TPSA TRA	INING USE OF	NLY					

FATAL CMV	] SCHOOL BUS	RAILROAD	☐ MAB	SUPPLEMENT	☐ ACTIVE SCHOOL ZON
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Total Num.		ı	Total Num. Prene	ı	ı	ı
JUINES			PISHS.		l .	



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Turn this form into the evaluator/judge at the end of your event.  $\label{eq:continuous}$ 

				*=Th	ese fiel	lds are	e req	uired (	on all addi	itional s	sheets	submitte	ed fo	or this cra	ash (e	ex.: a	dditio	nal v	ehicle	s, oc	cupa	nts, ir	njured	d, etc.	.).	Pa	ige	of	
*Crash Date																													
*County Name									'			*City Name															Outs City		
ATION	In you \$1,000	ır opini 0 dama	on, did ige to a	this crash re ny one perso	sult in at l		□ Y		atitude	1				1 1	1		Long	gitude nal degree	es) I		- 1	1	.,	1	1				
207	ROAL	ON V	NHICH	CRASH O	CCURRE		<u></u>																						
*1 Rdwy.									Block Num.			3 S Pre	Street efix	* Street Name										4 Street Suffix					
							Speed Limit			Const Zone	_		orkers	D Y		Street Desc.													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECT									REST IN	TERSEC																			
QI		☐ Yes ☐ No	1 Ro Sys			lwy. Ium.			2. Rdwy. Part		Block Num.			3 Street Prefix			Street Name									4 Street Suffix			
		nce from				☐ FT		ir. from			Refere			Street Desc.									RX lum.	1		1			
	Unit Num.		5 L De			Parked Vehicle		Hit and			LP Num			<u> </u>	VIN .														
	Veh.			6	3. Veh.	vernicie		Ituii	Veh.		INGIII			Veh							7 Bo				Pol	l., Fire, E ergency	MS on (Expla	in in	
	Year 8 DL/I	ID		DL/ID	Color	DL/I	D		Make		9 D	)L		Mod 10 CDL	iei		11 DL			DO	Style				Na Na	rrative i	checke	ed)	
	Type Addre	ess (Str	root	State		Nun	n.				Cla	SS		End.			Rest.				M/DD/Y	YYY)				Ш			
		State, Z	ZIP)															1							ı	ı			
SONS	Person Num.	12 Prsn. Type	13 Seat Position		Fn	nter Dri	iver o		: Last, First, ry Person fo		nit on fi	irst line			14 Injury Severity	a	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	
& PER	Pe	12 Ty	13 Po												14 Se	Age	12日	16	17	18	19 Air	20 He	21	22 Sp	Alc	23 Sp	24 Re	Ca Ca	
VER,																													
E, DRI																	Drug Result						g Results	pplicable - Alcohol and esults are only reported					
VEHICLE, DRIVER, & PERSONS																								for	r Driver/Primary Person for each Unit.				
^	□ °	wner		ner/Lessee ne & Addre																									
	Proof	essee of	Yes	Expired	26 Fin.				Fin. Resp.							ı. Res	p.												
	Fin. Re	esp.  Resp.	No	Exempt	Resp. 1	Гуре			Name 27 Vehicle	<u> </u>					Nu	_	/ehicle								Ve	hicle		Yes	
		e Num.							Damage F						-		nage R		2		_				lnv	entorie	ed 🗌	No	
	Unit Num.		5 L De			arked ehicle		Hit and Run	LP State		LP Num	1.			VIN		1											ı	
	Veh. Year	1 1	l I		. Veh. Color				Veh. Make					Veh. Mod			7 Body Style								Em	., Fire, I ergenc rrative i	y (Expl	ain in	
	8 DL/I Type	ID		DL/ID State		DL/ Nur			-		9 D Cla			10 CDL End.			11 DL Rest.			DC (MI	)B M/DD/Y	YYY) I	1		/	1 1	1	1	
	Addres	ss (Stre	eet,																	(		,						-	
NS			_					Name	: Last, First,	Middle					it y		city	×	ţ	str.	מ	t		,;		g n	ug t	ug ory	
ERSO	Name: Last, Person Name: Last, P								nit on fi	rst 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 Dr Resul	25 Drug Category			
R, & F																													
DRIVE																									t Applica				
VEHICLE, DRIVER, & PERSONS  Num.  1 VPerson  Num.  1 1 Person  1 13 Seat  Position  1 1 Severity  Age  Age  Alrbag  Al											g Results Driver/Pi ea		Person																
VEh		wner	0	or/l occas																									
	_	essee	Name	er/Lessee e & Address	1																								
	Proof o	of esp.	Yes No	Expired Exempt	26 Fin. Resp. 7	Гуре			Fin. Resp. Name						Fin Nu	n. Res m.	p.												
	Fin. R								27 Vehicle Damage F		1 1	1 - 1		1 1	-		Vehicle mage F		2		- ,	1	1	<u>,-,</u>		nicle entorie		Yes No	
Phone Num. Damage Rating 1													9																

	Unit Num. Prsn. Taken To							Taken By							Date of Death Time of Do (MM/DD/YYYY) (24HR:M						
ا ا																					
DISPOSITION OF																					
SITIC																					
Odsi																					
0:																					
																			l I		
	Unit Num.	Prsn. Num.							Ch	arge							Citation/Reference Num.				
CHARGES																					
3																					
Ē		D	amaged	Property 0	Other Than	Vehicles				Own	er's Name					Owne	er's Address				
DAMAGE																					
M																					
	36 Contributing Factors (Investigator's Opinion)						37 Ve	nicle Defe	cts (Investi	gator's Or	oinion)		Fnv	rironmental	and Road	way Condit	ions				
\$5.8 0.00	Unit			Contributing		May Have			Contributing			e Contrib.	38	39	40	41	42	43	44		
FACTORS&													Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control		
H																					
				Investiga (At	ator's Narrat	tive Opinion onal Sheets	of What H	appened ry)			Indicate North	:		Field [	Diagram - No	t to Scale					
											North										
W																					
NARRATIVE AND DIAGRAM																					
IQ Q)																					
VEAI																					
RATI																					
NAF																					
TOR	Time No (24HR:No nvest. Comp.				How Notified	d				Time A (24HRM	rrived MM)		F (I	Report Date	YY)						
STIGA	nvest. Comp.	☐ Ye	es Inv	estigator me (Printed	d)																
VE																					