



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of 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

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) *Crash Time (24HRMM) 0 8 3 8 Case ID 2016021773 Local Use

*County Name DALLAS *City Name CARROLLTON Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude Longitude

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. LR *Hwy. Num. 2 Rdwy. Part 1 Block Num. 2500 3 Street Prefix * Street Name MARSH 4 Street Suffix LN

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 40 Const. Zone Yes No Workers Present Yes No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 2800 3 Street Prefix E Street Name TRINITY MILLS 4 Street Suffix RD

Distance from Int. or Ref. Marker 10 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN

Veh. Year 2 0 1 3 6. Veh. Color WHI Veh. Make FORD Veh. Model TAURUS 7 Body Style P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Clas 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) / 1 9 8 5

Address (Street City, State, ZIP) 75006

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 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. Includes a large red watermark 'SAMPLE DO NOT COPY'.

Owner Lessee Owner/Lessee Name & Address 75006

Proof of Fin. Resp. Yes No 26 Fin. Resp. Typ. Fin. Res Name Fin. Resp Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - F D - 3 27 Vehicle Damage Rating 2 - Vehicle Inventoried Yes No

Towed By Towed To

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN

Veh. Year 2 0 0 7 6. Veh. Color WHI Veh. Make FORD Veh. Model F150 7 Body Style PK Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 5 DL/ID State DL/ID Num. 9 DL Clas 10 CDL End. 5 11 DL Rest. 5 DOB (MM/DD/YYYY) 1 9 7 2

Address (Street City, State, ZIP) 75067

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 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. Includes a note: 'Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.'

Owner Lessee Owner/Lessee Name & Address 75067

Proof of Fin. Resp. Yes No 26 Fin. Resp. Typ. Fin. Res Name Fin. Resp Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 - B D - 1 27 Vehicle Damage Rating 2 - Vehicle Inventoried Yes No

Towed By Towed To

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

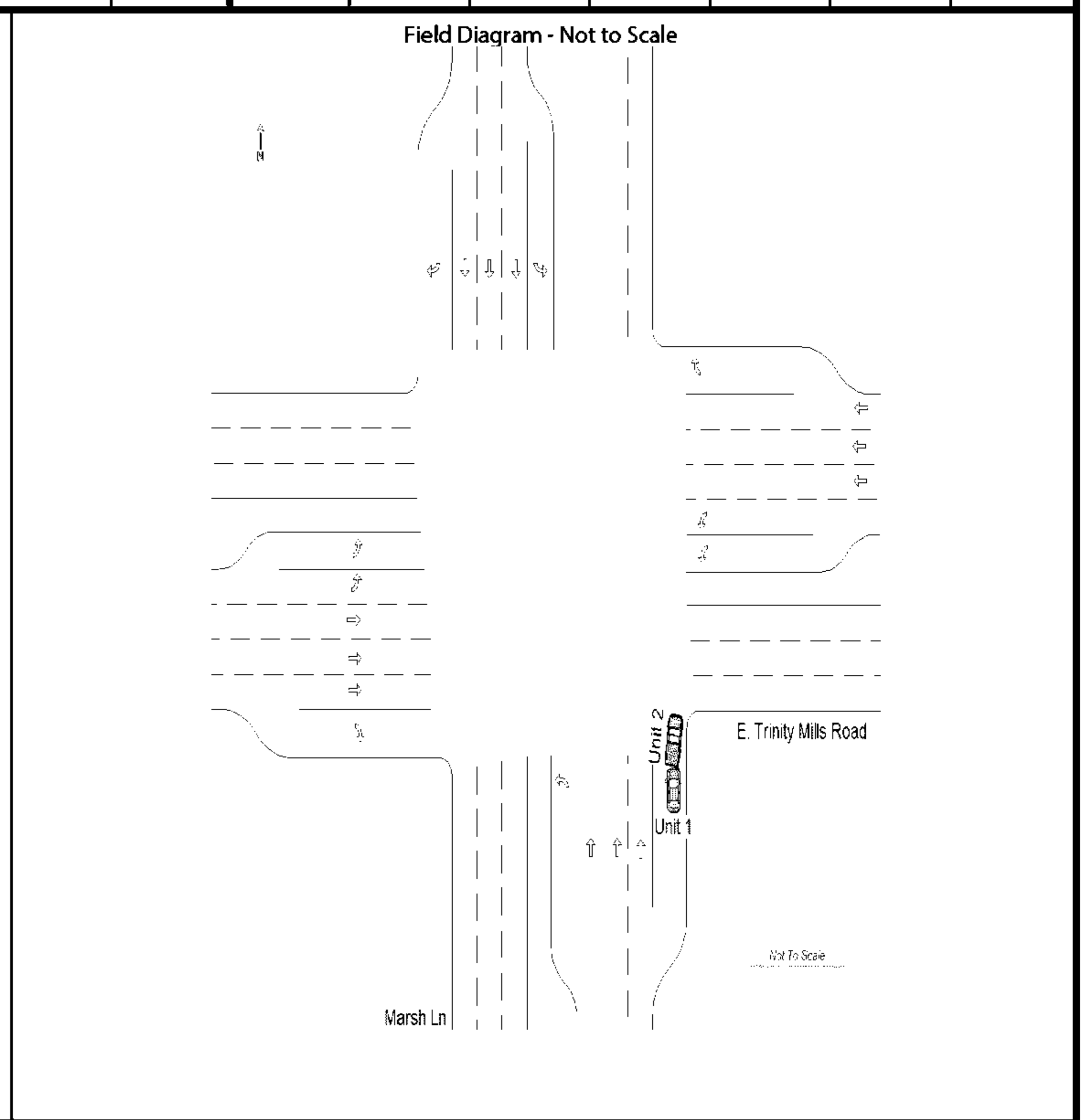
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.		30 Veh Type				
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	20							1	1	4	3	1	1	17

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets if Necessary)

UNIT 2 WAS TRAVELLING NORTH ON MARSH LN WAITING IN THE TURNING LANE TO TURN EAST ON EAST TRINITY MILLS RD. UNIT 2 WAS YIELDING THE RIGHT OF WAY TO TRAFFIC ON EAST TRINITY MILLS RD. UNIT 1 WAS TRAVELLING NORTH ON MARSH LN. UNIT 1 WAS FOLLOWING TO CLOSELY AND STRUCK UNIT 2 IN THE REAR.



INVESTIGATOR	Time Notified (24HR:MM)	0 8 3 8	How Notified	On sight	Time Arrived (24HRMM)	0 8 3 8	Report Date (MM/DD/YYYY)		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	KAISER, J.				ID Num.	
	ORI Num.	T X 0 5 7 0 4 0 0	*Agency	CARROLLTON POLICE DEPARTMENT				Service/Region/DA	1