



# Texas Department of Transportation

DEWITT C. GREER STATE HIGHWAY BLDG. • 125 E. 11TH STREET • AUSTIN, TEXAS 78701-2483 • (512) 463-8585

January 21, 2011

## NOTIFICATION TO LAW ENFORCEMENT

As we finish entering 2010 crash data and begin to enter 2011 crash data into the Crash Records Information System, we are seeing some reporting trends that require your immediate attention. These are frequent data fields that we are currently returning to agencies for being left blank. Please refer to the revised CR-100, Version 1, Revision 1 (*dated May 10, 2010*) for the most current reporting instructions.

### 3.2 IDENTIFICATION AND LOCATION

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

- Error: This error occurs when the officer checks "No" for the At Int. box and does not provide a Reference Marker or Roadway System and Highway Number or Street Name.
- Fix: When the No box is selected for At Int., you must provide a Distance from Int. or Ref. Marker, Measured in Feet or Miles, Dir from Int. or Ref. Marker, and Rdwy. Sys. and Hwy. Num., Street Name or Ref. Marker.
- Reference: CR-100, Section 3.2.11.1

### 4.6.3 - ENVIRONMENTAL AND ROADWAY CONDITIONS:

#### B) Data Field: 38 Weather Condition

##### 38. Weather Condition - Code Sheet Values

- 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

- Error: The officer fails to provide a valid code for this field and/or leaves this field blank.
- Fix: Always enter a valid code from the code sheet for this field. This is a mandatory field and must never be left blank.
- Reference: CR-100, Section 4.6.3.1

#### THE TEXAS PLAN

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### **C) Data Field: 39 Light Condition**

#### **39. Light Condition - Code Sheet Values**

- 1 - Daylight
- 2 - Dark, Not Lighted
- 3 - Dark, Lighted
- 4 - Dark, Unknown Lighting
- 5 - Dawn
- 6 - Dusk
- 98 - Other (Explain in Narrative)
- 99 - Unknown

- Error: The officer fails to provide a valid code for this field and/or leaves this field blank.
- Fix: Always enter a valid code from the code sheet for this field. This is a mandatory field and must never be left blank.
- Reference: CR-100, Section 4.6.3.2

### **D) Data Field: 40 Entering Roads**

#### **40. Entering Roads - Code Sheet Values**

- |                              |                                   |
|------------------------------|-----------------------------------|
| 2 - Three Entering Roads - T | 7 - Traffic Circle                |
| 3 - Three Entering Roads - Y | 8 - Cloverleaf                    |
| 4 - Four Entering Roads      | 97 - Not Applicable               |
| 5 - Five Entering Roads      | 98 - Other (Explain in Narrative) |
| 6 - Six Entering Roads       |                                   |

- Error: The officer fails to provide a valid code for this field and/or leaves this field blank.
- Fix: Always enter a valid code from the code sheet for this field. This is a mandatory field and must never be left blank.
- Reference: CR-100, Section 4.6.3.3

### **E) Data Field: 41 Roadway Type**

#### **41. Roadway Type - Code Sheet Values**

- 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)

- Error: The officer fails to provide a valid code for this field and/or leaves this field blank.
- Fix: Always enter a valid code from the code sheet for this field. This is a mandatory field and must never be left blank.
- Reference: CR-100, Section 4.6.3.4

## **F) Data Field: 42 Roadway Alignment**

### **42. Roadway Alignment - Code Sheet Values**

- 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

- Error: The officer fails to provide a valid code for this field and/or leaves this field blank.
- Fix: Always enter a valid code from the code sheet for this field. This is a mandatory field and must never be left blank.
- Reference: CR-100, Section 4.6.3.5

## **G) Data Field: 43 Surface Condition**

### **43. Surface Condition - Code Sheet Values**

- 1 - Dry
- 2 - Wet
- 3 - Standing Water
- 4 - Snow
- 5 - Slush
- 6 - Ice
- 7 - Sand, Mud, Dirt
- 98 - Other (Explain in Narrative)
- 99 - Unknown

- Error: The officer fails to provide a valid code for this field and/or leaves this field blank.
- Fix: Always enter a valid code from the code sheet for this field. This is a mandatory field and must never be left blank.
- Reference: CR-100, Section 4.6.3.6

## **H) Data Field: 44 Traffic Control**

### **44. Traffic Control - Code Sheet Values**

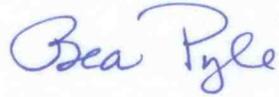
- |  |   |
|--|---|
| 2 - Inoperative (Explain in Narrative) | 11 - Center Stripe/Divider                      |
| 3 - Officer                            | 12 - No Passing Zone                            |
| 4 - Flagman                            | 13 - RR Gate/Signal                             |
| 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 Running Camera |
| 9 - Yield Sign                         | 96 - None                                       |
| 10 - Warning Sign                      | 98 - Other (Explain in Narrative)               |

- Error: The officer fails to provide a valid code for this field and/or leaves this field blank.
- Fix: Always enter a valid code from the code sheet for this field. This is a mandatory field and must never be left blank.
- Reference: CR-100, Section 4.6.3.6

If you have any questions related to the CR-3 form, please contact us at 512-486-5780 or via e-mail at [TRF\\_crashrecords@txdot.gov](mailto:TRF_crashrecords@txdot.gov).

Again, I want to thank each of you for your hard work and commitment to ensuring the most accurate crash data possible for the State of Texas.

Sincerely,



Bea Pyle, Manager  
Crash Records Section  
Traffic Operations Division

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

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



**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.).

*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 checked="" 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.	

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)

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 each Unit.

<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			

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)
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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			

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

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

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

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 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	

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

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Indicate North								
				field Diagram - Not to Scale	B	C	D	E	F	G

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