

☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT

Total Num. Units				Total Num. Prsns.				TxDOT Crash ID
------------------------	--	--	--	-------------------------	--	--	--	-------------------



Refer to the attached code sheet for numbered fields

Questions? Call 844/274-7457

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

Page of

*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)		
Case ID		Local Use		
*County Name		*City Name		
In your opinion, did this crash result in at least \$1000 damage to any one person's property?		Latitude — <small>(decimal degrees)</small>		
Longitude — <small>(decimal degrees)</small>				
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"/> Private Drive or Road, Private Property, Parking Lot		3 Dir. of Traffic	<input type="checkbox"/> Toll Road/ Toll Lane	
Speed Limit		Const. Zone	Workers Present	
Secondary Crash		Street Desc.		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER				
At Int.	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	
Ref. Marker		Speed Limit		
Street Desc.		RRX Num.		
VEHICLE DRIVER & PERSONS				
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Packed 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"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit		
9 Autonomous Level Engaged		<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)		
10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	
12 CDL End.		13 DL Rest.		
DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)				
Person Num.	14 Prsn. Type	15 Seat Position		
Name: Last, First, Middle		Enter Driver or Primary Person for this Unit on first line		
16 Injury Severity		Age		
17 Ethnicity		18 Sex		
19 Eject.		20 Restr.		
21 Airbag		22 Helmet		
23 Sol.		24 Alc. Spec.		
Alc. Result		25 Drug Spec.		
26 Drug Result		27 Drug Category		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		
Proof of Fin. Resp.		28 Fin. Resp. Type		
Fin. Resp. Name		Fin. Resp. Num.		
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		
29 Vehicle Damage Rating 2		Vehicle Inventoried		
Towed By		Towed To		
VEHICLE DRIVER & PERSONS				
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Packed 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"/> Responder Struck (Explain in Narrative if checked)		8 Autonomous Unit		
9 Autonomous Level Engaged		<input type="checkbox"/> Police, Fire, EMS on Emergency (Explain in Narrative if checked)		
10 DL/ID Type	DL/ID State	DL/ID Num.	11 DL Class	
12 CDL End.		13 DL Rest.		
DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)				
Person Num.	14 Prsn. Type	15 Seat Position		
Name: Last, First, Middle		Enter Driver or Primary Person for this Unit on first line		
16 Injury Severity		Age		
17 Ethnicity		18 Sex		
19 Eject.		20 Restr.		
21 Airbag		22 Helmet		
23 Sol.		24 Alc. Spec.		
Alc. Result		25 Drug Spec.		
26 Drug Result		27 Drug Category		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		
Proof of Fin. Resp.		28 Fin. Resp. Type		
Fin. Resp. Name		Fin. Resp. Num.		
Fin. Resp. Phone Num.		29 Vehicle Damage Rating 1		
29 Vehicle Damage Rating 2		Vehicle Inventoried		
Towed By		Towed To		

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)				Time of Death (24HRMM)			
CHARGES	Unit Num.	Prsn. Num.	Charge										Citation/Reference Num.					
DAMAGE	Damaged Property Other Than Vehicles						Owner's Name						Owner's Address					
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> Transporting Hazardous Material	<input type="checkbox"/> 9+ Capacity	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 Veh. Oper.	31 Carrier ID Type	Carrier ID Num.									
	Carrier's Corp. Name			Carrier's Primary Addr.							32 Veh. Type							
	33 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	34 HazMat Class Num.	HazMat ID Num.			34 HazMat Class Num.	HazMat ID Num.			35 Cargo Body Type			
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			36 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			36 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	37 Seq. 1	37 Seq. 2	37 Seq. 3	37 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight					Total Num. Axles					
FACTORS & CONDITIONS	38 Contributing Factors (Investigator's Opinion)						39 Vehicle Defects (Investigator's Opinion)						Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		40 Weather Cond.	41 Light Cond.	42 Entering Roads	43 Roadway Type	44 Roadway Alignment	45 Surface Condition	46 Traffic Control		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale							
											Indicate North							
INVESTIGATOR	Date Notified (MM/DD/YYYY)						Time Notified (24HRMM)						How Notified					
	Date Arrived (MM/DD/YYYY)						Time Arrived (24HRMM)						Report Date (MM/DD/YYYY)					
	Date Roadway Cleared (MM/DD/YYYY)						Time Roadway Cleared (24HRMM)						Date Scene Cleared (MM/DD/YYYY)					
	Investigation Complete <input type="checkbox"/> Yes <input type="checkbox"/> No						Investigator Name (Printed)						ID Num.					
	ORI Num.						*Agency						Service/Region/DA					

[illegible]

[illegible]