

Instructions for DRIVER'S CRASH REPORT

PLEASE READ INSTRUCTIONS

CAREFULLY

(Actual form begins on
following page.)

When completed, mail this form to:
Texas Department of Transportation
Crash Records
PO BOX 149349
AUSTIN TX 78714

NOTE: If you are filling out this form electronically, you may delete this entire instruction page (including the page break at the bottom) before printing or submitting the form.

Questions? Call: 844/274-7457

The driver of a motor vehicle involved in a crash not investigated by a law enforcement officer and resulting in injury to or death of any person, or damage to the property of any one person, including himself, to any apparent extent of at least one thousand dollars (\$1,000), must within 10 days after such crash complete and forward this report in accordance with the instructions below.

Who Should Complete a CR_2? The CR_2 must be completed and signed by the driver of the vehicle involved in the crash. If the driver is unable to complete the report, another person may submit the report on behalf of the driver, with an explanation as to why the driver was unable to complete the form.

Section of Form	Instructions
LOCATION	Complete all data fields to the best of your knowledge; however, fields marked with an asterisk (*) are required data fields and should include sufficient information for TxDOT to process the report. This information is an important element in locating reports and maintaining an accurate filing system. *County or City in the LOCATION portion is required; if this information is not provided, the report will be returned to you.
DATE	*Date of Crash is a required data field and must include the specific month, day, and year the crash occurred. Please provide the time of the crash if known. Only provide one date; if the exact date is unknown, provide the date that the damage was discovered. If the date of the crash is not provided, the report will be returned to you.
VEHICLES	In the portion titled #1 Your Vehicle , the name of the *Driver involved in the crash is a required data field . All remaining information should be completed to the best of your knowledge. In the portion titled #2 Other Vehicle , please specify if the crash involved another motor vehicle, a train, a pedestrian, etc. and provide the name of the other involved party on the line labeled Driver . Please complete the remaining information to the best of your knowledge.
DAMAGE TO PROPERTY	If the crash involved damage to property other than vehicles , please provide all available information (description of property, location, owner, etc.).
INJURIES	In the portion titled #1 Injured Person , select the position of the occupant in your vehicle that was injured as a result of the crash and complete all data fields on that person. In the portion titled #2 Injured Person , select the position of the other person involved in the crash that was injured and complete all data fields to the best of your knowledge. If known, please indicate if the injured person wore a seatbelt.
DRIVER'S STATEMENT	State Briefly What Happened. In this section please provide a narrative description of the facts regarding this crash. If space is insufficient, attach a full size sheet of paper for continuation. Please do not send photographs! Photographs cannot be returned.
SIGNATURE	Please review the report to insure accuracy and completeness, as this will expedite the processing of the report and avoid having the report returned for insufficient information. Once you are satisfied with the completeness of the report, sign in black or blue ink and mail to the address at the top of this instruction page.

(Please read instructions on reverse side)
DRIVER'S CRASH REPORT

* Indicates Required Field

Questions? Call: 844/274-7457

LOCATION	Place Where Crash Occurred		* County: _____		* City or Town: _____		
	If crash was outside city limits, indicate distance from nearest town _____ miles <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ City or Town						
	Road on which crash occurred		Block Number _____	Street or Road Name _____	Route Number _____	Constr. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed Limit _____
	Complete one:						
	• Intersecting street		Block Number _____	Street or Road Name _____	Route Number _____	Constr. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed Limit _____
	• Not at intersection		_____ Feet	<input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	Show nearest intersecting numbered highway. If urban, show nearest intersecting street.		

DATE	* Date of Crash _____			Day of Week _____	Hour _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	If exactly noon or midnight, so state.
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VEHICLES	#1 — Your Vehicle							
	Year _____		Make/Model _____		Type of Vehicle _____		Vehicle Ident. No. _____	
	Model _____		Chevy, Ford, etc.		Sedan, Truck, Van, etc.		License Plate _____	
							Year _____ State _____ Number _____	
	* Driver							
	Last _____		First _____		M.I. _____		Mail Address _____	
	City & State _____		Zip _____					
	Driver's License _____		Date of Birth _____		Sex _____		Race _____	
	State _____		Number _____					
	Owner		Last _____		First _____		M.I. _____	
Mail Address _____		City & State _____		Zip _____				
Insurance Information		Insurance Company Name (not the agent) _____		Address _____		City _____		
State _____		Zip _____		Policy Number _____				
#2 — Other Vehicle								
Motor Vehicle <input type="checkbox"/> Train <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other <input type="checkbox"/>								
(Complete information you have available — if unknown, mark "Not Known")								
Year _____		Make/Model _____		Type of Vehicle _____		License Plate _____		
Model _____		Chevy, Ford, etc.		Sedan, Truck, Van, etc.		Year _____ State _____ Number _____		
Driver		Last _____		First _____		M.I. _____		
Mail Address _____		City & State _____		Zip _____				
Owner		Last _____		First _____		M.I. _____		
Mail Address _____		City & State _____		Zip _____				
Insurance Information		Insurance Company Name (not the agent) _____		Address _____		City _____		
State _____		Zip _____		Policy Number _____				

Damage to Property other than vehicles		Approx. cost to repair \$ _____	
Name object, show ownership, and state nature of damage. _____			

INJURIES	#1 Injured Person							
	Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other <input type="checkbox"/>							
	Name _____		Address _____					
	Age _____		Sex _____		Race _____		Was Person Killed? _____	
	Date of Death _____							
	Describe Injury _____		Seat Belt <input type="checkbox"/> Used <input type="checkbox"/> Not Used					
	#2 Injured Person							
	Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other <input type="checkbox"/>							
	Name _____		Address _____					
	Age _____		Sex _____		Race _____		Was Person Killed? _____	
Date of Death _____								
Describe Injury _____		Seat Belt <input type="checkbox"/> Used <input type="checkbox"/> Not Used						

State Briefly What Happened. (If space is insufficient, continue on another page.)		Please do not send photographs.	
* Driver's Signature _____ (Please use blue or black ink only.)		Date of Report _____	