude and Longitude coordinates in the decimal degree format.

3.2.13 – ADDRESS

Report the block number and street name where crash occurred. Include all prefixes and suffixes (see example).

*Address	3500	S	IH 35	Hwy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Block Number</i>	<i>Prefix</i>	<i>Street Name</i>	<i>Suffix</i>	

MANDATORY DATA FIELD: Do Not Leave Blank.

3.2.14 – \$1,000 DAMAGE TO ANY ONE PERSON'S PROPERTY?

Indicate by checking Yes or No whether the crash resulted in damage of more than \$1,000 to any one person's property based on the Investigator's opinion.

MANDATORY DATA FIELD: Do Not Leave Blank.

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

3.3.1 – CRASH AT INTERSECTION

Indicate by checking Yes or No if the crash occurred at an intersection.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.3.2 – DISTANCE FROM INTERSECTION/REFERENCE MARKER

Report the distance and indicate whether the measurement is in feet or miles.

3.3.3 – DIRECTION FROM INTERSECTION/REFERENCE MARKER

Indicate the compass direction of the intersection or reference marker from the point of crash.

3.3.4 – ADDRESS / REFERENCE MARKER

Indicate whether the identifier is an address or reference marker and report the nearest street name or reference marker used to locate the crash.

3.3.5 – RAILROAD CROSSING NUM.

Report the railroad-crossing serial number whenever a crash involves a railroad grade crossing as a factor, regardless of whether a train was involved.

3.4 UNIT, DRIVER, & PERSONS

3.4.1 – UNIT NUMBER

Enter a number to identify the unit involved in the crash. Start with the number 1 for each unit involved in the crash, number additional units in sequential order (2, 3, 4, etc.).

MANDATORY DATA FIELD: Do Not Leave Blank.

3.4.2 – PARKED VEHICLE

Indicate by checking Yes or No whether the unit is parked. For reporting purposes, parked means legally parked, illegally parked or previously wrecked.

3.4.3 – HIT AND RUN

Indicate by checking Yes or No whether this unit is “Hit and Run.” “Hit and Run” means Failure to Stop and Render Aid (FSRA) - Felony or Misdemeanor.

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

Check this box **only** if a peace Investigator, 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.

3.4.5 – UNIT DESCRIPT.

Indicate by selecting the value that best describes the unit involved in the crash.

FORM 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.

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.

4 – Pedestrian – Any person who is not an occupant of a motor vehicle in transport. Also includes motorized and non-motorized wheelchairs.

5 – Motorized Conveyance – Smaller motorized vehicles including but not limited to pocket bikes, go-carts, riding lawn mowers, Segways, motor assisted scooters, etc.

6 – Towed/Trailer – A unit pulled while under another motor vehicle's control.

7 – Non-Contact – A non-contact traffic unit is a vehicle, which contributes to a crash by unusual or illegal behavior but strikes nothing and suffers neither damage nor injury (this does not include vehicles where objects/cargo etc. falls from the vehicle and the object/ cargo is damaged or incurs damage, or if a trailer being towed causes a crash, injury or damage)

98 – Other (Explain in Narrative) – A streetcar, animal carrying a person, animal-drawn carriage, or a pushed unit etc. This also includes special mobile equipment.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.4.6 – LP STATE – (License Plate State)

Report the appropriate state, commonwealth, territory, etc., issuing the License plate and vehicle registration.

3.4.7 – LP NUM. – (License Plate Number)

Report the alphanumeric characters displayed on the License plate or tag affixed to the motor vehicle, omitting all spaces and special characters i.e. hyphens.

3.4.8 – VIN – (Vehicle Identification Number)

Report the unique combination of 17 alphanumeric characters that make up the Vehicle Identification Number (VIN) assigned by the manufacturer.

3.4.9 – VEHICLE YEAR

Report the 4-digit numeric model year (YYYY) of the vehicle as designated by the manufacturer.

3.4.10 – VEHICLE MAKE

Report the vehicle manufacturer's name (Ford, Chevrolet, Plymouth, Mercury, Pontiac, etc.).

3.4.11 – VEHICLE MODEL

Report the vehicle manufacturer's model name (Impala, Mustang, F-150, Ram, 4-Runner, etc.).

3.4.12 – VEHICLE COLOR

Report the color of the vehicle involved in the crash.

3.4.13 – BODY STYLE

Indicate the selection that best describes the body style of the vehicle involved in the crash.

3.4.14 – DL/ID TYPE

Indicate the type of document used to obtain identification of the primary person.

3.4.15 – DL/ID STATE – (Driver License/Identification Card State)

Report the single state or province that issued the Driver License or identification card.

3.4.16 – DL/ID NUM. – (Driver License/Identification Card Number)

Report the Driver License/Identification card number as it appears on the card and include any prefix or suffix.

3.4.17 – DL CLASS

Report the Driver License Class listed on the Texas Driver License.

3.4.18 – DOB – (Date of Birth)

Report the date of birth of the primary person from each vehicle involved in the crash using the MMDDYYYY format.

3.4.19 – CDL ENDORSE.

If appropriate, report all endorsements that appear on a Commercial Driver License issued in the United States or its territories and assigned to the primary person.

3.4.20 – DL RESTRICT.

If appropriate, report all Driver restrictions listed on the Texas Driver License, using only the values listed on the form for Driver License Restrictions.

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

Report the address of the Driver's current residence including the city, state, and zip code.

3.4.22 – OWNER OR LESSEE

Indicate by checking the appropriate box whether this person is the owner or lessee of the vehicle involved in the crash.

3.4.23 – OWNER/LESSEE NAME AND ADDRESS

Report the last name, first name, middle name and current address for the owner or lessee of the vehicle involved in the crash (include city, state and zip).

3.4.24 – PROOF OF INSURANCE

Indicate by checking the appropriate box whether the driver presented proof of insurance.

3.4.25 – INSURANCE COMPANY

Report the name of the insurance provider.

3.4.26 – POLICY NUMBER

Report the policy/account number issued by the provider.

3.4.27 – INS. COMPANY PHONE NUMBER

Report the phone number for the provider.

3.4.28 – VEHICLE INVENTORIED

Indicate by checking Yes or No whether the Investigator inventoried the vehicle involved in the crash.

3.4.29 – TOWED BY

Report the name of the wrecker, tow truck, or other means used to remove the vehicle.

3.4.30 – TOWED TO

Report the name and address of the site to which the vehicle was towed and a contact phone number.

3.4.31 – PERSON NUM. – (Person Number)

Assign a number to each person involved in the crash for individual identification. Start with the number 1 for each unit involved in the crash, number additional persons in sequential order (2, 3, 4, etc.).

3.4.32 – PERSON TYPE

Using only the values listed on the form, report the person type that best describes the individual(s) in the crash.

3.4.33 – SEAT POSITION

Using only the values listed on the form, indicate the physical location within the vehicle of each person involved in the crash.

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

Report the last name, first name, middle name, or initial of each person involved in the crash for this unit.

3.4.35 – INJURY SEVERITY

Using only values from the form, report the most serious injury for each occupant resulting from the crash.

3.4.36 – AGE

Report the age of each occupant at his or her last birth date in whole numbers.

3.4.37 – ETHNICITY

Using only the values listed on the form, report the ethnicity of the person(s) involved in the crash.

3.4.38 – SEX

Report the gender that best describes each person(s) involved in the crash.

3.4.39 – EJECTED

Using only the values listed on the form, describe the extent to which the person's body was expelled from the vehicle during the crash. Report 97- Not Applicable for Motorcycles.

3.4.40 – RESTRAINT

Report the type of restraint used by each person using the values provided on the form.

3.4.41 – AIRBAG

Using the values listed on the form, report the condition of the air bag.

3.4.42 – HELMET

Using only the values listed, report the helmet information of each person involved in the crash. Report 97- Not Applicable for all person types except 3- Pedalcyclist, 5-Motorcycle Driver or 6-Motorcycle Passenger.

3.4.43 – SOL.

Report whether a person involved in the crash desires to receive solicitation offers from professional service providers such as attorneys, chiropractors, physicians, surgeons, private investigators, etc.

3.4.44 – DRIVER / PRIMARY PERSON ALCOHOL SPECIMEN

Indicate the type of Alcohol Specimen taken for analysis by checking the appropriate box.

3.4.45 – ALCOHOL TEST RESULT

Report the test results using standardized numeric blood alcohol content (BAC) (i.e. .08 or .129). Only one alcohol result may be listed. If no specimen was taken or if no result is available leave this field blank.

3.4.46 – DRUG SPECIMEN

Indicate the type of specimen obtained from the Driver / Primary Person by checking the appropriate box.

3.4.47 – DRUG TEST RESULT

Indicate the drug result by checking the appropriate box. If the test result is pending use 99-unknown until the drug result is received.

3.4.48 – DRUG CATEGORY

If positive drug result, indicate the drug category for each Driver / Primary Person involved in the crash by checking the appropriate box. **If the test result is pending use 99-unknown until the drug result is received.**

3.5 DISPOSITION OF INJURED/KILLED

3.5.1 – UNIT NUM. – (Unit Number)

Report which unit involved in the crash carried an injured/killed person.

3.5.2 – PERSON NUM. – (Person Number)

Report which person involved was injured/killed.

3.5.3 – TAKEN TO

Report the name and location of the facility where the person injured or killed was transported.

3.5.4 – TAKEN BY

Report the company name of the conveyance, ambulance, or private party used to transport the injured or killed person involved in the crash.

3.5.5 – DATE OF DEATH

Report the date that the deceased was pronounced dead using the MMDDYYYY format.

3.5.6 – TIME OF DEATH

Report the time that the deceased was pronounced dead using the HHMM (military time) format.

3.6 DAMAGE OTHER THAN VEHICLES

3.6.1 – DAMAGED PROPERTY OTHER THAN VEHICLES

Report damage to property, other than vehicles, which occurred in the crash if there is a replacement value.

This includes city, county, or state property such as road signs, guard posts, streetlights, etc.

3.6.2 – OWNER’S NAME

Report the owner of the damaged property involved in the crash.

3.6.3 – OWNER’S ADDRESS

Report the address of the owner of the damaged property involved in the crash.

3.7.0 ENVIRONMENTAL & ROADWAY CONDITIONS

3.7.1 – ROADWAY TYPE

Indicate by checking the single box that best describes the type of roadway where the crash occurred.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.7.2 – ENTERING ROADS

Indicate by checking the single box that best describes the physical layout of the intersection.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.7.3 – ROADWAY ALIGNMENT

Indicate by checking the single geometric characteristic box that best describes the layout of the roadway where the crash occurred.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.7.4 – TRAFFIC CONTROL

Indicate by checking the single box that best describes the type of traffic control element present; even if it is not related to the crash.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.7.5 – WEATHER CONDITION

Indicate by checking the single box that best describes the prevailing atmospheric condition that existed at the time of the crash. If additional atmospheric conditions existed, then explain in the narrative.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.7.6 – SURFACE CONDITION

Indicate by checking the single box that best describes the prevailing surface condition present at the time and place of the crash.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.7.7 – LIGHT COND.

Indicate by checking the single box that best describes the prevailing type/level of light that existed at the time of the crash.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.7.8 –DAMAGE RATING

Report Damage as follows:

3.7.8.1 – Direction of Force – Report the direction of force using a 1 or 2 digit numeric character ranging from 1 to 12. Not required.

3.7.8.2 – Area of Damage – Report the area of damage using the corresponding 2 or 3 alpha character code found on the form.

3.7.8.3 – Report the damage severity with a single digit numeric character between 0 and 7.

3.7.8.4 – Special Cases – in special cases use the corresponding vehicle damage rating found on the form.

3.8 NARRATIVE AND DIAGRAM

3.8.1 – 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 Investigator should state their opinion of what happened and document that the investigation is pending, or the Investigator is waiting on factors from the Medical Examiner, etc.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.8.2 – FIELD DIAGRAM – NOT TO SCALE

Draw a small sketch, not necessarily to scale, in the space provided. Number the units to correspond to unit numbers as reported in previous sections. 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: Do Not Leave Blank.

3.9 COMMERCIAL MOTOR VEHICLE (CMV)

If a unit is identified as having any of the classification identifiers in section, 3.9.2 the investigator must complete the CMV section of the Peace Investigator’s Crash Report (CR–3 Alternate).

3.9.1 – UNIT NUM.

Report the corresponding unit involved in the crash that meets the criteria of a CMV.

3.9.2 – CLASSIFICATION IDENTIFIERS

Select the applicable classifications that identify the unit as CMV (10,001+ LBS, Transporting Hazmat, and 9+ Capacity). One or more boxes may be selected.

3.9.3 – VEHICLE OPERATION

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.

3.9.3.1 – Interstate Commerce – Transportation of property, which originated in one state or country and passed through or terminated in another state or country.

3.9.3.2 – Intrastate Commerce – Transportation of property that does not cross a state or international boundary.

3.9.3.3 – Not in Commerce – A commercial truck owned by a business and primarily operated for business commerce, but temporarily used by the Driver for personal use.

3.9.3.4 – 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 approved by the Congress of the United States.

3.9.3.5 – Personal – The occasional transportation of personal property by individuals, neither for compensation nor in the furtherance of a commercial enterprise.

3.9.4 – CARRIER ID TYPE

Indicate by checking the single box that best describes the carrier identification type.

3.9.5 – CARRIER ID NUM. – (Carrier's Identification Number)

Report the assigned carrier ID number of the individual, partnership, or corporation responsible for the transportation of persons or property as indicated on the shipping manifest.

3.9.6 – CARRIER CORP. NAME – (Carrier's Corporate Name)

Report the corporate carrier name.

3.9.7 – CARRIER PRIMARY ADDR. – (Carrier's Primary Address)

Report the primary business address of the carrier.

3.9.8 – 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).

3.9.9 – 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).

3.9.10 – VEHICLE TYPE

Indicate by checking the single box that best describes the vehicle type of the commercial motor vehicle involved in the crash.

3.9.11 – ROADWAY ACCESS

Indicate by checking the single box that best describes the roadway the vehicle was traveling on at the time of the crash.

3.9.12 – RGVW/GVWR – (Registered Gross Vehicle Weight / Gross Vehicle Weight Rating)

Report either the Gross Vehicle Weight Rating (GVWR) or the Registered Gross Vehicle Weight (RGVW) of the power unit.

3.9.12 – HAZMAT RELEASED

Indicate by checking Yes or No whether hazardous material was released into the environment.

3.9.13 – HAZMAT CLASS NUM.

Indicate by checking the single box that best describes the class of hazardous materials being transported.

3.9.14 – HAZMAT ID NUM.

Report the hazardous materials ID number that identifies the hazardous material being transported.

3.9.15 – CARGO BODY STYLE

Indicate by checking the single box that best describes the cargo body style for the CMV or combination of vehicles involved in the crash.

3.9.16 – TRAILER 1 INFORMATION

3.10.16.1 – UNIT NUM. – (Unit Number)

Report the corresponding trailer unit number that is being towed by the power unit.

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

Report either the Gross Vehicle Weight Rating (GVWR) or the Registered Gross Vehicle Weight (RGWW) of the first trailer. For combination/token or apportioned vehicle refer to instructions in CR-100.

3.9.16.3 – TYPE

Indicate by checking the single box that best describes the type of trailer being towed.

3.9.17 – TRAILER 2 INFORMATION

3.9.17.1 – UNIT NUM. – (Unit Number)

Report the corresponding trailer unit number that is being pulled behind trailer 1.

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

Report either the Gross Vehicle Weight Rating (GVWR) or the Registered Gross Vehicle Weight (RGWW) of the second trailer. For combination/token or apportioned vehicle refer to instructions in CR-100.

3.9.17.3 – TYPE

Indicate by checking the single box that best describes the type of trailer being towed.

3.9.18 – SEQUENCE OF EVENTS

Using the values from the form, report the sequence of events based on the CMV actions that best describe the overall crash.

3.10 FACTORS AND CONDITIONS

3.10.1 – CONTRIBUTING FACTORS – (Investigator's Opinion)

3.10.1.1 – UNIT NUM. – (Unit Number)

Report the unit number that corresponds with the vehicle involved in the crash.

3.10.1.2 – CONTRIBUTING Report the contributing factor(s), by priority, which contributed the most to the crash.

3.10.1.3 – MAY HAVE CONTRIBUTED

Report the contributing factor(s), by priority, which may have contributed to the crash.

3.10.2 – VEHICLE DEFECTS (Investigator’s Opinion)

3.10.2.1 – CONTRIBUTING

Report the vehicle defect(s), by priority, which contributed the most to the crash.

3.10.2.2 – MAY HAVE CONTRIBUTED

Report the vehicle defect(s), by priority, which may have contributed to the crash.

3.11 CHARGES

3.11.1 – UNIT NUM. – (Unit Number)

Report the number identifying the unit involved in the crash that is receiving charges.

3.11.2 – PERSON NUM. – (Person Number)

Report the number identifying the person involved in the crash that is receiving charges.

3.11.3 – CHARGE

Report the charges related to the crash.

3.11.4 – CITATION/REFERENCE NUM.

Report the charging agency’s identifying citation/reference number that relates to the charge being filed.

3.12 INVESTIGATOR

3.12.1 – TIME NOTIFIED – (24HRMM)

Report the time the Investigator was notified.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.12.2 – HOW NOTIFIED

Report how the Investigator was notified (dispatched, on sight, by citizen, walk-in, etc.).

MANDATORY DATA FIELD: Do Not Leave Blank.

3.12.3 – TIME ARRIVED – (24HRMM)

Report the time the Investigator arrived at the scene of crash.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.12.4 – REPORT DATE – (MMDDYYYY)

Report the date this report was prepared, providing the month, day, and year (MMDDYYYY).

MANDATORY DATA FIELD: Do Not Leave Blank.

3.12.5 – INVESTIGATION COMPLETE

Indicate by checking Yes or No whether the investigator has completed the investigation.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.12.6 – INVESTIGATOR NAME (Printed)

Legibly print the name of the investigator.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.12.7 – BADGE/ID NUMBER – (Identification Number)

Report the identification number for the investigator.

MANDATORY DATA FIELD: Do Not Leave Blank.

3.12.8 – DISTRICT/AREA

Report the District/ Area the investigator is assigned.

3.12.9 – ORI NUM. – (ORI Number)

Report the Originating Agency Identifier (ORI) of the investigating agency.

3.12.10 – AGENCY

Report the **complete** Department or Agency Name (no abbreviations) where the Investigator is employed.

MANDATORY DATA FIELD: Do Not Leave Blank.

4.0 SUPPLEMENT REPORTS

When it becomes necessary to amend a report previously submitted 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.

The bottom of the new report must include a new date when a supplemental report is completed. A person other than the peace Investigator, 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.

**IF YOU HAVE ANY QUESTIONS,
NEED FURTHER CLARIFICATION**

Contact information:

(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:

<http://www.txdot.gov>

To obtain Crash Data Analysis or Statistical Data:

<http://www.txdot.gov>