



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457 Refer to Attached Code Sheet for Numbered Fields

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

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY) 06 / 24 / 2019 *Crash Time (24HRMM) 1 2 4 2 Case ID Local Use

*County Name MILAM *City Name ROCKDALE Outside City Limit

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

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US *Hwy. Num. 77 2 Rdwy. Part 1 Block Num. 300 3 Street Prefix N * Street Name HWY 77 4 Street Suffix HWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 60 Const. Zone Yes No Workers Present Yes No Street Desc.

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

At Int. Yes No 1 Rdwy. Sys. US Hwy. Num. 79 2. Rdwy. Part 4 Block Num. 3 Street Prefix E Street Name 4 Street Suffix HWY

Distance from Int. or Ref. Marker 600 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

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

Veh. Year 2012 6. Veh. Color GLD Veh. Make FORD Veh. Model ESCAPE 7 Body Style SV Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, [Redacted], C, [Redacted], [Redacted], 1, 1, 1, 97, N, 96, [Redacted], 96, 97, 97.

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address

Proof of Fin. Resp. Yes No 26 Fin. Resp. Type 2 Fin. Resp. Name LIBERTY (COUNTY MUTUAL) / WAUSAU INS. GRP Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 - B D - 4 27 Vehicle Damage Rating 2 - - - - Vehicle Inventoried Yes No

Towed By DRIVER Towed To DRIVER'S DESTINATION

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

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

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

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Row 1: 1, 1, 1, [Redacted], [Redacted], [Redacted], 1, 1, 1, 97, N, 96, [Redacted], 96, 97, 97.

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address BOGEN, DAVID JON, 3109 SIEBER DR ARLINGTON, TX 76016

Proof of Fin. Resp. Yes No 26 Fin. Resp. Type 2 Fin. Resp. Name STATE FARM MUTUAL AUTOMOBILE INS. CO. Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 6 - B D - 4 27 Vehicle Damage Rating 2 6 - F D - 4 Vehicle Inventoried Yes No

Towed By S&S Towed To S&S LOT

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	HOME	SELF		
	2	1	HOME	SELF		

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

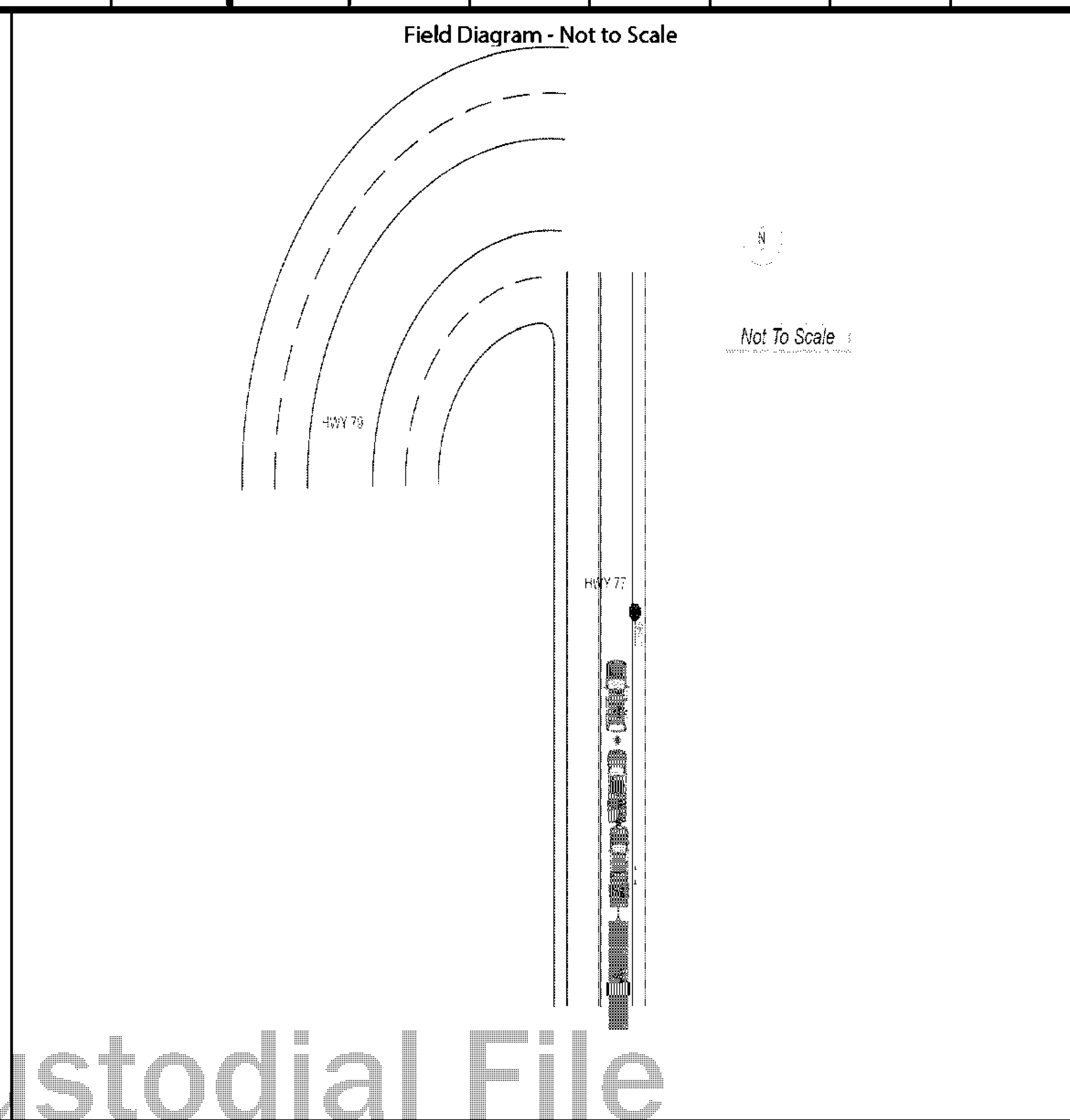
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
31 Bus Type	<input type="checkbox"/> RGWV <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 Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

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
									2	1	97	2	3	2

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

ON THE ABOVE DATE UNIT ONE AND UNIT TWO WERE BOTH TRAVELING NORTHBOUND ON HWY 77 AND STOPPED ON THE OVERPASS NEAR THE HWY 79 INTERSECTION DUE TO GUARD RAIL CONSTRUCTION ON THE ROADWAY. THEY HAD BOTH STOPPED FOR THE FLAGMAN DIRECTING TRAFFIC ON THE SOUTH SIDE OF THE OVERPASS. UNIT THREE WAS ALSO TRAVELING NORTHBOUND ON HWY 77 TOWING UNIT FOUR. UNIT FOUR WAS A FLAT BED GOOSE NECK TRAILER HAULING A LOAD OF OIL FIELD PIPE. UNIT THREE WAS UNABLE TO STOP IN TIME STRUCK UNIT TWO IN THE REAR CAUSING UNIT TWO TO STRIKE UNIT ONE. THE FLAGMAN WITNESSED THE ACCIDENT AND ADVISED BOTH UNIT ONE AND TWO WERE COMPLETELY STOPPED BEFORE BEING REAR ENDED BY UNIT THREE. THE CONSTRUCTION ZONE WAS CLEARLY MARKED WITH ALL POSTED SIGNS AND FLAGMEN POSTED ON EACH END OF THE ZONE.



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Time Notified (24HR:MM)	How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)
	DISPATCHED	1 2 5 0	
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.	
ORI Num.	*Agency	Service/Region/DA	
	ROCKDALE POLICE DEPARTMENT	0 1	



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ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. US *Hwy. Num. 77 2 Rdwy. Part 1 Block Num. 300 3 Street Prefix N * Street Name 4 Street Suffix HWY

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 60 Const. Zone Yes No Workers Present Yes No Street Desc.

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

At Int. Yes No 1 Rdwy. Sys. US Hwy. Num. 79 2. Rdwy. Part 4 Block Num. 1800 3 Street Prefix E Street Name 4 Street Suffix HWY

Distance from Int. or Ref. Marker 600 FT MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num. 3 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State TX LP Num. VIN

Veh. Year 2018 6. Veh. Color BLK Veh. Make RAM Veh. Model 3500 7 Body Style PK Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 2 DL/ID State OK DL/ID Num. 9 DL Class 98 10 CDL End. N 11 DL Rest. 98 DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Includes a note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 7 Fin. Resp. Name GREAT AMERICAN INS. GROUP Fin. Resp. Num.

Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 1 2 - F D - 4 27 Vehicle Damage Rating 2 6 - B C - 1 Vehicle Inventoried Yes No

Towed By POUNDERS Towed To POUNDERS LOT

Unit Num. 4 5 Unit Desc. 6 Parked Vehicle Hit and Run LP State OK LP Num. VIN

Veh. Year 2018 6. Veh. Color BLK Veh. Make UNKNOWN Veh. Model UNKNOWN 7 Body Style TL 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)

Table with columns: Person Num., 12 Prsn. Type, 13 Seat Position, Name: Last, First, Middle, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject., 18 Restr., 19 Airbag, 20 Helmet, 21 Sol., 22 Alc. Spec., Alc. Result, 23 Drug Spec., 24 Drug Result, 25 Drug Category. Includes a note: Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

Owner Lessee Owner/Lessee Name & Address BARRETT, BRANDON JOE, 17319 COUNTY ROAD 3540 ADA 74820

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 7 Fin. Resp. Name GREAT AMERICAN INS. GROUP Fin. Resp. Num.

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

Towed By POUNDERS Towed To POUNDERS LOT

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	3	1	SELF	SELF		

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

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

Unit Num. 3	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. [REDACTED]	
Carrier's Corp. Name ACME TRUCK LINE INC			Carrier's Primary Addr. [REDACTED]			30 Veh. Type 5		
31 Bus Type 0	<input checked="" type="checkbox"/> RGWW <input type="checkbox"/> GVWR	9 6 3 7	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 Type 5
Unit Num. 4	<input checked="" type="checkbox"/> RGWW <input type="checkbox"/> GVWR	1 0 0 0 0	34 Trlr. Type 1	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

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
	3	20														

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
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Time Notified (24HR:MM) 1 2 4 2	How Notified DISPATCHED	Time Arrived (24HRMM) 1 2 5 0	Report Date (MM/DD/YYYY) 0 6 / 2 4 / 2 0 1 9
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) [REDACTED]	ID Num. 404	
ORI Num. [REDACTED]	*Agency ROCKDALE POLICE DEPARTMENT	Service/Region/DA 0 1	

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