

FATAL CMV INVOLVED SCHOOL BUS RELATED RAILROAD RELATED MEDICAL ADVISORY BOARD HIT AND RUN AMENDMENT/SUPPLEMENT



Texas Peace Officer's Crash Report

Submission of Crash Records: This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or by mailing to the Texas Department of Transportation, Crash Records, PO Box 149349, Austin, TX 78714.
Questions? Call: 512/486-5780

PLACE WHERE CRASH OCCURRED		LOC # _____	
COUNTY _____ CITY OR TOWN _____		ORI # _____	
IF CRASH WAS OUTSIDE CITY LIMITS INDICATE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____		TxDOT # _____	
ROAD ON WHICH CRASH OCCURRED		CONSTRUCTION ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT _____	
BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____	WORKERS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		SPEED LIMIT _____
INTERSECTING STREET OR RR X'ING NUMBER		CONSTRUCTION ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT _____	
BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____	WORKERS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		SPEED LIMIT _____
NOT AT INTERSECTION <input type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____		MILEPOST _____	LATITUDE _____
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT		LONGITUDE _____	
DATE OF CRASH _____ MONTH _____ DAY _____ YEAR _____		DAY OF WEEK _____ HOUR _____	
		<input type="checkbox"/> AM IF EXACTLY NOON <input type="checkbox"/> PM OR MIDNIGHT, SO STATE	
UNIT # _____	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
YEAR _____	COLOR & MAKE _____	MODEL NAME _____	BODY STYLE _____
LICENSE PLATE _____		YEAR _____	STATE _____
DRIVER'S NAME _____		PHONE NUMBER _____	
LAST _____ FIRST _____ M.I. _____		ADDRESS (STREET, CITY, STATE, ZIP) _____	
DRIVER'S LICENSE _____		LICENSE STATUS _____	
STATE _____	NUMBER _____	CLASS/TYPE _____	ENDORSEMENTS _____
RESTRICTIONS _____		DATE OF BIRTH _____	
DRIVER'S ETHNICITY _____		DRIVER'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
1-WHITE 2-HISPANIC 3-BLACK		4-ASIAN 5-OTHER	
DRIVER'S OCCUPATION _____		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/>	
IF CHECKED, PLEASE EXPLAIN IN NARRATIVE			
TYPE OF ALCOHOL SPECIMEN TAKEN		TEST RESULTS _____	
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED	TYPE OF DRUG SPECIMEN TAKEN		TEST RESULTS _____
1-BLOOD 2-URINE 3-NONE 4-REFUSED		DRUG CATEGORY 1. _____	
		2. _____	
<input type="checkbox"/> LESSEE <input type="checkbox"/> OWNER		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____	
		ADDRESS (STREET, CITY, STATE, ZIP) _____	
LIABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP		INSURANCE COMPANY _____	
		POLICY NUMBER _____	
		VEHICLE DAMAGE RATING _____	
UNIT # _____	1-MOTOR VEHICLE 2-TRAIN 3-PEDALCYCLIST	4-PEDESTRIAN 5-MOTORIZED CONVEYANCE 6-TOWED	7-NON-CONTACT 8-OTHER
YEAR _____	COLOR & MAKE _____	MODEL NAME _____	BODY STYLE _____
LICENSE PLATE _____		YEAR _____	STATE _____
DRIVER'S NAME _____		PHONE NUMBER _____	
LAST _____ FIRST _____ M.I. _____		ADDRESS (STREET, CITY, STATE, ZIP) _____	
DRIVER'S LICENSE _____		LICENSE STATUS _____	
STATE _____	NUMBER _____	CLASS/TYPE _____	ENDORSEMENTS _____
RESTRICTIONS _____		DATE OF BIRTH _____	
DRIVER'S ETHNICITY _____		DRIVER'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
1-WHITE 2-HISPANIC 3-BLACK		4-ASIAN 5-OTHER	
DRIVER'S OCCUPATION _____		POLICE, FIREFIGHTER, EMS, ON EMERGENCY <input type="checkbox"/>	
IF CHECKED, PLEASE EXPLAIN IN NARRATIVE			
TYPE OF ALCOHOL SPECIMEN TAKEN		TEST RESULTS _____	
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED	TYPE OF DRUG SPECIMEN TAKEN		TEST RESULTS _____
1-BLOOD 2-URINE 3-NONE 4-REFUSED		DRUG CATEGORY 1. _____	
		2. _____	
<input type="checkbox"/> LESSEE <input type="checkbox"/> OWNER		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____	
		ADDRESS (STREET, CITY, STATE, ZIP) _____	
LIABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXP		INSURANCE COMPANY _____	
		POLICY NUMBER _____	
		VEHICLE DAMAGE RATING _____	
DAMAGE TO PROPERTY OTHER THAN VEHICLES _____			
OBJECT _____ NAME AND ADDRESS OF OWNER _____ FEET FROM CURB _____ \$ _____ DAMAGE ESTIMATE _____			
IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CHARGES FILED			
NAME _____		CHARGE _____ CITATION # _____	
NAME _____		CHARGE _____ CITATION # _____	
TIME NOTIFIED OF CRASH _____ DATE _____ HOUR _____ HOW _____		TIME ARRIVED AT SCENE _____ DATE _____ HOUR _____	
TYPED OR PRINTED NAME OF INVESTIGATOR _____		DATE OF REPORT _____	
ID # _____		AGENCY _____	
DIST/AREA _____		REPORT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO	

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 12-UNKNOWN		SOLICITATION INDICATES A PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY (Y=SOLICIT, N=NO SOLICIT)	EJECTED 1-NO 2-YES 3-YES, PARTIAL 4-NOT APPLICABLE 5-UNKNOWN	RESTRAINT USED 1-SHOULDER & 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-BOOSTER SEAT 8-NONE 9-OTHER 10-UNKNOWN	AIRBAG 1-NOT APPLICABLE 2-NOT DEPLOYED 3-DEPLOYED, FRONT 4-DEPLOYED, SIDE 5-DEPLOYED, OTHER 6-UNKNOWN	HELMET USE 1-WORN, DAMAGED 2-WORN, NOT DAMAGED 3-WORN, UNK. DAMAGED 4-NOT WORN 5-UNKNOWN IF WORN	INJURY SEVERITY K-KILLED A-INCAPACITATING INJURY B-NON INCAPACITATING INJURY C-POSSIBLE INJURY N-NOT INJURED U-UNKNOWN
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UNIT # _____ TOWED DUE TO DISABLING DAMAGE YES NO VEHICLE REMOVED TO _____ BY _____

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1											
2											
3											
4											
5											

UNIT # _____ TOWED DUE TO DISABLING DAMAGE YES NO VEHICLE REMOVED TO _____ BY _____

ITEM #	SEAT POSITION	COMPLETE ALL DATA ON ALL OCCUPANT'S NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6											
7											
8											
9											
10											

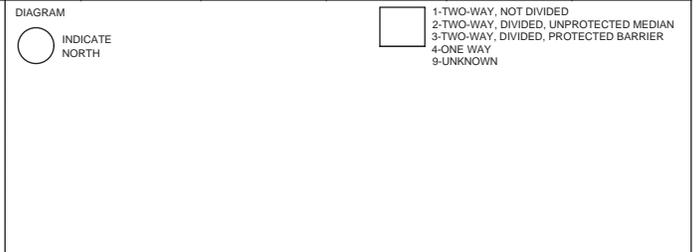
PED., PEDAL, MOT. CONVEY, ETC.	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED OR INJURED				IF AMBULANCE USED, SHOW			
ITEM #S	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AMBULANCE UNIT #	# OF ATTENDANTS INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT

COMPLETE THIS SECTION IF PERSON KILLED (If a driver or occupant dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau)

ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH	ITEM #	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

UNIT #	FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			VEHICLE DEFECTS CONTRIBUTING		VEHICLE DEFECTS/MAY HAVE CONTRIBUTED	
	1.	2.	3.	1.	2.	3.	1.	2.	1.	2.

- 1-ANIMAL ON ROAD - DOMESTIC
2-ANIMAL ON ROAD - WILD
3-BACKED WITHOUT SAFETY
4-CHANGED LANE WHEN UNSAFE
5-13 SEE VEHICLE DEFECTS
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 GIVE SIGNAL OR 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 (EXP. IN NARRATIVE)
47-ILL (EXP. IN NARRATIVE)
48-IMPAIRED VISIBILITY (EXP. IN NARRATIVE)
49-IMPROPER START FROM PARKED POSITION
50-LOAD NOT SECURED
51-OPENED DOOR INTO TRAFFIC LANE
52-OVERSIZE 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 ZONE
58-PASSED ON RIGHT SHOULDER
59-PED/PEDAL MOT. CON. FTYROW TO VEHICLE
60-SPEEDING UNSAFE (UNDER LIMIT)
61-SPEEDING OVER LIMIT
62-TAKING MEDICATION (EXP. 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 IN INTERSECTION
70-WRONG SIDE-NOT PASSING
- 71-WRONG WAY - ONE WAY ROAD
72-CELL/MOBILE PHONE USE
73-ROAD RAGE
74-OTHER FACTOR (WRITE ON LINE)

TRAFFIC CONTROL	ROADWAY RELATION
1-NONE 2-INOPERATIVE 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 14-SCHOOL ZONE 15-CROSSWALK 16-BIKE LANE 17-OTHER	1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN

PART OF ROADWAY	ROADWAY ALIGNMENT	LIGHT CONDITION
1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-DETOUR 7-OTHER	1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST 7-OTHER 8-UNKNOWN	1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNK LIGHTED 5-DAWN 6-DUSK 8-OTHER 9-UNKNOWN

TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION
1-CONCRETE 2-BLACKTOP 3-BRICK 4-GRAVEL 5-DIRT 6-OTHER 7-UNKNOWN	1-CLEAR/CLOUDY 2-RAIN 3-SLEET/HAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN	1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLUSH 6-ICE 7-SAND, MUD, DIRT 8-OTHER 9-UNK