Texas Department of Transportation

# DRIVER'S CRASH REPORT

## For Your Records Only
**Questions?** Call: 844/274-7457

## LOCATION

**Place Where Crash Occurred**    County: _____    City or Town: _____

If crash was outside city limits, indicate distance from nearest town _____ miles ☐ ☐ ☐ of _____
North  S  E  W    City or Town

Road on which crash occurred _____ _____ _____    Constr. Zone ☐Yes ☐No    Speed Limit _____
Block Number    Street or Road Name    Route Number

Complete one:

• Intersecting street _____ _____ _____    Constr. Zone ☐Yes ☐No    Speed Limit _____
Block Number    Street or Road Name    Route Number

• Not at intersection _____ Feet ☐ ☐ ☐ of _____
North  S  E  W    Show nearest intersecting numbered highway or street.

## DATE

**Date of Crash** _____    Day of Week _____    Hour _____    ☐ a.m. ☐ p.m.

## VEHICLES

**#1 — Your Vehicle**

Vehicle Ident. No. _____

Year Model _____    Make/Model _____    Type of Vehicle _____    License Plate _____
Chevy, Ford, etc.    Sedan, Truck, Van, etc.    Year    State    Number

**Driver** _____ _____ _____ _____ _____ _____
Last    First    M.I.    Mail Address    City & State    Zip

Driver's License _____ _____    Date of Birth _____    Sex _____    Race _____
State    Number

Approx. cost to repair your vehicle $ _____

Owner _____ _____ _____ _____ _____ _____
Last    First    M.I.    Mail Address    City & State    Zip

Insurance Information _____ _____ _____ _____ _____ _____
Insurance Company Name (not the agent)    Address    City    State    Zip    Policy Number

**#2 — Other Vehicle**    Motor Vehicle ☐  Train ☐  Pedestrian ☐  Bicyclist ☐  Other ☐
(Complete information you have available — if unknown, mark "Not Known")

Year Model _____    Make/Model _____    Type of Vehicle _____    License Plate _____
Chevy, Ford, etc.    Sedan, Truck, Van, etc.    Year    State    Number

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 (not the agent)    Address    City    State    Zip    Policy Number

For additional vehicles use another form.

**Damage to Property other than vehicles** _____    Approx. cost to repair $ _____
Name object, show ownership, and state nature of damage.

## 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.)




**\* Driver's Signature**

**Date of Report**