CHARGE

ID NO.

M HOW

HOUR

TIME NOTIFIED

TYPED OR PRINTED NAME OF INVESTIGATOR _

SIGNATURE OF INVESTIGATOR

OF ACCIDENT

CITATION NUMBER

DIST/AREA

HOUR

IS REPORT COMPLETE YES NO

TIME ARRIVED AT

DEPARTMENT_

DATE REPORT MADE

SCENE OF ACCIDENT _____

	SOLICITATION (SOL)						DDE FOR TYPE AIRBAG (G CODE	HELMET USE				FOR SEVERIT	(CC	(COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)					
	SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHI- ROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE		Y-YES N-NO P-PAR	Y-YES B-SEAT N-NO C-CHIL		& SHOULDER STRAP & NO SHOULDER STRAP TRAINT STRAP ONLY	N-NO DE	Y-DEPLOYED N-NO DEPLOYMENT U-UNKNOWN IF DEPLOYED		1-WORN-DAMAGED 2-WORN-NOT DAMAGED 3-WORN-UNK IF DAMAGED 4-NOT WORN 9-UNKNOWN IF WORN				3-0 4-N	1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED						
	UNIT NO. 1		TOWED DUE TO DAMAGE	VEHICLE REMOVED TO																	
	DAMAGE RATING		YES	NO BY																	
ITEM NO.	OCCUPANT'S IT IS NOT NECESSARY TO SHOW ADDRES POSITION NAME (LAST NAME FIRST)				IS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEV SSES UNLESS KILLED OR INJURED ADDRESS (STREET, CITY, STAT							SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE		
1	DRIVER	SEE FRONT																			
3																<u> </u>					
4															\vdash						
5		7.7.4.4.4.4.														 	 		-		
	UNIT NO. 1(COMPL						11			1	<u> </u>	1		<u> </u>							
	DAMAGE RATING	WAS A MOTOR VEHICLE)	TO DAMAGE	NO	REMOVED TO																
ITEM	IIATING	COMPLETE ALL DATA			L	IONS RESTRA	INTS USED FTC : HOW	/FVFR				П		TYPE	l						
NO.	OCCUPANT'S OCCUPANT IT IS NOT NECESSARY TO SHOW ADDRESS NAME (LAST NAME FIRST)			SSES Ü	NLESS KILL	ED OR INJURE	RED RESS (STREET, CITY, STATE, ZIP)				SOL	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE			
6	DRIVER	SEE FRONT												· · · · · · · · · · · · · · · · · · ·							
7								·			******						Ш				
9												ļļ									
10																					
,	COMPLETE IF CASI	JALTIES NOT IN MOTOR	VEHICLE									iI.			L	L	ll		L		
	PEDESTRIAN, PEDALCYCLIST	CASUALTY NAME (L	AST NAME FIRST)			CASU/	ALTY ADDRESS (STREET,	CITY, STAT	E, ZIP)				SOL	TYPE SPECIMEN	RESULT	HELMET	T AGE	SEX	INJURY		
	ETC.		•										ļ	TAKEN			<u> </u>		CODE		
												~~~~~	┪—			┼─	-				
	DISPOSITION OF KILLED AND/OR INJURED													IE AMDIII A	NCE III	ED 6H			I		
	TEM NUMBERS TAKEN TO						BY						IF AMBULANCE USED, SHOW  TIME TIME ARRIVED NO. ATTENDANTS NOTIFIED AT SCIENCE INCLUDING DRIVER						ANTS		
		IACH IU					or or other property of the pr				NOTIFIED AT		MAZOUNG DRIVEN								
		<u> </u>																			
1	COMPLETE THIS SECTION IF PERSON KILLED  ITEM NUMBER DATE OF DEATH TIME OF			F DEATH ITEM NUMBER			DATE OF DEAT	IME OF DEA	ти Т	ITEM NUM	SER DA		TE OF DEAT	н	TIME O		F DEATH				
							, JANE OF BEATH		Time of beatti				L OI DENI		THE OF PARTIE			•••			
i	INVESTIGATOR'S	NARRATIVE OPINION OF	WHAT HAPPENED	(ATTAC	H ADDITION	NAL SHEETS IF	NECESSARY)		DIAGRA	v	ONE WAY	TWO W	AY [	DIVIDED							
						INDICATE				E											
										- NONTH											
	•••••••••••••••••••••••••••••••••••••••					***************************************					,										
				·····																	
									1												
Ţ														AFFIC CONTROL							
	FACTORS/COMP	TIONS CONTRIBUTING				FACTORS/CON					AN	5-TURN MARKS 10-NO PASSING ZO 6-WARNING SIGN 11-OTHER CONTRO 7-RR GATES OR SIGNALS									
	UNIT 1 1	2	3	<b>7</b> 1	UNIT 1 1	Y NOT HAVE CO	2	3-9	TOP SIGN LASHING RE			8-YIELD	SIGN	SIGNALS PE OR DIVII	nen -						
	UNIT 2 1	2	3	_] [	UNIT 2 1		2	[-4-1	-commu ne	.o Liun	•	JOERI									
	1. ANIMAL ON ROA 2. ANIMAL ON ROA	D - WILD			ACTION IN VE			38. FAILED	O YIELD ROW	- TURN C	N RED		57. PA: 58. PA:	RKED WITHOU SSED IN NO P SSED ON RIGH	ASSING 2 IT SHOU	ZONE Lder					
	3. BACKED WITHOUT SAFETY 21 4. CHANGED LANE WHEN UNSAFE 22				E WITHOUT HE D TO CONTRO	L SPEED		39. FAILED TO YIELD ROW - YIELD SIGN 40. FATIGUED OR ASLEEP			SIGN	59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE 60. SPEEDING - UNSAFE (UNDER LIMIT) 61. SPEEDING - OVER LIMIT									
	6. DEFECTIVE OR NO STOP LAMPS 24					I SINGLE LANE LF OF ROADWAY LRNING SIGN		41. FAULTY EVASIVE ACTION 42. FIRE IN VEHICLE 43. FLEEING OR EVADING POLICE				62. TAKING MEDICATION (EXPLAIN IN NARRATIVE) 63. TURNED IMPROPERLY - CUT CORNER ON LEFT									
	8. DEFECTIVE OR N 9. DEFECTIVE OR N	8. DEFECTIVE OR NO TURN SIGNAL LAMPS 26 9. DEFECTIVE OR NO TRAILER BRAKES 27				LEFT SAFELY RIGHT SAFELY		44. FOLLOWED TOO CLOSELY 45. HAD BEEN DRINKING 46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)					64. TURNED IMPROPERLY - WIDE RIGHT 65. TURNED IMPROPERLY - WRONG LANE 66. TURNED WHEN UNSAFE								
	10. DEFECTIVE OR I 11. DEFECTIVE STEI 12. DEFECTIVE OR S	ERING MECHANISM	2	. FAILE	D TO STOP AT	OR GAVE WRONG PROPER PLACE	SIGNAL	47. ILL (EXF 48. IMPAIRI	LAIN IN NARRA D VISIBILITY (I	ATIVE) EXPLAIN	IN NARRATIVE)		67. UNI 68. UNI	DER INFLUEN: DER INFLUEN:	CE - ALCI CE - DRU	JG					
	13. DEFECTIVE OR 3 13. DEFECTIVE TRA 14. DISABLED IN TR	ILER HITCH	3	1. FAILEI	D TO STOP FO	R SCHOOL BUS R TRAIN DW - EMERGENCY		50. LOAD N	ER START FRO IT SECURED DOOR INTO TR				70. WR	ONG SIDE - A QNG SIDE - N ONG WAY - O	OT PASS	SING	NTERS	ECTIO	N		
	15. DISREGARD STO 16. DISREGARD STO	OP AND GO SIGNAL OP SIGN OR LIGHT	3: 3:	3. FAILEI 4. FAILEI	D TO YIELD RO D TO YIELD RO	OW - OPEN INTER OW - PRIVATE DR	SECTION IVE	52. OVERSI 53. OVERTA	E VEHICLE OR KE AND PASS I	LOAD NSUFFICE	ENT CLEARANCE		72. DRI 73. RO	VER INATTEN AD RAGE	TION - (C	CELL/MOB			JSE)		
		RN MARKS AT INTERSECTION RNING SIGN AT CONSTRUCTION	3	5. FAILE	D TO YIELD RO	OW - STOP SIGN		54. PARKED	AND FAILED TO	O SET BR	AKES			ER FACTOR (	WRITE 0	N LINE B	ELOW)				

ST-3C (Rev. 1/1/96) COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S ACCIDENT REPORT									
ACCIDENT INFORMATION  LOC NO									
1 COUNTY 2 CITY OI	DO NOT WRITE IN THIS SPACE								
ROAD ON WHICH ACCIDENT OCCURRED BLOCK NO. STREET OR ROAD NAME ROUTE NUMBER									
4 DATE OF ACCIDENT 19 5 DAY OF WEEK 6 HOUR PM MIDNIGHT, SO STATE) MCS NO									
DRIVER INFORMATION									
7 NAME									
LAST FIRST MIDDLE STATE NUMBER  1 DRIVER'S LICENSE CLASS/TYPE 10 RESTRICTIONS 11 ENDORSEMENTS 12 DRIVER'S DOB 10 MONTH DAY YEAR									
CARRIER INFORMATION   3 VEHICLE OPERATION   INTERSTATE COMMERCE   INTRASTATE COMMERCE   NAME SOURCE  SHIPPING PAPERS   DRIVER									
CARRIER'S CORPORATE NAME LOG BOOK  SIDE OF VEHICLE  OTHER									
CARRIER'S PRIMARY ADDRESS									
TO CARRIER ID TYPE: C ICC DOT RRC OTHER NONE B CARRIER ID NO.									
MOTOR VEHICLE INFORMATION 20 LICENSE PLATE _		22 TOTAL 23 TOTAL 24 AIR BRAKE							
19 UNIT NUMBER ON ST-3 21 GROSS VEHICLE N	WEIGHT RATING	NUMBER OF NUMBER OF YES AXLES TIRES NO							
25 VEHICLE TYPE 28 CARGO BODY STYLE	SS VEHICLE WEIGHT	HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS NO							
1-TRUCK 1-VAN/	ENCLOSED BOX 5-SPECIALIZED	1. CLASSID No							
2-TRUCK TRACTOR 2-DUMF 3-VAN 3-CARG	O TANK 7-FLATBED	2. CLASS ID No  3. CLASS ID No							
4-GARB 5-AUTOMOBILE	AGE/REFUSE 8-NA (ie, TRUCK TR/ AUTO OR BUS)	ACTOR, HAZARDOUS MATERIALS RELEASED							
6-OTHER 9	)-OTHER	☐ YES ☐ NO							
VEHICLE USE  1-FARM 6-TRANSPORT PERSONAL PROPERTY 2-MILITARY 7-TRANSPORT SICK OR INJURED 3-RECREATIONAL OR HUMAN CORPSES 4-FIREFIGHTER 8-PRIVATE TRANSPORTATION OF 5-SCHOOL BUS PASSENGERS 9-OTHER	2-GAS 3-LIQI 4-SOL 5-PRO 6-AGR	ERAL FREIGHT 8-ROCK, DIRT, SAND, GRAVEL, ETC. IN BULK 9-MACHINERY  JIDS IN BULK 10-CONSTRUCTION MATERIAL IDS IN BULK 11-DAIRY PRODUCTS DICULTURAL PRODUCTS 13-EMPTY STOCK 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)							
30 IF THIS VEHICLE TYPE IS A BUS, SHOW THE NUMBER OF	IF THIS VEHICLE TYPE IS A BUS, SHOW THE NUMBER OF PASSENGERS THE BUS IS EQUIPPED TO CARRY (INCLUDING THE DRIVER)								
31 SHOW THE NUMBER OF TRAILER(S) /SEMI-TRAILER(S) TH	IIS MOTOR VEHICLE IS TOWING. COM	PLETE TRAILER INFORMATION BELOW AS APPLICABLE							
TRAILER NUMBER 1 INFORMATION  SULICENSE PLATE	34) TRAILER TYPE 1-FULL TRAILER	TRANSPORTING HAZARDOUS MATERIALS  1. CLASS  TO NO  1. CLASS							
YEAR STATE NUMBER  GROSS VEHICLE WEIGHT RATING	2-SEMI-TRAILER 3-POLE TRAILER	2. CLASS   ID NO.							
REGISTERED GROSS VEHICLE WEIGHT  TRAILER CARGO BODY STYLE  30 TRAILER CARGO BODY STYLE	CARGO TYPE	HAZARDOUS MATERIALS RELEASED LYES LNO							
TRAILER CARGO BODY STYLE  1-VAN/ENCLOSED BOX 5-SPECIALIZED 2-DUMP 6-FLATBED 3-CARGO TANK 7-AUTO-TRANSPORT 4-LIVESTOCK 8-OTHER	1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUID IN BULK 4-SOLIDS IN BULK 5-PRODUCE	6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER(Specify) 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)							
TRAILER NUMBER 2 INFORMATION  Ulcense plate	40 TRAILER TYPE	HAZARDOUS MATERIALS							
YEAR STATE NUMBER	1-FULL TRAILER 2-SEMI-TRAILER	1. CLASS ID NO NO							
GROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE WEIGHT	3-POLE TRAILER	3. CLASS ID NO HAZARDOUS MATERIALS RELEASED							
42 TRAILER CARGO BODY STYLE  1-VAN/ENCLOSED BOX 5-SPECIALIZED 2-DUMP 6-FLATBED 3-CARGO TANK 7-AUTO-TRANSPORT 4-LIVESTOCK 8-OTHER	1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUID IN BULK 4-SOLIDS IN BULK 5-PRODUCE	6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER(specily) 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)							
44 SIGNATURE PERSON COMPLETING SUPPLEMENT DEPARTM	ENT	DATE THIS SUPPLEMENT MADE							