



Texas Peace Officer's Crash Report (Form CR-3 11/2010)

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.).

IDENTIFICATION AND LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 0 / / 2013 *Crash Time (24HRMM) 0900 Case ID Local Use

*County Name Grayson *City Name Denison Outside City Limit

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

ROAD ON WHICH CRASH OCCURRED *1 Rdwy. SH *Hwy. Num. 91 2 Rdwy. Part 1 Block Num. 1500 3 Street Prefix S *Street Name Armstrong 4 Street Suffix AVE

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 35 Const. Zone Yes No Workers Present Yes No Street Desc.

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

At Int. Yes No 1 Rdwy. Sys. LR Hwy. Num. 2 Rdwy. Part 1 Block Num. 1500 3 Street Prefix S Street Name Scullin 4 Street Suffix AVE

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

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State OK LP Num. 019JDE VIN 1D7RB1CT0A5144673

Veh. Year 2010 6 Veh. Color SIL Veh. Make Dodge Veh. Model Ram 7 Body Style PK Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 09/25/1972

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 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

Owner/Lessee Name & Address Bigelow, Gayle, Louise, 1021 S French Ave., Denison, Texas, 75020

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 2 Fin. Resp. Name Geico Fin. Resp. Num. 4301-26-78-21

Fin. Resp. Phone Num. 1-800-841-3000 27 Vehicle Damage Rating 1 1 F R 3 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed by B&B wrecker Towed To Owner Request

Unit Num. 2 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. 741X4U VIN JS1GR7JA742102002

Veh. Year 2004 6 Veh. Color YEL Veh. Make Suzuki Veh. Model Sports bike 7 Body Style MC Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 09/25/1982

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name, 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

Owner/Lessee Name & Address

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 F C 7 27 Vehicle Damage Rating 2 Vehicle Inventoried Yes No

Towed by Texoma Wrecker Towed To 209 E. Bond St

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
	2	1	Medical Center of Plano	Air evacuated		
	2	2	Texoma Medical Center	Denison EMS		

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

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

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	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.
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

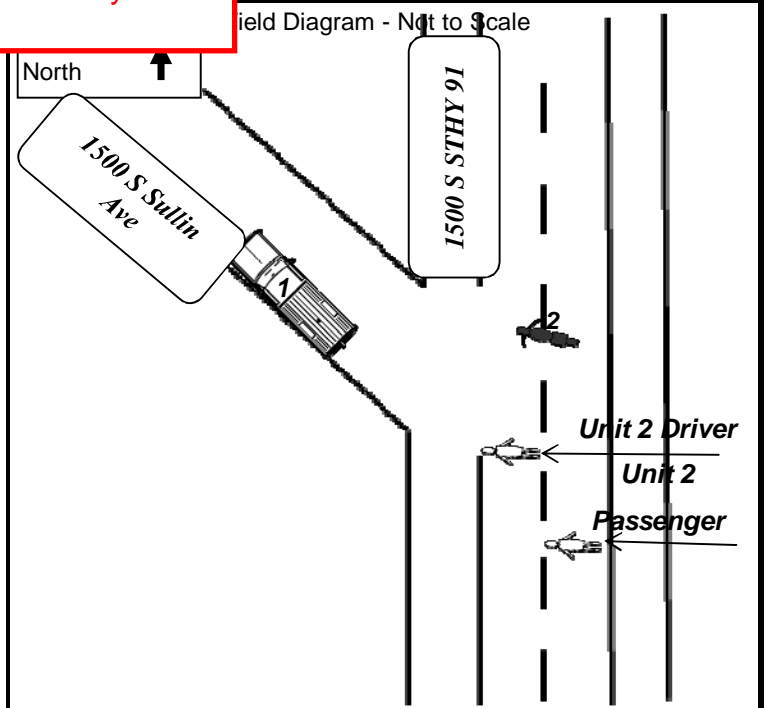
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
	1	20	37						1	3	2	1	1
2	41												

Officer finds the motorcyclist partially at fault for "faulty evasive action."

INVESTIGATOR'S NARRATIVE AND DIAGRAM

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

Unit 1 was traveling North Bound in the 1600 Blk of STHY 91. Unit 2 had pulled out of the parking lot of a buisness at 1515 S. STHY 91. Unit 1 turned left across the south bound lane of STHY 91 to access the 1500 Blk of S. Scullin Ave. Unit 2 ran into Unit 1. Both the driver and the passanger where thrown from the motorcycle. Both were wearing helmets and both sustained injuries.



Time Notified (24HRMM)	0 9 0 0	How Notified	DISPATCH	Time Arrived (24HRMM)	0 9 0 5	Report Date (MM/DD/YYYY)	0 / / 2 0 1 3
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	J. Reyna	ID Num.	203		
ORI Num.	T X 0 9 1 0 2 0 0	*Agency	DENISON P.D.	District/Area			