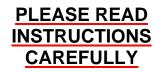


# Instructions for DRIVER'S CRASH REPORT



(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.

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. *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 <b>#1 Your Vehicle</b> , 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 <b>#2 Other Vehicle</b> , 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 <b>Driver</b> . 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 <b>#1 Injured Person</b> , 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 <b>#2 Injured Person</b> , 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 this instruction page.



### (Please read instructions on reverse side)

## **DRIVER'S CRASH REPORT**

#### \* Indicates Required Field

Questions? Call: 512/486-5780

	Place Where	* Carmton						* City or Town							
	Crash Occurred  If crash was outside c	* County:						* City or Town	•						
z	indicate distance from	r	miles [	□ □ orth S		☐ of									
	Road on which crash occurred			No	orth S	E	W		Ci	ty or Tov		∐Yes	Speed Limit		
		Block Number	Sti	Street or Road Name				Route Nur	20116	Пио					
	Complete one:											□Yes			
	Intersecting street	Intersecting street     Block Number			Street or Road Name				Route Number				Zone No Limit		
	Not at intersection		Fee	t [											
				No	orth S	E	W	Show nearest intersecting num	nbered highwa	y. If urba	n, show near	est interse	cting street.		
DATE	* Date of Crash			Day of We	eek			Hour					noon or , so state.		
	#1 — Your Vehicle		Makaal III o				dent N	0							
	Year	Type of					:. No License								
	Model	Model	Chevy, Ford, etc		Vehicle		So	dan, Truck, Van, etc.	Plate	Year	State		Number		
	* Driver		Onevy, rora, etc				00	uan, muck, van, etc.		rear	Otate		Number		
		Last		First	<del></del>	M.I.		Mail Address		_	City & Sta	te	Zip		
	Driver's License			Date of I	Birth			Sex_	Race			Approx	a. cost to repair		
	State	Number		24.0 0								your ve			
VEHICLES	Owner											\$			
	Insurance	Last	F	irst	M.I.			Mail Address	City & St	ate	Zip				
	Information								· - <u></u>						
	#2 — Other Vehicle	nce Company Name (no						City  ☐ Bicyclist ☐ Other ☐	State	Zip		Policy	Number		
	#2 — Other Verlicie							unknown, mark "Not Known							
	Year Model	Make/ Model			Type of Vehicle				License Plate						
			Chevy, Ford, etc		7 01.110.10		Se	dan, Truck, Van, etc.		Year	State		Number		
	Driver					M.I.				_					
	Owner	Last		First		IVI.I.		Mail Address			City & Sta	te	Zip		
For	Owner	Last		First	<del></del>	M.I.		Mail Address			City & Sta	te	Zip		
additional vehicles use	Insurance Information														
another form.		ce Company Name (no	t the agent)	Α	ddress			City	State	Zip		Policy	Number		
	E TO PROPERTY											Appro	x. cost to repair		
OTHER T	THAN VEHICLES -			Name obje	ct, show ow	nershi	p, and s	ate nature of damage.				\$			
	#1 Injured Person	Driver □	Passenger	Pedestria	n 🔲 Oth	er 🗆:									
	Name	_	<b>5</b> —		Address										
	Age	Race	<del></del>						Date of Death						
S	<u> </u>	-										Seat Belt			
NJURIES	Describe Injury											Use	d Not Used		
UCN	#2 Injured Person	Driver □	Passenger	Pedestria	n 🔲 Oth	er 🗀:	:								
	Name				Address										
	Age	Sex	Race												
	D												Seat Belt		
	Describe Injury											∪se	d Not Used		
	Briefly What Happene ce is insufficient, contin		e.) P	lease <u>do</u>	not send	photo	ograph	s.							
	,	1 0	,												
	er's Signature	- \						<b>5</b>	a of Dama d						
(Please	use blue or black ink only	.)						Date	e of Report						