



Instructions for DRIVER'S CRASH REPORT

Form CR-2
(Rev. 9/17)
Instructions

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 (MMDDYYYY), 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 bicyclist, 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

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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	City or Town _____
	Road on which crash occurred	Block Number _____	Street or Road Name _____	Route Number _____
	Complete one:			Constr. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No Speed Limit _____
	• 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	Show nearest intersecting numbered highway or street.

DATE	Date of Crash _____	Day of Week _____	Hour _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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VEHICLES	#1 — Your Vehicle		Vehicle Ident. No. _____
	Year Model _____	Make/Model _____	Type of Vehicle _____
		Chevy, Ford, etc.	Sedan, Truck, Van, etc.
	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 (not the agent) _____	Address _____ City _____ State _____ Zip _____ Policy Number _____
		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 Model _____	Make/Model _____
		Chevy, Ford, etc.	Sedan, Truck, Van, etc.
	Driver	Last _____ First _____ M.I. _____	
	Owner	Last _____ First _____ M.I. _____	
	Insurance Information	Insurance Company Name (not the agent) _____	
		Address _____ City _____ State _____ Zip _____ Policy Number _____	

Approx. cost to repair your vehicle
\$ _____

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.)

Driver's Signature _____	Date of Report _____
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