

HOW TO READ YOUR ACCIDENT REPORT

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To You By

WEINSTEIN[★]LAW

IDENTIFICATION & LOCATION

This section lists information about the crash location, including city or town, road or street, and intersecting streets. The police officer can also put down the exact GPS coordinates. The date and time will also be listed.

| ROAD | | <input type="checkbox"/> MAB <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | Total Num. Units | Total Num. Prsns | TxDOT Crash ID |
|---|--|--|--|--|------------------|--|
| Texas Peace Officer's Crash Report (Form CR-3 1/1/2018) | | | | | | |
| 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 | | | | | | |
| Required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.). | | | | | | |
| Page <input type="text"/> of <input type="text"/> | | | | | | |
| 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? | | Latitude (decimal degrees) | | Longitude (decimal degrees) | | |
| ROAD ON WHICH CRASH OCCURRED | | | | | | |
| 1 Rdwy. Sys. | | 2 Rdwy. Part | | 3 Street Prefix | | 4 Street Suffix |
| *Hwy. Num. | | Block Num. | | *Street Name | | |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | | <input type="checkbox"/> Toll Road/ Toll Lane | | <input type="checkbox"/> Const. Zone | | <input type="checkbox"/> Workers Present |
| Speed Limit | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <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. | | 2 Rdwy. Part | | 3 Street Prefix |
| Hwy. Num. | | Block Num. | | 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 |
| Veh. Year | | 6 Veh. Color | | Veh. Make | | Veh. Model |
| 7 Body Style | | 8 DL/ID Type | | 9 DL Class | | 10 CDL End. |
| 11 DL Rest. | | DOB (MM/DD/YYYY) | | | | |
| Address (Street, City, State, ZIP) | | | | | | |
| VEHICLE, DRIVER, & PERSONS | | | | | | |
| Person Num. | | 12 Psn. 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. | | | | | | |
| Fin. Resp. Name | | | | | | |
| Fin. Resp. Num. | | | | | | |
| 27 Vehicle Damage Rating 1 | | | | | | |
| 27 Vehicle Damage Rating 2 | | | | | | |
| Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Towed To | | | | | | |
| Hit and Run <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| LP State | | | | | | |
| LP Num. | | | | | | |
| VIN | | | | | | |
| Veh. Make | | | | | | |
| Veh. Model | | | | | | |
| 7 Body Style | | | | | | |
| Pol., Fire, EMS on Emergency (Explain in Narrative if checked) | | | | | | |
| 9 DL Class | | | | | | |
| 10 CDL End. | | | | | | |
| 11 DL Rest. | | | | | | |
| DOB (MM/DD/YYYY) | | | | | | |
| Address (Street, City, State, ZIP) | | | | | | |
| VEHICLE, DRIVER, & PERSONS | | | | | | |
| Person Num. | | 12 Psn. 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. | | | | | | |
| Owner <input type="checkbox"/> Lessee <input type="checkbox"/> 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. | | | | | | |
| 27 Vehicle Damage Rating 1 | | | | | | |
| 27 Vehicle Damage Rating 2 | | | | | | |
| Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Towed By | | | | | | |
| Towed To | | | | | | |

VEHICLE, DRIVER & PERSONS

This section contains information about every driver involved in the accident. This includes the driver's contact information, license information, age, ethnicity and gender. The officer will also write down whether a driver was tested for drugs or alcohol and include the results. Information about passengers will also appear here. There is also information about the make, model and body type of each vehicle that was involved.

DISPOSITION OF INJURED/KILLED

This section lists any injuries or fatalities from the crash. It will list the hospital each victim was transported to, along with information about the ambulance. If a crash victim dies, the date and time of death will be recorded.

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| Unit Num. | | Prsn. Num. | | Taken To | | Taken By | | Date of Death (MM/DD/YYYY) | | Time of Death (24HR:MM) | |
|-------------------------------|--|------------|--|---------------------------------|--|-----------------------|--|----------------------------|--|-------------------------|--|
| DISPOSITION OF INJURED/KILLED | | | | | | | | | | | |
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| Unit Num. | | Prsn. Num. | | Charge | | | | | | | |
| CHARGES | | | | | | | | | | | |
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| Unit Num. | | Prsn. Num. | | Owner's Name | | | | Owner's Address | | | |
| DAMAGE | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Unit Num. | | Prsn. Num. | | TRANSPORTING HAZARDOUS MATERIAL | | CMV Disabling Damage? | | 28 Veh. Oper. | | 29 Carrier ID Type | |
| CMV | | | | | | | | | | | |
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| Unit Num. | | Prsn. Num. | | CMV Disabling Damage? | | Unit Num. | | CMV Disabling Damage? | | Unit Num. | |
| FACTORS & CONDITIONS | | | | | | | | | | | |
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| Unit Num. | | Prsn. Num. | | CMV Disabling Damage? | | Unit Num. | | CMV Disabling Damage? | | Unit Num. | |
| NARRATIVE AND DIAGRAM | | | | | | | | | | | |
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| Unit Num. | | Prsn. Num. | | CMV Disabling Damage? | | Unit Num. | | CMV Disabling Damage? | | Unit Num. | |
| INVESTIGATOR | | | | | | | | | | | |
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CHARGES

If anybody involved in the accident is charged with a crime, that information will appear in this section. The charges filed and citation number will appear here.

CMV

If a commercial motor vehicle (CMV) was involved in your crash, the police officer will record information about the vehicle in this section. This includes the company that owns the vehicle, the weight and details about any hazardous material being

NARRATIVE AND DIAGRAM

In this section, the investigating officer will include a determination of how your crash happened. There will be a narrative of the sequence of events leading up to the crash. There will also be a diagram. This section can document certain factors that played a role in the crash, such as weather, lighting, road conditions or negligence.