

Instructions For Completing Bicyclist/Pedestrian Accident Report Form (TR-11)

Please Read All Instructions Carefully

House Bill 2204, entitled the Mathew Brown Act, requires the Department of Public Safety to collect information and compile statistical data on “Bicycle related” accidents to allow the agency to compile necessary data for analysis. The report on the opposite side of this sheet should be completed and signed by the bicyclist, pedestrian, parent, or guardian of minor. The accident information can also be reported electronically by logging onto the Department of Public Safety website www.txdps.state.tx.us under Online Service Downloadable Forms.

1. **“Location”** Print all names and addresses. Include sufficient information for “Location” and “Time” so that exact date and place of accident may be determined. Answer all questions to the best of your knowledge.
2. **“Years of Bicycling Experience”** Please indicate the number of years of experience the bicyclist (s) involved in the accident has in riding bicycles.
3. **“Construction, School Zones, and Private Property”** “Construction or maintenance work zone” means a portion of a highway or street: where highway construction or maintenance is being undertaken, and that is a construction or maintenance work zone. “School crossing zone” means a reduced-speed zoned designated on a street by local authority to facilitate safe crossing of the street by children going to or leaving a public or private elementary or secondary school during the time the reduced speed limit applies. “Private Property” includes driveway, and business parking lots, etc.
4. **“Bicycle Lane, Path, or Sidewalk”** Indicate if there was a bicycle lane, sidewalk, or path available for use.
5. **“Type of Traffic Control”** Mark the appropriate traffic control device regulating the movement/direction of the bicyclist (s).
6. **“Date of Accident”** Indicate exact day of week, month, and year that accident occurred.
7. **“Type of Injury and Number Involved”** Check the injury sustained by the person completing the report or the injury the person, the parent, or guardian is preparing the report for, has sustained. Number Involved refers to the number of persons involved in the accident.
8. **“Did you hit your head and was a helmet being worn”** State whether a helmet was being worn or not and if head was impacted during the accident, regardless of whether injury was sustained or not.
9. **“Purpose of trip”** Check the appropriate box that indicates the nature of the trip.
10. **“Bicyclist or Pedestrian Information”** Refers to the name and related information of the Bicyclist and /or Pedestrian involved in accident.
11. **“Accident Description”** Refers to the item that the Bicyclist struck or if the Bicyclist fell without striking an item; if item is not listed please indicate “other” and specify item.
12. **“Contributing Factors”** Refers to factors that the Bicyclist (s) believes were contributors to the accident; if there are multiple factors please indicate.
13. **“Were there any bicycle defects”** Refers to bicycle defects that might have been contributing factors to the accident.
14. **“Were Illumination Devices (lights) or Reflectors Utilized”** Refers to illumination devices and /or reflectors designed to illuminate the bicycle and rider from the front and or rear of the bicycle.
15. **“Describe briefly the event of the accident”** Briefly describe how the accident occurred (example: “I was riding a bicycle and was distracted by a car passing by and I struck a light pole”.)