

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: 512/486-5780

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: 512/486-5780

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 _____
	Complete one: • Intersecting street _____ Block Number _____ Street or Road Name _____ Route Number _____ • Not at intersection _____ Feet <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route Number _____ <small>Show nearest intersecting numbered highway. If urban, show nearest intersecting street.</small>

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.

VEHICLES	#1 — Your Vehicle
	Vehicle Ident. No. _____
	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 _____
	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 _____
	Approx. cost to repair your vehicle \$ _____
VEHICLES	#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 _____
	For additional vehicles use another form.

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 _____ Date of Report _____
(Please use blue or black ink only.)