

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. This report is not required when a crash is investigated by a law enforcement officer, unless specifically requested by authority of Section 4, Texas Motor Vehicle Safety-Responsibility Act (Texas Transportation Code, TRC §601.004).

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. *City OR Town in the LOCATION portion is a required field; if it is left blank 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. 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 the this instruction page.



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

* Indicates Required Field

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LOCATION
Place Where Crash Occurred
* County:
* City or Town:
If crash was outside city limits, indicate distance from nearest town
Road on which crash occurred
Complete one:
• Intersecting street
• Not at intersection

DATE
* Date of Crash
Day of Week
Hour
A.M. / P.M.
If exactly noon or midnight, so state.

VEHICLES
#1 - Your Vehicle
Year, Make/Model, Type of Vehicle, License Plate
* Driver
Last, First, M.I., Mail Address, City & State, Zip
Driver's License
State, Number, Date of Birth, Sex, Race
Owner
Last, First, M.I., Mail Address, City & State, Zip
Insurance Information
Insurance Company Name, Address, City, State, Zip, Policy Number
#2 - Other Vehicle
Motor Vehicle, Train, Pedestrian, Bicyclist, Other
Year, Make/Model, Type of Vehicle, License Plate
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, Address, City, State, Zip, Policy Number

DAMAGE TO PROPERTY OTHER THAN VEHICLES
Name object, show ownership, and state nature of damage.
Approx. cost to repair \$

INJURIES
#1 Injured Person
Driver, Passenger, Pedestrian, Other
Name, Address, Age, Sex, Race, Was Person Killed?, Date of Death
Describe Injury
Seat Belt Used/Not Used
#2 Injured Person
Driver, Passenger, Pedestrian, Other
Name, Address, Age, Sex, Race, Was Person Killed?, Date of Death
Describe Injury
Seat Belt Used/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