

INTRODUCTION

This manual is a tool to guide and instruct peace officers in completing the Texas Peace Officer's Crash Report and the Commercial Motor Vehicle Section of the Texas Peace Officer's Crash Report as required by Section 550.063 of the Texas Transportation Code. State statutes and city ordinances govern reporting and investigation requirements.

These instructions have been revised to match the new form and cover most situations that arise in motor vehicle crash investigations. A few situations may arise where these instructions are not completely applicable. In such instances, use the instructions most applicable and explain under "Investigator's Narrative Opinion of What Happened" so that the proper classification may be determined.

The assignment of crashes to a geographical location, such as a city or county, indicates only that the crash occurred within the geographical limits of the jurisdiction. These assignments do not imply that the jurisdiction is responsible for identified crashes or that it could have prevented them.

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FOR REPORTING CRASHES

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TEXAS PEACE OFFICER'S CRASH REPORT (FORM CR-3)

3.1 CLASSIFICATION IDENTIFIERS

Law Enforcement and TxDOT Use ONLY			Total Num. Units	Total Num. Trans.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> SCHOOL ZONE	
Texas Peace Officer's Crash Report (Form CR-3 1/12/2010) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 496-5780 Refer to Attached Code Sheet for Numbered Fields					
					Page <input type="text"/> of <input type="text"/>
*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).					

3.2 IDENTIFICATION AND LOCATION

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Latitude (decimal degrees)		Longitude (decimal degrees)			
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	*Street Name
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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.	Hwy. Num.	2 Rdwy. Part	Block Num.
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.
				4 Street Suffix	

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TEXAS PEACE OFFICER'S CRASH REPORT (FORM CR-3)

3.3 VEHICLE, DRIVER, & PERSONS

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN									
Veh. Year	6 Veh. Color	Veh. Make			Veh. Model	7 Body Style	<input type="checkbox"/> Pol. Fire/EMS on Emergency (Explain in Narrative if checked)								
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MMDDYYYY)									
Address (Street, City, State, ZIP)															
Name: Last, First, Middle Enter Driver or Primary Person for the Unit on first line															
VEHICLE, DRIVER, & PERSONS	12 First	13 Last	14 Injury Severity	15 Age	16 Sex	17 Eject.	18 Rest.	19 Airbag	20 Helmet	21 Sol.	22 AC. Spec.	23 AC. Result	24 Drug Spec.	25 Drug Result	26 Injury Category
<input type="checkbox"/> Owner		<input type="checkbox"/> Owner/lessee Name & Address													
<input type="checkbox"/> Lessee															
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.							
Fin. Resp. Phone 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													

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TEXAS PEACE OFFICER'S CRASH REPORT (FORM CR-3)

4.1 REPORT IDENTIFIERS

Law Enforcement and TxDOT Use ONLY. Form CR-3 1/1/2019	Case ID	TxDOT Crash ID	Page ___ of ___
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4.2 DISPOSITION OF INJURED / KILLED

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MMDDYYYY)	Time of Death (24HRMM)
						___/___/___
					___/___/___	___:___
					___/___/___	___:___
					___/___/___	___:___
					___/___/___	___:___

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TEXAS PEACE OFFICER'S CRASH REPORT (FORM CR-3)

4.3 CHARGES

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

4.4 DAMAGE

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

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4.5 CMV

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL. <input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.						
	30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires		

4.6 FACTORS AND CONDITIONS

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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

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4.7 NARRATIVE AND DIAGRAM

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram—Not to Scale

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4.8 INVESTIGATOR

INVESTIGATOR	Time Notified (24-HR:MM)	How Notified	Time Arrived (24-HR:MM)	Report Date (MM/DD/YYYY)
	Invest <input type="checkbox"/> Yes	Investigator Name (Printed)		ID Num.
	Comp. <input type="checkbox"/> No	Agency		District/ Area
	CR# Num.			

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Tips, Reminders, and Notes

TIPS: A tip is intended to assist the officer in the proper completion of the form.

REMINDERS: A reminder is intended to further clarify and explain a particular point.

NOTES: A note is a teaching point found in the PowerPoint presentation only.

CONDITIONAL FIELDS: A conditional field is a field that is required because of a prior response in another field.

Disclaimer

Examples found in the PowerPoint presentation do not supersede tips and reminders included in the CR-100.

Mandatory Data Fields

Mandatory Data Fields may not be left blank and some data fields require a valid value from the CR-3 Code Sheet. A crash report submitted to Crash Records with a blank Mandatory Data Field or an invalid value in a Mandatory Data Field will be returned to the investigating officer and agency for correction.

Total Num. Units	Unit #	Diagram
Total Num. Prsns.	Unit Description	Time Notified
Crash Date	Weather Conditions	How Notified
Crash Time	Light Conditions	Time Arrived
County	Entering Roads	Report Date
\$1,000 Damage to Prop.	Roadway Type	Investigation
Roadway System	Roadway Alignment	Complete
Roadway Part	Surface Conditions	Investigator Name
Construction Zone	Traffic Control	ID #
Workers Present	Narrative	Agency
At Intersection		

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Mandatory Data Fields

NOTE: If an original CR-3 is returned from TxDOT Crash Records indicating a need for correction, the correction will be made on the original CR-3 and returned to TxDOT. Do not check the supplement box as this is an original report. Do not indicate anything on the report to identify or suggest that it is not the original.

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1.0 CHARACTERISTICS OF MOTOR VEHICLE TRAFFIC CRASHES

Texas Department of Transportation will only accept crashes that involve at least one motor vehicle in transport as reportable traffic crashes. When a police agency chooses to investigate a non-reportable crash, it will not be necessary for that crash report to be forwarded to TxDOT. All non-reportable traffic crashes that are sent to TxDOT will be returned to the reporting agency for retention at the local level only.

[\(Examples On Next Slide\)](#)

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Examples of Non-Reportable Crashes

- A Pedalcyclist falling from a bicycle and receives injuries.
- A Pedalcyclist/Pedestrian runs into a parked vehicle.
- A train hits a Pedalcyclist/Pedestrian.

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Examples of Non-Reportable Crashes

- A person operating a riding lawn mower (motorized conveyance) on the road runs off the road and hits a tree.
- A person, riding a horse down the road and the horse gets startled and throws the rider.

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3.0 FRONT OF BASIC REPORT

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Classification Identifiers

Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
 Texas Peace Officer's Crash Report (Form CR-3 1/1/2010) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780 Refer to Attached Code Sheet for Numbered Fields Page ___ of ___						
*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).						


3.1 CLASSIFICATION IDENTIFIERS

Classification identifiers are to be used to identify specific events that occurred during the crash that affect other stakeholders responsible for public safety (i.e. – National Highway Traffic Safety Administration, Federal Motor Carrier, Texas Department of Public Safety, etc.) More than one box may be checked for greater clarity. **These check boxes are to be marked at the time of submission by the reporting agency.** The classification identifiers are listed below.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input checked="" type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
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3.1.1 – FATAL

Check this box if the crash resulted in a fatality. If a person's injury code is "K – Killed" then the Fatal Indicator box must be checked. If a person dies within 30 days, due to injuries sustained in the crash, submit a supplement report indicating the change of severity code, check the appropriate classification identifier, complete all required fields, and include the date and time of death in the appropriate fields.

NOTE: TxDOT Crash Records request that fatal reports be packaged separately from non-fatal reports and sent to TxDOT as soon as possible upon completion.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input checked="" type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
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3.1.1 – FATAL (Continued...)

NOTES:

- An unborn child that dies as a result of a traffic crash shall not be listed as a person or a fatality in the crash.
- The fact that an unborn child is not included as a passenger or shown as a fatality, does not preclude an officer from charging someone for intoxication manslaughter for the death of that unborn child. This is because the Texas Penal Code defines an individual as a human being who is alive, including an unborn child at every stage of gestation from fertilization until birth. (PC 1.07 #26)
- PC 49.12 states that intoxication assault and intoxication manslaughter do not apply to injury to or the death of an unborn child if the conduct charged is conduct committed by the mother of the unborn child.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input checked="" type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
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3.1.2 – CMV

Check this box if the crash involved or was related to a commercial motor vehicle. A CMV by definition is one that meets one or more of the following criteria: 10,000+ lbs., Transporting Hazardous Material, or 9+ Capacity. If the CMV box is checked, the investigator must complete the CMV section of the CR-3 Report.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input checked="" type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE

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3.1.3 – SCHOOL BUS

Check this box if the school bus was a “1–Motor Vehicle” or a “7–Non–Contact” unit in the crash. The School Bus with or without a passenger on board must be directly involved as a contact motor vehicle or indirectly involved as a non–contact motor vehicle. This box must also be checked if the crash was related to the presence of a school bus (children struck when loading or unloading from the school bus, two vehicles colliding as the result of the stopped school bus, etc.) If the body style for any of the units in the crash indicates “SB–Yellow School Bus,” then this box must be checked.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input checked="" type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE

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

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3.1.4 – RAILROAD


Check this box if the crash involved or was related to a train engine, railcar, or railroad crossing. If the “Unit Description” is equal to “2–Train” or if a Railroad Crossing Number is entered, this box must be checked.

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Law Enforcement and TxDOT Use ONLY			Total Num. Units	Total Num. Prsns.	TxDOT Crash ID	
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input checked="" type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
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*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).						

3.1.5 – MAB (Medical Advisory Board)
 Check this box if the crash involved a driver who was taking medication, physically ill, or mentally unstable. If this box is checked, the officer must submit the DL-76 form to DPS. This form may be obtained from the Texas Department of Public Safety.

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Law Enforcement and TxDOT Use ONLY			Total Num. Units	Total Num. Prsns.	TxDOT Crash ID	
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input checked="" type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
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*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).						

3.1.6 – SUPPLEMENT
 Check this box if you are submitting a report that will either amend, supplement, revise or correct a previously submitted report. This includes receiving BAC Results, providing additional information on a Hit and Run crash, or making any corrections or changes to the original report.

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Law Enforcement and TxDOT Use ONLY						Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE	_ _ _ _	_ _ _ _

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
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*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

3.1.7 – ACTIVE SCHOOL ZONE (TRC: 541.302)

Check this box if the crash occurred inside an Active School Zone. An Active School Zone is a reduced speed zone where the yellow flashing lights are active, a crossing guard is working, or another device is actively controlling the flow of traffic.

NOTE: This box should only be checked during those hours designated by school crossing zone signs and when school is in session. For example, this box should not be checked even when the lights of the school sign are flashing but school is not in session (Spring Break).

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Law Enforcement and TxDOT Use ONLY						Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE	_ _ _ _	_ _ _ _

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

3.1.8 – TOTAL NUM. OF UNITS

This data field is used to capture the total number of units involved in a crash. Consider all units, including "Trains," "Pedestrians," "Towed/Trailers," etc., in combination to provide a total number of units.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

TIP: All motor vehicles, trailers, pedestrians, etc., must be shown and counted as separate individual units.

EXAMPLE: A crash involving 2 motor vehicles, 2 pedestrians and a train shall be reported as 5 units, and must be right justified.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE

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

3.1.9 – TOTAL NUM. OF PERSONS

This data field is used to capture the total number of persons involved in this crash. Consider all persons including “Driver,” “Passenger,” “Occupant,” etc., in combination to provide a total number of persons involved. Enter this number as right justified.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

TIP: All persons involved in a crash, whether as the driver or occupant of a unit or a pedestrian, must be counted as a person.

EXAMPLE: A crash involving 4 persons in unit 1, 5 persons in unit 2, and 3 pedestrians, shall be reported as 12 persons and must be right justified.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE

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

3.1.10 – TxDOT CRASH ID

This data field is for TxDOT use only. Once the Peace Officer's report is received, the system will assign a unique Crash ID.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
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★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).						Page ___ of ___

3.1.11 – PAGE ___ of ___

Each page of the crash report must be sequentially numbered. Please identify the front and back of the report as separate pages. Therefore, each CR-3 consists of a minimum of 2 pages.

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Prsns.	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
Texas Peace Officer's Crash Report (Form CR-3 1/1/2010) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780 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.).						Page ___ of ___

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

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(Handout) **16**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Identification and Location

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____	Longitude (decimal degrees) _____		
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2 IDENTIFICATION AND LOCATION

This section of the form is important in capturing statistics that identify the time and location of each crash. If the Peace Officer's crash report does not adequately list correct data, it could result in inaccurate statistical reporting on a state and national level, which may result in the loss of federal funds used to provide safer highways throughout Texas.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____	Longitude (decimal degrees) _____		
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.1 - ★ CRASH DATE

Report the actual date the crash occurred, providing the month, day, and year (MM-DD-YYYY). Only provide one date; if exact date is unknown, provide the date that the crash was discovered.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

(Tips On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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★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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
★1 Rdwy. Sys. _____	★Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	★Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.1 – ★CRASH DATE (continued)

TIPS:

- The crash date cannot be greater than the date provided in the "Report Date" data field listed at the bottom of page 2 of the crash report.
- If the crash was discovered and the exact date is unknown, enter the date the crash was discovered and an explanation to that effect may be added to the Officer's Narrative.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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★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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
★1 Rdwy. Sys. _____	★Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	★Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.2 – ★CRASH TIME

Report the actual time of the crash as it can best be established. The crash time must be reported using Military Time 24 HR (00:00–23:59). Midnight represents a new day and must be entered as 00:00. Provide only one time; ranges will not be accepted. If an exact time of crash cannot be determined, report the time the crash or injury was discovered.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

TIP: If the crash was discovered and the exact time is unknown, report the time the crash was discovered and an explanation to that effect may be added to the Officer's Narrative.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
3 Street Prefix _____		*Street Name _____		4 Street Suffix _____			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <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. _____		Hwy. Num. _____		2 Rdwy. Part _____	
Block Num. _____		3 Street Prefix _____		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. _____		RFX Num. _____					

3.2.3 – CASE ID

Enter your agency's unique identifier assigned to the report (if applicable). This is a free form text field. The identifier shall be no more than 20 characters in length.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
3 Street Prefix _____		*Street Name _____		4 Street Suffix _____			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <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. _____		Hwy. Num. _____		2 Rdwy. Part _____	
Block Num. _____		3 Street Prefix _____		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. _____		RFX Num. _____					

3.2.4 – LOCAL USE

Each law enforcement agency may use this area for internal identification to track crash reports or crash types. This is a free form text field, enabling the officer to provide a code, number or other agency information to categorize or classify their agency crash reports. The identifier shall be no more than 20 characters in length.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____	Longitude (decimal degrees) _____		
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
				RFX Num. _____	4 Street Suffix _____

3.2.5 – ★COUNTY NAME

Always report the county in which the crash occurred. Enter the full County Name; abbreviations will not be accepted. (For list of Texas counties, refer to section 9.0, page 104).

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____	Longitude (decimal degrees) _____		
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
				RFX Num. _____	4 Street Suffix _____

3.2.6 – ★CITY NAME

If the crash occurred **inside** the city limits, always report the name of the city in which the crash occurred. Enter the full City Name; abbreviations will not be accepted.

TIP: This data field is required **only** if the crash occurred inside the city limits.

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(Handout) 20

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.7 – OUTSIDE CITY LIMIT
If the crash occurred outside of the city limits, indicate by marking this box.

CONDITIONAL FIELD: If you do not provide a city name, you must check the “Outside City Limit” box.

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(Handout) 21

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.8 – \$1,000 DAMAGE TO ANY ONE PERSON'S PROPERTY?
This is the reporting officer's opinion as to the extent of damage.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

- ◆ **Yes** – Indicates that in the reporting officer's opinion, the crash resulted in at least \$1,000 in property damage to any one person's property.
- ◆ **No** – Indicates that in the reporting officer's opinion, the crash did not result in at least \$1,000 in property damage to any one person's property.

(Reminders On Next Slide)

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(Handout) 21

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____	Longitude (decimal degrees) _____
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.8 – \$1,000 DAMAGE TO ANY ONE PERSON'S PROPERTY? (continued)

REMINDER: If "No" is checked and information is later received that the property damage was \$1,000 or more, a supplemental report should be submitted indicating this change.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____	Longitude (decimal degrees) _____
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.9 – LATITUDE AND LONGITUDE

If your agency is capable of providing this information, please follow the format listed below and provide **both** latitude and longitude. All GPS coordinates will be reported as close as reasonably feasible to the first harmful event and must be entered in pairs.

(Continued On Next Slide)

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(Handout) 22

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
				Street Desc. _____	4 Street Suffix _____
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.9 – LATITUDE AND LONGITUDE (continued)

LATITUDE

Add the appropriate latitude coordinates. This field holds a mask of 7 characters, 2 to the left of the decimal and 5 to the right. Valid latitude coordinates are in the range of 25.83746 to 36.50048.

LONGITUDE

Add the appropriate longitude coordinates. This field holds a mask of 8 characters, 3 to the left of the decimal and 5 to the right. A negative (-) sign is already provided for you. Valid longitude coordinates are in the range of -106.64592 to -93.50795.

(Tip And Reminder On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
				Street Desc. _____	4 Street Suffix _____
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.9 – LATITUDE AND LONGITUDE (continued)

TIP: When Latitude/Longitude is provided, it does not replace the need for street address information. **Always** provide street address information.

REMINDER: GPS coordinates must be reported in the **Decimal Degrees** format referencing the World Geodetic System of 1984 (WGS84 Datum); **do not report in Degrees, Minutes & Seconds.**

(Continued On Next Slide)

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(Handout) 23

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	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. _____	

3.2.9 – LATITUDE AND LONGITUDE (continued)

The following website will assist in converting GPS coordinates to the appropriate format:

<http://www.fcc.gov/mb/audio/bickel/DDMMSS-decimal.html>

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INSTRUCTIONS TO POLICE
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ROAD ON WHICH CRASH OCCURRED

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	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. _____	

3.2.10 ROAD ON WHICH CRASH OCCURRED

This section is used to capture information relating to the road on which the crash occurred to assist in the accurate location of the crash.

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INSTRUCTIONS TO POLICE
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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc. _____	
				3 Street Prefix _____		*Street Name _____	
						4 Street Suffix _____	
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. _____		Hwy. Num. _____		2 Rdwy. Part _____	
				Block Num. _____		3 Street Prefix _____	
						Street Name _____	
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. _____	

3.2.10.1 – ★RDWY. SYS. – (see code sheet: 1. Roadway System)

This data field is used to capture the Roadway System for the Road on which the Crash Occurred. Complete this data field using only the values listed for Roadway System on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

TIP: When the highway has more than one highway designation, such as a US highway and state highway using the same roadway, use the highest designation (IH as first, US as second, and SH as third, etc).

(Reminder On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc. _____	
				3 Street Prefix _____		*Street Name _____	
						4 Street Suffix _____	
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. _____		Hwy. Num. _____		2 Rdwy. Part _____	
				Block Num. _____		3 Street Prefix _____	
						Street Name _____	
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. _____	

3.2.10.1 – ★RDWY. SYS. – (see code sheet: 1. Roadway System) (continued)

REMINDER: If a crash occurs in a parking lot, the Roadway System selection should reflect the physical address where the parking lot is located.

1. Roadway System	
IH = Interstate	AL = Alternate
US = US Highway	SP = Spur
SH = State Highway	CR = County Road
FM = Farm to Market	PR = Park Road
RR = Ranch Road	PV = Private Road
RM = Ranch to Market	RC = Recreational Road
BI = Business Interstate	LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.)
BU = Business US	
BS = Business State	
BF = Business FM	
SL = State Loop	
TL = Toll Road	

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.2 – ★HWY. NUM. – (Highway Number)

Use only the official Highway Number. A Highway Number can be up to 5 alphanumeric characters. If the "Roadway System" is LR-Local Road/Street or PV-Private Road, then a Highway Number must not be entered.

TIP: When a highway has a highway system and a highway number, use only the official State highway designation and number to report the crash.

EXAMPLE: a crash occurring on Gulf Freeway would be reported as IH-45 because IH-45 is the State highway designation and number for Gulf Freeway. Enter the name Gulf Freeway into the "Street Name" data field.

(Tip And Reminder On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.2 – ★HWY. NUM. – (Highway Number) (continued)

TIP: When a highway system has more than one highway number within a designation, report the **lowest** number.

EXAMPLE: A specific stretch of US-81 is also designated as US-77; for purposes of completing a crash report, use "US" for RDWY. SYS. and use "77" as the HWY. NUM.

REMINDER: If a crash occurs in a parking lot, the HWY. NUM. should reflect the physical address where the parking lot is located.

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(Handout) 26

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	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. _____	RFX Num. _____	

3.2.10.3 – RDWY PART – (see code sheet: 2 – Roadway Part)

This data field is used to capture the part of the roadway the vehicle was traveling on prior to the crash. Complete this field using only the values for Roadway Part listed on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

(Reminder On Next Slide)

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FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	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. _____	RFX Num. _____	

3.2.10.3 – RDWY PART – (see code sheet: 2 – Roadway Part) (continued)

REMINDER: The "Roadway Part" is where the unit was traveling prior to where the crash occurred. It is not the location of the first harmful event.

- 2. Roadway Part**
- 1 = Main/Proper Lane
 - 2 = Service/Frontage Road
 - 3 = Entrance/On Ramp
 - 4 = Exit/Off Ramp
 - 5 = Connector/Flyover
 - 98 = Other (Explain in Narrative)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____	RFX Num. _____

3.2.10.4 – BLOCK NUM. – (Block Number)

If the blocks are numbered, indicate the block number where the crash occurred. This free form alphanumeric field allows up to 10 characters.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____	RFX Num. _____

3.2.10.5 – ST. PREFIX – (see code sheet: 3 – Street Prefix)

This data field is used to capture the prefix for the street name using only the values listed for Street Prefix on the code sheet. If the value is not in the list, leave this field blank.

**3. Street Prefix,
Direction from Int. or
Ref. Marker**
N = North
NE = Northeast
E = East
SE = Southeast
S = South
SW = Southwest
W = West
NW = Northwest

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*Crash Date (MM/DD/YYYY) _____		*Crash Time (24HRMM) _____		Case ID _____	Local Use _____
*County Name _____				*City Name _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3. 2.10.6 – ★STREET NAME

Use only the official street name, number, or letter. Always provide the street name when Roadway System is Local Road/Street, Private Road, or Parking Lot. This free form field allows up to 60 alphanumeric characters.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*Crash Date (MM/DD/YYYY) _____		*Crash Time (24HRMM) _____		Case ID _____	Local Use _____
*County Name _____				*City Name _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.7 – STREET SUFFIX – (see code sheet: 4–Street Suffix)

This data field is used to capture the suffix for the street name using only the values listed for Street Suffix on the code sheet. If the value is not in the list, leave this field blank.

4. Street Suffix	
RD = Road	EXPY = Expressway
ST = Street	CT = Court
DR = Drive	CIR = Circle
AVE = Avenue	PL = Place
BLVD = Boulevard	PARK = Park
PKWY = Parkway	CV = Cove
LN = Lane	
FWY = Freeway	
HWY = Highway	
WAY = Way	
TRL = Trail	
LOOP = Loop	

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(Handout) 29

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.8 – CRASH OCCURRED ON A PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/ PARKING LOT

A Private Drive or Road/Private Property is “a privately owned way or place used for vehicular travel and used only by the owner or persons who have the owner’s express or implied permission.” **TRC 541.302 (9)**

A Parking Lot may be defined as either a private access way or parking area provided for a client or patron by a business, or all government-owned property where public parking is permitted.

Check this box if the crash occurred completely within a private drive or road, private property or parking lot. (Continued On Next Slide)

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FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.8 – CRASH OCCURRED ON A PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/ PARKING LOT (continued)

In accordance with **TRC 550.041**, there is no statutory requirement to report the following types of crashes:

- ◆ A crash occurring in a privately owned residential parking area or
- ◆ A crash occurring in a privately owned parking lot where a fee is charged for parking or storing a vehicle.

(Reminder and Note On Next Slide)

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(Handout) **30**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. <input type="checkbox"/> Yes <input type="checkbox"/> No	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.8 – CRASH OCCURRED ON A PRIVATE DRIVE OR ROAD/PRIVATE PROPERTY/ PARKING LOT (continued)

REMINDER: If this box is checked, it will still be necessary for the officer to complete the “At Intersection” data field.

NOTE: There is no statutory requirement to work a crash on private property, a private drive or parking lot where a fee is charged. Crashes which occur entirely in a Business or Government owned parking lot which is open to the public may be investigated. This box was provided to assist TxDOT in distinguishing crashes that occur in places other than a public street or highway.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. <input type="checkbox"/> Yes <input type="checkbox"/> No	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.9 – TOLL ROAD/TOLL LANE

Check this box if the crash occurred on a roadway or lane in which a fee is collected for usage.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
3 Street Prefix _____		*Street Name _____		4 Street Suffix _____			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <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. _____		Hwy. Num. _____		2 Rdwy. Part _____	
3 Street Prefix _____		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. _____		RFX Num. _____					

3.2.10.10 – SPEED LIMIT (TRC 545.352 and 545.353)

Indicate the legal or posted speed limit for passenger cars on the roadway at the time of the crash, regardless of existing conditions or class of vehicle involved. The numeric value must be greater than or equal to 5 mph, but less than, or equal to, 80 mph. This is not to be construed as a "Safe Speed".

REMINDER: Yellow and black advisory signs on curves, exit ramps, etc., and orange and black advisory signs in construction zones are not speed limit signs.

TIP: If no speed limit exists, leave this field blank.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
3 Street Prefix _____		*Street Name _____		4 Street Suffix _____			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <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. _____		Hwy. Num. _____		2 Rdwy. Part _____	
3 Street Prefix _____		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. _____		RFX Num. _____					

3.2.10.11 – CONST. ZONE – (Construction Zone)

Check the appropriate box to indicate if this crash occurred within a posted construction zone. Do not consider whether workers were present when making this determination. There is a separate data field to capture that information. If the crash was related to the construction, explain in narrative.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

- ◆ **Yes** – Yes, indicates the crash did occur within a posted construction zone.
- ◆ **No** – No, indicates the crash did not occur within a posted construction zone.

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INSTRUCTIONS TO POLICE
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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.12 – WORKERS PRESENT

Check the appropriate box to indicate if workers were present in the construction zone during the crash.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

- ◆ **Yes** – Yes indicates workers were present at the time of the crash.
- ◆ **No** – No indicates workers were not present at the time of the crash.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.12 – WORKERS PRESENT (continued)

TIP: If “Construction Zone” is marked “Yes”, the “Workers Present” data field must be marked “Yes” or “No”. If “Construction Zone” is marked “No”, this box must be marked “No”.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.13 – STREET DESC. – (Street Description)
Use this box to include any descriptive information helpful in identifying the street or location. This free form field allows up to 40 characters.

(Example On Next Slide)

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.10.13 – STREET DESC. – (Street Description) (continued)

EXAMPLE: A crash occurring at 3506 S IH-35, in Belton, Texas, Bell County, on the East Frontage Road, and traveling Southbound, would be entered as such:

*Crash Date (MM/DD/YYYY)	0, 1, /, 0, 1, /, 2, 0, 1, 0	*Crash Time (24HRMM)	1, 8, 0, 0	Case ID		Local Use	
*County Name	BELL	*City Name	BELTON			<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude (decimal degrees)			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys.	IH	*Hwy. Num.	35	2 Rdwy. Part	2	Block Num.	3500
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit	Const. Zone	<input checked="" type="checkbox"/> No	Workers Present	<input checked="" type="checkbox"/> No
						Street Desc.	E FRONTAGE RD – SB

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

*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____	Longitude (decimal degrees) _____
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____
		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____
		Block Num. _____	3 Street Prefix _____
		Street Name _____	
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. _____
		RFX Num. _____	

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

This section is used to capture information relating to the intersecting roadway or the nearest intersecting road or reference marker to assist in the accurate location of the crash.

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FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____	Longitude (decimal degrees) _____
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____
		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____
		Block Num. _____	3 Street Prefix _____
		Street Name _____	
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. _____
		RFX Num. _____	

3.2.11.1 – AT INTERSECTION

Check the appropriate box to indicate if the crash occurred at an intersection.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

- ◆ **Yes** – Yes, the crash did occur at an intersection.
- ◆ **No** – No, the crash did not occur at an intersection.

NOTE: If the “Crash Occurred on a Private Drive or Road/Private Property/Parking Lot” field is checked, then “At Intersection” field must be set to “No”.

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(Handout) **35**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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3.2.11 INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER (continued)

EXAMPLE:

◆ If the crash occurred at the intersection of US 190 and FM 1715, complete as follows:

ROAD ON WHICH CRASH OCCURRED														
*1 Rdwy. Sys.	US	*Hwy. Num.	190	2 Rdwy. Part	1	Block Num.		3 Street Prefix		*Street Name	4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit	70	Const. Zone	<input checked="" type="checkbox"/> No	Workers Present	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Street Desc.	<input checked="" type="checkbox"/> No			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER														
At Int.	<input checked="" type="checkbox"/> Yes	1 Rdwy. Sys.	FM	Hwy. Num.	1715	2 Rdwy. Part	1	Block Num.		3 Street Prefix		*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.				

(Example On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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3.2.11 INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER (continued)

EXAMPLE:

◆ If the crash occurred on FM 580 and is 500 ft East of US 183 (also N. Key Ave), complete as follows:

ROAD ON WHICH CRASH OCCURRED															
*1 Rdwy. Sys.	FM	*Hwy. Num.	580	2 Rdwy. Part	1	Block Num.		3 Street Prefix		*Street Name	4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit	55	Const. Zone	<input checked="" type="checkbox"/> No	Workers Present	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Street Desc.	<input checked="" type="checkbox"/> No				
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER															
At Int.	<input checked="" type="checkbox"/> No	1 Rdwy. Sys.	US	Hwy. Num.	183	2 Rdwy. Part		Block Num.	1100	3 Street Prefix	N	*Street Name	KEY	4 Street Suffix	AVE
Distance from Int. or Ref. Marker		500	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	E	Reference Marker		Street Desc.		RRX Num.				

(Example On Next Slide)

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FOR REPORTING CRASHES

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3.2.11 INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER (continued)

EXAMPLE:

- ◆ If the crash occurred on FM 580 and is .13 miles West of mile marker 520, complete as follows:

ROAD ON WHICH CRASH OCCURRED										
*1 Rdwy. Sys.	FM	*Hwy. Num.	580	2 Rdwy. Part	1	Block Num.		3 Street Prefix		4 Street Suffix
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit	55	Const. Zone	<input checked="" type="checkbox"/> No	Workers Present	<input checked="" 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	1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part		Block Num.		3 Street Prefix
Distance from Int. or Ref. Marker	.13	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	W	Reference Marker	520	Street Desc.		RRX Num.

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FOR REPORTING CRASHES

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3.2.11 INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER (continued)

EXAMPLES:

- ◆ If the crash occurred on a Private Drive or Road, Private Property or Parking Lot, complete as follows:

ROAD ON WHICH CRASH OCCURRED										
*1 Rdwy. Sys.	LR	*Hwy. Num.		2 Rdwy. Part	1	Block Num.	1056	3 Street Prefix	S	4 Street Suffix
<input checked="" type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone	<input checked="" type="checkbox"/> No	Workers Present	<input checked="" type="checkbox"/> No	Street Desc.
Cake Palace Parking Lot										
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER										
At Int.	<input checked="" type="checkbox"/> Yes	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part		Block Num.		3 Street Prefix
Distance from Int. or Ref. Marker	200	<input checked="" type="checkbox"/> FT	<input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker		Reference Marker	W	Street Desc.		RRX Num.
Walnut										
ST										

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INSTRUCTIONS TO POLICE
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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
				RFX Num. _____	

3.2.11.2 – RDWY. SYS. – (see code sheet: 1. Roadway System) (continued)

This data field is used to capture the Roadway System for the intersecting road. Complete this data field using only the values listed for Roadway System on the code sheet.

1. Roadway System	
IH = Interstate	AL = Alternate
US = US Highway	SP = Spur
SH = State Highway	CR = County Road
FM = Farm to Market	PR = Park Road
RR = Ranch Road	PV = Private Road
RM = Ranch to Market	RC = Recreational Road
BI = Business Interstate	LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.)
BU = Business US	
BS = Business State	
BF = Business FM	
SL = State Loop	
TL = Toll Road	

(Conditional Field On Next Slide)

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FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
				RFX Num. _____	

3.2.11.2 – RDWY. SYS. – (see code sheet: 1. Roadway System)

CONDITIONAL FIELD: If “Yes” is selected for “At Intersection”, this field **must** be completed.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
3 Street Prefix _____		*Street Name _____		4 Street Suffix _____			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <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 _____		Block Num. _____	
3 Street Prefix _____		Hwy. 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. _____		RFX Num. _____					

3.2.11.3 – HWY. NUM. – (Highway Number) Use only the official State Highway designation and number for the intersecting road.

TIP: When a highway has a name and a number, use only the official State highway designation and number to report the crash.

EXAMPLE: Report a crash occurring on Gulf Freeway as IH-45 because IH-45 is the State highway designation and number for Gulf Freeway. Enter the name Gulf Freeway into the "Street Name" data field.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. _____		*Hwy. Num. _____		2 Rdwy. Part _____		Block Num. _____	
3 Street Prefix _____		*Street Name _____		4 Street Suffix _____			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit _____		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <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 _____		Block Num. _____	
3 Street Prefix _____		Hwy. 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. _____		RFX Num. _____					

3.2.11.3 – HWY. NUM. – (Highway Number)(continued)

TIP: When a highway system has more than one number within a designation, report the **lowest** number.

EXAMPLE: A specific stretch of US-81 is also designated as US-77; for purposes of completing a crash report, use 77 as the Highway number.

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INSTRUCTIONS TO POLICE
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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____
At Int. <input type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____
				3 Street Prefix _____	Street Name _____
					4 Street Suffix _____

3.2.11.4 – RDWY PART – (see code sheet: 2 – Roadway Part)

This data field is used to capture the part of roadway for the intersecting road where the crash occurred. Complete this data field using only the values listed for Roadway Part on the code sheet.

2. Roadway Part 1 = Main/Proper Lane 2 = Service/Frontage Road 3 = Entrance/On Ramp 4 = Exit/Off Ramp 5 = Connector/Flyover 98 = Other (Explain in Narrative)
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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____
At Int. <input type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____
				3 Street Prefix _____	Street Name _____
					4 Street Suffix _____

3.2.11.4 – RDWY PART – (see code sheet: 2 – Roadway Part) (continued)

CONDITIONAL FIELD: If “Yes” is selected for “At Intersection”, this field **must** be completed.

REMINDER: The “Roadway Part” is where the unit was traveling prior to where the crash occurred. It is **not** the location of the first harmful event.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.5 – BLOCK NUM. – (Block Number)

If the blocks are numbered on the intersecting road, indicate the block number of the intersecting road where the crash occurred. This free form alphanumeric field allows up to 10 characters.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.6 – ST. PREFIX – (see code sheet: 3 – Street Prefix)

This data field is used to capture the prefix for the street name provided using only the values listed for Street Prefix on the code sheet.

**3. Street Prefix,
Direction from Int. or
Ref. Marker**
N = North
NE = Northeast
E = East
SE = Southeast
S = South
SW = Southwest
W = West
NW = Northwest

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
					Street Name _____
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. _____
					RFX Num. _____

3.2.11.7 – STREET NAME

Use only the official street name, number, or letter. Always provide the street name when Roadway System is Local Road/Street, Private Road, or Parking Lot. This free form field allows up to 60 characters.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
					Street Name _____
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. _____
					RFX Num. _____

3.2.11.8 – STREET SUFFIX – (see code sheet: 4 – Street Suffix)

This data field is used to capture the suffix for the street name using only the values listed for Street Suffix on the code sheet. If the value is not in the list, leave this field blank.

4. Street Suffix	
RD = Road	EXPY = Expressway
ST = Street	CT = Court
DR = Drive	CIR = Circle
AVE = Avenue	PL = Place
BLVD = Boulevard	PARK = Park
PKWY = Parkway	CV = Cove
LN = Lane	
FWY = Freeway	
HWY = Highway	
WAY = Way	
TRL = Trail	
LOOP = Loop	

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.9 – DISTANCE FROM INT. OR REF. MARKER – (Distance from Intersection or Reference Marker)

If the crash did not occur in an intersection, report the distance from the **nearest** intersection or reference marker to which the crash occurred. Distance may be reported using either feet or miles. Distance measured in feet may not exceed “1000” feet. Distance measured in miles may not exceed “250” miles.

TIP: This is a numeric data field that may contain a decimal or whole number.

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FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.9 – DISTANCE FROM INT. OR REF. MARKER – (Distance from Intersection or Reference Marker) (continued)

EXAMPLES:

- ◆ A crash that occurred 528 ft from an intersection may be reported as either “.1”, if reported in miles or “528”, if reported in feet.
- ◆ A crash that occurred 1056 ft from an intersection may only be reported in miles as “.2”.

CONDITIONAL FIELD: If the “At Intersection” box is marked “No”, this field must be completed.

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FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.10 – FT / MI – (Feet or Miles)

Indicate whether the distance from intersection or reference marker is measured in feet or miles by checking the appropriate box.

FT – Select this box if distance is measured in feet.

MI – Select this box if distance is measured in miles.

TIP: Do not check both boxes; provide a single measurement of either feet or miles.

CONDITIONAL FIELD: If the “At Intersection” box is marked “No”, this field must be completed.

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.11 – DIR. FROM INT. OR REF. MARKER – (see code sheet: 3 – Direction from Intersection or Reference Marker)

Indicate the compass direction of the reference marker from the point of crash using only the values listed on the code sheet for Direction from Intersection or Reference Marker. Do not use the traffic or highway direction.

3. Street Prefix, Direction from Int. or Ref. Marker
 N = North
 NE = Northeast
 E = East
 SE = Southeast
 S = South
 SW = Southwest
 W = West
 NW = Northwest

(Conditional Field On Next Slide)

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FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
Street Name _____					
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. _____
				RFX Num. _____	

3.2.11.11 – DIR. FROM INT. OR REF. MARKER – (see code sheet: 3 – Direction from Intersection or Reference Marker) (continued)

CONDITIONAL FIELD: If “At Intersection” box is checked “No”, this field must be completed.

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
Street Name _____					
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. _____
				RFX Num. _____	

3.2.11.12 – REFERENCE MARKER

Report the Reference Marker used for reporting the distance from the crash. Reference Markers are mile markers that contain up to 5 characters. The characters preceding the last character must be numeric; the last character may be alpha or numeric.

TIP: Do not use local business names such as the HI-HO Club, etc.

CONDITIONAL FIELD: This field must be completed if “At Intersection” is marked “No” and **Street Name is not populated.**

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
				Street Desc. _____	4 Street Suffix _____
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.13 – STREET DESC. – (Street Description)

Use this box to include any descriptive information helpful in identifying the street or location. This free form field allows up to 40 alphanumeric characters.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
				Street Desc. _____	4 Street Suffix _____
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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____
					RFX Num. _____

3.2.11.13 – STREET DESC. – (Street Description) (continued)

EXAMPLE: Enter a crash occurring 70 feet west of the West IH-35 frontage road on County Road 190A in Georgetown, Texas, Williamson County, as such:

ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. CR	*Hwy. Num. 190A	2 Rdwy. Part 1	Block Num. _____	3 Street Prefix _____	*Street Name Lakeway
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit 35	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No
				Street Desc. _____	4 Street Suffix DR
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER					
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys. IH	Hwy. Num. 35	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
Distance from Int. or Ref. Marker 70		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker W	Reference Marker _____	Street Desc. W FRONTAGE RD
					RFX Num. _____

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____

3.2.11.14 – RRX NUM. – (Railroad Crossing Number)

Report the appropriate railroad-crossing serial number whenever a crash involves a railroad grade crossing as a factor, regardless of whether a train was involved. TxDOT has assigned numbers to all railroad grade crossings. This serial number on the crash report provides for accurate identification of the railroad crossing.

(Tip and Reminder On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____

3.2.11.14 – RRX NUM. – (Railroad Crossing Number) (continued)

TIP: If a number is not available, complete the data fields for the Latitude and Longitude coordinates if possible.

REMINDER: Railroad grade crossings are **not** considered intersections. Use the nearest street or reference marker to show the crash location. You must still provide the railroad crossing number.

(Example On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____

3.2.11.14 – RRX NUM. – (Railroad Crossing Number) (continued)

EXAMPLE: A sample of a crossing serial number is shown below. This number will be on a card approximately 3 x 7 inches and will normally be placed on the main upright of the railroad signal or sign just above eye level. There are instances, however, where the number may be attached to a nearby telephone pole or a post if no sign or signal is present.

(Example On Next Slide)

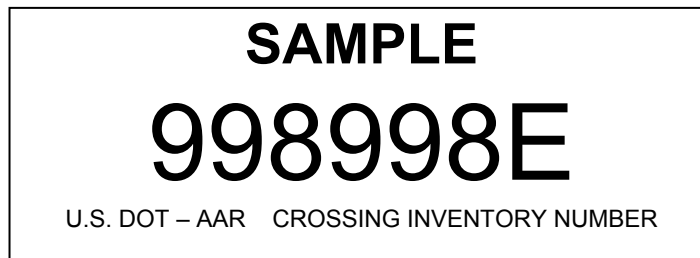
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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____

3.2.11.14 – RRX NUM. – (Railroad Crossing Number) (continued)



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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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*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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) _____		Longitude (decimal degrees) _____	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. _____	*Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____	*Street Name _____
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit _____	Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Street Suffix _____		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. _____	Hwy. Num. _____	2 Rdwy. Part _____	Block Num. _____	3 Street Prefix _____
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. _____	Street Name _____
					4 Street Suffix _____
					RRX Num. _____

3.2.11.14 – RRX NUM. – (Railroad Crossing Number) (continued)

TIP: The Name of the Railroad will appear where the word “SAMPLE” is located. The format must be 6 numeric characters followed by a letter. Preceding zeros may be added to make up the 6 numeric characters. RRX numbers do not contain the following alpha characters: I, O, Q, or Z.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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VEHICLE, DRIVER, & PERSONS

Unit Num. _____	5 Unit Desc. _____	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State _____	LP Num. _____	VIN _____
Veh. Year _____	6 Veh. Color _____	Veh. Make _____	Veh. Model _____	7 Body Style _____	<input type="checkbox"/> POL, Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type _____	DL/ID State _____	DL/ID Num. _____	9 DL Class _____	10 CDL End. _____	11 DL Rest _____	DOB (MM/DD/YYYY) _____
Address (Street, City, State, ZIP) _____						
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line						
14 Injury Severity	15 Age	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	
Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input type="checkbox"/> Owner Name & Address _____						
<input type="checkbox"/> 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. _____		
Fin. Resp. Phone 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 _____					

3.3 VEHICLE, DRIVER, & PERSONS

This section is to capture information on the vehicle, driver, and persons involved in the crash.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.1 – UNIT NUM. – (Unit Number)

Enter a number to identify the unit involved in the crash. Power units and towed units must be numbered sequentially and must be numeric. **Alpha characters may not be used.**

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

NOTE: The first unit listed must be shown as unit number “1” and must be a motor vehicle in transport. Additional units involved in the crash shall be listed in sequential order. Example 1,2,3,4...

TIP: Information relating to a pushed or towed unit will be entered in a separate unit block and numbered in sequential order. When a trailer is carrying cargo, include the cargo with the trailer unit and do not report as a separate unit.

REMINDER: Consider all motor vehicles (operated individually or in combination with another vehicle), pedestrians, pedalcyclists, herded or ridden animals, trains, streetcars, animal–drawn vehicles, etc., as traffic units.

(Reminder On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.1 – UNIT NUM. – (Unit Number) (continued)

REMINDER: A truck tractor towing a trailer strikes a car. There are only two correct ways to identify the units in the crash. The first option is to identify the truck tractor as unit 1, the semi–trailer as unit 2, and the car as unit 3. The second option is to identify the car as unit 1, the truck tractor as unit 2, and the semi–trailer as unit 3. It is not an option to identify the truck tractor as unit 1, the car as unit 2, and the semi–trailer as unit 3.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

100

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description)

This data captures the best description of the unit involved in the crash. Complete this field using only the values listed on the code sheet under Unit Description.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

(Code Sheet Values On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

1 – Motor Vehicle – A motorized (mechanically or electrically powered) road vehicle, including its cargo (for crash reporting purposes only), not operated on rails. This includes but is not limited to the following: All Terrain Vehicles, Bus, Farm Tractor, Golf Cart, Moped, Motorcycle, Motor-driven Cycle, Multi Function School Activity Bus, Passenger Car, Recreational Off Highway Vehicle, Road Tractor, School Bus, Truck, Truck Tractor etc. **TRC: 521.001 (6, 7, 8, 9), 541.201 (3, 4, 8, 9, 10, 11-a, 12, 14, 16, 21, 22, 24,), 502.001 (1, 7, 19-a) and 642.001 (4)**

(Code Sheet Values On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

2 – Train – A motorized railway vehicle or a land vehicle that is operated on rails.

(Code Sheet Values On Next Slide)

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FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

3 – Pedalcyclist – A non-motorized vehicle propelled by pedaling. This also includes an electric bicycle. **TRC: 541.201 (24)**

(Code Sheet Values On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

104

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

4 – Pedestrian – Any person who is not an occupant of a motor vehicle in transport. Also includes motorized and non-motorized wheelchairs.

(Code Sheet Values On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

105

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

5 – Motorized Conveyance – Smaller motorized vehicles including but not limited to pocket bikes, go-carts, riding lawn mowers, Segways, motor assisted scooters, etc.

(Code Sheet Values On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

106

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

6 – Towed/Trailer – A unit pulled while under another motor vehicle’s control.

(Code Sheet Values On Next Slide)

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(Handout) **54**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

7 – Non-Contact – A non-contact traffic unit is a vehicle, which contributes to a crash by unusual or illegal behavior but strikes nothing and suffers neither damage nor injury (this does not include vehicles where objects/cargo etc. falls from vehicle, or if a trailer being towed causes a crash, injury or damage)

(Code Sheet Values On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

CODE SHEET VALUES FOR UNIT DESCRIPTION

98 – Other (Explain in Narrative) – A streetcar, animal carrying a person, animal-drawn carriage or a pushed unit etc. This also includes special mobile equipment. **TRC: 541.201 (18)**

(Tip and Reminder on Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.2 – UNIT DESC. – (see code sheet: 5 – Unit Description) (continued)

TIP: When it can be determined that a specific power unit puts an object/cargo in motion, (falls or is thrown from a vehicle) this makes the power unit description a “Motor Vehicle.”

EXAMPLE: Unit 1, a pickup, is traveling northbound on a highway carrying an unsecured goat cage (object/cargo) in the bed of unit 1. The goat cage falls from unit 1 and lands in the southbound lane of traffic just as Unit 2 traveling southbound approaches. Unit 2 does not see the goat cage in sufficient time to stop and strikes the cage. The “Unit Description” of Unit 1 should not be considered a “Non-Contact” vehicle; instead, Unit 1 must be listed on the crash report as a “Motor Vehicle” because it put the cage (object/cargo) into motion.

REMINDER: The first unit in each crash must have a Unit Description of “1-Motor Vehicle” with the “Parked Vehicle” indicator set to “No”.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.3 – PARKED VEHICLE

Check this box if the unit is legally parked, illegally parked or previously wrecked.

TIP: This box may only be checked if the Unit Description is a 1, 5, or 6. In addition, this box may not be checked if the unit is a Hit and Run unit.

REMINDER: If, at the time of the crash there was not a driver in the vehicle, the “Parked Vehicle” box must be checked. This does not apply to a crash where a driver jumps or falls from a moving motor vehicle.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

111

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.4 – HIT AND RUN

Check this box when you determine there was a driver involved in the crash that failed to stop and render aid upon striking an attended motor vehicle. If this box is checked for a towed unit, it is required that the power unit associated with the towed unit, also be marked as “Hit and Run.”

TIP: This data field may not be marked if “Parked Vehicle” data field box is marked.

REMINDER: When an investigation reveals additional information regarding the hit and run vehicle and/or driver, provide that information to TxDOT by filing a supplemental report.

NOTE: The “Hit and Run” box shall only be checked when the offense of Failure to Stop and Render Aid (Felony or Misdemeanor) has occurred. **TRC 550.021 and 550.022**

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.5 – LP STATE – (License Plate State)

This data field captures the state, commonwealth, territory, etc., issuing the license plate and vehicle registration. (Refer to section 8.0, page 103 for a list of values). If the selection cannot be found in the list, select “OT – Other” and explain in the narrative.

TIP: Only complete this data field if Unit Description is a 1, 6, or 7.

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FOR REPORTING CRASHES

113

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.6 – LP NUM. – (License Plate Number)

Enter the alphanumeric characters exactly as displayed on the license plate or tag affixed to the motor vehicle. This free form field allows up to 8 alphanumeric characters.

TIPS:

- ◆ For combination units, use the motor vehicle plate number from the power unit.
- ◆ If Unit Description is a 6 list the license plate number for the towed/trailer unit.
- ◆ Dealer plates are assigned a number. In this instance report, the number listed on the dealer plate. Dealer plates include dealer, buyer, and demo plates.

CONDITIONAL FIELD: Only complete this data field if Unit Description is a 1, 6, or 7 and you have provided a LP State.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

114

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.7 – VIN – (Vehicle Identification Number)

This data field captures the unique combination of 17 alphanumeric characters that make up the Vehicle Identification Number (VIN) assigned by the manufacturer. Alpha characters not found in a VIN: I, O, Q

TIP: If the vehicle year is 1981 or greater, the VIN will contain 17 alphanumeric characters. Vehicles prior to 1981 may contain fewer than 17 characters. When the VIN is less than 17 characters, enter **left** justified, **leaving** the blank spaces at the end.

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115

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.8 – VEH. YEAR – (Vehicle Year)

This data field captures the 4-digit numeric model year (YYYY) of the vehicle as designated by the manufacturer. The year entered must be greater than 1900 and less than or equal to the current year plus one.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

116

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.9 – VEH. COLOR – (see code sheet: 6 – Vehicle Color)

Using only the values listed on the code sheet for Vehicle Color, capture the abbreviation that best represents the color of the vehicles involved in the crash.

TIP: Use only if the Unit Description is 1, 6, or 7.

6. Vehicle Color

BGE = Beige	ONG = Orange
BLK = Black	PNK = Pink
BLU = Blue	PLE = Purple
BRZ = Bronze	RED = Red
BRO = Brown	SIL = Silver
CAM = Camouflage	TAN = Tan
CPR = Copper	TEA = Teal (green)
GLD = Gold	TRQ = Turquoise (blue)
GRY = Gray	WHI = White
GRN = Green	YEL = Yellow
MAR = Maroon	98 = Other (Explain in Narrative)
MUL = Multicolored	99 = Unknown

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117

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.10 – VEH. MAKE – (Vehicle Make)

This data field captures the manufacturer's distinctive name applied to a group of motor vehicles (Ford, Chevrolet, Plymouth, Mercury, Pontiac, etc.). This free form field allows up to 20 alphanumeric characters.

TIPS:

- ◆ Use only if the Unit Description is 1, 6, or 7.
- ◆ If the Hit and Run check box is selected and the Vehicle Make is not known, enter unknown.
- ◆ Other, Unknown or Homemade Vehicle are acceptable values.

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FOR REPORTING CRASHES

118

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.11 – VEH. MODEL – (Vehicle Model)

This data field captures the manufacturer's trade name (Impala, Mustang, F-150, Ram, 4-Runner, etc.). This free form field allows up to 20 alphanumeric characters.

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FOR REPORTING CRASHES

119

Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.12 – BODY STYLE – (see code sheet: 7 – Body Style)

Using only the values listed on the code sheet for Body Style, list the selection that best describes the body style of the vehicle/unit involved in the crash.

7. Body Style

P2 = Passenger Car, 2-Door	PC = Police Car/Truck
P4 = Passenger Car, 4-Door	PM = Police Motorcycle
PK = Pickup	TL = Trailer, Semi-Trailer, or Pole Trailer
AM = Ambulance	TR = Truck
BU = Bus	TT = Truck Tractor
SB = Yellow School Bus	VN = Van
FE = Farm Equipment	98 = Other (Explain in Narrative)
FT = Fire Truck	99 = Unknown
MC = Motorcycle	
SV = Sport Utility Vehicle	

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	

3.3.13 – POL., FIRE, EMS ON EMERGENCY

Check this box **only** if a peace officer, firefighter, or emergency medical services employee is involved in a crash while driving a law enforcement vehicle, fire department vehicle, or medical emergency services vehicle while on emergency.

Tip: The definition of an authorized emergency vehicle includes federal law enforcement vehicles. **TRC 541.201 (1) (G)**

REMINDER: The Texas Transportation Code [TRC 550.064 (b), (2), and (3)] requires a statement as to the nature of the emergency. This statement **must** be included in the narrative. If a statement is **not** provided, the crash will be added to the driver history of the peace officer, firefighter, or emergency medical services employee operating the vehicle at the time of the crash. A private vehicle of a volunteer firefighter or a certified emergency medical services employee or volunteer when responding to a fire alarm or medical emergency is considered an authorized emergency vehicle.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

121

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						

3.3.14 – DL / ID TYPE – (see code sheet: 8 – Driver License/ID Type)

Report the type of document, Driver License or Identification Card, used to obtain identification of the driver.

TIP: Whenever a crash involves a license holder from outside of North America and its territories (*Refer to section 8.0, page 103*), use code “98”.

8. Driver License/ID Type
1 = Driver License
2 = Commercial Driver Lic.
3 = Occupational
4 = ID Card
5 = Unlicensed
98 = Other
99 = Unknown

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

122

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _____/_____/_____
Address (Street, City, State, ZIP)						

3.3.15 – DL/ID STATE – (Driver License/Identification Card State)

This data field is used to capture the state or province that issued the driver license or identification card. (Refer to section 8.0, page 103).

TIP: Whenever a crash involves a license holder from outside of North America and its territories (Refer to section 8.0, page 103), use “OT” – Other and explain in narrative.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

123

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _____/_____/_____
Address (Street, City, State, ZIP)						

3.3.16 – DL/ID NUM. – (Driver License/Identification Card Number)

Report the Driver License/Identification card number as it appears on the card and include any prefix or suffix. This free form field will hold up to 18 alphanumeric characters.

REMINDER: – Do not report a driver license number for the following:

- ◆ Train Engineer
- ◆ Streetcar Operator
- ◆ Pedalcyclist
- ◆ Pedestrian
- ◆ Motorized Conveyance
- ◆ Towed
- ◆ Other
- ◆ Parked
- ◆ Previously Wrecked Vehicle

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

124

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
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Address (Street, City, State, ZIP)

3.3.17 – DL CLASS – (see code sheet: 9– DL Class)

This data field is used to capture the Driver License Class listed on the Texas driver license. Use only the values listed on the code sheet for DL Class.

REMINDER: A, B, C, and M licenses are issued to persons who are not required to obtain a Commercial Driver License. Drivers who hold a Class A, B, or C license with a Motorcycle Endorsement will be issued a Class AM, BM, or CM license.

TIP: Whenever a crash involves a license holder from outside of Texas, use code “98”.

9. Driver License Class
A = Class A
AM = Class A and M
B = Class B
BM = Class B and M
C = Class C
CM = Class C and M
M = Class M
5 = Unlicensed
98 = Other/Out of State
99 = Unknown

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
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Address (Street, City, State, ZIP)

3.3.18 – CDL END. – (see code sheet: 10 – Commercial Driver License Endorsements)

This data field is used to capture endorsements that appear on the Texas Commercial Driver License and assigned to the driver. Use only the values listed on the code sheet for Commercial Driver License Endorsements.

REMINDER: Only complete if DL/ID type is “2,” CDL.

10. Commercial Driver License Endorsements
H = Hazardous Materials
N = Tank Vehicles
P = Passengers
S = School Bus
T = Double/Triple Trailer
X = Tank Vehicle with HazMat
5 = Unlicensed
98 = None
98 = Other/Out of State
99 = Unknown

(Tips On Next Slide)

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8 DL/DL Type	DL/DL State	DL/DL Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _____/_____/_____
Address (Street, City, State, ZIP)						

3.3.18 – CDL END. – (see code sheet: 10 – Commercial Driver License Endorsements) (continued)

TIPS:

- ♦ A maximum of 5 Endorsements are allowed per driver. Separators, commas, etc. between endorsements are **not** acceptable.
- ♦ Whenever a crash involves a license holder from outside of North America and its territories (*Refer to section 8.0, page 103*), use code “98” and explain in narrative.

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INSTRUCTIONS TO POLICE
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8 DL/DL Type	DL/DL State	DL/DL Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _____/_____/_____
Address (Street, City, State, ZIP)						

3.3.19 – DL REST. – (see code sheet: 11 – Driver License Restrictions)

This data field is used to capture the driver restrictions listed on the Texas Driver license, using only the values listed on the code sheet for Driver License Restrictions.

TIPS:

- ♦ A maximum of 5 Restrictions are allowed per driver. Separators, commas etc. between restrictions are **not** acceptable.
- ♦ Whenever a crash involves a license holder from outside of Texas, use code “98” and explain in narrative.
- ♦ If the license does not show restrictions, indicate by selecting “96 none.”

11. Driver License Restrictions

A = With Corrective Lenses	L = Vehicle w/o Air Brakes – Applies to Vehicles Requiring CDL	T = Automatic Transmission
B = LOFS Age 21 or Over	M = CDL Intrastate Commerce Only	U = Applicable Prosthetic Devices
C = Daytime Only	N = Ignition Interlock Required	V = Applicable Vehicle Devices
D = Not to Exceed 45 MPH	O = Occ./Essent. Need DL-No CMV-See Court Order	W = Power Steering
E = No Expressway Driving	P = Stated on License	X = Vehicle Not to Exceed Class C
F = Must Hold Valid Learner Lic. to MM/DD/YY	Q = LOFS 21 or Over Vehicle Above Class B	Y = Valid TX Vision or Limb Waiver Req'd.
G = TRC 545.424 Applies until MM/DD/YY	R = LOFS 21 or Over Vehicle Above Class C	Z = Valid Fed. Vision or Limb Waiver Req'd.
H = Vehicle Not to Exceed 26,000 lbs GVWR	S = Outside Rear View Mirror or Hearing Aid	5 = Unlicensed
I = Motorcycle Not to Exceed 250 CC		96 = None
J = Licensed Motorcycle Operator Age 21 or Over in Sight		98 = Other/Out of State
K = Moped		99 = Unknown

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

128

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
Address (Street, City, State, ZIP)						

3.3.20 – DOB – (Date of Birth)

In this data field, capture the actual date of birth, taken from the Driver License/ID Card, or after being established through investigation.

REMINDER: Date of birth should be captured using MM/DD/YYYY format only.

TIP: If the date of birth is unknown, this field may be left blank. (Hit and Run etc.)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

129

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) _ _ / _ _ / _ _ _ _
Address (Street, City, State, ZIP)						

3.3.21 – ADDRESS – (Street, City, State, and Zip)

Capture the driver's current residence address including the city, state, and zip code in this data field. If the driver is a member of the armed forces, report the military address. This free form field allows up to 60 alphanumeric characters for the street, 40 alphanumeric characters for the city and 15 for the zip. *(For state abbreviation, refer to section 8.0, page 103).*

TIP: If a Post Office Box is the only address available, report this information in the address field.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

130

Person Num.	12 Prsn. Type	13 Prsn. Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Cause
													Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for		

3.3.22 – PERSON NUM. – (Person Number)
 Assign a number to each person involved in the crash for individual identification. Start with number 1 in each unit and increase sequentially by 1 for each person in the unit. If additional space is needed for occupants, use “Additional Persons Continuation” form. A person number is required for each person in a unit.

REMINDERS:

- ◆ Always list the driver or primary person first for the unit.
- ◆ Only assign a number to train passengers that receive a K, A, B, or C injury code.

NOTE: A two vehicle crash with three persons in each vehicle would be shown as:

Unit 1	Unit 2
Person Num 1	Person Num 1
Person Num 2	Person Num 2
Person Num 3	Person Num 3

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES
131

Person Num.	12 Prsn. Type	13 Prsn. Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Cause
													Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for		

3.3.23 – PRSN. TYPE – (see code sheet: 12 – Person Type)
 Using only the values listed on the code sheet; capture the person type that best describes the individual(s) in the crash.

Tip: Person type must match unit description.

EXAMPLE: If Unit Description is 4–Pedestrian, then Person Type should be entered as 4–Pedestrian.

12. Person Type

1 = Driver
 2 = Passenger/Occupant
 3 = Pedalcyclist
 4 = Pedestrian
 5 = Driver of Motorcycle Type Vehicle
 6 = Passenger/Occupant on Motorcycle Type Vehicle
 98 = Other (Explain in Narrative)
 99 = Unknown

(Reminders On Next Slide)

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132

Person Num	12 Prsn. Type	13 Prsn. 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				

3.3.23 – PRSN. TYPE – (see code sheet: 12 – Person Type) (continued)

REMINDERS:

- ♦ A person in the front left seat position but not driving (parked vehicle, previously wrecked, etc.) should be listed as a passenger/occupant.
- ♦ If multiple persons are occupying the driver's seat of the vehicle, only the person who is primarily in actual control of the vehicle should be listed as the driver. The other person will be shown as the passenger/occupant but, will still be listed in seat position "1" front left.

CONDITIONAL FIELD: If "Person Number" is present, it is necessary to complete the "Person Type" field.

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(Handout) **67** FOR REPORTING CRASHES

Person Num	12 Prsn. Type	13 Prsn. 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				

3.3.24 – SEAT POSITION – (see code sheet: 13 – Seat Position)
Using only the code sheet values, indicate the physical location of the person(s) involved in the crash. This field must be populated for each person involved in the crash.

For motorcycles, report the seat positions as shown:

1 – Front Left – Driver
2 – Front Seat Center (Sidecar)
4 – Second Seat Left (Passenger)

13. Seat Position	
1 = Front Left	10 = Cargo Area
2 = Front Center	11 = Outside Vehicle
3 = Front Right	13 = Other in Vehicle
4 = Second Seat Left	14 = Passenger in Bus
5 = Second Seat Center	16 = Pedestrian, Pedalcyclist, or Motorized Conveyance
6 = Second Seat Right	98 = Other (Explain in Narrative)
7 = Third Seat Left	
8 = Third Seat Center	
9 = Third Seat Right	99 = Unknown

(Tip and Conditional Field On Next Slide)

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(Handout) **67** FOR REPORTING CRASHES

Person Num.	12 Prsn. 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				

3.3.24 – SEAT POSITION – (see code sheet: 13 – Seat Position) (continued)

TIP: The sleeper area of a commercial truck would be considered “13–Other in Vehicle” and should be explained in the narrative.

CONDITIONAL FIELD: If “Person Number” is present, it is necessary to complete the “Seat Position” field.

NOTE: When more than one person is occupying the same seat position, the same seat position number will be assigned to each person.

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Person Num.	12 Prsn. 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				

3.3.25 – NAME: LAST, FIRST, MIDDLE

Enter the last name, first name, middle name, or initial of the each person involved in the crash for this unit. This free form field allows up to 40 characters per name.

TIP: Use exact spelling that appears on the license/identification for the primary person of this unit.

EXAMPLE: John Franklin Smith should be shown as Smith, John, Franklin, not Smith, John F., or Smith, J. F.

(Reminders On Next Slide)

(CR–100) **39** INSTRUCTIONS TO POLICE FOR REPORTING CRASHES **136**
(Handout) **68**

Person Num.	12 Psn. Type	13 Psn. Detail Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Result	24 Drug Spec.	25 Drug Result	26 Drug Category

3.3.25 – NAME: LAST, FIRST, MIDDLE (continued)

REMINDER: If, at the time of the crash, the driver of the vehicle is unknown, such as in a hit-and-run, the driver’s name should show “Unknown.” Once the identity of the driver is established through subsequent investigation, a supplemental report must be submitted to report the driver’s name.

NOTE: It is no longer necessary to collect addresses for any passenger/occupants.

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FOR REPORTING CRASHES

137

Person Num.	12 Psn. Type	13 Psn. Detail Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Result	24 Drug Spec.	25 Drug Result	26 Drug Category

3.3.26 – INJURY SEVERITY – (see code sheet: 14 – Injury Severity)

This data field is used to capture the most serious injury for each occupant using only the values listed on the code sheet for injury severity.

14. Injury Severity

A = Incapacitating Injury

B = Non-Incapacitating Injury

C = Possible Injury

K = Killed

N = Not Injured

99 = Unknown

(Tips and Conditional Field On Next Slide)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

138

Person Num.	12 Prsn. Type	Prsnal 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				

3.3.26 – INJURY SEVERITY – (see code sheet: 14 – Injury Severity)

TIPS:

- ♦ For every person involved in a crash you must provide an injury code, including for persons not injured.
- ♦ For a train crash – Only provide injury code for passengers that are injured; uninjured train passengers should not be listed.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Injury Code” field.

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 (Handout) **70**

Person Num.	12 Prsn. Type	Prsnal 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				

3.3.27 – AGE

Capture the age of each occupant at his or her last birth date in whole numbers. If an infant is less than one year old, the officer should report the age as zero.

EXAMPLE: A 10–month–old infant would be shown as 0.

TIP: If the age of the person is unknown, this field may be left blank. (Hit and Run etc.)

(CR–100) **40** INSTRUCTIONS TO POLICE FOR REPORTING CRASHES **140**
 (Handout) **70**

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Spec.	26 Drug Result	27 Cause	
Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for																				

3.3.28 – ETHNICITY – (see code sheet: 15 – Ethnicity)
Using only the code sheet values, capture the ethnicity of the person(s) involved in the crash.

REMINDER: This information is only for identification purposes. Officers are encouraged to provide this information; however, if the person objects to having it included, the field may be left blank.

15. Ethnicity
 W = White
 B = Black
 H = Hispanic
 A = Asian
 I = Amer. Indian/
 Alaskan Native
 98 = Other
 99 = Unknown

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(Handout) 71
INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES
141

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Spec.	26 Drug Result	27 Cause	
Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for																				

3.3.29 – SEX – (see code sheet: 16 – Sex)
Capture the Gender category that best describes the person(s) involved in the crash.

TIP: Use the gender that appears on the Driver License/ID Card.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “Sex” code field.

16. Sex
 1 = Male
 2 = Female
 99 = Unknown

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(Handout) 71
INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES
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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 Result	26 Drug Result
													Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for					

3.3.30 – EJECT. – (see code sheet: 17 – Ejected)
Using only the code sheet values, describe the extent to which the person’s body was expelled from the vehicle during the crash.

TIP: For motorcycle crashes, where the driver or passenger is thrown from the motorcycle, capture value 97 “Not Applicable.”

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete the “eject” code field.

17. Ejected
 1 = No
 2 = Yes
 3 = Yes, Partial
 97 = Not Applicable
 99 = Unknown

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(Handout) **72**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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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 Result	26 Drug Result
													Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for					

3.3.31 – RESTR. – (see code sheet: 18 – Restraint Used)
Capture the type of restraint used by each person using only the values provided on the code sheet.

REMINDER: For most motorcycle crashes, capture value 97 “Not Applicable.”

18. Restraint Used

1 = Shoulder and Lap Belt	7 = Child Booster Seat
2 = Shoulder Belt Only	96 = None
3 = Lap Belt Only	97 = Not Applicable
4 = Child Seat, Facing Forward	98 = Other (Explain in Narrative)
5 = Child Seat, Facing Rear	99 = Unknown
6 = Child Seat, Unknown	

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(Handout) **72**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Person Num.	12 Prsn. 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				

3.3.37 – DRUG SPEC. – (see code sheet: 23 – Drug Specimen Type)

Indicate the type of drug specimen taken for analysis using only the values listed on the code sheet for Drug Specimen Type.

TIP: If an oral swab test is the specimen type taken it must be reported as “98 – Other” and explained in the narrative.

REMINDER: Drug Specimen Type is only reported for the driver/primary person for each unit.

CONDITIONAL FIELD: If “Person Number” is present, it will be necessary to complete this field.

23. Drug Specimen Type

2 = Blood
 3 = Urine
 4 = Refused
 96 = None
 98 = Other (Explain in Narrative)

(CR-100) **45**INSTRUCTIONS TO POLICE FOR REPORTING CRASHES151

(Handout) **76**

Person Num.	12 Prsn. 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				

3.3.38 – DRUG RESULT – (see code sheet: 24 – Drug Test Result)

Using the values on the listed code sheet for Drug Result, select the result that applies. Drug results should be listed in the appropriate field on the front of the report.

TIP: If a specimen was taken, and a drug analysis performed, the result of the test must be entered as either negative or positive.

24. Drug Test Result

1 = Positive
 2 = Negative
 97 = Not Applicable
 99 = Unknown

(Reminder Next Slide)

(CR-100) **46**INSTRUCTIONS TO POLICE FOR REPORTING CRASHES152

(Handout) **76**

<input type="checkbox"/> Owner	Owner/Lessee Name & Address				
<input type="checkbox"/> Lessee					
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.	
Fin. Resp. Phone 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				

3.3.42 – PROOF OF FIN. RESP. – (Proof of Financial Responsibility)
 Check the appropriate box to indicate whether the driver presented satisfactory evidence of financial responsibility.

- ◆ **Yes** – Indicates the driver presented satisfactory evidence of minimum financial responsibility
- ◆ **No** – Indicates the driver did not provide satisfactory evidence or proof of financial responsibility.
- ◆ **Expired** – Indicates the driver provided the investigator with expired financial responsibility.
- ◆ **Exempt** – If the motor vehicle is exempt from the financial responsibility requirement, note the reason for the exemption in the space provided for the “Financial Responsibility Name.” (Government vehicle, former military vehicle or is at least 25 years old, volunteer fire department, vehicle used for public interest and not for regular transportation.) **TRC 601.052**

(Tips Next Slide)

(CR–100) **47** INSTRUCTIONS TO POLICE 157
 (Handout) **79** FOR REPORTING CRASHES

<input type="checkbox"/> Owner	Owner/Lessee Name & Address				
<input type="checkbox"/> Lessee					
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.	
Fin. Resp. Phone 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				

3.3.42 – PROOF OF FIN. RESP. – (Proof of Financial Responsibility) (continued)

TIPS:

- ◆ If a driver does not present valid proof of financial responsibility at the scene of the crash, the officer should check “**No**.”
- ◆ If unit is **not** a 1, 5, 6, or 7, this field may be left blank.
- ◆ If “Expired” is selected you may complete the remaining financial responsibility information.

(CR–100) **47** INSTRUCTIONS TO POLICE 158
 (Handout) **79** FOR REPORTING CRASHES

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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. Phone Num.	27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2
Towed By	Towed To	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.43 – FIN. RESP. TYPE – (see code sheet: 26 – Financial Responsibility Type)
Using only the code sheet values listed; capture the appropriate code that coincides with the type of financial responsibility presented by the driver.

TIP: If a vehicle is exempt from financial responsibility, the officer should leave this data field **blank**.

26. Financial Responsibility Type

- | | |
|----------------------------------|--|
| 1 = Liability Insurance Policy | 5 = Certificate of Deposit with Comptroller |
| 2 = Proof of Liability Insurance | 6 = Certificate of Deposit with County Judge |
| 3 = Insurance Binder | 7 = Certificate of Self-Insurance |
| 4 = Surety Bond | |

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(Handout) **80**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

159

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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. Phone Num.	27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2
Towed By	Towed To	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.44 – FIN. RESP. NAME – (Financial Responsibility Name)

This data field is used to capture the name of the provider as it appears on the financial responsibility documents presented by the driver. This free form field allows up to 40 characters in length.

TIP: If the vehicle is exempt from financial responsibility, the officer should report the description name that allows the vehicle's exemption. (Government vehicle, former military vehicle or is at least 25 years old, volunteer fire department, vehicle used for public interest and not for regular transportation) **TRC 601.052**

(CR-100) **48**
(Handout) **80**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1		____ - ____ - ____ - ____	27 Vehicle Damage Rating 2	____ - ____ - ____ - ____
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No		

3.3.45 – FIN. RESP. NUM. – (Financial Responsibility Number)

This data field is used to capture the policy/account number of the provider as it appears on the financial responsibility documents presented by the driver. This free form field allows up to 60 characters in length.

(CR-100) **48**
(Handout) **81**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1		____ - ____ - ____ - ____	27 Vehicle Damage Rating 2	____ - ____ - ____ - ____
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No		

3.3.46 – FIN. RESP. PHONE NUM. – (Financial Responsibility Phone Number)

Report the phone number for the provider as it appears on the financial responsibility documents presented by the driver. This free form field allows up to 20 characters in length.

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(Handout) **81**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 _ _ - _ _ - _ _ - _ _		27 Vehicle Damage Rating 2 _ _ - _ _ - _ _ - _ _	
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.47 – VEHICLE DAMAGE RATING – (see code sheet: 27 – Vehicle Damage Rating)

This data field is used to capture the vehicle damage, derived by referencing the CR-80 (Vehicle Damage Guide). The damage rating is reported so that some correlation between direction and amount of impact force with the severity of injury and restraining device used can be established.

(Continued On Next Slide)

(CR-100) **49 - 50**
(Handout) **82**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 _ _ - _ _ - _ _ - _ _		27 Vehicle Damage Rating 2 _ _ - _ _ - _ _ - _ _	
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.47 – VEHICLE DAMAGE RATING – (see code sheet: 27 – Vehicle Damage Rating) (continued)

- ◆ **Direction of Force** – (XX) – Describes the direction from which the vehicle damage was received in comparison to the numbers on a clock. Should be shown with a 1 or 2-digit numeric character (1-12) before the damage description.
- ◆ **Damage Description** – (ABC) – Describes the area of the vehicle that received damage. Should be reported with a 2 or 3 alpha character code and **right justified** (as shown in the CR-80).
- ◆ **Damage Rating** – (Y) – Describes the severity of the damage received. Should be reported with a single-digit numeric character between 0-7 after the damage description.

(Continued On Next Slide)

(CR-100) **49 - 50**
(Handout) **82**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

164

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address		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
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	Expired <input type="checkbox"/> Exempt <input type="checkbox"/>										
Fin. Resp. Phone Num.											
Towed By				Towed To							

3.3.47 – VEHICLE DAMAGE RATING – (see code sheet: 27 – Vehicle Damage Rating) (continued)

In special cases, use:

- VB-1** – Vehicle burned, **NOT** due to collision (engine catches fire, cigarette burns upholstery, etc.).
- VB-7** – Vehicle catches fire due to the collision (vehicle collides with object or another vehicle and fire starts).
- TP-0** – Top damage only
- VX-0** – Undercarriage damage only
- MC-1** – Motorcycle, moped, scooter, etc.
- NA** – Not Applicable (farm tractors, etc.)

(Continued On Next Slide)

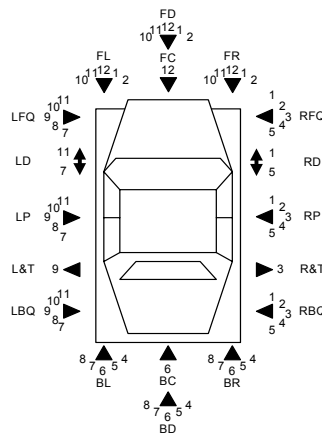
(CR-100) **49 - 50**
(Handout) **83**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address		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
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	Expired <input type="checkbox"/> Exempt <input type="checkbox"/>										
Fin. Resp. Phone Num.											
Towed By				Towed To							

3.3.47 – VEHICLE DAMAGE RATING – (see code sheet: 27 – Vehicle Damage Rating) (continued)



(Tips On Next Slide)

(CR-100) **49 - 50**
(Handout) **83**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

166

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		27 Vehicle Damage Rating 2 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.47 – VEHICLE DAMAGE RATING – (see code sheet: 27 – Vehicle Damage Rating) (continued)

TIPS:

- ◆ If Non-Contact vehicle is involved, leave damage rating blank.
- ◆ If no damage, report as zero (0).
- ◆ If damage is unknown (such as a Hit and Run Vehicle), leave blank.
- ◆ If more than two damage ratings are necessary, that information may be shown in the narrative.
- ◆ In most cases, enter in the format **XX-ABC-Y**, where **XX** is the Direction of Force (1-12), **ABC** is the Damage Description (2- or 3-letter code), and **Y** is the Damage Severity (0-7).

(Tips On Next Slide)

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(Handout) **84**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		27 Vehicle Damage Rating 2 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.47 – VEHICLE DAMAGE RATING – (see code sheet: 27 – Vehicle Damage Rating) (continued)

TIPS:

- ◆ When a crash involves a motor vehicle operated in combination with another vehicle (towed vehicle, trailer, etc.) and there is damage to the towed unit, such damage should be shown where the towed unit is listed and not in the space for damage rating to the towing vehicle.
- ◆ When the type of vehicle does not lend itself to a damage rating (motorcycle, farm tractor, etc.) and whenever there is no impact force on the vehicle (burned car, undercarriage damage, etc.), use damage descriptions recommended in the CR-80 (Vehicle Damage Guide).

(Reminder and Example On Next Slide)

(CR-100) **49 - 50**
(Handout) **84**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		27 Vehicle Damage Rating 2 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.47 – VEHICLE DAMAGE RATING – (see code sheet: 27 – Vehicle Damage Rating) (continued)

REMINDER: When a vehicle is damaged in more than one area in the same crash, each rating should be reported individually and not combined to arrive at a higher damage rating.

EXAMPLE: If the damage is FC–2 and BD–4, report the most severe damage first, such as BD–4, FC–2.

(CR–100) **49 - 50**
(Handout) **85**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.
Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		27 Vehicle Damage Rating 2 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	
Towed By	Towed To		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.3.48 – VEHICLE INVENTORIED

This data field is use to capture whether the officer inventoried the vehicle involved in the crash.

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(Handout) **85**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.		
Fin. Resp. Phone 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				

3.3.49 – TOWED BY

This data field is for officers to report the name of the wrecker, tow truck, or other means used to remove the vehicle, or if driven away, state by whom (owner, driver, or name of other individual). This free form field allows up to 40 characters in length.

(CR-100) **50** INSTRUCTIONS TO POLICE 171
(Handout) **86** FOR REPORTING CRASHES

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	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.		
Fin. Resp. Phone 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				

3.3.50 – TOWED TO

In this data field, provide the name and address of the site to which the vehicle was towed and a contact phone number. This free form field allows up to 40 characters in length.

(CR-100) **50** INSTRUCTIONS TO POLICE 172
(Handout) **86** FOR REPORTING CRASHES

4.0 BACK OF BASIC REPORT

(CR-100) **51 - 96**
(Handout) **87**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Report Identifiers

Law Enforcement and TxDOT Use ONLY. Form CR-3 1/1/2010	Case ID	TxDOT Crash ID	Page ___ of ___
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4.1 REPORT IDENTIFIERS

(CR-100) **51**
(Handout) **87**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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4.1.1 – CASE ID

Enter your agencies unique identifier assigned to the report (if applicable).

(CR-100) **51**
(Handout) **88**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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4.1.2 – TxDOT CRASH ID

For TxDOT use only.

(CR-100) **51**
(Handout) **88**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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4.1.3 – PAGE of

Each page of the crash report must be sequentially numbered. Please identify the front and back of the report as separate pages. Therefore, each CR-3 consists of a minimum of two pages.

(CR-100) **51**
(Handout) **89**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

177

Disposition of Injured / Killed

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

4.2 DISPOSITION OF INJURED / KILLED

Use this segment of the crash report to list the injured/killed persons involved in the crash.

(CR-100) **52 - 53**
(Handout) **89**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MMDD/YYYY)	Time of Death (24HRMM)
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_

4.2.1 – UNIT NUM. – (Unit Number)

This data field is used to identify which unit involved in the crash, carried an injured/killed person. Use the corresponding unit number listed on the front of the crash report.

TIP: If more space is needed for additional injured/killed, use “Disposition of Additional Injured/Killed” form.

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(Handout) **90**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MMDD/YYYY)	Time of Death (24HRMM)
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_
					// /_/ /_	_/ /_

4.2.2 – PRSN. NUM. – (Person Number)

This data field is used to identify which person involved was injured/killed. Use the corresponding person number from the Person Num. listed on the front of the crash report.

(CR-100) **52**
(Handout) **90**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MMDDYYYY)	Time of Death (24HRMM)
						// /_/ /_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/

4.2.3 – TAKEN TO

Use this data field to report the name and location of the facility where the person involved in the crash was transported. This free form field allows up to 40 characters in length.

EXAMPLE: Hopewell Methodist Hosp., Any City, TX, .Medical Examiner, Travis Co.,

TIP: An injured person who refuses treatment should be accounted for by indicating “Refused Treatment,” or “Not Treated at Scene.”

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(Handout) **91**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

181

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MMDDYYYY)	Time of Death (24HRMM)
						// /_/ /_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/
					// /_/ /_/ /_/	_/_/ /_/

4.2.4 – TAKEN BY

Use this data field to report the company name of the conveyance, ambulance, or private party used to transport the person involved in the crash and transported. This free form field allows up to 40 characters in length.

TIP: All persons should be listed individually, whether removed by the same or different conveyance, or by an ambulance of the same company; and whether taken to a common or different destination, so that all persons are accounted for. The officer may enter multiple transports and destinations for the same person; however, they must be listed on the same line. **Only one line is allowed per person transported.**

(CR-100) **52**
(Handout) **91**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

182

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4.2.5 – DATE OF DEATH

This data field is used to capture the date that the deceased was pronounced dead. Report the actual date, providing the month, day, and year (MM/DD/YYYY).

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(Handout) **92**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

183

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4.2.6 – TIME OF DEATH

This data field is used to capture the time that the deceased was pronounced dead. Report the actual time of death using **Military Time – 24HR:MM** (00:00–23:59). Midnight represents a new day and must be entered as 00:00.

TIP: The date and time of death shall not be prior to the date and time of the crash.

REMINDER: If the person died within 30 days of the crash, due to injuries sustained in the crash, submit a supplemental report to TxDOT indicating the date and time of death.

(CR-100) **53**
(Handout) **92**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

184

Charges

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

4.3 CHARGES

List the charges filed for violations related to the crash.

(CR-100) **54**
(Handout) **93**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

185

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

4.3.1 – UNIT NUM. – (Unit Number)

This data field is used to identify the unit involved in the crash that is receiving charges. Use the corresponding unit number listed on the front of the crash report.

(CR-100) **54**
(Handout) **93**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

186

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

4.3.2 – PRSN. NUM. – (Person Number)

This data field is used to identify the person involved in the crash, receiving charges. Use the corresponding person number listed on the front of the crash report.

(CR-100) **54**
(Handout) **94**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

187

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

4.3.3 – CHARGE

List all charges related to the crash, filed for the corresponding unit number and person number listed. This free form field allows up to 60 characters in length.

REMINDER: List only one charge per line. If there are more than three charges related to the crash, list them in the narrative.

(CR-100) **54**
(Handout) **94**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

188

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

4.3.4 – CITATION/REFERENCE NUM.

Report the identifying citation/reference number that relates to the charge being filed for the unit number and person number listed. This free form field allows up to 20 characters in length.

REMINDERS:

- ◆ If no charges were filed, leave **blank**.
- ◆ “Pending” and “None” will not be used.
- ◆ If charges are later filed after the report is completed, a supplemental report should be submitted indicating the charges.

(CR-100) **54**
(Handout) **95**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

189

Damage

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

4.4 DAMAGE

In this section, describe any object, animal, etc., other than a traffic unit shown elsewhere on this report, which was struck by one or more of the traffic units involved if there is a replacement value.

(CR-100) **55**
(Handout) **95**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

190

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

4.4.1 – DAMAGED PROPERTY OTHER THAN VEHICLES (continued)

This data field is used to capture the damage of property, other than to vehicles, which occurred in the crash. This includes city, county, or state property such as road signs, guard posts, streetlights, etc. Also includes damage to buildings, animals struck by vehicles, cargo carried in vehicles (general freight has multiple items, it can be specified as "all" and does not need to be listed individually), etc. This free form field allows up to 40 characters in length.

(Tips and Reminder On Next Slide)

(CR-100) **55**
(Handout) **96**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

191

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

4.4.1 – DAMAGED PROPERTY OTHER THAN VEHICLES (continued)

TIPS:

- ◆ A wild animal should not be listed. It has no determined value or owner.
- ◆ Fixed objects such as embankments, curbs, driveways, or landscaping (shrubs, trees, etc.) that are damaged should only be included if there is an owner and a replacement value.
- ◆ Items that grow naturally on right-of-ways have no value or owner; these items should not be listed.

REMINDER: Notify the appropriate agency or owner, if property is struck or damaged, as soon as possible.

(CR-100) **55**
(Handout) **96**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

192

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

4.4.2 – OWNER'S NAME

Use this field to report the owner of the damaged property involved in the crash. This free form field allows up to 40 characters in length.

(CR-100) **55**
(Handout) **97**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

193

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

4.4.3 – OWNER'S ADDRESS

Use this field to report the address of the owner of the damaged property involved in the crash. This free form field allows up to 60 characters for the street, 40 characters for the city and 15 for the zip code. *(For state abbreviation, refer to section 8.0, page 103).*

(CR-100) **55**
(Handout) **97**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

194

CMV

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdw. Access	31 Veh. 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	Trailer 2	Unit Num. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5 CMV

Complete this section of the CR-3 for each commercial motor vehicle involved in a motor vehicle crash. This section is designed to collect information regarding the involvement of commercial motor vehicles in traffic crashes.

This data will be used to satisfy the requirements of the Commercial Driver License Law and to provide data for the regulation of motor carriers through the Motor Carrier Safety Program.

Commercial motor vehicle information may affect a number of stakeholders (i.e. State Motor Carrier, Federal Motor Carrier, Texas Department of Public Safety, and US Department of Transportation).

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

195

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdw. Access	31 Veh. 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	Trailer 2	Unit Num. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.1 – UNIT NUM.

This data field is used to identify which unit involved in the crash is the CMV unit. Use the corresponding unit number listed on the front of the crash report.

(CR-100) **56**
(Handout) **98**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

196

Unit Num.	<input type="checkbox"/> 10,001+LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name	Carrier's Primary Addr.						
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.2 – CLASSIFICATION IDENTIFIERS

Select the identifier that requires the investigator to complete the CMV section of the Peace Officer's Crash Report (CR-3).

REMINDER: At least one identifier **must** be selected; all three could apply.

(Continued On Next Slide)

(CR-100) **56 - 57**
(Handout) **99**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

197

Unit Num.	<input type="checkbox"/> 10,001+LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name	Carrier's Primary Addr.						
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.2 – CLASSIFICATION IDENTIFIERS (continued)

- ◆ **10,001 + LBS. – (REFERENCE SECTION 4.4.10)** Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles when the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.

- The GCWR is the combined weight rating of a motor vehicle and towed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this section must be completed.

(Continued On Next Slide)

(CR-100) **56 - 57**
(Handout) **99**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

198

Unit Num.	<input type="checkbox"/> 10,001+LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name		Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.2 – CLASSIFICATION IDENTIFIERS (continued)

- The GVWR of a motor vehicle normally can be found on an information plate on the driver's door or doorpost. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not contain an information plate or it is illegible, use the RGWW.
- On vehicles registered in Texas, the RGWW is shown on the registration receipt under "gross weight." Commercial motor vehicles are required to carry the registration receipt.

(Continued On Next Slide)

(CR-100) 56 - 57
(Handout) 100

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

199

Unit Num.	<input type="checkbox"/> 10,001+LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name		Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.2 – CLASSIFICATION IDENTIFIERS (continued)

- In the event the registration receipt is not available, the RGWW can normally be obtained by a *complete* registration check.
Exception: If the vehicle has exempt license plates (i.e. owned by a government entity), or is an older vehicle or heavy equipment, no RGWW will be shown. In those instances, the GVWR must be used.
- If the GVWR is used to determine the need to complete this section, the GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate fields.

(Continued On Next Slide)

(CR-100) 56 - 57
(Handout) 100

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

200

Unit Num.	<input type="checkbox"/> 10,001+LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name		Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.2 – CLASSIFICATION IDENTIFIERS (continued)

- If the RGWW is used to determine the need to complete this section, the RGWW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a combination/token vehicle or as an apportioned vehicle. In those situations, the license plates will indicate combination/token or apportioned.
- The RGWW for out-of-state vehicles and trailers may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards, or other documents.

(Continued On Next Slide)

(CR-100) **56-57**
(Handout) **101**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

201

Unit Num.	<input type="checkbox"/> 10,001+LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
Carrier's Corp. Name		Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.2 – CLASSIFICATION IDENTIFIERS (continued)

TIP: If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGWW. In those instances, show the RGWW of the combination in the power unit and show zero (0) on the trailer(s).

(Continued On Next Slide)

(CR-100) **56 - 57**
(Handout) **101**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

202

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.2 – CLASSIFICATION IDENTIFIERS (continued)

- ♦ **Transporting Hazardous Material** – Any motor vehicle transporting hazardous materials that is required to be placarded under the Hazardous Materials Transportation Act. This box must be selected when indicating the vehicle or truck trailer combination was transporting hazardous material.
- ♦ **9 + capacity** – Any vehicle with a passenger seating capacity of nine (9) or more (including the driver) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.

(CR-100) **56 - 57**
(Handout) **102**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

203

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.3 – VEH. OPER. – (see code sheet: 28 – Vehicle Operation)

The identification of the type of commerce is critical since it determines which laws and regulations apply to the operation of the vehicle. The bill of lading and destination information may be one source available to make this determination.

28. Vehicle Operation
 1 = Interstate Commerce
 2 = Intrastate Commerce
 3 = Not in Commerce
 4 = Government
 5 = Personal

(Examples On Next Slide)

(CR-100) **58 - 59**
(Handout) **102**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

204

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.3 – VEH. OPER. – (see code sheet: 28 – Vehicle Operation) (continued)

EXAMPLES:

1 – A shipment of property, which originates in Atlanta, Georgia, has a final destination of El Paso, Texas. This property is off-loaded at a terminal in Dallas and transferred to another vehicle for completion of the journey. Based on these circumstances, if the bill of lading shows origin as Atlanta, Georgia and final destination as El Paso, Texas, the leg of the trip from Dallas to El Paso is still considered “Interstate Commerce” even though the vehicles may not have actually traveled outside of Texas.

(Examples On Next Slide)

(CR-100) **58 - 59**
(Handout) **103**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

205

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.3 – VEH. OPER. – (see code sheet: 28 – Vehicle Operation) (continued)

EXAMPLES:

2 – Under the same set of circumstances in Example 1, the Dallas terminal is a distribution warehouse of some type, and the bill of lading shows origin in Atlanta, Georgia and the final destination point as Dallas. The subsequent transportation of the property from Dallas to El Paso would be considered “Intrastate Commerce”, provided the bill of lading indicated Dallas as origin and El Paso as destination and the actual transportation of the property did not cross a state or international border.

(Examples On Next Slide)

(CR-100) **58-59**
(Handout) **103**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

206

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.3 – VEH. OPER. – (see code sheet: 28 – Vehicle Operation) (continued)

EXAMPLES:

- 3 – A load of property is being transported from El Paso to Lubbock. The bill of lading indicates El Paso as the point of origin and Lubbock as the point of destination. The driver travels through New Mexico to save time and mileage. This would be “Interstate Commerce”.

(Examples On Next Slide)

(CR–100) **58-59**
(Handout) **104**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

207

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.3 – VEH. OPER. – (see code sheet: 28 – Vehicle Operation) (continued)

EXAMPLES:

- 4 – A commercial truck owned by a business and primarily operated for business commerce, but temporarily being used by the driver for personal use would be considered “Not in Commerce”.

(Examples On Next Slide)

(CR–100) **58-59**
(Handout) **104**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

208

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.3 – VEH. OPER. – (see code sheet: 28 – Vehicle Operation) (continued)

EXAMPLES:

5 – A person operating a large truck for moving his or her own household items would be considered “Personal”.

(Examples On Next Slide)

(CR–100) **58-59**
(Handout) **105**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

209

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.3 – VEH. OPER. – (see code sheet: 28 – Vehicle Operation) (continued)

EXAMPLES:

6 – An employee of the TxDOT is driving a dump truck in their regular line of duty or an employee of the Texas Department of Public Safety is driving a Department bus, taking recruits from one site to another; both examples are considered “Government”.

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(Handout) **105**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

210

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.4 – CARRIER ID TYPE – (see code sheet: 29 – Carrier ID Type)

Must be completed by indicating the carrier identification type. Most carriers operating a commercial motor vehicle should be assigned an identification number by one or more regulatory agencies.

29. Carrier ID Type 1 = US DOT 2 = TxDOT 3 = ICC/MC 96 = None 98 = Other (Explain in Narrative)

(Tip and Reminder On Next Slide)

(CR-100) **59**
(Handout) **106**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

211

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.4 – CARRIER ID TYPE – (see code sheet: 29 – Carrier ID Type) (continued)

TIP: If Vehicle Operation is “Personal” show “96–None” for Carrier ID Type.

REMINDER: Carriers operating interstate commerce will normally have a U.S. Department of Transportation (USDOT) number. They may also have an Interstate Commerce Commission (ICC) number, Texas Department of Transportation (TxDOT) number, or an ID number issued by another state. If a carrier has more than one ID number, priority should be given in this order: “US DOT”, “ICC”, “TxDOT”, or “Other”. If no ID is available, select “96 – None”.

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(Handout) **106**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

212

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rdw. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.5 – CARRIER ID NUM.

The alphanumeric identification number of an individual, partnership, or corporation responsible for the transportation of persons or property as indicated on the shipping manifest. If Carried ID Type is "96 – None" then leave this data field blank.

(Tips On Next Slide)

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(Handout) **107**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

213

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rdw. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.5 – CARRIER ID NUM. (continued)

TIPS:

- ◆ When the Carrier ID Type is "ICC/MC" or "US DOT", the Carrier ID Number must be numeric 8 digits in length. If less than 8 digits are entered the number should lead with zeros to make the 8 digits.
- ◆ When the Carrier ID Type is "TxDOT", the Carrier ID Number must be 10 characters in length. The first nine characters must be numeric and the last character may be the letter "C" or a number. If less than 10 characters are entered, the number will lead with zeros to make the 10 characters.

(Conditional Field On Next Slide)

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(Handout) **107**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

214

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.5 – CARRIER ID NUM. (continued)
CONDITIONAL FIELD: If Carrier ID Type is listed then Carrier ID Num. must be listed.

(CR-100) **60** INSTRUCTIONS TO POLICE FOR REPORTING CRASHES 215
(Handout) **108**

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.6 – CARRIER'S CORP. NAME – (Carrier's Corporate Name)
A motor carrier is defined as any "for hire" (common, specialized, or contract) carrier of property or passengers by motor vehicle, any private carrier of property by motor vehicle or the entity responsible for the operation of the vehicle at the time of the crash. This may or may not be the actual owner of the vehicle as shown on the registration receipt. This field holds up to 60 characters in length.

(Example On Next Slide)

(CR-100) **60** INSTRUCTIONS TO POLICE FOR REPORTING CRASHES 216
(Handout) **108**

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdw. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.6 – CARRIER'S CORP. NAME – (Carrier's Corporate Name) (continued)

EXAMPLE:

- John Doe is the registered owner and operator of a truck leased to ABC Transport, a "for hire" carrier. ABC Transport is the motor carrier.

(Example On Next Slide)

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(Handout) **109**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

217

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdw. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.6 – CARRIER'S CORP. NAME – (Carrier's Corporate Name) (continued)

EXAMPLE:

- A truck owned by and registered to a leasing company and leased to ABC Transport (lessee) and is involved in a crash while being operated by an employee of the lessee, should show the name of the lessee.

(Example On Next Slide)

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(Handout) **109**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

218

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.6 – CARRIER'S CORP. NAME – (Carrier's Corporate Name) (continued)

EXAMPLE:

- ◆ A person rents a motor vehicle from U-Haul or another leasing company to move his/her household furniture under a short-term rental agreement. In this situation, the registered owner (Rental Company U-Haul) should be shown.

(Example On Next Slide)

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(Handout) **110**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

219

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.7 – CARRIER'S PRIMARY ADDR. (Carrier's Primary Address)

Enter the primary business address of the carrier. This free form field allows up to 60 characters for the street, 40 characters for the city and 15 for the zip code. (For state abbreviation, refer to section 8.0, page 103).

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(Handout) **110**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

220

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.8 – RDWY. ACCESS – (see code sheet: 30 – Roadway Access)

Only one access control characteristic is required that best describes the roadway the vehicle was traveling on at the time of the crash.

30. Roadway Access

- 1 = Full Access Control
- 2 = Partial Access Control
- 3 = No Access Control

(Code Sheet Values On Next Slide)

(CR-100) 61
(Handout) 111

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

221

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.8 – RDWY. ACCESS – (see code sheet: 30 – Roadway Access) (continued)

1 – Full Access Control – Is an expressway, freeway, or interstate where the only means of entry to, or exit from the roadway is by ramps and bridges that connect to service roads, streets, or highways and there are no at-grade intersections. Typically, this will be an Interstate.

(Code Sheet Values On Next Slide)

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(Handout) 111

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

222

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.8 – RDWY. ACCESS – (see code sheet: 30 – Roadway Access) (continued)

2 – Partial Access Control – A major road that may or may not have at-grade intersections, but the number of intersections is limited. If the highway has features of both “Full Access Control” and “No Access Control” it would be coded “Partial Access Control.”

(Code Sheet Values On Next Slide)

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(Handout) **112**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

223

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rdwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.8 – RDWY. ACCESS – (see code sheet: 30 – Roadway Access) (continued)

3 – No Access Control – Is a street or highway where driveways provide access to and egress from adjacent properties, and cross streets intersect at-grade. Typically, this will be a local street.

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(Handout) **112**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

224

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rdw. Access	31 Veh. 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. ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.9 – VEH. TYPE – (see code sheet: 31 – Vehicle Type)

Complete the Vehicle Type data field by using the code sheet values to indicate the selection that best describes the commercial motor vehicle involved in the crash.

EXAMPLE: A light truck (pickup pulling a trailer) when the combination weight would make the combination a commercial vehicle (unless Hazardous Material placard is required) could be shown as Number 7.

- 31. Vehicle Type**
- 1 = Passenger Car
 - 2 = Light Truck
 - 3 = Bus (9-15)
 - 4 = Bus (>15)
 - 5 = Single Unit Truck 2 Axles 6 Tires
 - 6 = Single Unit Truck 3 or More Axles
 - 7 = Truck Trailer
 - 8 = Truck Tractor (Bobtail)
 - 9 = Tractor/Semi Trailer
 - 10 = Tractor/Double Trailer
 - 11 = Tractor/Triple Trailer
 - 98 = Other (Explain in Narrative)
 - 99 = Unknown Heavy Truck

(CR-100) **61-64**
(Handout) **113**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

225

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rdw. Access	31 Veh. 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. ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.10 – RGWW / GVWR

This data field is used to capture either the Gross Vehicle Weight Rating (GVWR), found on the Vehicle Manufacturer Identification Plate or the Registered Gross Vehicle Weight (RGVW) determined by looking at the Registration Receipt or by requesting a registration check through TLETS. It is required that a Registration Receipt be carried in the vehicle. Check the appropriate box and enter the GVWR or RGVW as applicable. This is a **numeric, right justified field** and vehicle weight shall not exceed 80,000.

(CR-100) **65**
(Handout) **113**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

226

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input checked="" 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.11 – HAZMAT RELEASED

This data field is to capture whether hazardous material was released into the environment. (Do not include fuels from the vehicle's fuel tank).

- ◆ **Yes** – Indicates that Hazardous Material was released into the environment.
- ◆ **No** – Indicates that Hazardous Material was not released into the environment.

(CR-100) **65**
(Handout) **114**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

227

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input checked="" 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.12 – HAZMAT CLASS NUM. – (see code sheet: 32 – Hazardous Material Class Number)

Use the values listed from the code sheet to identify the class of hazardous material being transported.

REMINDER: The hazardous material class number can often be located on the bill of lading, shipping papers or in the lower corner of the diamond shaped hazardous material warning placard.

<p>32. Hazardous Material Class Number</p> <p>1 = Explosives 2 = Gases 3 = Flammable Liquids 4 = Flammable Solids 5 = Oxidizers and Organic Peroxides 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods</p>
--

(Continued On Next Slide)

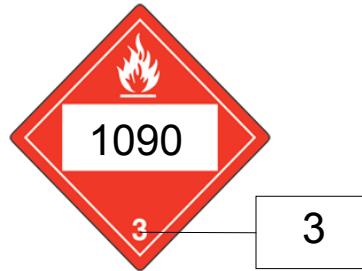
(CR-100) **65 - 66**
(Handout) **114**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

228

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.12 – HAZMAT CLASS NUM. – (see code sheet: 32 – Hazardous Material Class Number) (continued)



(CR-100) **65 - 66**
(Handout) **115**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

229

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.13 – HAZMAT ID NUM.

This data field captures the hazardous materials ID number to identify the hazardous material being transported. This is a 4–digit number preceded by “UN” or “NA.”

REMINDER: The hazardous material ID Number can be located on shipping papers, bill of lading or in the diamond shaped label or an orange panel on tank vehicles. The two–letter designation of either “UN” or “NA” may be found on shipping papers. “UN” denotes a load that is associated with proper shipping names considered appropriate for international transportation as well as domestic transportation. “NA” denotes loads that are associated with proper shipping names not recognized for international transportation except to and from Canada.

(Continued On Next Slide)

(CR-100) **66 - 67**
(Handout) **115**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

230

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.13 – HAZMAT ID NUM. (continued)

The following diagram is only illustrative since shipping papers and bills of lading may differ in format.

ROUTING		VEHICLE NO. PART INITIAL & MO	
DELIVERING CENTER		C.O.D. CHARGE TO BE PAID BY	
SHIPPING NAME			
C.O.D.			
packages	Descriptions of articles, and exceptions		
1 TT	ACETONE, FLAMMABLE LIQUID, UN1090	55,000	
		ID NUMBER	
	CLASSIFICATION		

(Reminder On Next Slide)

(CR-100) 66 - 67
(Handout) 116

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

231

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.13 – HAZMAT ID NUM. (continued)

REMINDER: Shipping papers should be carried in the vehicle. If the shipping papers or bill of lading is not available or if the class and ID numbers cannot be located on these documents, the class and ID numbers may be taken directly from the placard.

(CR-100) 66 - 67
(Handout) 116

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

232

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
Carrier's Corp. Name			Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat ID Num.	
33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires		

4.5.14 – CARGO BODY STYLE– (see code sheet: 32 – Cargo Body Style)

Using only the list from the code sheet provided, indicate the closest description of the cargo body style for the commercial vehicle or combination of vehicles involved in the crash.

33. Cargo Body Style

- | | | |
|----------------------|-------------------------|-------------------------------------|
| 1 = Bus (9-15) | 8 = Auto Transporter | 15 = Vehicle Towing Another Vehicle |
| 2 = Bus (>15) | 9 = Garbage Refuse | 97 = Not Applicable |
| 3 = Van/Enclosed Box | 10 = Grain Chips Gravel | 98 = Other (Explain in Narrative) |
| 4 = Cargo Tank | 11 = Pole | |
| 5 = Flatbed | 13 = Intermodal | |
| 6 = Dump | 14 = Logging | |
| 7 = Concrete Mixer | | |

(CR-100) **68 - 71**
(Handout) **117**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

233

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
Carrier's Corp. Name			Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat ID Num.	
33 Cargo Body Style	Trailer 1	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires		

4.5.15 – TRAILER 1 INFORMATION

4.5.15.1 – UNIT NUMBER

Enter the trailers unit number that identifies the unit involved in the crash. If the commercial motor vehicle identified in this section is towing 1 trailer, complete "Trailer 1" information only. When a trailer is carrying cargo, include the cargo with the trailer unit and do not report as a separate unit.

Note: If the unit is an auto transporter, any vehicles carried on the trailer would not be listed as additional units.

(CR-100) **71**
(Handout) **117**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

234

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.15.2 – RGWW/GVWR – (Registered Gross Vehicle Weight / Gross Vehicle Weight Rating)

This data field is used to capture either the Gross Vehicle Weight Rating (GVWR), found on the Vehicle Manufacturer Identification Plate or the Registered Gross Vehicle Weight (RGVW) determined by looking at the Registration Receipt or by requesting a registration check through TLETS. It is required that a Registration Receipt be carried in the vehicle. Check the appropriate box and enter the GVWR or RGVW as applicable.

REMINDER: If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s).

(CR-100) 71
(Handout) 118

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

235

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.15.3 – TRLR. TYPE – (see code sheet: 34– Trailer Type)

Complete Trailer Type information by using the code sheet values to indicate which most closely describes the type of trailer(s) being towed.

TIP: A semitrailer equipped with an auxiliary front axle (converter dolly) shall be considered a full trailer.

34. Trailer Type

- 1 = Full Trailer
- 2 = Semi-Trailer
- 3 = Pole Trailer

(CR-100) 72
(Handout) 118

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

236

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.16 – TRAILER 2 INFORMATION

4.5.16.1 – UNIT NUMBER

Enter the trailers unit number that identifies the unit involved in the crash. If the commercial motor vehicle identified in this section is towing a second trailer, complete "Trailer 2" information. When a trailer is carrying cargo, include the cargo with the trailer unit and do not report as a separate unit.

(CR-100) **73**
(Handout) **119**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

237

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.16.2 – RGWW/GVWR – (Registered Gross Vehicle Weight / Gross Vehicle Weight Rating)

This data field is used to capture the Gross Vehicle Weight Rating (GVWR), found on the Vehicle Manufacturer Identification Plate or the Registered Gross Vehicle Weight (RGWW) determined by looking at the Registration Receipt is required carried in the vehicle or by requesting a registration check through TLETS. Check the appropriate box and enter the GVWR or RGWW as applicable.

REMINDER: If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGWW. In those instances, show the RGWW of the combination in the power unit and show zero (0) on the trailer(s).

(CR-100) **73**
(Handout) **119**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

238

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.16.3 – TRLR. TYPE – (see code sheet: 33– Trailer Type)

Complete Trailer Type information by using the code sheet values to indicate which most closely describes the type of trailer(s) being towed.

TIP: A semi-trailer equipped with an auxiliary front axle (converter dolly) shall be considered a full trailer.

34. Trailer Type

- 1 = Full Trailer
- 2 = Semi-Trailer
- 3 = Pole Trailer

(CR-100) **74**
(Handout) **120**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

239

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name		Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

4.5.17 – SEQUENCE OF EVENTS – (see code sheet: 35 – Sequence of Events)

Using the values from the code sheet, select the sequence of events, based on the CMV actions that best describe the overall crash. This includes non-collision as well as collision events regardless of injury and/or property damage.

35. Sequence of Events

- | | | |
|--|---|---|
| 1 = Non-Collision: Ran Off Road | 9 = Non-Collision: Equipment Failure | 17 = Collision Involving Animal |
| 2 = Non-Collision: Jackknife | 10 = Non-Collision: Other | 18 = Collision Involving Fixed Object |
| 3 = Non-Collision: Overturn Rollover | 11 = Non-Collision: Unknown | 19 = Collision With Work Zone Maintenance Equipment |
| 4 = Non-Collision: Downhill Runaway | 12 = Collision Involving Pedestrian | 20 = Collision With Other Movable Object |
| 5 = Non-Collision: Cargo Loss Or Shift | 13 = Collision Involving Motor Vehicle in Transport | 21 = Collision With Unknown Movable Object |
| 6 = Non-Collision: Explosion Or Fire | 14 = Collision Involving Parked Motor Vehicle | 98 = Other (Explain in Narrative) |
| 7 = Non-Collision: Separation of Units | 15 = Collision Involving Train | |
| 8 = Non-Collision: Cross Median/Centerline | 16 = Collision Involving Pedalcycle | |

(Tip Reminder On Next Slide)

(CR-100) **75 - 76**
(Handout) **120**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

240

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
Carrier's Corp. Name		Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.17 – SEQUENCE OF EVENTS – (see code sheet: 35 – Sequence of Events)
(continued)

EXAMPLES:

A tractor/semi-trailer goes out of control on an icy roadway and eventually strikes a bridge abutment and overturns. The tractor then becomes engulfed in flames.

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4
	1	18	3	6

SEQ.1 – 1 (Ran off road)

SEQ.2 – 18 (Collision involving a fixed object)

SEQ.3 – 3 (Overturn or rollover)

SEQ.4 – 6 (Explosion or fire)

(Examples On Next Slide)

(CR-100) **75 - 76**
(Handout) **121**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

241

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
Carrier's Corp. Name		Carrier's Primary Addr.					
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.17 – SEQUENCE OF EVENTS – (see code sheet: 35 – Sequence of Events)
(continued)

EXAMPLES: A single unit truck sideswipes a vehicle in the right lane. Because of the impact, it overturns.

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4
	13	3		

SEQ.1 – 13 (Collision involving a motor vehicle in transport)

SEQ.2 – 3 (Overturn or rollover)

(CR-100) **75 - 76**
(Handout) **121**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

242

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
Carrier's Corp. Name			Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.18 – TOTAL NUM. AXLES

Report the total number of axles with tires which were in contact with the ground immediately prior to the crash; including both the power unit and trailer(s). Value is not to exceed 50.

(CR-100) **76**
(Handout) **122**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

243

Unit Num.	<input type="checkbox"/> 10,001+LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
Carrier's Corp. Name			Carrier's Primary Addr.				
30 Rwy. Access	31 Veh. 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. <input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat ID Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires	

4.5.19 – TOTAL NUM. TIRES

Report the total number of tires in contact with the ground immediately prior to the crash; including both the power unit and trailer(s). Value is not to exceed 100.

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(Handout) **122**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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FACTORS AND CONDITIONS

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	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

4.6 FACTORS AND CONDITIONS

This section of the report is designed for the investigating officer to determine which factor(s) or condition(s) contributed to the crash for each unit. The officer may not have enough evidence to file a traffic charge but does have enough data to render an opinion as to the causes of the crash.

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(Handout) **123**

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit Num.	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

4.6.1.1 – UNIT NUM. – (Unit Number)

Enter the unit number that corresponds with the vehicle involved in the crash. This data field is used to identify the unit involved in the crash.

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(Handout) **123**

INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.1.2 – CONTRIBUTING – (see code sheet list: 35 Contributing Factors)

The investigator should classify by priority for each unit the contributing factors that contribute the most to the crash.

FACTOR 1 – List the factor that primarily contributed to the crash.

FACTOR 2 – List the factor that was a secondary cause in the crash.

FACTOR 3 – List the factor that was an additional cause in the crash.

36. Factors and Conditions		
1 = Animal on Road - Domestic	33 = Failed to Yield ROW - Open Intersection	56 = Parked without Lights
2 = Animal on Road - Wild	34 = Failed to Yield ROW - Private Drive	57 = Passed in No Passing Lane
3 = Backed without Safety	35 = Failed to Yield ROW - Stop Sign	58 = Passed on Right Shoulder
4 = Changed Lane when Unsafe	36 = Failed to Yield ROW - To Pedestrian	59 = Pedestrian FTYROW to Vehicle
14 = Disabled in Traffic Lane	37 = Failed to Yield ROW - Turning Left	60 = Unsafe Speed
15 = Disregard Stop and Go Signal	38 = Failed to Yield ROW - Turn on Red	61 = Speeding - (Over Limit)
16 = Disregard Stop Sign or Light	39 = Failed to Yield ROW - Yield Sign	62 = Taking Medication (Explain in Narrative)
17 = Disregard Turn Marks at Intersection	40 = Fatigued or Asleep	63 = Turned Improperly - Cut Corner on Left
18 = Disregard Warning Sign at Construction	41 = Faulty Evasive Action	64 = Turned Improperly - Wide Right
19 = Distraction in Vehicle	42 = Fire in Vehicle	65 = Turned Improperly - Wrong Lane
20 = Driver Inattention	43 = Fleeting or Evading Police	66 = Turned when Unsafe
21 = Drove Without Headlights	44 = Followed Too Closely	67 = Under Influence - Alcohol
22 = Failed to Control Speed	45 = Had Been Drinking	68 = Under Influence - Drug
23 = Failed to Drive in Single Lane	46 = Handicapped Driver (Explain in Narrative)	69 = Wrong Side - Approach or Intersection
24 = Failed to Give Half of Roadway	47 = Ill (Explain in Narrative)	70 = Wrong Side - Not Passing
25 = Failed to Heed Warning Sign	48 = Impaired Visibility (Explain in Narrative)	71 = Wrong Way - One Way Road
26 = Failed to Pass to Left Safely	49 = Improper Start from Parked Position	72 = Cell/Mobile Phone Use
27 = Failed to Pass to Right Safely	50 = Load Not Secured	73 = Road Rage
28 = Failed to Signal or Gave Wrong Signal	51 = Opened Door Into Traffic Lane	98 = Other (Explain in Narrative)
29 = Failed to Stop at Proper Place	52 = Oversized Vehicle or Load	
30 = Failed to Stop for School Bus	53 = Overtake and Pass Insufficient Clearance	
31 = Failed to Stop for Train	54 = Parked and Failed to Set Brakes	
32 = Failed to Yield ROW - Emergency Vehicle	55 = Parked in Traffic Lane	

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.1.2 – CONTRIBUTING – (see code sheet list: 35 Contributing Factors) continued)

REMINDERS:

- ◆ Not all contributing factors are law violations. Law violations show a Legal Reference to the Texas Transportation Code or the Texas Penal Code.
- ◆ All factors found must be described in the narrative even if they have been addressed in another place on the report.

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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

4.6.1.3 – MAY HAVE CNTRB. – (May Have Contributed) – (see code sheet list: 36 Contributing Factors)

It is sometimes difficult to form an opinion as to whether a factor or condition did or did not contribute to a crash. This section is to record the fact that the condition was present, but the investigator is unable to determine whether the factor/condition contributed.

FACTOR 1 – List the factor that may/may not have primarily contributed to the crash.

FACTOR 2 – List the factor that may/may not have secondary cause in the crash.

TIP: Most of the contributing factors can be applied to a non-contact unit as well.

REMINDER: If a factor is not on the list, select “98–Other factor” and provide an explanation in the narrative.

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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

4.6.2.1 – CONTRIBUTING

The investigator should classify by priority for each unit the vehicle defects, which contributed the most to the crash, utilizing factors 5–13.

DEFECT 1 – List the primary defect that contributes to the crash.

DEFECT 2 – List the defect that was a secondary cause of the crash.

DEFECT 3 – List the defect that was an additional cause in the crash.

- 37. Vehicle Defects**
- 5 = Defective or No Headlamps
 - 6 = Defective or No Stop Lamps
 - 7 = Defective or No Tail Lamps
 - 8 = Defective or No Turn Signal Lamps
 - 9 = Defective or No Trailer Brakes
 - 10 = Defective or No Vehicle Brakes
 - 11 = Defective Steering Mechanism
 - 12 = Defective or Slick Tires
 - 13 = Defective Trailer Hitch
 - 98 = Other (Explain in Narrative)

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.2.2 – MAY HAVE CNTRB. – (see code sheet: 37 – Vehicle Defects)

It is sometimes difficult to form an opinion as to whether a vehicle defect did or did not contribute to a crash. This section is to record the fact that the vehicle defect was present; however, the investigator is unable to determine whether the vehicle defect contributed.

DEFECT 1 – List the primary defect that may have contributed to the crash.

DEFECT 2 – List the defect that may have been the secondary cause of the crash.

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(Handout) **126**

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.3.1 – WEATHER COND. – (see code sheet: 38 – Weather Conditions)

The prevailing atmospheric condition that existed at the time of the crash. If additional atmospheric conditions existed, then explain in the narrative.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

38. Weather Condition

- 1 = Clear
- 2 = Cloudy
- 3 = Rain
- 4 = Sleet/Hail
- 5 = Snow
- 6 = Fog
- 7 = Blowing Sand/Snow
- 8 = Severe Crosswinds
- 98 = Other (Explain in Narrative)
- 99 = Unknown

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(Handout) **126**

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FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.3.2 – LIGHT COND. – (see code sheet: 39– Light Conditions)

The type/level of light that existed at the time of the crash.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

39. Light Condition

- 1 = Daylight
- 2 = Dark, Not Lighted
- 3 = Dark, Lighted
- 4 = Dark, Unknown Lighting
- 5 = Dawn
- 6 = Dusk
- 98 = Other (Explain in Narrative)
- 99 = Unknown

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FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.3.3 – ENTERING ROADS – (see code sheet: 40 – Entering Roads)

Enter the selection that best describes the physical presence of the intersection.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

TIP: If crash did not occur in an intersection, select “97 – Not Applicable.”

40. Entering Roads

- 2 = Three Entering Roads – T
- 3 = Three Entering Roads – Y
- 4 = Four Entering Roads
- 5 = Five Entering Roads
- 6 = Six Entering Roads
- 7 = Traffic Circle
- 8 = Cloverleaf
- 97 = Not Applicable
- 98 = Other (Explain in Narrative)

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(Handout) **127**

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FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions					
	Unit Num.	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

4.6.3.4 – RDWY. TYPE – (see code sheet: 41 – Roadway Type)

This data field is used to describe the type of roadway where the crash occurred. Complete this field using only the values for Roadway Type listed on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

41. Roadway Type
 1 = Two-Way, Not Divided
 2 = Two-Way, Divided, Unprotected Median
 3 = Two-Way, Divided, Protected Median
 4 = One-Way
 98 = Other (Explain in Narrative)

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 FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions					
	Unit Num.	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

4.6.3.5 – RDWY. ALIGN. – (see code sheet: 42 – Roadway Alignment)

This data field is used to capture the geometric characteristics that best describe the layout of the roadway where the crash occurred. Complete this field using only the values for Roadway Alignment listed on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

42. Roadway Alignment
 1 = Straight, Level
 2 = Straight, Grade
 3 = Straight, Hillcrest
 4 = Curve, Level
 5 = Curve, Grade
 6 = Curve, Hillcrest
 98 = Other (Explain in Narrative)
 99 = Unknown

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INSTRUCTIONS TO POLICE
 FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.3.6 – SURF. COND. – (see code sheet: 43 – Surface Condition)

This data field is used to capture the surface condition present at the time and place of the crash. Complete this field using only the values for Surface Condition listed on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

43. Surface Condition
1 = Dry
2 = Wet
3 = Standing Water
4 = Snow
5 = Slush
6 = Ice
7 = Sand, Mud, Dirt
98 = Other (Explain in Narrative)
99 = Unknown

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.3.7 – TRAF. CNTRL. – (see code sheet: 44 – Traffic Control)

This data field is used to capture traffic control affecting the street or roadway on which the crash occurred. If more than one traffic control is present, indicate the one most affecting this crash. Complete this field using only the values for Traffic Control listed on the code sheet.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

(Tip On Next Slide)

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FOR REPORTING CRASHES

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FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit Num.	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	

4.6.3.7 – TRAF. CNTRL. – (see code sheet: 44 – Traffic Control) (continued)

REMINDER: If the traffic control device is inoperative, it **must** be explained in the narrative.

44. Traffic Control	
2 = Inoperative (Explain in Narrative)	11 = Center Stripe/Divider
3 = Officer	12 = No Passing Zone
4 = Flagman	13 = RR Gate/Signal
5 = Signal Light	15 = Crosswalk
6 = Flashing Red Light	16 = Bike Lane
7 = Flashing Yellow Light	17 = Marked Lanes
8 = Stop Sign	18 = Signal Light With Red Light
9 = Yield Sign	Running Camera
10 = Warning Sign	96 = None
	98 = Other (Explain in Narrative)

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Narrative and Diagram

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)	Indicate North	Field Diagram – Not to Scale

4.7 NARRATIVE AND DIAGRAM

This space is for the investigator's narrative opinion of what happened. It should be concise, but complete and when coupled with the diagram, it must describe the main events of the crash, including the direction of travel prior to the crash and the area of impact.

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Narrative and Diagram

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
		Indicate North

4.7 NARRATIVE AND DIAGRAM(continued)

NOTE: If complete information is not known at the time of the report include as much information as possible in order to establish the basic details of the crash.

NOTE: Complete diagram with all information available.

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NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
		Indicate North

4.7.1 – INVESTIGATORS NARRATIVE OPINION OF WHAT HAPPENED

Describe how the crash happened. Emphasize or explain as necessary any pertinent facts not fully explained elsewhere. Describe mechanical failures or any other contributing factors necessary for a full understanding of what occurred. If the crash report is incomplete; a “Hit and Run”, “Fatal”, etc., and information is still pending from the investigation, the officer should state his opinion of what happened and document that the investigation is pending, or the officer is waiting on factors from the Medical Examiner, etc. This field shall hold up to 12,000 characters in length.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

(Tips On Next Slide)

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Investigator's Narrative Opinion of What Happened <small>(Attach Additional Sheets if Necessary)</small>	<small>Indicate North</small>	Field Diagram—Not to Scale

4.7.1 – INVESTIGATORS NARRATIVE OPINION OF WHAT HAPPENED (continued)

TIPS:

- ◆ For brevity, avoid repeating names, license numbers, makes of vehicles, etc.
- ◆ Refer to units by number, being careful to use the same number the particular unit was assigned in the report.
- ◆ Use abbreviations for directions, such as “N” for north, “E” for east, etc.
- ◆ Avoid vague statements, such as “Unit #1 and Unit #2 collided,” with no further explanation.

(Reminders On Next Slide)

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Investigator's Narrative Opinion of What Happened <small>(Attach Additional Sheets if Necessary)</small>	<small>Indicate North</small>	Field Diagram—Not to Scale

4.7.1 – INVESTIGATORS NARRATIVE OPINION OF WHAT HAPPENED (continued)

REMINDERS:

- ◆ In any crash where the driver's physical or mental condition causes an officer to question the driver's ability to operate a motor vehicle safely, this fact should be noted in the narrative. This would include such things as suspecting the driver of being asleep, ill, blacking out, having missing limbs, etc.

(Reminders On Next Slide)

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Investigator's Narrative Opinion of What Happened <small>(Attach Additional Sheets if Necessary)</small>	Indicate North	Field Diagram—Not to Scale
NARRATIVE AND DIAGRAM		

**4.7.1 – INVESTIGATORS NARRATIVE OPINION OF WHAT HAPPENED
(continued)**

REMINDERS:

- ♦ If the crash involved a peace officer, EMS employee, or fire fighter operating an emergency vehicle while on an emergency and performing the person's duties, the investigator must provide a brief explanation regarding the nature of the emergency. **TRC: 550.064 (b)(2)(3).**

(Note On Next Slide)

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Investigator's Narrative Opinion of What Happened <small>(Attach Additional Sheets if Necessary)</small>	Indicate North	Field Diagram—Not to Scale
NARRATIVE AND DIAGRAM		

**4.7.1 – INVESTIGATORS NARRATIVE OPINION OF WHAT HAPPENED
(continued)**

NOTE: When describing the nature of the emergency, identify the emergency equipment (such as lights and siren) in operation on the emergency vehicle at the time of the crash.

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NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram—Not to Scale

4.7.2 – FIELD DIAGRAM – NOT TO SCALE

A small sketch, not necessarily to scale, should be drawn in space provided. Number the units to correspond to unit numbers as reported in previous sections. This diagram should detail all the events occurring in the crash including direction of travel prior to the impact (by use of a solid line), area of the impact and the path to final positions (by use of a dotted line).

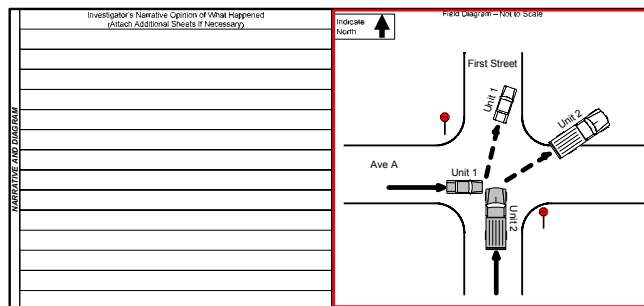
MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

(Tips On Next Slide)

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FOR REPORTING CRASHES

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4.7.2 – FIELD DIAGRAM – NOT TO SCALE

TIPS:

- ◆ If the diagram space is insufficient and/or if investigating agencies desire, they may submit a larger, more comprehensive diagram (not to exceed 8-1/2' x 11" sheet). In this case, the small diagram on the CR-3 may be omitted.
- ◆ If the vehicles were moved prior to the arrival of the investigating officer, the officer can use the Narrative to make a statement that the vehicles were moved prior to his arrival and that the diagram reflects the best depiction of the crash scene as a result of his investigation.

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<p style="font-size: small;">Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p style="font-size: small;">Field Diagram—Not to Scale</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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4.7.2 – FIELD DIAGRAM – NOT TO SCALE

REMINDER: Magnetic North will always be indicated by an arrow “▲”.

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Investigator

INVESTIGATOR	Time Notified (24-HR:MM) _____	How Notified _____	Time Arrived (24-HR:MM) _____	Report Date (MM/DD/YYYY) _____/_____/_____
Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) _____			ID Num. _____
ORI Num. _____	*Agency _____			District/ Area _____

4.8 INVESTIGATOR

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INSTRUCTIONS TO POLICE
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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	*Agency		District/ Area

4.8.1 – TIME NOTIFIED

Report the time the investigating officer was notified. The time notified will be reported using **Military Time 24 HR**. (00:00–23:59). Midnight represents a new day and must be entered as 00:00.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	*Agency		District/ Area

4.8.2 – HOW NOTIFIED

Report how the investigating officer was notified (dispatched, on sight, by citizen, walk-in, etc.). This free form field shall hold up to 20 characters in length.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

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(Handout) **136**

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INVESTIGATOR	Time Notified (24HRMM)	How Notified	Time Arrived (24HRMM)	Report Date (MMDDYYYY)	
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)			ID Num.
	ORI Num.	*Agency			District/ Area

4.8.3 – TIME ARRIVED

Report the actual time the investigating officer arrived at the scene of crash. The time arrived must be reported using Military Time 24 HR (00:00–23:59). Midnight represents a new day and must be entered as 00:00.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

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INVESTIGATOR	Time Notified (24HRMM)	How Notified	Time Arrived (24HRMM)	Report Date (MMDDYYYY)	
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)			ID Num.
	ORI Num.	*Agency			District/ Area

4.8.4 – REPORT DATE

Report the date this report was prepared, providing the month, day, and year (MM-DD-YYYY).

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REMINDER: If a supplemental report is submitted, the “Report Date” should reflect the date the supplement was prepared.

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INSTRUCTIONS TO POLICE
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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		
ORI Num.	*Agency			District/ Area

4.8.5 – INV. COMP. (Investigation Complete)

Check the appropriate box.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

- ◆ **Yes** – Indicates that the crash investigation is complete.
- ◆ **No** – Indicates that the crash investigation is not complete.

REMINDER: If “No” was selected, when the investigation is complete, a **CR-3 marked supplement** shall be submitted indicating the changes. (See instructions for 5.0 SUPPLEMENT REPORTS on page 97.)

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FOR REPORTING CRASHES

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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		
ORI Num.	*Agency			District/ Area

4.8.6 – INVESTIGATOR NAME (Printed)

The name of the peace officer investigating the crash should be printed in this space. This field shall hold up to 40 characters.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

REMINDER: Investigator name must be printed and legible.

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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	*Agency		District/ Area

4.8.7 – ID NUM.

Report the identification number for the peace officer investigating the crash (badge or other departmental identification number). This field allows up to 20 characters.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	*Agency		District/ Area

4.8.8 – ORI NUM.

This data field is used to capture the assigned ORI Number for the Investigating agency. The ORI (Originating Agency Identifier) Number is a unique number that will connect the crash report with the investigating agency. This field shall be nine alphabetic or numeric characters.

NOTE: This field may be left blank. Agencies may decide how and when to utilize this field.

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INSTRUCTIONS TO POLICE
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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	*Agency		District/ Area

4.8.9 – AGENCY

Report the complete Department or Agency Name for which the investigating officer is assigned.

MANDATORY DATA FIELD: If left blank, report will be returned to the officer.

NOTE: When listing the complete Department or Agency Name, do not use abbreviations.

TxDPS – Texas Department of Public Safety
 HPD – Houston Police Department
 HPD – Huntsville Police Department

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INVESTIGATOR	Time Notified (24-HRMM)	How Notified	Time Arrived (24-HRMM)	Report Date (MMDDYYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	*Agency		District/ Area

4.8.10 – DISTRICT/AREA

If applicable, agencies may report their assigned Region, District, and Sergeant Area. Alternatively, reporting agencies may use this data field to identify Region, Station, Patrol Unit, etc.

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INSTRUCTIONS TO POLICE
 FOR REPORTING CRASHES

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5.0 SUPPLEMENT REPORTS

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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Law Enforcement and TxDOT Use ONLY				Total Num. Units	Total Num. Persons	TxDOT Crash ID
<input type="checkbox"/> FATAL	<input type="checkbox"/> CMV	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> RAILROAD	<input type="checkbox"/> MAB	<input checked="" type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ACTIVE SCHOOL ZONE
Texas Peace Officer's Crash Report (Form CR-3 1/1/2010) Mail to: Texas Department of Transportation, Crash Records, P.O. Box 146349, Austin, TX 78714. Questions? Call (512) 486-5780 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.).						
						Page ___ of ___

When it becomes necessary to amend a report that has previously been sent to TxDOT or to provide additional or supplemental information on a report previously sent to TxDOT, the investigator must submit a new report. The new report must have the classification identifier box at the top of the report marked to reflect that the report is a supplemental report.

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INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	Agency		District/ Area

The bottom of the new report must include a new date when a supplemental report is completed. A person other than the peace officer, who prepared the original report, may make a change in or a modification of a written report of a motor vehicle accident if the change is by written supplement to the report and clearly indicates the name of the person who originated the change. **TRC: Section 550.068**

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(Handout) **142**

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FOR REPORTING CRASHES

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INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed)		ID Num.
	ORI Num.	Agency		District/ Area

TIP: The Crash Records Information System (CRIS) will treat all crash reports **not** marked "supplement" as original crash reports.

REMINDER: All supplemental reports must be completed in their entirety. If a data field was completed on the original crash report, the supplement report must also have that same data field completed.

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INSTRUCTIONS TO POLICE
FOR REPORTING CRASHES

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A Note From TxDOT

NOTE: All crashes originally reported on the 2009 CR-3 must be submitted to TxDOT by January 22, 2010. Reports submitted after this date will be subject to the 2010 CR-100 instructions.

(CR-100) **Presentation Only** INSTRUCTIONS TO POLICE
(Handout) **143** FOR REPORTING CRASHES

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