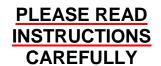


Instructions for DRIVER'S CRASH REPORT



(Actual form begins on following page.)

When completed, mail this form to:

Texas Department of Transportation
Crash Records
PO BOX 149349
AUSTIN TX 78714

Questions? Call: 512/486-5780

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.

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 <i>required data fields</i> 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 <u>damage to property other than vehicles</u> , 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 <i>full size</i> sheet of paper for continuation. <i>Please do not send photographs!</i> 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

Questions? Call: 512/486-5780

	Place Where Crash Occurred	* County:	* City or Town:											
NOI	If crash was outside city limits,							,	· .					
	indicate distance from nearest	town	miles	□ □ □ North S	, _		of			Nite on To				
	Road on which					City or Town Constr. ☐ Yes Speed								
	crash occurred											□No	Limit	
	Block Num Complete one:	nber	Street or Road Name					Route Nu	Constr. ☐Yes Speed					
	Intersecting street											Zone No Limit		
		ck Number	Street or Road Name Feet					Route Nu						
	Not at intersection		Feet	North S				ow nearest intersecting r	numbered high	vay. If urb	an, show ne	arest inter	secting street.	
Ę		North S E W Show nearest intersecting numbered highway. If urban, show nearest intersecting street.												
DAT	* Date of Crash		Day of Week									P.M. midnight, so state.		
	#1 — Your Vehicle													
	Year Ma	ake/		Type	of				License					
		odel	Chevy, Ford, etc.	Vehi	cle			uck, Van, etc.	Plate					
		(Chevy, Ford, etc.			,	Sedan, Tr	uck, Van, etc.		Year	State		Number	
	* Driver	st	Fii	st	M.I.			Mail Address			City & Stat	:e	Zip	
	Driver's	's								,				
	License State	Number	Da	e of Birth	:h			Sex	Race			your ve		
ES	Owner											\$		
VEHICLES	Last		First	N	Л.I.		Mail	Address	City & Sta	ate	Zip	Ψ	-	
VEF	Insurance Information													
	Insurance Compa	ny Name (not th		Address				City	State	Zip		Policy	Number	
	#2 — Other Vehicle	(yclist ☐ Other ☐ wn, mark "Not Knowr	n")					
		ake/	(Complete illicima	Туре	e of			mi, main 140t miowi	License					
	Model Mo	odel	Chevy, Ford, etc.	Vehi	cle		Sedan Tr	uck, Van, etc.	Plate	Year	State		Number	
	Driver	·	o, r o.u, o.o.			•	oodan, m	ack, van, etc.		· oui	Olalo		· · · · · · · · · · · · · · · · · · ·	
	Lasi	t	Fir	st	M.I.			Mail Address			City & Stat	е	Zip	
For	OwnerLasi		Fii	-4	M.I.			Mail Address			City & Stat		Zip	
additional vehicles	Insurance	ι	FII	SI	IVI.I.			Maii Address			City & Stat	.e	Zip	
use another	Information Insurance Compar	nv Name (not th	t the agent) Address					City	Zip Policy Number					
form.	E TO PROPERTY	.,	ie ago.i.,	7.00.000					State				x. cost to repair	
	THAN VEHICLES —		Nam	e object show	owners	nin and	d state na	ture of damage.				**************************************	x. cost to repair	
	-	Driver ∐ Pa	assenger]:								
	Name	_		Addres			_							
	Age Sex	Ra	Race Was Person Killed?						Date of D	eath	-		2 (5);	
IES	Describe Injury												Seat Belt d	
NJURIES	#2 Injured Person													
	Name													
	Age Sex													
	Age Sex		ace	_ was	reison	Killeu	·	 ,	Date of D	-aui			Seat Belt	
	Describe Injury												d Not Used	
	Briefly What Happened.			e <u>do not</u> se										
(If spa	ce is insufficient, continue on ar	nother page.)	1 1003	- <u></u> 36	pilo	y · u								
* Driver's Signature														
	er's Signature							Dat	e of Report					