

Instructions for DRIVER'S CRASH REPORT

PLEASE RETAIN THIS FORM FOR YOUR RECORDS

Questions? Call 844-274-7457

This form is to be used when the driver of a motor vehicle is involved in a crash not investigated by a law enforcement officer that results in injury to or death of any person, or damage to the property of any one person, including the driver, to the apparent extent of at least one thousand dollars (\$1,000).

Who Should Complete a Driver's Crash Report (form CR-2)? The Driver's Crash Report is 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 complete the report on behalf of the driver, with an explanation as to why the driver was unable to complete the form.

IMPORTANT NOTE: Effective September 1, 2017, per the 85th Texas Legislature Senate Bill 312, Driver's Crash Reports (form CR-2) are no longer retained by the Texas Department of Transportation. The drivers involved in a crash not investigated by a Peace Officer should retain this form for their records.

Section of Form	Instructions
LOCATION	This section includes fields that describe the location of the crash or place where the crash occurred. Fields include: County, City/Town, Location outside city limit information (distance from nearest town, town/city name and direction), Road information (Block Number, Street/Road Name, Route Number), if the crash was in a Construction Zone (Constr. Zone), Posted Speed Limit, Intersection Related Information (Intersecting Street, Block, Street/Road Name or Route Number) and nearest intersection information.
DATE	This section provides the date information, as to when the crash occurred. Fields include: Date of Crash (MMDDYYY), Day of Week, Hour (AM/PM).
VEHICLES	This section includes fields that describe the vehicles (units) involved in the crash. #1-Your Vehicle describes your vehicle involved in the crash.
	#2-Other Vehicle describes the other unit involved in the crash. This can be another motor vehicle, train, pedestrian, bicyclist or other (motor conveyance).
	Fields include: Vehicle Identification Number (VIN), Year of Model, Make/Model, Type of Vehicle, Driver Name (Last, First and Middle Initial [MI]), Driver Mailing Address, Driver License State and Number, Date of Birth, Sex, Race, Vehicle Owner Information (Owner Name [Last, First and MI], Owner Mailing Address) and Insurance Information (Insurance Company Name, Insurance Company Mailing Address and Policy Number).
DAMAGE TO PROPERTY	If the crash involved damage to property other than a vehicle, train, pedestrian or bicylist, this section describes the property damaged (example: guardrail or stop sign) including an object description, object owner, state of damaged object and approximate cost of repair.
INJURIES	In the portion titled #1 Injured Person, select the position of the occupant in your vehicle (#1- 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, indicate if the injured person wore a seatbelt.
DRIVER'S STATEMENT	In this portion of the form, state factual information as to what happened.
SIGNATURE	In this portion of the form, the Driver should sign and date the report.



DRIVER'S CRASH REPORT

For Your Records Only

Questions? Call: 844/274-7457

DCATION	Place Where Crash Occurred County:			City or Tow	n:				
	If crash was outside city limits								
	indicate distance from nearest town	n	Drth S E W		City or Tow	/n			
	Road on which crash occurred					Constr.			
	Block Number	Street or Road	d Name	Route N	lumber				
	Complete one: • Intersecting street					Constr.]Yes Speed]No Limit		
	Block Number	Street or Roa		Route N	lumber				
	Not at intersection	Feet		Show ne	Show nearest intersecting numbered highway or st				
Щ									
DATE	Date of Crash	Day of Week Hou			L	a.m. p.m.			
	#1 — Your Vehicle		Vehicle Ident	No					
	Year Make/	Type of		License					
	Model Model	Chevy, Ford, etc.	Vehicle	Sedan, Truck, Van, etc.	Plate Year	State	Number		
	Driver								
	Last Driver's	First	M.I.	Mail Address		City & State	Zip		
	License	Date of	Birth	Sex	Race		Approx. cost to repair		
VEHICLES	Owner						your vehicle		
	Last	First	M.I.	Mail Address	City & State	Zip	\$		
< Et	Insurance Information								
	Insurance Company Name (no #2 — Other Vehicle	ot the agent)		City Bicyclist Other	State Zip		Policy Number		
			ou have available — i	if unknown, mark "Not Known	,				
	Year Make/ Model Model	Chevy, Ford, etc.	Type of Vehicle	Sedan, Truck, Van, etc.	License Plate				
		Chevy, Ford, etc.		Sedan, Truck, Van, etc.	Year	State	Number		
	DriverLast	First		Mail Address	·	City & State	Zip		
	Owner								
For additional vehicles	Insurance	First	M.I.	Mail Address		City & State	Zip		
use another form.	Information Insurance Company Name (no	ot the agent)	ddress	City	State Zip		Policy Number		
	ge to Property						Approx. cost to repair		
	than vehicles	Name objec	t, show ownership, and s	state nature of damage.		\$			
	#1 Injured Person Driver	Passenger Pedestriar	n Other						
	Name		Address						
	Age Sex	Race	Was Person Killed	?	Date of Death				
្ល							Seat Belt		
NJURIES	Describe Injury						Used Not Used		
Ĩ									
	Name Age Sex								
	Age Sex			?			Seat Belt		
	Describe Injury						Used Not Used		
Describe Injury Used Not Used State Briefly What Happened. (If space is insufficient, continue on another page.)									
* Driver's Signature Date of Report									