

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 OF _____ TxDOT # _____
N S E W

ROAD ON WHICH CRASH OCCURRED _____ CONSTRUCTION ZONE YES NO SPEED LIMIT _____
BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____ WORKERS PRESENT YES NO
INTERSECTING STREET OR RR X'ING NUMBER _____ CONSTRUCTION ZONE YES NO SPEED LIMIT _____
BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____ WORKERS PRESENT YES NO
NOT AT INTERSECTION FT. OF _____ MILEPOST _____ LATITUDE _____
 MI. N S E W OF _____ SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT _____ LONGITUDE _____

DATE OF CRASH _____ DAY OF WEEK _____ HOUR _____ AM IF EXACTLY NOON PM OR MIDNIGHT, SO STATE

UNIT # 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # _____ ALTERED VEHICLE HEIGHT YES NO
2-TRAIN 5-MOTORIZED CONVEYANCE
3-PEDALCYLIST 6-TOWED
YEAR _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____

DRIVER'S NAME _____ LAST _____ FIRST _____ M.I. _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

DRIVER'S LICENSE _____ STATE _____ NUMBER _____ CLASS/TYPE _____ ENDORSEMENTS _____ RESTRICTIONS _____ DATE OF BIRTH _____ LICENSE STATUS _____ 1-VALID 2-NOT VALID 3-SUSPENDED/REVOKED 4-CANCELLED/DENIED 5-EXPIRED 6-UNKNOWN

DRIVER'S ETHNICITY _____ 1-WHITE 2-HISPANIC 3-BLACK 4-ASIAN 5-OTHER DRIVER'S SEX MALE FEMALE DRIVER'S OCCUPATION _____ POLICE, FIREFIGHTER, EMS, ON EMERGENCY IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN _____ TEST RESULTS _____ TYPE OF DRUG SPECIMEN TAKEN _____ TEST RESULTS _____ DRUG CATEGORY _____
1-BREATH 2-BLOOD 3-URINE 4-NONE 5-REFUSED 1-BLOOD 2-URINE 3-NONE 4-REFUSED
 LESSEE OWNER
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

LIABILITY INSURANCE YES NO EXP INSURANCE COMPANY _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____

UNIT # 1-MOTOR VEHICLE 4-PEDESTRIAN 7-NON-CONTACT 8-OTHER VIN # _____ ALTERED VEHICLE HEIGHT YES NO
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3-PEDALCYLIST 6-TOWED
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 LESSEE OWNER
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____

LIABILITY INSURANCE YES NO 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? YES NO

CHARGES FILED
NAME _____ CHARGE _____ CITATION # _____
NAME _____ CHARGE _____ CITATION # _____

TIME NOTIFIED OF CRASH _____ DATE _____ HOUR _____ HOW _____ TIME ARRIVED AT SCENE _____ DATE _____ HOUR _____ DATE OF REPORT _____
TYPED OR PRINTED NAME OF INVESTIGATOR _____ ID # _____ AGENCY _____ DIST/AREA _____ REPORT COMPLETE YES NO

