



# Texas Department of Transportation

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

May 24, 2010

## NOTIFICATION TO ALL LAW ENFORCEMENT AGENCIES

As we continue to enter 2010 crash data into the Crash Records Information System, we are seeing some reporting trends that require your immediate attention. These are frequent data field errors that we are currently returning to agencies for correction. Please refer to the revised **CR-100, Version 1, Revision 1 (dated May 10, 2010)** for the most current reporting instructions.

### **1. Data Field: Total Number of Units**

- Error: Officer is omitting or reporting incorrectly the Total Number of Units
- Fix: This is a mandatory data field. All motor vehicles, trailers, pedestrians, etc., must be shown and counted as separate individual units.
  - Reference: CR-100, Section 3.1.8.

### **2. Data Field: Total Number of Persons**

- Error: Officer is omitting or reporting incorrectly the Total Number of Persons.
- Fix: This is a mandatory data field and total number of persons must be entered.
  
- Error: Officer is not counting driver that left the scene of the crash.
- Fix: Fill in as much information about the driver and add to "Total Number of Persons" regardless if they were present at the scene.
  
- Error: Driverless vehicle crashes into a parked vehicle with no occupants.
- Fix: Record 0 (zero) in total number of persons, right justified.
  - Reference: CR-100, Section 3.1.9.
  
- Error: Officer is stating "Unoccupied, Parked or Disabled" in the name field of the Vehicles, Drivers, & Persons area of the form when no person is occupying the unit.
- Fix: Leave the Name field blank if the unit is unoccupied.

*Note: If you list any words in the name field of a unit the CRIS system will automatically count this as a driver or passenger/ occupant.*
  
- Error: Officer is reporting a name of driver in Name Field on the power unit and the towed unit.
- Fix: Only record driver in the power unit and not the towed unit.
  - Reference CR-100, Section 3.3.25.

*Note: If you list the driver in the name field on both the power unit and the towed unit the CRIS system will automatically count the person twice.*

#### THE TEXAS PLAN

REDUCE CONGESTION • ENHANCE SAFETY • EXPAND ECONOMIC OPPORTUNITY • IMPROVE AIR QUALITY  
PRESERVE THE VALUE OF TRANSPORTATION ASSETS

*An Equal Opportunity Employer*

**3. Data Field: Hwy Number (Highway Number)**

- Error: Officer is incorrectly reporting a Highway Number when Roadway System is not TL – Toll Road, CR – County Road, PR – Park Road, or RC – Recreational Road.
- Fix: If the Roadway System is LR – Local Road or PV – Private Road, then a Highway Number should not be entered.
  - Reference: CR-100, 3.2.10.2.

**4. Data Field: Workers Present**

- Error: Officer is leaving the Workers Present data field unmarked.
- Fix: This is a mandatory data field and must be checked “Yes” or “No”, even if the crash did not occur within a construction zone.
  - Reference: CR-100, 3.2.10.12.

**5. Data Field: 7 Body Style****BODY STYLE – Code Sheet Values**

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

- Error: Officer is using PC – Police Car/Truck for vehicles that are not police cars or trucks.
- Fix: Use correct code for Body Style of either P2 – Passenger Car, 2-Door or P4 – Passenger Car, 4-Door.
  - Reference: CR-100, Section 3.3.12.

I would like to request that you e-mail any questions related to the CR-3 form or notifications to [TRF\\_crashrecords@dot.state.tx.us](mailto:TRF_crashrecords@dot.state.tx.us) or call (512) 486-5780. TxDOT will be compiling all questions into a “Frequently Asked Questions” list that can be posted to our website for use by officers anytime of the day or night.

Again, I want to thank each of you for your hard work and patience as we all strive towards ensuring the most accurate crash data possible for the State of Texas.

Sincerely,



Tony Small, Director  
Crash Records Section  
Traffic Operations Division

### 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.).

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