

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 _____	WORKERS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROUTE NUMBER OR STREET CODE _____			
INTERSECTING STREET OR RR XING NUMBER		CONSTRUCTION ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED LIMIT _____	
BLOCK NUMBER _____	STREET OR ROAD NAME _____	WORKERS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROUTE NUMBER OR STREET CODE _____			
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 _____	BODY STYLE _____
LICENSE PLATE _____		YEAR _____	STATE _____
NUMBER _____		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 _____	BODY STYLE _____
LICENSE PLATE _____		YEAR _____	STATE _____
NUMBER _____		ALTERED VEHICLE HEIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 _____		TIME ARRIVED AT SCENE _____	
DATE _____	HOUR _____	DATE _____	HOUR _____
HOW _____		DATE OF REPORT _____	
TYPED OR PRINTED NAME OF INVESTIGATOR _____		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.	NAME (LAST, FIRST, MI)	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.	NAME (LAST, FIRST, MI)	ADDRESS	SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6												
7												
8												
9												
10												

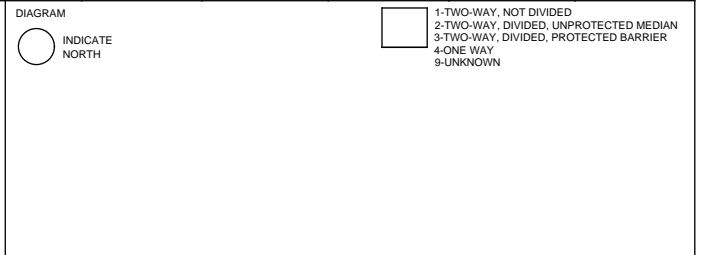
PED., PEDAL, MOT. CONVEY, ETC.	COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE	CASUALTY NAME (LAST, FIRST, MI)	ADDRESS	SOL	ALCOHOL SPECIMEN TAKEN	RESULT	DRUG SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

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-IMPAIRED VISIBILITY (EXP. IN NARRATIVE)
48-IMPROPER START FROM PARKED POSITION
49-LOAD NOT SECURED
50-OPENED DOOR INTO TRAFFIC LANE
51-OVERSIZE VEHICLE OR LOAD
52-OVERTAKE AND PASS INSUFFICIENT CLEARANCE
53-PARKED AND FAILED TO SET BRAKES
54-PARKED IN TRAFFIC LANE
55-PARKED WITHOUT LIGHTS
56-PASSED IN NO PASSING ZONE
57-PASSED ON RIGHT SHOULDER
58-PEDAL MOT. CON. FTYROW TO VEHICLE
59-SPEEDING UNSAFE (UNDER LIMIT)
60-SPEEDING OVER LIMIT
61-TAKING MEDICATION (EXP. IN NARRATIVE)
62-TURNED IMPROPERLY - CUT CORNER ON LEFT
63-TURNED IMPROPERLY - WIDE RIGHT
64-TURNED IMPROPERLY - WRONG LANE
65-TURNED WHEN UNSAFE
66-UNDER INFLUENCE - ALCOHOL
67-UNDER INFLUENCE - DRUG
68-WRONG SIDE APPROACH OR IN INTERSECTION
69-WRONG SIDE NOT PASSING
- 71-WRONG WAY - ONE WAY ROAD
72-CELL/MOBILE PHONE USE
73-ROAD RAGE
74-OTHER FACTOR (WRITE ON LINE)

- VEHICLE DEFECTS
- 5-DEFECTIVE OR NO HEADLAMPS
6-DEFECTIVE OR NO STOP LAMPS
7-DEFECTIVE OR NO TAIL LAMPS
8-DEFECTIVE OR NO TURN SIG. LAMPS
9-DEFECTIVE OR NO TRAILER BRAKES
10-DEFECTIVE OR NO VEHICLE BRAKES
11-DEFECTIVE OR NO STEERING MECH.
12-DEFECTIVE OR SLICK TIRES
13-DEFECTIVE TRAILER HITCH

<p>TRAFFIC CONTROL</p> <p>1-NONE 2-SERVICE ROAD 3-OFFICER 4-FLAGMAN 5-SIGNAL LIGHT 6-DETOUR 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</p>	<p>ROADWAY RELATION</p> <p>1-ON ROADWAY 2-OFF ROADWAY 3-SHOULDER 4-MEDIAN</p>	
<p>PART OF ROADWAY</p> <p>1-MAIN LANE 2-SERVICE ROAD 3-ENTRANCE RAMP 4-EXIT RAMP 5-CONNECTOR 6-DETOUR 7-OTHER</p>	<p>ROADWAY ALIGNMENT</p> <p>1-STRAIGHT, LEVEL 2-STRAIGHT, GRADE 3-STRAIGHT, HILLCREST 4-CURVE, LEVEL 5-CURVE, GRADE 6-CURVE, HILLCREST 7-OTHER 8-UNKNOWN</p>	<p>LIGHT CONDITION</p> <p>1-DAYLIGHT 2-DARK, NOT LIGHTED 3-DARK, LIGHTED 4-DARK, UNK LIGHTED 5-DAWN 6-DUSK 8-OTHER 9-UNKNOWN</p>
<p>TYPE OF ROAD SURFACE</p> <p>1-CONCRETE 2-BLACKTOP 3-BRICK 4-GRAVEL 5-DIRT 6-OTHER 7-UNKNOWN</p>	<p>WEATHER</p> <p>1-CLEAR/CLOUDY 2-RAIN 3-SLEETHAIL 4-SNOW 5-FOG 6-BLOWING SAND/SNOW 7-SEVERE CROSSWINDS 8-OTHER 9-UNKNOWN</p>	<p>SURFACE CONDITION</p> <p>1-DRY 2-WET 3-STANDING WATER 4-SNOW 5-SLUSH 6-ICE 7-SAND, MUD, DIRT 8-OTHER 9-UNK</p>