

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

* INDICATES REQUIRED FIELDS

LOCATION	PLACE WHERE CRASH OCCURRED	COUNTY _____	* CITY OR TOWN _____
	IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		OF _____ CITY OR TOWN
	ROAD ON WHICH CRASH OCCURRED		CONSTR. <input type="checkbox"/> YES <input type="checkbox"/> NO
	BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____		SPEED LIMIT _____
COMPLETE ONE		INTERSECTING STREET	CONSTR. <input type="checkbox"/> YES <input type="checkbox"/> NO
NOT AT INTERSECTION		BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____	SPEED LIMIT _____
FEET _____ OF _____		SHOW NEAREST INTERSECTING NUMBERED HIGHWAY. IF URBAN, SHOW NEAREST INTERSECTING STREET	
NORTH S E W			

DATE	* DATE OF CRASH	20 _____ DAY OF WEEK _____	HOUR _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	IF EXACTLY NOON OR MIDNIGHT, SO STATE
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VEHICLES	#1 - YOUR VEHICLE		VEHICLE IDENT. NO. _____
	YEAR _____	MAKE / MODEL _____	LICENSE PLATE _____
	MODEL _____	CHEVY, FORD, ETC. _____	TYPE OF VEHICLE _____
	* DRIVER		SEDAN, TRUCK, VAN, ETC. _____
	LAST _____ FIRST _____ MI _____	MAIL ADDRESS _____	CITY AND STATE _____
	DRIVER'S LICENSE	STATE _____ NUMBER _____	DATE OF BIRTH _____ SEX _____ RACE _____
	OWNER	LAST _____ FIRST _____ MI _____	MAIL ADDRESS _____ CITY _____ STATE _____ ZIP _____
	INSURANCE INFORMATION		APPROX. COST TO REPAIR YOUR VEHICLE \$ _____
	INSURANCE COMPANY NAME (NOT THE AGENT) _____		POLICY NUMBER _____
	#2- OTHER VEHICLE		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 _____	MAKE / MODEL _____	LICENSE PLATE _____	
MODEL _____	CHEVY, FORD, ETC. _____	TYPE OF VEHICLE _____	
DRIVER		SEDAN, TRUCK, VAN, ETC. _____	
LAST _____ FIRST _____ MI _____	MAIL ADDRESS _____	CITY _____ STATE _____ ZIP _____	
OWNER			
LAST _____ FIRST _____ MI _____	MAIL ADDRESS _____	CITY _____ STATE _____ ZIP _____	
INSURANCE INFORMATION			
INSURANCE COMPANY NAME (NOT THE AGENT) _____		POLICY NUMBER _____	

DAMAGE TO PROPERTY OTHER THAN VEHICLES	APPROX. COST TO REPAIR \$ _____
NAME OBJECT, SHOW OWNERSHIP AND STATE NATURE OF DAMAGE _____	

INJURIES	#1 INJURED PERSON	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER _____
	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	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER _____
	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	PLEASE DO NOT SEND PHOTOGRAPHS
(IF SPACE IS INSUFFICIENT CONTINUE ON ANOTHER PAGE)	

* DRIVER'S SIGNATURE _____	DATE OF REPORT _____
(Please use blue or black ink only)	

When completed, mail this form to:
CRASH RECORDS BUREAU
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087
AUSTIN TEXAS 78773-0001

PLEASE READ ALL INSTRUCTIONS CAREFULLY

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), shall within ten (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 CRB-2	1. The information on the reverse side of the CRB-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.
LOCATION	2. All data fields should be completed to the best of your knowledge; however, fields marked with an asterisk (*) are required data fields and should include sufficient information for DPS 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 section is a required field; if it is left blank the report will be returned to you.
DATE	3. *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	4. In the section 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 section 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.
PROPERTY DAMAGE	5. If the crash involved " PROPERTY DAMAGE " please provide all available information. (Description of property, location, owner, etc.)
INJURIES	6. In the section 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 section 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	7. " STATE BRIEFLY WHAT HAPPENED " In this section please provide a narrative description of the facts regarding this crash. If space is insufficient, attach a FULL SIZE sheet of paper for continuation. PLEASE DO NOT SEND PHOTOGRAPHS! Photographs cannot be returned.
SIGNATURE	8. 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 page.